

Supportive Housing for High-Need Medicaid Users in New York State

Sandra L McGinnis, Ph.D.*
Center for Human Services Research
University at Albany

May 24,2018

*See final slide for full listing of Research Team

Background

- Medicaid Redesign Team in NYS
 - Established by Gov. Cuomo in 2011
 - Tasked with developing a multiyear reform plan
 - Control health care costs through improving health of program participants
- 5% of consumers are responsible for 50% of health care costs
 - Multiple chronic medical conditions
 - Behavioral health problems
 - Environmental risk factors

Supportive Housing

- Affordable housing paired with supportive services
- Focus on homeless or unstably housed
 - Incl. some nursing home diversion, home modification, eviction prevention
- For more information:

Doran KM, Misa EJ, Shah NR. Housing as Health Care – New York’s Boundary-Crossing Experiment. *New England Journal of Medicine*. 2013;369:2374-2377.

NYS Agencies Sponsoring MRT Supportive Housing Programs

- New York State Department of Health
 - Office of Health Insurance Programs*
 - AIDS Institute
- Office of Mental Health
- Office of Alcohol and Substance Abuse Services
- Office for Persons With Developmental Disabilities
- Office for Temporary and Disability Services
- Homes and Community Renewal

Fast Facts:

- Programs are generally capital projects, rental subsidies, or services-only
- 20,000 persons served to date
- 65% in NYC, 3% Long Island, rest throughout upstate NY
- 20 programs
- >120 providers

Evaluation

- NYSDOH contracted with UAlbany
- Comprehensive evaluation includes study of:
 - Implementation
 - Targeting
 - Outcomes
 - Cost
 - Access

Comorbidities in MRT-SH

- Serious health conditions are prevalent
 - 66% have severe mental illness
 - 46% have a substance use disorder
 - 53% have some other chronic medical condition (exclusive of HIV)
- Most clients have multiple conditions
 - 20% have all 3 types of conditions
 - 36% have 2 of these
 - 28% are enrolled in AIDS Institute programs, usually with at least one other condition
- Only 12% have none of these conditions

Pre-Period Utilization

- Inpatient
 - 44% had at least 1 inpatient stay
 - Average 10.1 inpatient days
- Emergency department
 - 60% had at least 1 ED visit
 - Average 3.1 ED visits

Post-Period utilization

- Inpatient
 - 36% had at least 1 inpatient stay (18% reduction)
 - Average 6.1 inpatient days (40% reduction)
- ED
 - 53% had at least 1 ED visit (12% reduction)
 - Average visits 2.3 (26% reduction)

Changes in costs

- Total Medicaid spending for 2,071 clients analyzed was \$82,807,18
 - Average \$39,984 per client
- Total cost savings = \$6,130 per person (a 15% reduction)

Some promising programs

- OPWDD:
 - average savings = \$49,177 pp
- East 99th Street (a capital project):
 - average savings = \$11,841 pp
- OASAS:
 - average savings = \$10,866 pp
- OMH Rental Subsidies – Brooklyn
 - average savings = \$9,794 pp

Looking forward: MRT-SH Evaluation

- Adding second post-period year
- Factoring in program costs
- Adding a comparison group using propensity score matching
- Looking at dosage effects

Research Team

- Office of Health Insurance Programs
 - Elizabeth Misa, Denard Cummings, Emily Engel, Rachel Baron-VanCleve
- University at Albany
 - Center for Human Services Research
 - Lauren Polvere, Sandra McGinnis, Margaret Gullick, Chris Rees, Nahid Mir
 - Institute on Health Economics
 - Diane Dewar, Veena Ravishankar

For more information:

https://www.health.ny.gov/health_care/medicaid/redesign/supportive_housing_initiatives.htm