DECEMBER 2017

Medicaid Redesign Team Supportive Housing Evaluation:

TARGETING REPORT: YEAR 1

NEW YORK STATE | Department of Health

MEDICAID REDESIGN TEAM
SUPPORTIVE HOUSING EVALUATION:

Targeting Report: Year 1

Prepared by: Lauren Polvere, Ph.D., Sandra McGinnis, Ph.D., Camille Barnes, Ph.D., Veena Ravishankar, M.S., Devin Smith, M.S., Margaret Gullick, Ph.D. Diane Dewar, Ph.D., & Gabriela Melillo, MSW

Center for Human Services Research
University at Albany State University of New York

TABLE OF CONTENTS

1 EXECUTIVE SUMMARY

BACKGROUND

This report presents findings on the targeting practices of programs and providers receiving Medicaid Redesign Team Supportive Housing (MRT-SH) funds, with implications for policy and practice. The report describes who is being enrolled in MRT-SH programs, including demographic, clinical, and other participant characteristics; spending profiles in the 12 months before housing enrollment; and the extent to which programs are enrolling participants who are high need, high cost Medicaid users, relative to similar diagnostic groups in a sample of the general Medicaid population. The report also examines how the programs are currently defining and implementing eligibility criteria, and details the targeting practices described by the providers.

Data sources for this report include scholarly literature on supportive housing; Medicaid Data Warehouse (MDW) data; data from an Implementation Survey completed by MRT-SH providers; and agency- and provider-level documentation relevant to participant targeting and eligibility.

KEY MESSAGES

Literature Review

- Among participants with complex needs, such as homelessness, mental illness, substance use, and/or chronic health conditions, outcomes from Permanent Supportive Housing include high rates of housing stability (and thus, a reduction in homelessness), reduced mortality, and reductions in high cost health care utilization, shelter stays, jail use, and nursing home use. There is evidence of cost effectiveness for Permanent Supportive Housing, particularly when interventions target individuals with the most acute needs.

Medicaid Service Utilization Findings

- The analysis indicates that MRT-SH participants are individuals with complex needs and diagnoses known to drive high Medicaid spending. Fifty-nine percent of participants had an active diagnosis of SMI, 38% had an active diagnosis of SUD, 32% are HIV positive, and 58% had at least one other chronic medical condition besides HIV and behavioral health disorders. MRT-SH participants also experience high rates of co-morbidities.
- Participants in most of the MRT-SH programs use a significant amount of high-cost Medicaid services (ED visits and inpatient stays), even when compared to diagnostically similar individuals (those with SMI, SUD, HIV, or chronic conditions) in a sample of the general Medicaid population. That MRT-SH participants in most programs are higher utilizers than these known high utilization subgroups demonstrates the particularly increased Medicaid service utilization of these individuals.
- The analysis identified a subgroup of participants (5% of the overall MRT-SH group) who had five or more inpatient admissions in the year prior to MRT-SH enrollment, and 16% who had five or more ED visits in the year prior to enrollment, which further indicates that a subset of this high utilization group are especially high utilizers.
- The findings illustrate some variability in terms of high cost service utilization across MRT-SH programs. The OASAS Rental Subsidies (OASAS-RS) program had the highest mean inpatient admissions, at 2.3, and OPWDD Expansion had the lowest, at 0.1.
- In terms of ED visits, the Health Home Supportive Housing Pilot was highest, with a mean of 6.4 visits, followed by OASAS-RS, with a mean of 5.3 visits; OPWDD Expansion and Nursing Home Transition and

Diversion (NHTD) transition clients were the lowest, with mean ED visits of 0.5 and 0.7, respectively.

- Clients referred from social services/DSS, the criminal justice system, and Health Home care had the highest mean ED visits. Those referred from social services/DSS, behavioral health, and the criminal justice system had the highest mean inpatient stays, although only a small number of clients were referred from social services or criminal justice.

Medicaid Cost Findings

- The cost findings indicate that most MRT-SH participants are high Medicaid spenders. The populations of many of the MRT-SH programs are disproportionately comprised of participants from the most expensive tail of their respective comparison Medicaid diagnostic subpopulation, indicating that most programs are successfully targeting high cost Medicaid participants.
- Based on the skewed distributions of the expenditures, the median spending overall is $31,645 per enrollee, with the highest average spending among HIV positive participants and those with chronic conditions. For the MRT-SH participants overall, focusing on the 75th percentile, those with chronic conditions have by far the highest spending, at $81,921 per enrollee. Those with a “homeless” designation generally have the lowest expenditures per enrollee.
- For all programs studied, over 50% of each program’s participants had higher costs in the year before program enrollment than the 2014 median cost of their comparison general Medicaid subpopulation (this analysis excluded HHAP and OPWDD). This finding indicates that the majority of MRT-SH participants are high cost users, even relative to a high cost comparison group.
- The majority of participants in the AIDS Institute, NHTD, NHIL, OASAS-RS, OMH Crisis, and OMH-RSB programs had costs in excess of the 75th percentile costs of their respective general Medicaid comparison subpopulations.
- Across the programs, there was a great deal of variability regarding highest median spending by referral source. However, the following categories emerged with some regularity in the analysis: “unknown” or other; skilled nursing home; Health Home care coordination; behavioral health; and prevention/intervention services.

Program Eligibility Findings

- The Implementation Survey and document analysis revealed significant variability in terms of the eligibility criteria used across agencies, programs, and providers.
- Based on the data sources reviewed, it appears that most programs are following at least some of the agency-level eligibility criteria. The eligibility criterion adhered to most consistently across programs is targeting and enrolling individuals with the particular diagnosis of interest (SUD, SMI, HIV, chronic conditions, and/or other disability classifications). Due to data limitations, it was less clear if some of the program-specific criteria were being adhered to by providers.
- A number of programs require participants to be high Medicaid utilizers, though OASAS-RS is the only program that operationalizes this through a required number of ED and/or inpatient visits.
- Several programs require homelessness or risk of homelessness as an eligibility criterion, and there is evidence that providers are implementing this as intended.
- MDW data suggests that most programs are enrolling high percentages of individuals with Health Home claims, although many providers did not explicitly indicate that they are implementing this criterion.

Recommendations/Next Steps

- More detailed operationalization of the term “high cost/high need Medicaid user” will be important for prioritizing individuals who will benefit the most from supportive housing.

- These findings suggest several ideas for consideration in terms of refining how participants are targeted for MRT-SH programs. It may be beneficial to define some basic program-level eligibility requirements that can apply to all providers of a given program. Beyond the basic requirements, providers can add additional criteria that are responsive to their particular needs and contexts.
- In terms of future research, it may be instructive to analyze cost savings for subgroups of the MRT-SH population in a more nuanced way, with implications for targeting. For instance, some programs are poised to see cost savings as a result of enrolling participants who are high utilizers of high cost Medicaid services, like ED and inpatient visits. However, other programs may realize cost savings by avoiding costly institutional care placements (e.g., OPWDD).

2 REPORT OVERVIEW

SECTION 2:
REPORT OVERVIEW

The New York State Department of Health-funded Medicaid Redesign Team Supportive Housing (MRT-SH) programs aim to target high need, high cost Medicaid users, who can most benefit from housing and services. The goal of the programs is to improve participants' quality of life, while reducing Medicaid costs. This report describes who is being targeted for MRT-SH programs, including demographic, clinical, and other participant characteristics; spending profiles of current enrollees; and the extent to which programs are enrolling participants who are high need, high cost Medicaid users, relative to similar diagnostic groups in a sample of the general Medicaid population. The report also examines how the programs are currently defining and implementing eligibility criteria, and details the targeting practices described by the providers.

Data sources for this report include scholarly literature on supportive housing; Medicaid Data Warehouse (MDW) data; data from an Implementation Survey completed by MRT-SH providers; and agency and provider level documentation relevant to participant targeting and eligibility.

The main objectives of this report are:

1 **To examine who is being targeted by the MRT-SH programs, including how programs are currently determining and implementing eligibility criteria. This goal includes documenting:**

- the specific eligibility criteria being used at the agency, program, and provider levels;
- the stated targeting practices at the provider level, including practices to confirm eligibility, and where applicable, high need Medicaid status.

2 **To describe who is being served by the MRT-SH programs, including:**

- demographic, clinical/health, and other characteristics of MRT-SH participants;
- the spending profiles of currently enrolled MRT-SH participants;
- whether programs are enrolling individuals who are high need, high cost Medicaid users, relative to similar diagnostic groups in a sample of the general Medicaid population;
- the extent to which programs are enrolling participants who match stated eligibility criteria.

The report is organized into the following sections: (1) Literature Review; (2) Methodology; (3) Implementation Survey Findings; (4) Overall MRT-SH Findings- Utilization and Cost; (5) Program-Specific MRT-SH Findings- Utilization, Cost, and Document Analysis; (6) Conclusions and Future Directions. Additionally, provider-level and other data are cited in the report and provided in several Appendices.

3 LITERATURE REVIEW

SECTION 3: LITERATURE REVIEW

Literature Review

Permanent Supportive Housing is most frequently targeted to individuals who are homeless or at risk of homelessness, and those with "complex needs", such as homelessness in addition to mental illness, substance use, and/or chronic health conditions (Culhane et al., 2002; Metraux et al., 2003; Culhane, 2008; Goering, 2014). Permanent Supportive Housing is an evidence-based practice for individuals with mental illness who experience or are at risk of homelessness, as well as individuals who require both affordable housing and supports to leave or avoid long stays in institutional care settings (Wilkins, 2015). Among participants with complex needs, outcomes from Permanent Supportive Housing include high rates of housing stability (and thus, a reduction in homelessness), reduced mortality, and reductions in high cost health care utilization, shelter stays, jail use, and nursing home use (Lipton et al., 2000; Tsemberis et al., 2004; Pearson et al., 2009; Wilkins, 2015). Additionally, there is evidence of cost effectiveness for Permanent Supportive Housing, particularly when interventions target individuals with the most acute needs (Ly & Larimer, 2015).

Quality of Life and Supportive Housing

Studies using validated quality of life measures suggest a complicated picture in terms of how supportive housing impacts quality of life for persons with complex needs, as certain domains of quality of life improve with supportive housing, while others do not (Siegel et al., 2006; Henwood, 2014). In a recent study of quality of life among those in supportive housing, satisfaction with one's living situation, family relationships, and financial resources improved, while overall life satisfaction and community participation did not (Henwood, 2014). For individuals with severe mental illness living in supportive housing, psychiatric symptom severity has been found to negatively impact a number of quality of life domains, in spite of improvements in one's housing situation (Henwood, 2014). Similarly, perceptions of health have been found to impact perceptions of quality of life among those in supportive housing (Matejkowski et al., 2013).

When quality of life issues are assessed qualitatively, research indicates a positive impact of supportive housing for persons with complex needs. Supportive housing is largely perceived by tenants as positively impacting their quality of life, particularly given the significant hardships faced while homeless (Henwood et al., 2013). Tenants often view supportive housing as a catalyst for recovery from mental illness and substance abuse, as housing represents security for many, which allows them to rebuild a sense of identity and personhood (Padgett, 2007; Polvere, McNaughton, & Piat, 2013; McNaughton et al., 2016).

Health Care Utilization- High Cost Medicaid Users and Individuals Experiencing Homelessness

Emerging findings in the areas of health care utilization, outcomes, and cost savings associated with Permanent Supportive Housing have implications for policy makers interested in best targeting resources. Among Medicaid beneficiaries, a small share of enrollees account for a very large share of spending (Sommers & Cohen, 2006). Specifically, 5% of people account for 54% of total Medicaid expenditures (US Department of Health and Human Services, Center for Medicare and Medicaid Services, 2013). High Medicaid spenders have a combination of physical and mental conditions, often complicated by substance abuse and homelessness (Wilkins, 2015). Virtually all high cost enrollees are elderly or disabled (Sommers & Cohen, 2006). In addition to high Medicaid spenders, adults experiencing homelessness and returning to the community from jails and prisons become Medicaid eligible, and often experience complex needs that require high service utilization (Wilkins, 2015).

The complex needs of homeless individuals have implications for health care utilization. Homeless individuals are hospitalized more frequently, have longer hospital stays, use the ER three times more than the general

population, and are more likely to arrive to the hospital by ambulance (Brown, Thomas, Cutler, & Hinderlie, 2013). Further compounding these needs, the homeless population is aging in the United States. Over the past two decades, the median age of single homeless adults increased from 37 in 1990 to nearly 50 in 2010 (Brown et al., 2013). Homeless adults ages 50 and above have chronic conditions similar to or more acute than older adults living in the community who are 15 to 20 years older, including memory loss, falls, and difficulty performing daily living activities (Brown et al., 2013).

Additional studies have found that factors influencing high service needs include mental illness, substance use, use of a medical home, housing status (e.g. homelessness/unstable housing), medication adherence, and limited social networks (Raven et al., 2008). A challenge when identifying high cost users is that individuals with high use in one year may not be high users the following year (Raven et al., 2008). Raven and colleagues interviewed a subset of Medicaid users who they deemed "high risk patients" from a future cost perspective. Within the subsample, 68% had one or more medical conditions, 42% were receiving services for conditions related to substance use, 60% were homeless or precariously housed, and 64% had limited or no social networks (Raven et al., 2008). The authors concluded that homelessness, social isolation, and lack of a medical home are risks for high health care utilization.

Permanent Supportive Housing- Costs and Outcomes

Recent studies have attributed cost savings to Permanent Supportive Housing, though these savings are influenced by an individual's level of need (Ly & Latimer, 2015). The overall cost effectiveness documented in the literature also appears to be influenced by the particular methodology used (e.g. pre-post studies versus studies that use a comparison group). In a recent review of the literature, Ly & Latimer (2015) note that of 12 published and 22 unpublished studies, overall findings revealed shelter and ER cost decreases with Housing First. However, overall hospitalization and justice cost reductions were mixed, with some pre-post studies reporting cost decreases and other experimental studies reporting an overall net increase with Housing First. The authors concluded that Housing First is still more effective than traditional resource allocations, though it is unclear if Housing First can be expected to fully pay for itself (Ly & Latimer, 2015).

Published literature indicates that Permanent Supportive Housing yields the greatest cost savings for those with the highest needs and most acute conditions. Larimer (2009) conducted a quasi-experimental study in which supportive housing was targeted to "individuals with the most severe alcohol problems who had consumed the most services prior to housing enrollment". These participants realized an overall cost decrease after six months, resulting from reductions in jail use (number of days incarcerated), shelter and sobering center use, hospital-based medical services, detox, EMS services, and Medicaid funded services, with more cost savings accruing over time the longer individuals were housed. Additionally, individuals in the housed condition reduced their alcohol use, despite Housing First's approach of harm reduction (e.g. no sobriety requirements) (Larimer et al., 2009). Similarly, a recent randomized controlled trial that targeted participants with at least one chronic medical illness that increases mortality risk[1] found that housing and case management resulted in fewer hospital days and fewer emergency department visits for the housed group compared to the care as usual group, resulting in cost savings (Sadowski, 2009).

The findings of the At Home/Chez Soi project, a Pan-Canadian randomized controlled trial of the Housing First intervention, found overall cost reductions for individuals in the Housing First condition compared with the Treatment as Usual condition (Goering, 2014). Within the At Home project, participants in the Housing First condition were separated into two groups: those with moderate needs, who were housed and provided with Intensive Case Management services, and those with high needs, who were housed and provided with Assertive Community Treatment. The main cost offsets for both groups within the Housing First condition included psychiatric hospital stays, general hospital stays, home and office visits with community-based providers, jail and prison incarcerations, police contacts, emergency room visits, and stays in crisis housing

1 The qualifying conditions in this study included: hypertension; diabetes requiring medication; thromboembolic disease; renal failure; cirrhosis, congestive heart failure; myocardial infarction; atrial or vertical arrhythmias; seizures within the past year; asthma or emphysema requiring hospitalization in the past year; cancer; gastrointestinal tract bleeding other than from peptic ulcers, chronic pancreatitis, and HIV (Sadowski, 2009).

settings and single room accommodations with support services (Goering, 2014). The reduction in emergency room visits was greater for individuals with moderate needs, and the reduction in outpatient hospital visits was greater for those with high needs. Overall, every $10 invested in Housing First services resulted in an average reduction of costs and other services of $9.60 for high need participants and $3.40 for moderate need participants (Goering, 2014).

4 METHODOLOGY

SECTION 4: METHODOLOGY

The study methodology is detailed below, organized by data source.

Implementation Survey

An implementation survey consisting of 47 items was administered to MRT-SH providers to better understand the overall programmatic implementation context, including how programs are targeting participants, and who is being served. The survey was organized into the following key areas: Project Information, Population & Capacity, Eligibility, High Cost Medicaid Users, Enrollment and Referral Processes, Housing, Services, and Project Implementation. This report is focused on the survey findings most pertinent to targeting, and will present findings from the Project Information, Population & Capacity, Eligibility, High Cost Medicaid Users, Referral, and Project Implementation sections.

The survey underwent internal and external pilot testing to ensure that items were understandable and appropriate for the providers. The survey sample was determined in collaboration with the state agencies. The state agency[2] contacts confirmed which providers are currently providing services for each of the MRT-SH programs, along with contact information for those providers[3], to develop a pool of respondents. The survey was then sent out to respondents electronically, using Qualtrics survey software. Additional changes to the pool of contacts continued throughout the survey administration, as additional information was obtained from providers and state agencies. Thus, the survey was administered in two separate mailings. The first mailing consisted of 96 providers, with representation from most programs. The second mailing consisted of 19 providers, comprised of OMH rental subsidies and capital projects. The research team and state agency contacts each sent several reminders for completion of the survey, by phone and email.

The overall response rate was high, with responses received from all agencies and programs, with the exception of the Nursing Home Transition and Diversion program.

- First Mailing: Originally distributed on 7/25/16: 97% (93/96)
- Second Mailing: Originally distributed on 8/26/16: 68% (13/19)
- Total (includes both mailings): 106/115 providers, 92% response rate

Data from the Qualtrics survey software were imported into Excel and SPSS for analysis. After the data were cleaned, frequencies and percentages were calculated for the close-ended items. The research team collaboratively coded the qualitative items to assess the diversity of responses and distill common themes.

MDW Data Analysis

Data were analyzed from the Medicaid Data Warehouse (MDW)[4]. MDW data for each participant were analyzed for the year prior to the participant's MRT program enrollment date. The analysis excluded MRT-SH participants without full Medicaid coverage throughout the year prior to their enrollment, and those participants who were enrolled later than December 31, 2015.

2 The terms "agency" and "state agency" are used throughout the report, inclusive of the sub-divisions of state agencies (e.g. DLTC).

3 The OMH supplement pilot project and Access to Home project were excluded from the survey because the items were not relevant for these programs. The research team did not receive a survey response from the overall contact for NHTD.

4 The data pulls took place on the following dates: All recipients but the AIDS Institute- 8/16/17; AIDS Institute recipients- 9/5/17; AHP Table- 4/25/17.

For comparative purposes, Medicaid data from a random sample of general Medicaid participants were extracted from Medicaid records for the year 2014. The general Medicaid participants met the same diagnostic criteria as the MRT-SH sample (a diagnosis of SMI, SUD, HIV, or chronic condition). Each diagnostic subgroup was defined by a list of relevant diagnostic codes. Then, for each diagnostic subgroup, all NYS Medicaid recipients submitting a claim in 2014 with a primary diagnosis within the list of diagnostic codes defining the subgroup were collected. Each recipient in the resulting collection was assessed for full Medicaid coverage[5] during 2014. The final diagnostic subgroup constructed for analysis was then taken as a simple random sample from those recipients determined to have full Medicaid coverage. The simple random sample for each diagnostic subgroup was approximately 35,500 recipients.

For the utilization analysis, MDW data were analyzed to determine the diagnostic profile[6] of MRT-SH program participants (e.g., percentages with SMI, SUD, HIV+, and chronic condition diagnoses), as well as key utilization characteristics, including nursing home claims, Health Home claims[7], average emergency department and inpatient admissions, and the percentage of participants who meet selected Health and Recovery Plan (HARP[8]) criteria. Program participants were compared with the general Medicaid sample to assess differences in high cost Medicaid service utilization, focusing specifically on emergency department visits and inpatient admissions.

For the MDW cost analysis, spending profiles were analyzed for the MRT-SH participants overall, and by program. Spending profiles of the MRT-SH program participants were compared to those of the general Medicaid sample. Spending profiles were calculated for each program, including breakouts by diagnostic subgroup and principal referral source. Of note, principal referral source data were missing for approximately one fifth of the sample.

Document Analysis[9]

A document analysis was conducted to study participant targeting through the lens of stated eligibility criteria, at the program and provider levels. The research team requested written documentation describing participant eligibility criteria from the agencies, and in some cases, directly from providers. Agency-level Request for Applications (RFAs)were located online and integrated into the analysis (see Appendix A for a full list of the documents used in this analysis).

Agency-level documentation included:

- Request for Applications (RFAs);
- Program manuals; and
- MRT-SH PowerPoint presentations.

---

5 The full Medicaid coverage inclusion criteria for both MRT Supportive Housing recipients and the recipients included in the general Medicaid population diagnostic subgroup analysis and as having no period of coverage under Medicaid coverage codes [02, 03, 04, 05, 07, 09, 10, 13, 14, 15, 18, 21, 22, 26, 31, 32, 33, 34] and no gap in Medicaid coverage longer than 60 days.

6 On October 1, 2015, a changeover occurred from the ICD-9 to ICD-10. Diagnoses on claims after that time were coded using ICD-10 codes. The researchers used established crosswalks to construct equivalent definitions for the diagnostic categories.

7 Health Home enrollment requires: 1- Medicaid eligible/active Medicaid; 2- two or more chronic conditions or 3- one single qualifying condition of either HIV/AIDS or SMI.

8 For this analysis, the HARP criteria used include: 1- Non-SSI individuals with three or more months of ACT or TCM, PROS, or OMHP services in the year prior to enrollment; 2- SSI and non-SSI individuals with more than 30 days of psychiatric inpatient services in the three years prior to enrollment; 3- SSI and non-SSI individuals with 3 or more psychiatric inpatient admissions in the three years prior to enrollment; 4- members with two or more services in an inpatient/outpatient chemical dependence detox program within the year prior to enrollment; 5- members with one inpatient stay with a SUD primary diagnosis or members with an inpatient hospital admission for a primary or secondary SUD related medical diagnosis; and 6- members with two or more ED visits with primary substance use diagnosis or primary medical non-substance use that is related to a primary or secondary substance use diagnosis; and 7- members with two or more ED visits with a primary substance use diagnosis or primary medical non-substance us related to a secondary substance use diagnosis within the year prior to enrollment.

9 The document analysis reflects eligibility criteria, as explicitly written. While this analysis is designed to complement the other data sources in the study, there are notable limitations: the documents received may be outdated, documents received were not uniform across agencies/programs/providers, the documents may or may not be an accurate reflection of the eligibility practices that are actually occurring, and providers may be implementing eligibility criteria not explicitly listed in the documentation.

Provider-level documentation included:

- Work plans;
- Contracts;
- Provider-authored manuals;
- Provider reports; and
- RFA responses.

Agency-level and provider-level eligibility criteria were reviewed within the documentation and recorded into an analysis template. The Implementation Survey findings were incorporated into the analysis, to capture stated eligibility criteria at the provider level. These data sources were then triangulated to better understand the extent to which providers are implementing eligibility criteria defined at the agency-level.

MDW data were also reviewed for the purpose of this analysis. MDW data are presented where available to determine the extent to which program participants are meeting agency-level eligibility criteria. For instance, MDW data were analyzed to describe the percentage of participants within a certain age range, for programs in which age is a stated eligibility criterion.

5 IMPLEMENTATION SURVEY FINDINGS

SECTION 5: IMPLEMENTATION SURVEY FINDINGS

This section details the findings of the Implementation Survey, to address the following research question:

- *Which eligibility criteria, outreach processes, and referral processes do MRT-SH providers use?*

Sample. Respondents from the following programs completed the survey:

Table 1. *Agencies and Programs with Survey Respondents*

Agency	Program
AIDS Institute (AI)	• AIDS Institute Rental Subsidies • Health Home HIV + Rental Assistance Program
Homes and Community Renewal Capital Projects (HCR CAP)	• Creston Ave • East 99th Street
Department of Health, Office of Health Insurance Programs, Division of Long Term Care (DLTC)	• Nursing Home to Independent Living • Senior Supportive Housing Services
Health Homes (HH)	• Health Homes Supportive Housing Pilot
Office of Alcoholism and Substance Abuse Services (OASAS)	• OASAS Rental Subsidies
Office of Mental Health (OMH)	• OMH Rental Subsidies- Brooklyn • OMH Rental Subsidies- Statewide • Step-Down/Crisis Residence Capital Conversion
Office of Persons with Developmental Disabilities (OPWDD)	• OPWDD Rental Subsidies
Office of Temporary Disability Assistance (OTDA)	• Homeless Housing and Assistance Program • Eviction Protection for Vulnerable Adults • Homeless Senior and Disabled Placement Pilot

Response Rate. As described in the Methodology section, the overall response rate was high, with responses received from all agencies and programs, with the exception of the Nursing Home Transition and Diversion.

- First Mailing: Originally distributed on 7/25/16: 97% (93/96)
- Second Mailing: Originally distributed on 8/26/16: 68% (13/19)
- Total (includes both mailings): 106/115 providers, 92% response rate

Characteristics of Individuals Served by MRT-SH Programs

The survey measured a number of programmatic characteristics, including the characteristics of individuals who are targeted and enrolled in MRT-SH programs. Providers described the area served by their programs, their target populations, other populations served but not targeted, eligibility criteria, prioritization criteria,

and program goals. These responses provide information about the service populations and how they are targeted, and may help to identify gaps and areas for improvement.

Geographic Service Area. The geographic catchment area described by providers pinpoints the general areas where individuals are targeted and served by MRT-SH programs. The following pie graphs depict regional distributions of providers and their catchment areas. Figure 1 below displays data on providers located within New York City and the rest of the state, while Figure 2 displays the data organized by DOH designated regions.

Graphs indicate the overall percentages of providers serving each region. Nearly half of MRT-SH providers serve the Metropolitan area, with the remaining half of providers divided among the remaining three regions. The Capital region has the fewest number of providers, at 10 (10%). All state agencies have the largest proportion of their providers in the Metropolitan region, with the exception of OPWDD, which has the greatest proportion of providers in the Western region. Some of the agencies (DLTC, OTDA, and HCR/Capital Projects) are not serving all regions[10].

Figure 1. *Percent of Providers Serving Each Region: New York City vs. Rest of State (N=97)*

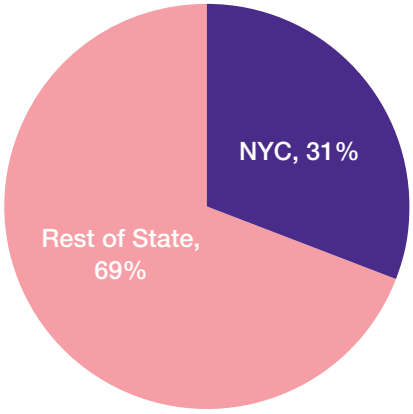
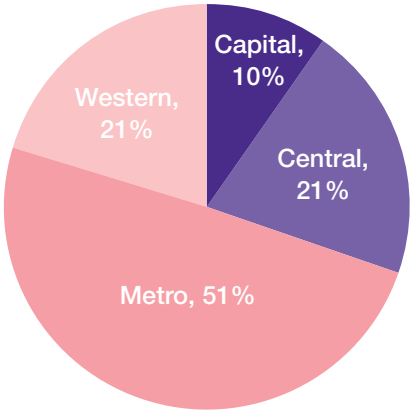


Figure 2. *Percent of Providers Serving the Department of Health Regions, by Agency (N=97)*



Types of Populations Served by MRT-SH Programs. Providers were asked to report their target populations, as well as other populations that they do not target specifically, but who comprise a significant portion of their service population (N=103)[11]. The following figure depicts the percentage of providers who selected each population as either a "target" or "also served" population. Populations served at the program and provider level are located in Appendix F.

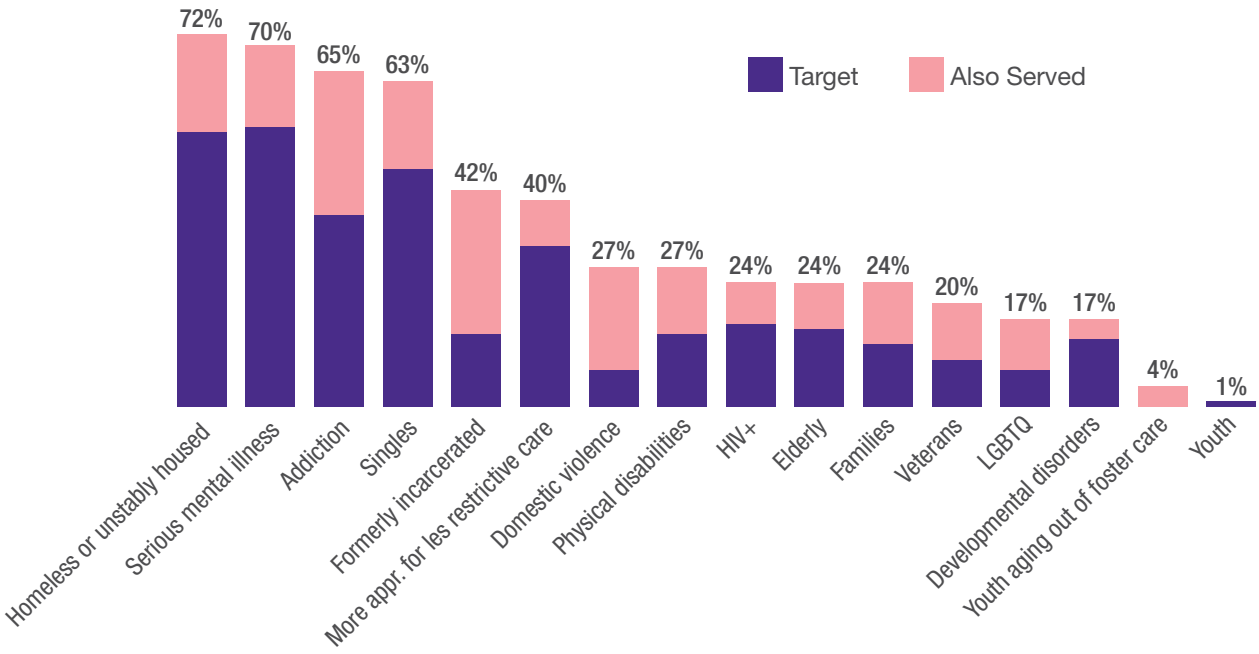
Individuals who are homeless/unstably housed, individuals with addiction, singles, and/or individuals with SMI were all served by more than 60% of providers. In addition, over a third of providers are serving two categories of individuals: formerly incarcerated individuals and those who are more appropriate for less restrictive levels of care. Very few providers are providing services to youth and youth aging out of foster care. Some providers selected "other" responses, and then described the service population. Providers typically described specific characteristics, including high Medicaid use, chronic conditions, age requirements, and/or noted that clients are referred from particular sources, such as Health Homes or nursing homes.

10 DLTC providers serve the Central and Metropolitan regions, HCR Capital Projects serve the Metropolitan region, and OTDA providers serve the Central, Western, and Metropolitan regions.

11 In the case that a provider selected the same population as a "target" and "other" population, this group was prioritized as a "target" population (so there is not duplication in the data).

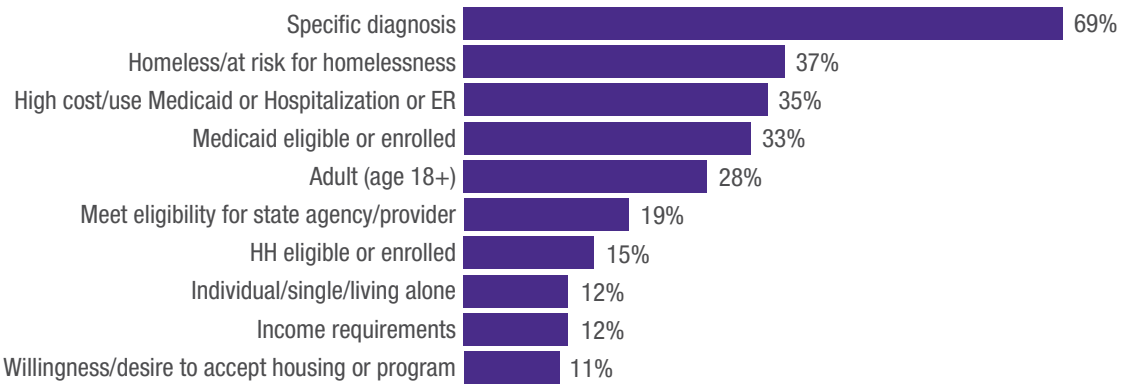
Some respondents indicated that they are also serving individuals in categories other than the ones they are explicitly targeting (e.g. individuals with addiction, the formerly incarcerated, and individuals experiencing domestic violence, in the Figure below). This indicates that these are populations are served more often than anticipated or planned. It may be advantageous for some programs/providers to start targeting or planning for these populations in future programing, because they are often unanticipated but common service populations.

Figure 3. *Target and Other Populations Served, All Providers (N=103)*



Overall Eligibility Criteria for MRT-SH Programs. The following graphic depicts the most common eligibility criteria described by providers. "Specific Diagnosis" was the most common eligibility criterion, with 68% of respondents noting this requirement. More specifically, about half of the specific diagnoses reported were mental health diagnoses, which is consistent with the large proportion of OMH providers represented. Other less common diagnoses were substance use related diagnoses, HIV/AIDS, physical disabilities, and combinations of substance use, mental health, and/or chronic condition diagnoses (e.g. Health Home requirements). Other somewhat common eligibility requirements were homeless status (39%), high cost Medicaid (35%), and Medicaid eligible or enrolled (34%).

Figure 4. *Most Common Eligibility Criteria, All Providers (N=99)*



Although there was a lot of variation among MRT-SH providers overall in terms of eligibility criteria, some commonalities within programs were observed. Eligibility criteria at the program and provider level are located in Appendix D.

- Providers of DLTC programs (Nursing Home Transition and Diversion and Senior Supportive Housing Services) all report requiring Medicaid eligibility or enrollment.
- Senior Supportive Housing Services (SSHS) was the only program in which most providers reported age eligibility criteria.
- Nearly all OASAS Rental Subsidies (OASAS-RS) providers require high cost Medicaid use.
- Providers of AIRS, Health Homes, and OASAS-RS typically had eligibility requirements of homelessness/at risk for homelessness, which was rare among other programs.
- OPWDD providers uniquely described a requirement that participants meet OPWDD criteria.
- Health Home eligibility/enrollment was only described as a requirement by a majority of providers from the Health Homes Supportive Housing Pilot.
- A unique eligibility criterion identified by providers of the OMH Step-Down pilot program was a requirement that individuals had to have a stable home to return to after crisis housing.

Some providers offered very detailed eligibility criteria. For instance, some operationalized high cost/high use Medicaid, most commonly as two inpatient hospitalizations or five ER visits or four ER visits and one inpatient visit, in the prior 12 months. These providers were from either OASAS or Health Homes programs. In addition, one provider (Heath Homes Southern Tier AIDS program) specifically operationalized unstable housing as residing in three or more residences in the past 12 months or having a current eviction pending.

Prioritizing Amongst Eligible Individuals. The manner in which eligible individuals are prioritized for enrollment offers additional insight into who ends up in the MRT-SH programs. Once a pool of eligible participants is established, some providers select among that group based on pre-determined criteria. About 63% of providers reported prioritizing certain groups/individuals for enrollment into their program.

The characteristic that is most often prioritized is:

- selecting individuals with the greatest housing needs, in many cases, those who are homeless.

Others prioritize individuals who are:

- more independent and engaged, who have the greatest likelihood of success in a more independent living situation;
- the most ill, in crisis, or at risk for hospitalization[12];
- high cost Medicaid users and/or high users of high cost services (like ER and inpatient); and
- individuals coming from particular facilities. In these cases, discharges from psychiatric center, residential, hospital, nursing homes, rehab, adult homes, and/or jails are prioritized.

Less common priority criteria include: individuals who lack a solid support system, individuals from a certain location/county, first come first serve, veterans, and IV drug users. Some providers also report that a prioritization process is in place, but not by them directly- rather by another entity, such as SPOA.

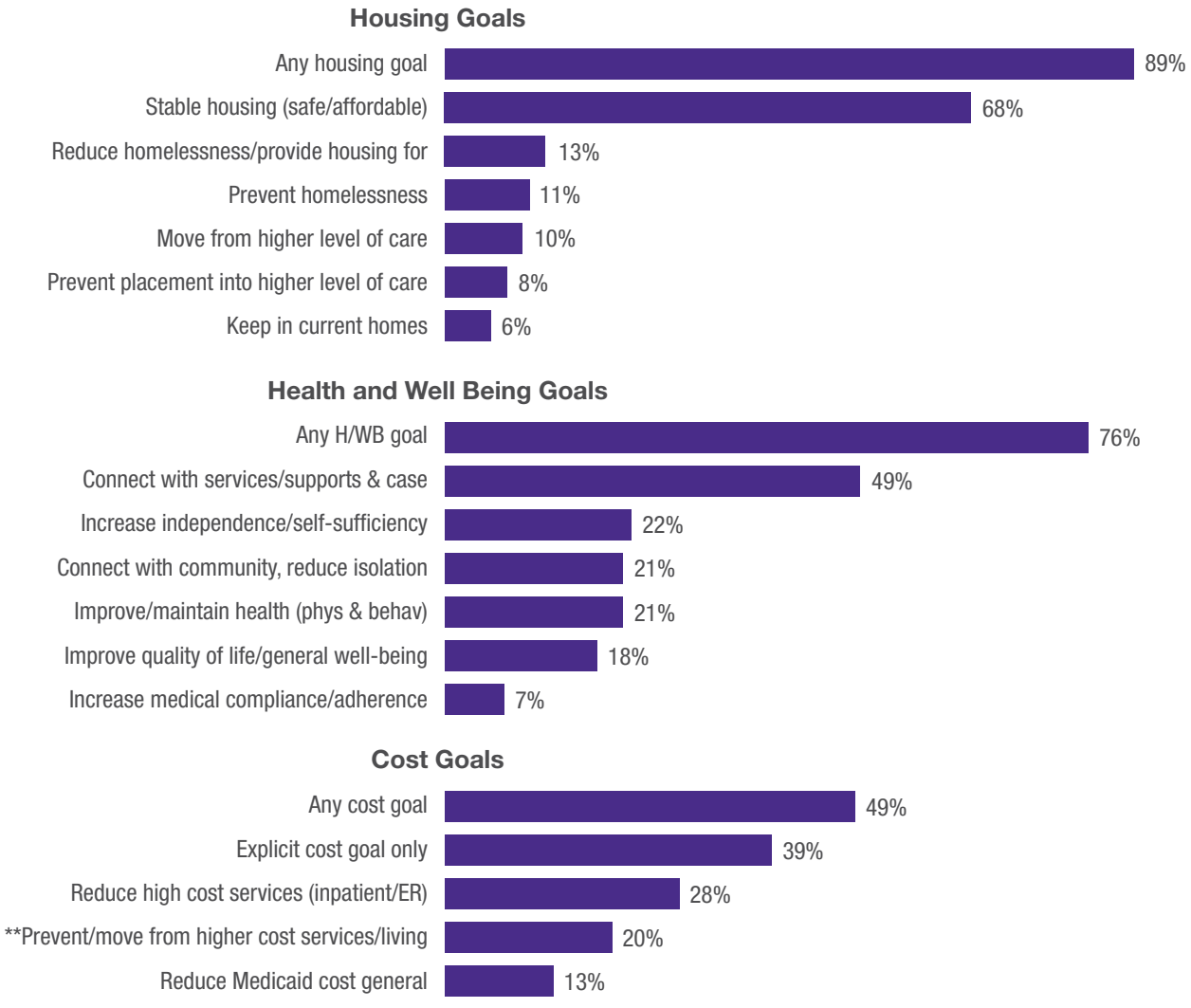
Overall Program Goals. Provider level program goals relay information regarding priorities of the programs that can map back to targeting. Providers were asked to respond to the question: what are the goals of your program? Responses generally fell into three categories: Housing goals, health and well-being goals, and cost goals. There are several sub-categories within each of these categories. Goals data provides

12 Some providers prioritize based on the most ill/at risk, while others prioritize those most likely to succeed. Program Breakdown: Most Ill/at risk: DLTC SSHS: 2, HH: 2 OMH RSS: 4 OMH Step: 2 OTDA HHAP:1 Most likely to succeed: OPWDD: 2, NHIL: 1; OMH RSS:1; AI: 1.

additional context around who is likely targeted for enrollment. For instance, for housing goals some providers emphasize preventing high levels of care, and for these providers we would expect to see targeting towards individuals who are at risk for hospital stays and nursing home placements. Similarly, for a cost goal of preventing ER visits versus preventing placement in a nursing home, we would expect to see targeting individuals with high initial Medicaid spend.

The first bar on the graph combines all sub-categories and displays the total percentage of providers that expressed a goal within that category. Following the overall bar is a breakdown of percentage of providers responding with a goal in each of the sub-categories. Overall, housing goals were the most common type of goal described by providers, with 89% listing housing goals; 76% of providers described Health and Well Being Goals, and about half (49%) report cost goals. In cases where providers reported moving individuals to a lower level of care or preventing them from moving to a higher level of care, this was considered both a housing goal and a cost goal (even when cost savings were not explicitly stated). The Explicit cost goal category in the cost graph includes only cases where providers explicitly express a goal of reducing costs. Explicit cost savings were reported for 39% of providers.

Figure 5. *Program Goals (N=97)*



** Although not specifically stated as a cost goal prevention & moving from a higher level of care was considered both a housing and cost goal

There were some observations about goal differences by program.

- The majority of providers in all programs, except Nursing Home to Independent Living (NHIL) and Step-down Crisis Residence Capital Conversion (OMH Crisis), described housing goals. Overall, most providers have the housing goal of providing stable housing. However, providers from OPWDD Rental Subsidies and Supports and the Senior Supportive Housing Services (SSHS) program were much more likely to report housing goals of preventing placement into a higher level of care and moving from a higher level of care. OASAS-RS, Health Homes Supportive Housing Pilot (HHSP), and OTDA providers were more likely than others to describe preventing or reducing homelessness as a housing goal.
- At least two-thirds of providers described health and well-being goals for their participants in all programs except: Health Homes Supportive Housing Pilot, OPWDD Rental Subsidies and Supports, and Homeless Housing and Assistance Program (HHAP).
- Cost goals were extremely rare for providers from AIDS Rental Subsidies, OMH Rental Subsidies Brooklyn (OMH-RSB), Eviction Protection for Vulnerable Adults (EPVA) and HHAP. Cost goals were more prevalent for NHIL and SSHS.

Processes and Procedures Utilized by MRT-SH Programs: Finding Eligible Individuals and Enrolling Participants

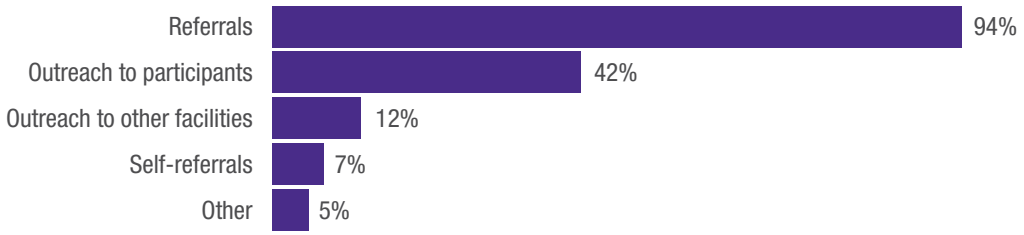
Understanding the processes that providers use to locate potential participants, assess eligibility, and enroll participants can yield valuable information on who is targeted, how they are targeted, and ways to improve the process of entering MRT-SH programs.

Locating Potential Participants for MRT-SH Programs. The procedures taken to locate potential participants provide information on targeting. For instance, providers that only utilize referrals likely serve individuals who are more connected to services, whereas providers that do direct outreach may reach more individuals who are not connected to services.

Providers reported how they locate participants for their programs. Many providers selected “other” for this item. Overall, the “other” responses generally fell into distinct categories. The referrals category was expanded to include internal referrals and referrals from Health Homes, DSS, and SPOA. Appropriate qualitative responses were added to the referral category. Additional categories were created, including self-referrals, and outreach to other facilities (e.g. hospitals, long term care facilities, provider, community meetings, etc.).

Most programs (94%) accept referrals from agencies/programs, internal referrals, and/or referrals from SPOA, DSS, and HH. About 42% of providers do direct outreach to individuals who are not currently served elsewhere. In addition, about 12% of providers direct outreach for locating participants to other facilities, such as hospitals. About 7% of providers also report self-referrals. The few remaining “other” responses, described either referrals from family or loved ones or that providers were not currently seeking out/locating new participants.

Figure 6. *Methods of Locating Participants (N=105)*



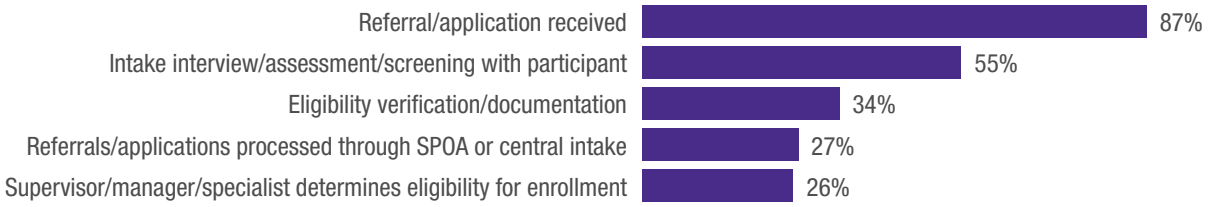
Note: “Referrals” includes referrals from agencies/programs, including internal referrals, referrals from SPOA, DSS, and HH

Providers within certain MRT-SH programs had similar means of locating participants, for instance it was common for providers of Senior Supportive Housing Services to locate participants through in-house staff and sources. It was also common for OMH Rental Subsidies- Statewide (OMH-RSS) providers to locate participants through SPOA. Agencies often located participants in existing programming for OPWDD Rental Subsidies and Supports, as well (Appendix E).

Changes to Outreach Processes. Some providers made changes to outreach processes since beginning to implement their MRT-SH program. About half of the changes to outreach by providers reflect increased efforts to collaborate and get the word out to other providers about the MRT-SH programming. Other changes include increasing outreach in general, being more of a presence in the community, and adopting more focused outreach towards particular places and/or populations.

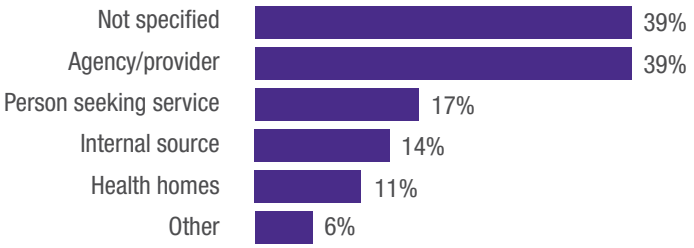
Referral Processes for MRT-SH Programs. Providers described the referral process for their MRT clients. The most common elements of the referrals processes are displayed below.

Figure 7. *Most Common Elements of the Referral Process (N=100)*



The sources of documents are depicted below for providers who report receiving applications and referrals.

Figure 8. *Referral/Application Sources (N=87)*



Typically, the referral process involves either an individual completing an application or and agency/provider submitting referral documentation for the individual. Sometimes additional eligibility documentation or additional screening/assessment is required. A supervisor, manager, or specialist sometimes reviews this information, and eligibility is then determined.

A few providers mentioned some interesting features of the referral process. Some providers emphasized a timely process that gets participants enrolled quickly, typically between one day and one week. Since these populations are typically high needs, it would be beneficial to enroll participants in a timely manner. Some providers also mentioned that if individuals were not eligible for the program they were referred/directed towards other programs that would meet their needs. Both of these features would likely be beneficial for applicants if they are to be adopted more widely by providers.

In addition, some program-specific differences were observed, as detailed below.

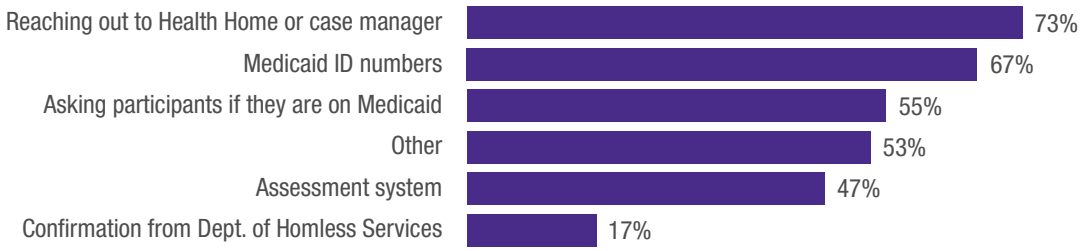
- Many SSHS providers seem to use an informal referral process, where individuals are referred for

or offered services often based on the building in which they reside, but formal procedures were not often described.

- Several OASAS-RS providers mentioned placing individuals on a waitlist, it seems like some of these providers are operating at capacity and this is a program that may benefit from expansion in the future.
- For the Health Homes Pilot, typically referrals come from Health Homes.
- OMH-RSB providers tend to have applications go through a central intake process, at which point, individuals are distributed to the appropriate programs. This program also typically requires an approved HRA 2010E application as part of the referral process.
- OMH-RSS providers typically process their referrals through SPOA.
- Due to the nature of the OMH Crisis program, providers tend to utilize specialized referral processes that are quick and get people into the program right away, e.g. phone call referrals, brief assessments, etc.
- Because OPWDD Rental Subsidies and Supports is such a small program, their referral procedures typically stem from individuals already involved with programming and seem more individualized and working one on one with the potential participant.

Methods to Confirm Eligibility. Every respondent (N=103) reported that they take steps to verify eligibility. On average, providers selected more than three ways to verify eligibility. Nearly three-quarters of all providers reach out to Health Homes or case managers to confirm eligibility of participants. Additionally, over two-thirds of providers utilize Medicaid ID numbers to confirm eligibility. The least frequently reported method was obtaining confirmation from the Department of Homeless Services. Eligibility methods to confirm high use of services and eligibility/use of Medicaid were much more commonly reported than methods to confirm homelessness/unstable housing.

Figure 9. *Methods to Confirm Eligibility (N=103)*



Assessments were used to confirm eligibility for nearly half of providers. There was a great deal of variation in the types of assessment systems used and how eligibility is verified. Most common responses include use of the Housing Risk Assessment (HRA, HRA 2010, or HRA 2010E), use of PSYCKES, agency-specific interviews/intakes/assessments, and referrals from Health Homes and Single Point of Access (SPOA). Assessments used by program are available in Appendix B.

The most common “other” responses reported were confirming information with medical providers and working with the referral source to confirm eligibility. These methods include:

- Confirming eligibility with agencies, such as OPWDD, DSS, Housing Authority, and Health Homes
- Requiring documentation or confirming eligibility information with/from medical and housing providers
- Utilizing assessments, evaluations, and screenings at intake
- Verifying age from identification/records.

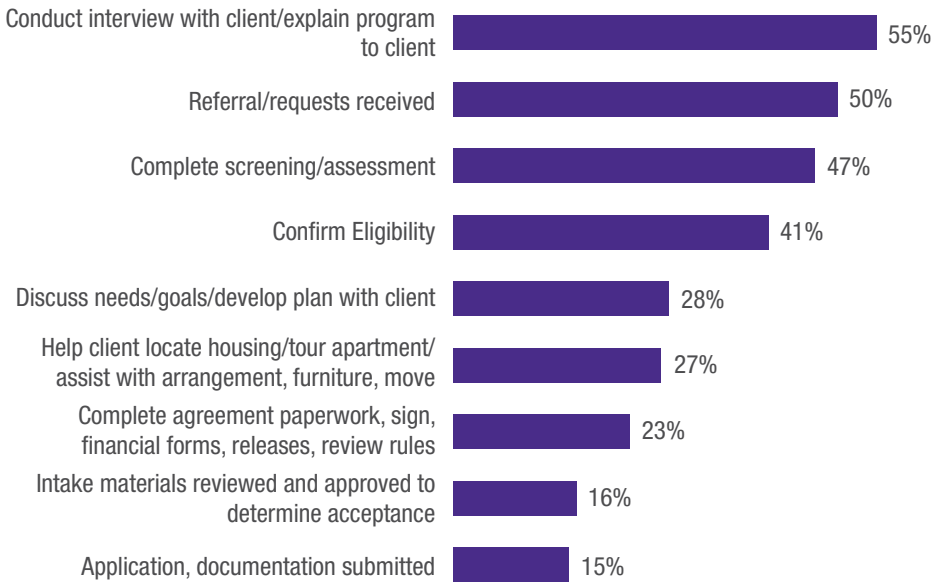
Some providers also repeated that they use assessment systems/data sources when selecting “other,”

including RHIO, ePACES (Medicaid data), HRA 2010e, and PSYCKES.

The Intake Process of MRT-SH Programs

Intake Processes. The intake processes varied greatly among providers within programs. The figure below displays the percent of providers that utilized each element as a part of their intake process.

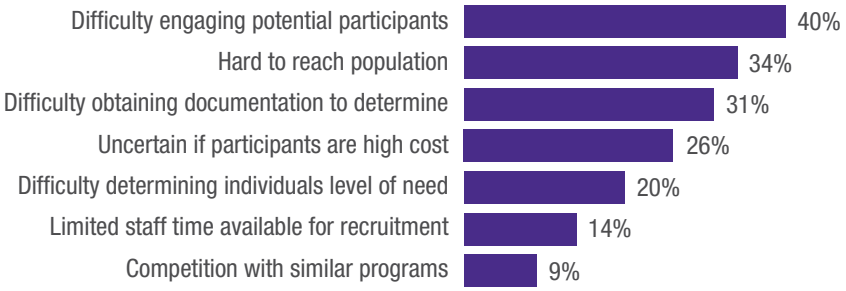
Figure 10. *Intake Processes of MRT-SH Programs (N=101)*



Changes to Client Screening. Some providers made changes to client screening processes since beginning to implement their MRT-SH program. Changes to client screening often reflected ways in which screening was tailored to meet the goals of the MRT-SH initiative (e.g., adding housing items and Medicaid use items to screening process). Some providers also added additional record requirements to their screening process to confirm eligibility, while others adjusted who was conducting the client screening.

Challenges to Enrollment. Providers seem to be able to easily enroll participants in their programs, in most cases. About two thirds of providers (66%) have not experienced any difficulties in enrolling the target population. For those who have experienced challenges, the following reasons were selected.

Figure 11. *Challenges in Enrolling Target Population (N=35)*



Most providers who identified a challenge with engagement due to serving a hard to reach population describe the primary issue as difficulty maintaining contact. For instance, this population may lack a permanent address and phone number which makes contacting them much more difficult.

In addition, about 60% of providers who experienced challenges in enrolling participants identified "other" challenges. Many of the challenges to enrollment that are reported by providers were not characteristics of the potential participants, but rather restrictions of the programs. The most common challenge to enrolling participants was that the individuals attempting to enter the program did not meet the set eligibility requirements (e.g. did not have stable housing to return to, did not meet required number of past hospitalizations, lived out of the county, wanted to reunite with children and program is for singles only). In addition, one provider documented that some potential participants do not want to take the steps to become eligible (e.g. enroll in Medicaid). Some providers also mention the challenge of finding affordable housing. This reflects a challenge to program operation in addition to a challenge for the enrollment process. Other challenges reported include being sent inappropriate referrals, losing contact with the client, or when potential clients are admitted to the hospital or become incarcerated.

6

OVERALL MRT-SH FINDINGS: UTILIZATION AND COST

SECTION 6:
OVERALL MRT-SH FINDINGS: UTILIZATION AND COST

This section, which reports findings from the MDW analysis for the MRT-SH programs overall, is guided by the following research questions:

- What are the diagnostic and Medicaid utilization characteristics of MRT-SH participants overall?
- How many high-cost Medicaid services (ER and inpatient visits) do MRT-SH program participants use, on average?
- What Medicaid costs do program participants incur, prior to enrollment in MRT-SH programs?
- To what extent are MRT-SH participants high Medicaid utilizers/high cost Medicaid utilizers, compared to a sample of general Medicaid participants with similar diagnostic profiles?

MDW Findings on Medicaid Service Utilization: MRT-SH Programs Overall

Diagnostic & Utilization Characteristics of MRT-SH Programs Overall

As of December 31, 2015, there were 3,687 clients[13] enrolled in MRT-SH programs who had at least 12 months of continuous Medicaid coverage prior to enrollment[14]. See Appendix G for a table listing the number of participants by program.

Fifty-nine percent of the MRT-SH clients had an active diagnosis of a serious mental illness (SMI), and 38% had an active diagnosis of a substance use disorder (SUD). Thirty-two percent were HIV positive, and 58% had at least one other chronic medical condition besides HIV and behavioral health disorders.

Twelve percent had spent time in a nursing home in the year previous to enrollment, and 55% had received Health Home services (including outreach) for at least part of the year. On average, these clients had 1.0 inpatient hospitalizations and 2.8 ED visits in the year before their MRT-SH enrollment.

13 Note that the utilization sample did not include 17 participants from the Doe Foundation, an AIDS Institute Services Only program.

14 Not to exceed more than 60 days without coverage

Table 2. *Diagnostic and Utilization Characteristics: Overall MRT-SH Program Participants*

Diagnostic Characteristics	
Severe Mental Illness (SMI)	59%
Substance Use Disorder (SUD)	38%
HIV positive	32%
Other chronic medical condition	58%
Utilization Characteristics	
Any nursing home claims	12%
Any health home claims (incl. outreach)	55%
Average inpatient admissions	1.0
Average ED visits	2.8
SMI/SUD population (n=3,004)	
Selected HARP criteria	50%
3+ months of case management	33%
2+ detox services	1%
1+ inpatient primary SUD admission	20%
30+ days psychiatric inpatient (3-year)	4%
3+ inpatient psychiatric admissions (3-year)	3%
2+ inpatient admissions for primary or secondary SUD Dx	19%
2+ ED visits for primary or secondary SUD Dx	13%
Average inpatient admissions (any reason)	1.3
Average ED visits (any reason)	3.5

Note: None of the categories in this table are mutually exclusive. In particular, clients usually fall into more than one diagnostic category, so percentages will sum to well over 100%.

While the average utilization of inpatient and ED services may be skewed by a few extreme cases, overall only 5% of these clients had five or more inpatient admissions in the year before their MRT-SH enrollment, and 16% were estimated to have had five or more ED visits.

Table 3. *Percent of MRT-SH participants meeting various levels of inpatient and emergency care*

	Inpatient admissions	ED visits
None	58%	44%
1 or more	42%	56%
2 or more	22%	39%
3 or more	12%	28%
4 or more	8%	22%
5 or more	5%	16%

Medicaid Utilization: MRT-SH Participants Compared to Diagnostically Similar General Medicaid Recipients

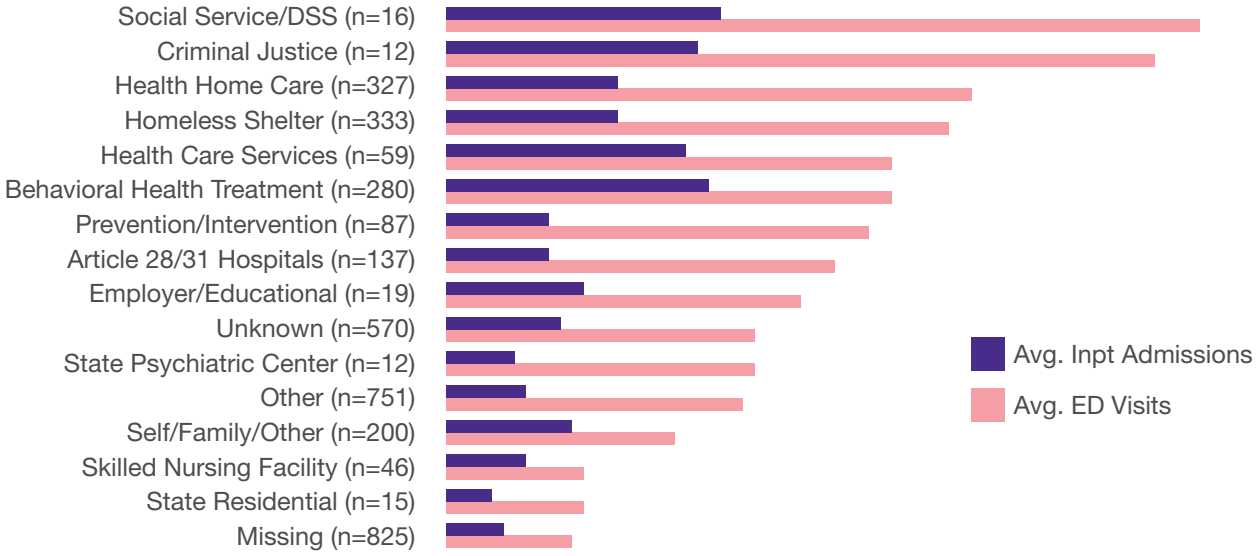
The table below shows the average number of inpatient admissions and ED visits for selected MRT-SH programs compared to the averages for all adult Medicaid recipients in the most common diagnostic category for that program. Clearly, the MRT-SH clients in most programs are higher users of inpatient and emergency services than their diagnostically similar counterparts. Exceptions are inpatient use among AIDS Institute Pilot clients and ED use among NHTD Transition and SSHS clients, which were lower than their diagnostically similar counterparts.

Table 4. *Average Inpatient Admissions and ED Visits: MRT-SH Program Clients Compared to a Sample of Diagnostically Similar Medicaid Clients*

Programs by Most Common/Predominant Dx Category of Recipients	Avg. Inpatient Admissions		Avg. ED Visits	
	Program clients	Dx comparison group	Program clients	Dx comparison group
HIV				
AIDS Institute Services only	1.3	0.3	2.6	1.6
AIDS Institute Services and Subsidies	0.6		3.2	
AIDS Institute Pilot Program	0.2		2.3	
Chronic Medical Conditions				
East 99th Street	0.5	0.2	1.3	1.0
NHIL	1.2		3.0	
NHTD - Transition	0.6		0.7	
NHTD - Diversion	0.6		1.1	
SSHS	0.4		0.8	
Severe Mental Illness (SMI)				
HHSP	1.7	0.3	6.4	1.6
OMH-RSB	0.7		2.0	
OMH-RSS	1.3		4.4	
OMH Crisis	1.6		4.5	
Substance Abuse Disorder (SUD)				
OASAS-RS	2.3	0.5	5.3	2.1

Average levels of inpatient and emergency department utilization varied significantly by referral source. Clients referred from social services/DSS, the criminal justice system, and Health Home care had the highest average number of ED visits. Clients referred from social services/DSS, behavioral health, and the criminal justice system had the highest number of inpatient admissions (see Figure 12 for average inpatient and emergency department utilization by referral source).

Figure 12. *Average Inpatient and ED Utilization by Referral Source*



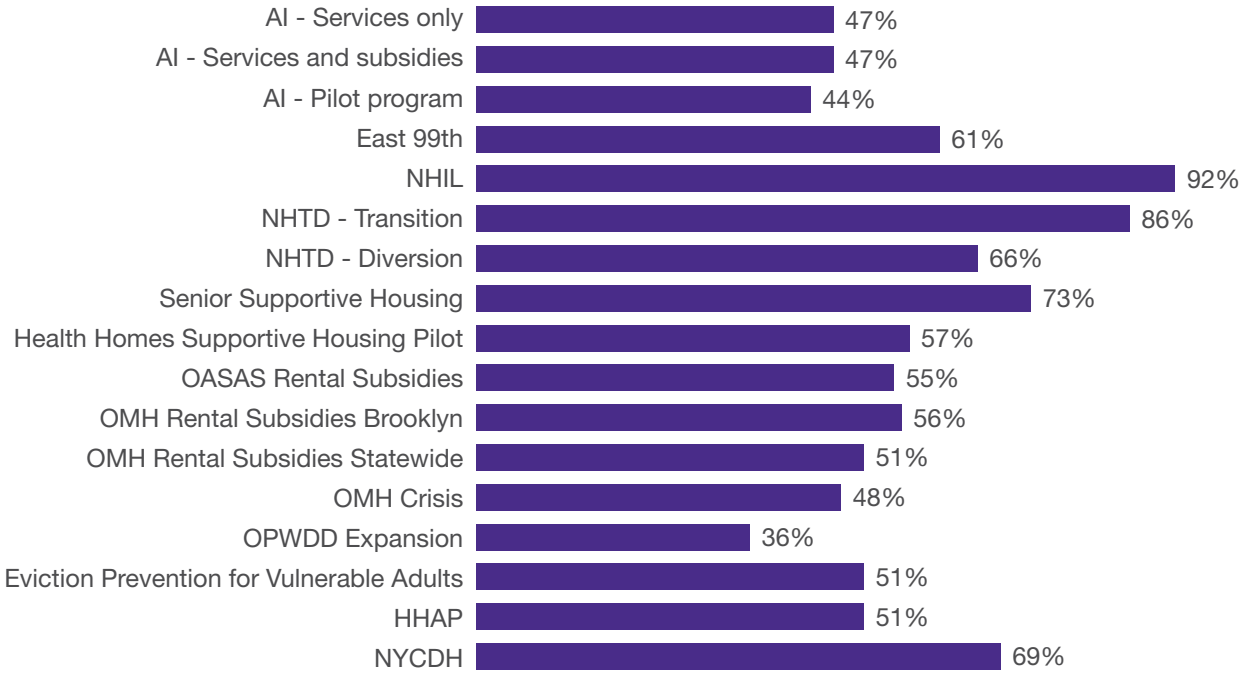
Note: Referral source is based only on MDW field, not on prior residence data

Program Populations: A Comparative View

Chronic medical conditions. As shown in the figure below, the programs with the highest percentage of people with at least one (non-HIV, non-behavioral health) chronic medical condition are DLTC Nursing Home to Independent Living (NHIL) (92%) and DLTC Nursing Home Transition and Diversion (NHTD) Transition (86%); DLTC Senior Supportive Housing Services (SSHS), OTDA Homeless Senior and Disabled Pilot at New York City Department of Homeless Services (NYCDH) and NHTD Diversion are also high.

The program with the lowest percentage of people with a chronic medical condition is OPWDD, which—at 36%—is much lower than any other program.

Figure 13. *Percent of Participants with Chronic Medicaid Conditions*

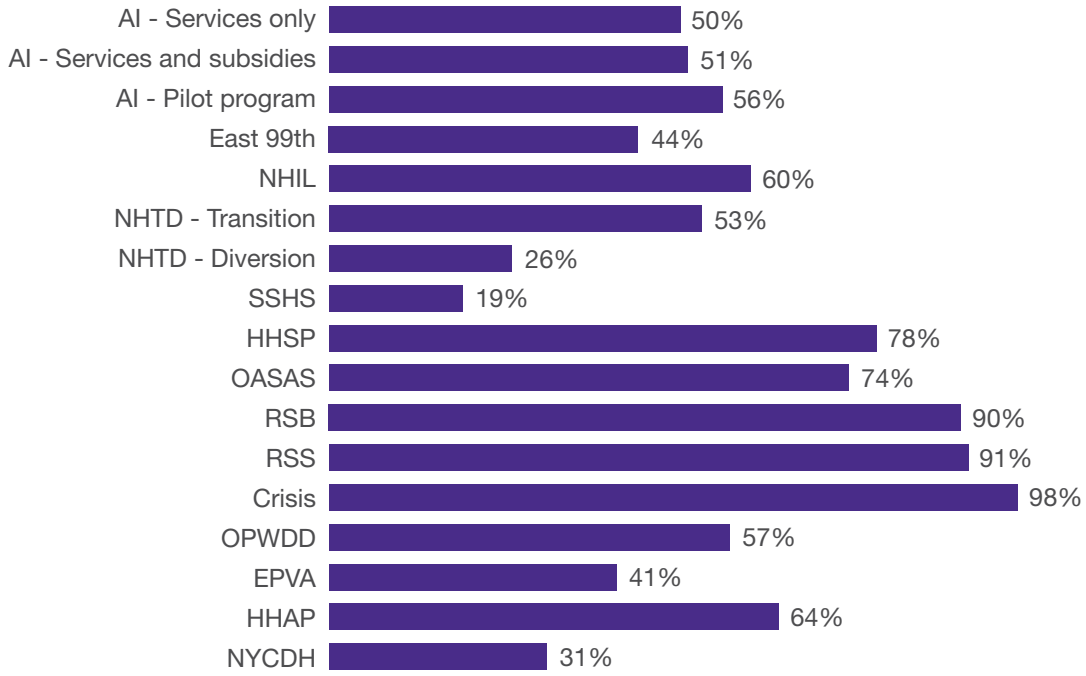


Note: This excludes HIV and behavioral health conditions

Severe mental illness. As shown in the figure below, the programs with the highest percentage of people with a SMI are the OMH Rental Subsidy programs (90% and 91%) and the crisis program (98%), all of which include SMI as an enrollment criterion. Other programs also have high rates of SMI; in particular, Health Homes Supportive Housing Pilot (HHSP) and OASAS-RS serve high numbers of those with severe mental illness.

The programs with the lowest percentage of clients with severe mental illness are SSHS (19%) and NHTD Diversion (26%).

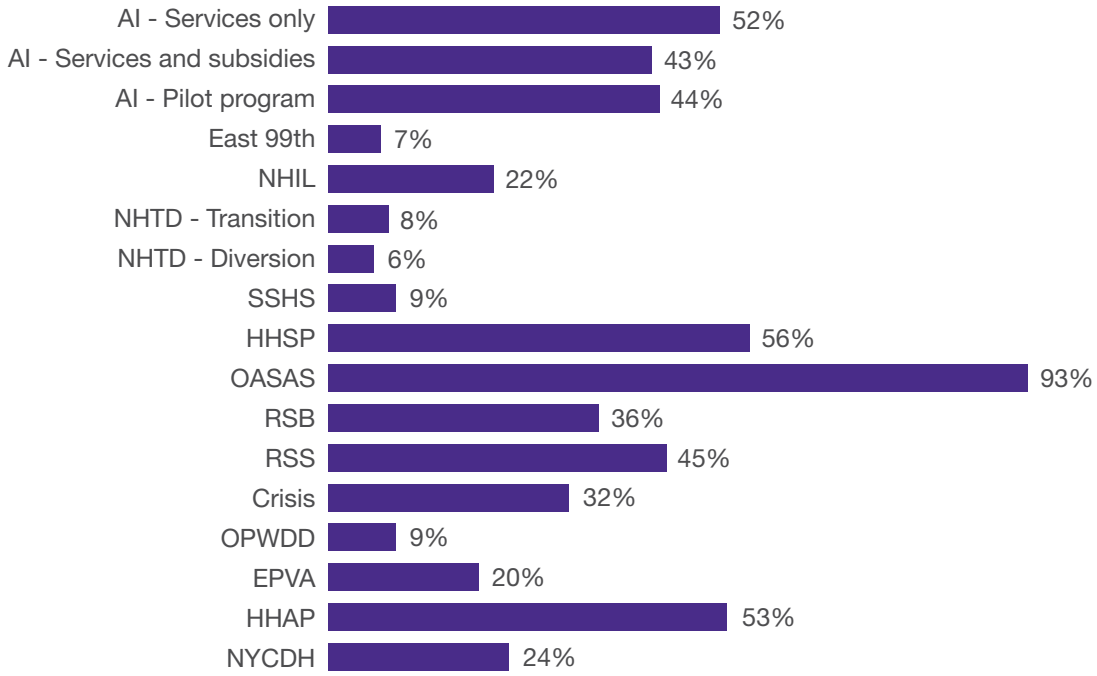
Figure 14. *Percent of Clients with a Severe Mental Illness, by Program*



Note: There are a handful of enrollees in diagnostic-specific programs that do not have any Medicaid claims for the appropriate primary diagnosis during the pre-period. This does not mean that they have never been diagnosed with the condition; only that no Medicaid claims were submitted for the condition as the primary diagnosis during this specific time period.

Substance abuse disorders. As shown in the figure below, the program with the highest percentage of people with a substance disorder is the OASAS-RS program, which includes a substance abuse diagnosis as one of the eligibility criteria. However other programs also have high percentages of clients with substance abuse disorders – most notably, HHSP and OTDA Homeless Housing Assistance Program (HHAP). Other programs have a relatively low percentage of clients with substance abuse disorders, with NHTD Diversion (6%) and East 99th (7%) being the lowest.

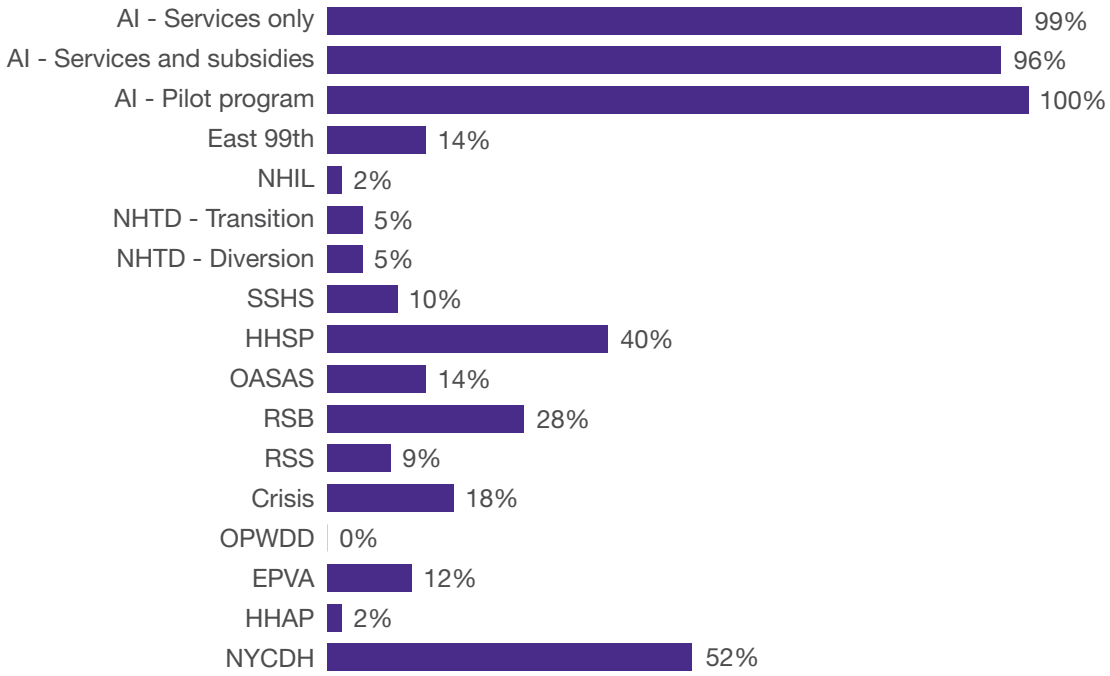
Figure 15. *Percent of Clients with Substance Abuse Disorder, by Program*



Note: There are a handful of enrollees in diagnostic-specific programs that do not have any Medicaid claims for the appropriate primary diagnosis during the pre-period. This does not mean that they have never been diagnosed with the condition; only that no Medicaid claims were submitted for the condition as the primary diagnosis during this specific time period.

HIV. As shown in the figure below, the programs with the highest percentage of people with HIV are the AIDS Institute programs (99%, 96%, and 100%), which include HIV status as one of the eligibility criteria. However, other programs also serve significant populations with HIV, especially the NYCDH program, HHSP and OMH-RSB. In contrast, some programs have very low rates of clients with HIV, such as OPWDD (0%), HHAP capital projects (2%) and NHIL (2%),

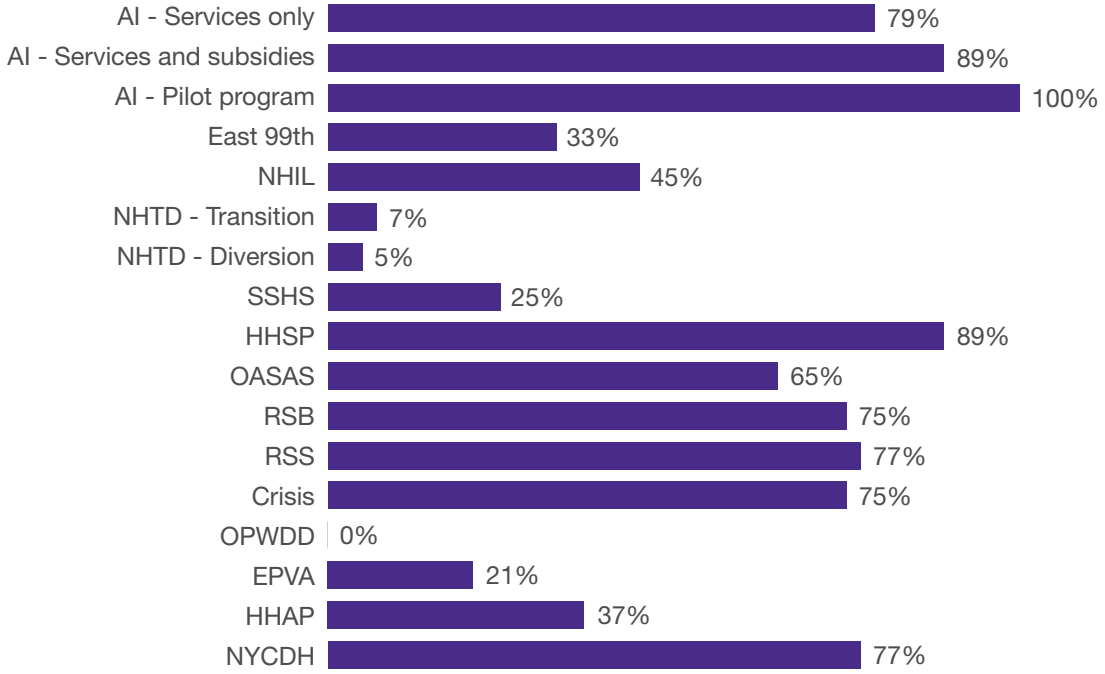
Figure 16. *Percent of Clients with HIV, by Program*



Note: There are a handful of enrollees in diagnostic-specific programs that do not have any Medicaid claims for the appropriate primary diagnosis during the pre-period. This does not mean that they have never been diagnosed with the condition; only that no Medicaid claims were submitted for the condition as the primary diagnosis during this specific time period.

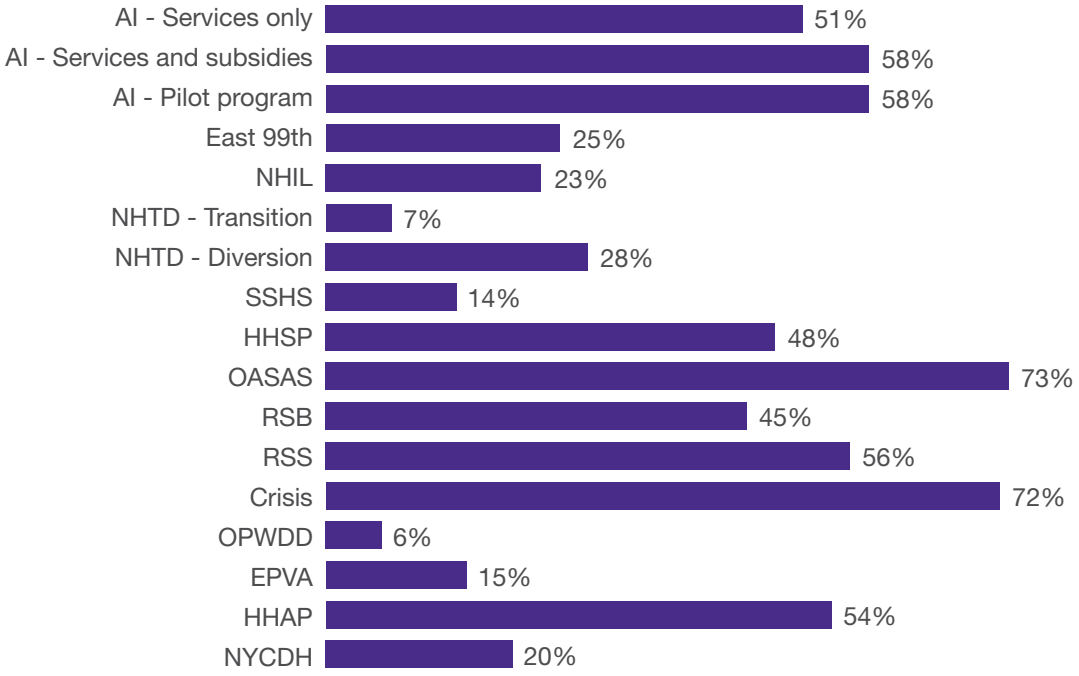
Health Home services. As shown in the figure below, the percentage of clients who have received Health Home services in the year prior to MRT-SH enrollment varies widely. In some programs, like the HHSP or the AIDS Institute programs, the vast majority had received Health Home services (89% and 79-100%, respectively). For other populations, Health Home services were almost never received (such as the OPWDD program, with no Health Home recipients; and the NHTD programs, with only 5-7% of clients having received Health Home services).

Figure 17. *Percent of Clients Who Have Received Health Home Services in the Year Prior to MRT-SH Enrollment, by Program*



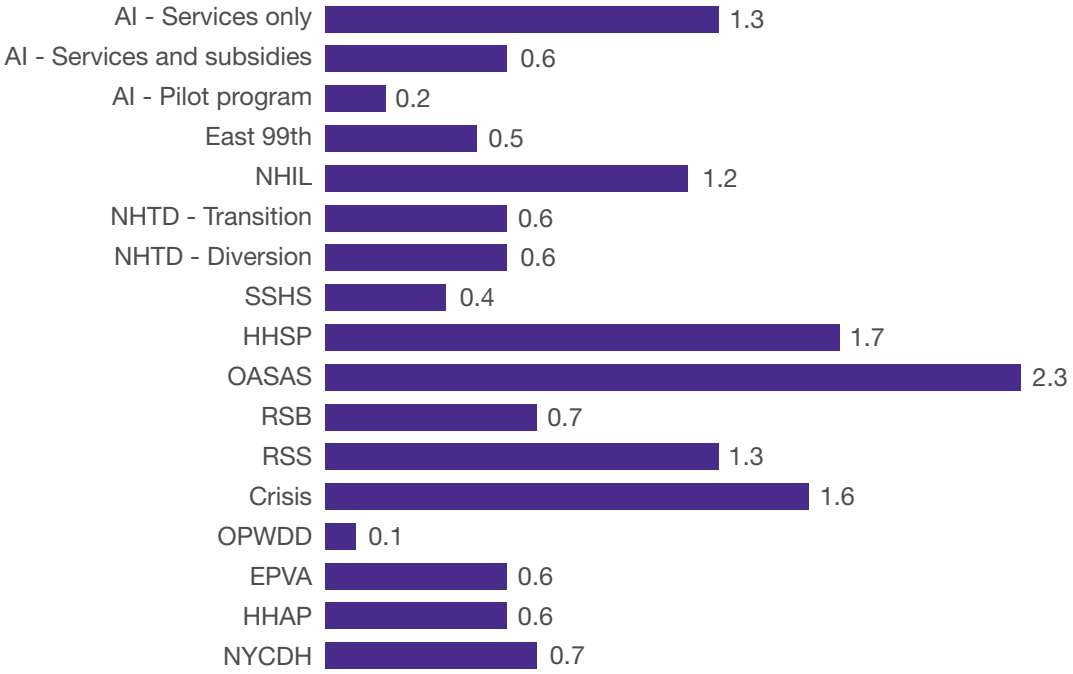
Selected criteria from HARP. As shown in the figure below, many MRT-SH clients meet at least one of the behavioral health utilization criteria borrowed from the HARP program (though this result does not mean that they are enrolled in HARP or even necessarily eligible for HARP). The highest percentage of patients who met one of these criteria is in the OASAS-RS program (73%) and the OMH Crisis program (72%). In contrast, some programs have very small concentrations of clients with utilization that meets any of these criteria. The OPWDD Expansion project has only 6%, and the NHTD Transition program only 7%.

Figure 18. *Percent of Clients Who Meet Selected HARP Criteria, by Program*



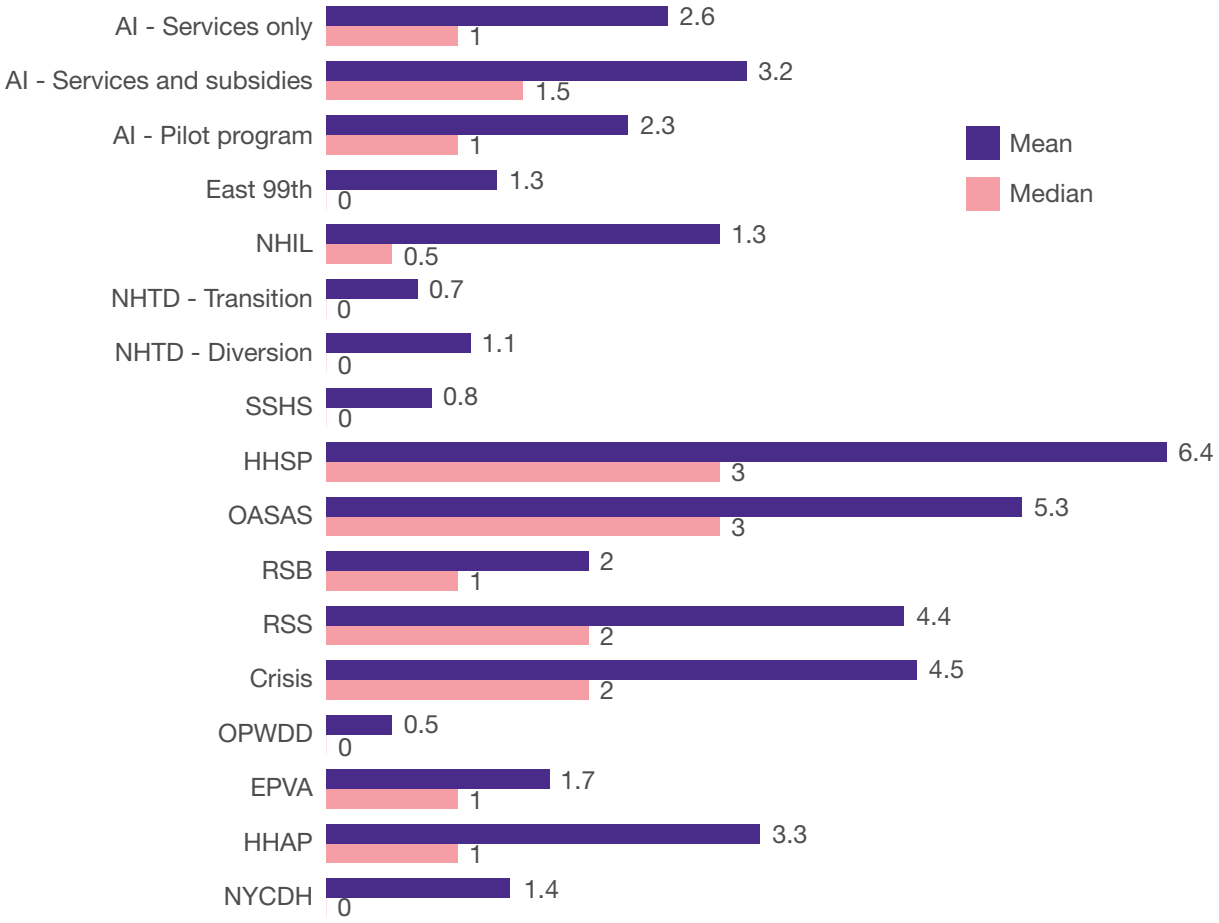
Inpatient admissions. The graph below depicts the average number of inpatient admissions by program. The OASAS-RS program was by far the highest, with an average of 2.3 inpatient admissions in the year before MRT-SH enrollment. OPWDD had the lowest inpatient admissions at 0.1. The median number of inpatient admissions (not shown) for most programs was 0, except for NHIL (1), HHSP (1), OMH Crisis (1), and OASAS (2).

Figure 19. *Average (Mean) Number of Inpatient Admissions, by Program*



Emergency department visits. As seen in the figure below, the average number of emergency department visits in the year before MRT-SH enrollment varies widely by program. The HHSP and OASAS-RS programs have the highest rates of ED visits (means 6.4 and 5.3, respectively). Other programs have clients with relatively low rates of pre-enrollment ED use, such as OPWDD (0.5) and NHTD Transition (0.7). The median number of emergency department visits was 0 for six programs, but 1 to 3 for the remaining.

Figure 20. *Average Number of Emergency Department Visits, by Program*



MDW Findings on Medicaid Cost: MRT-SH Programs Overall

Spending Profile of MRT-SH Program Participants, Overall

Based on the skewed distributions of the expenditures, the median spending overall is $31,645 per enrollee, with the highest spending among HIV positive participants and those with chronic conditions, on average. In the highest categories of spending, focusing on the 75th percentile, those with chronic conditions are by far the highest at $81,921 per enrollee. Those with a "homeless" designation[15][16] generally have the lowest expenditures per enrollee. This pattern is seen for most of the programs examined. Through this report,

15 Homeless designations are determined by Welfare Management System (WMS) data. It is important to note that Welfare Management Data has several limitations. There is a significant proportion of data that is missing, or indicated as "unknown" or "other".

16 The homeless designation is given to people with a WMS record in the given year under shelter type codes 21, 30, 19, 33, 23, 35, 06, 36, 34.

individuals are placed into diagnostic categories based on primary diagnosis on Medicaid claims. Note that individuals may have more than one primary diagnosis during a year and so may be included in multiple categories.

The table below summarizes Medicaid cost data for MRT-SH participants overall and by diagnostic group. The histograms illustrate this data overall, and by diagnostic group.

Table 5. *Profile of spending in the year prior to MRT-SH enrollment, by diagnostic subgroup: MRT-SH participants overall*

	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
OVERALL	3704	$47,396	$111,710	$65,654	$31,645	$11,619	$3,458
Severe Mental Illness	2185	$49,535	$111,680	$64,951	$34,563	$15,307	$6,872
Substance Use Disorder	1411	$47,823	$103,488	$59,804	$34,257	$17,405	$8,800
HIV positive	1188	$52,981	$114,224	$65,209	$38,515	$18,407	$6,922
Chronic Condition	2148	$56,432	$121,761	$81,921	$39,963	$16,450	$6,035
Homeless	632	$38,159	$89,116	$47,235	$21,878	$7,735	$2,405

Figure 21. *MRT-SH participants' Medicaid costs,12 mo. prior to enrollment: Overall*

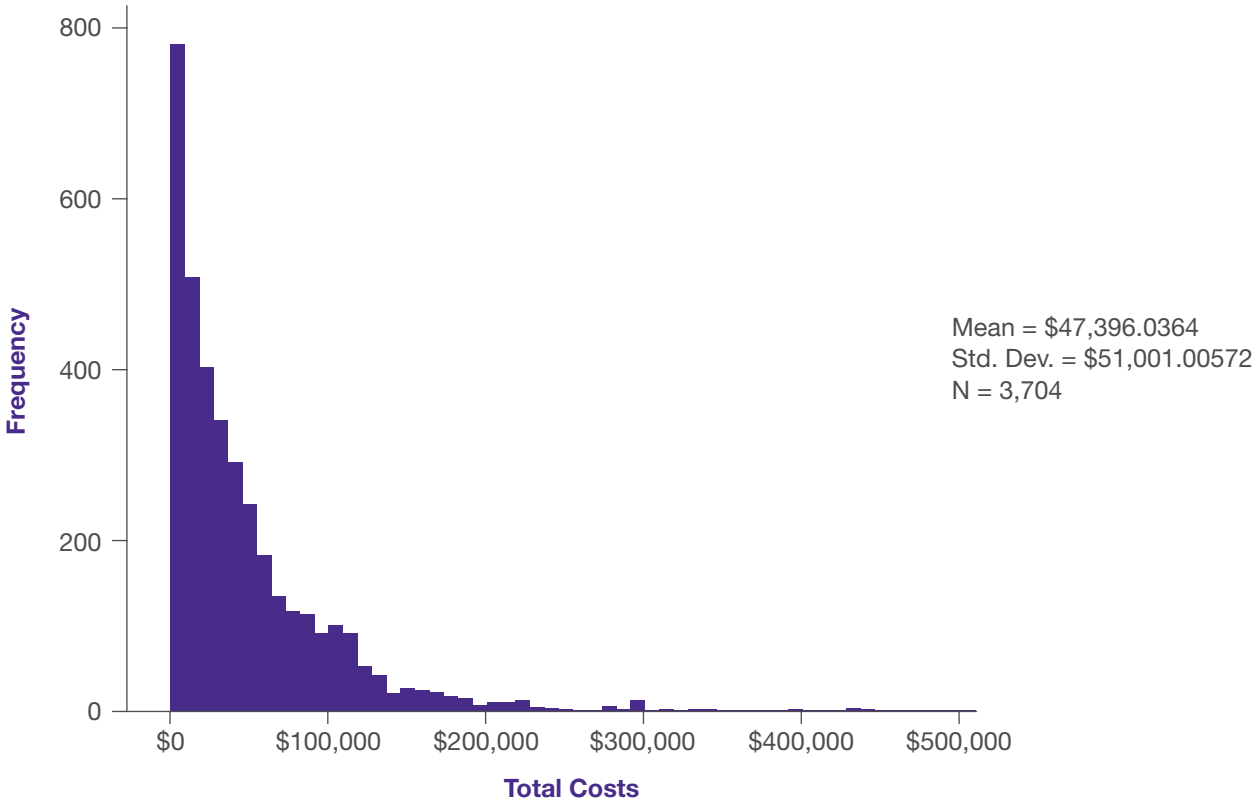


Figure 22. *MRT-SH participants' Medicaid costs, 12 mo. prior to enrollment: HIV Positive diagnostic subgroup*

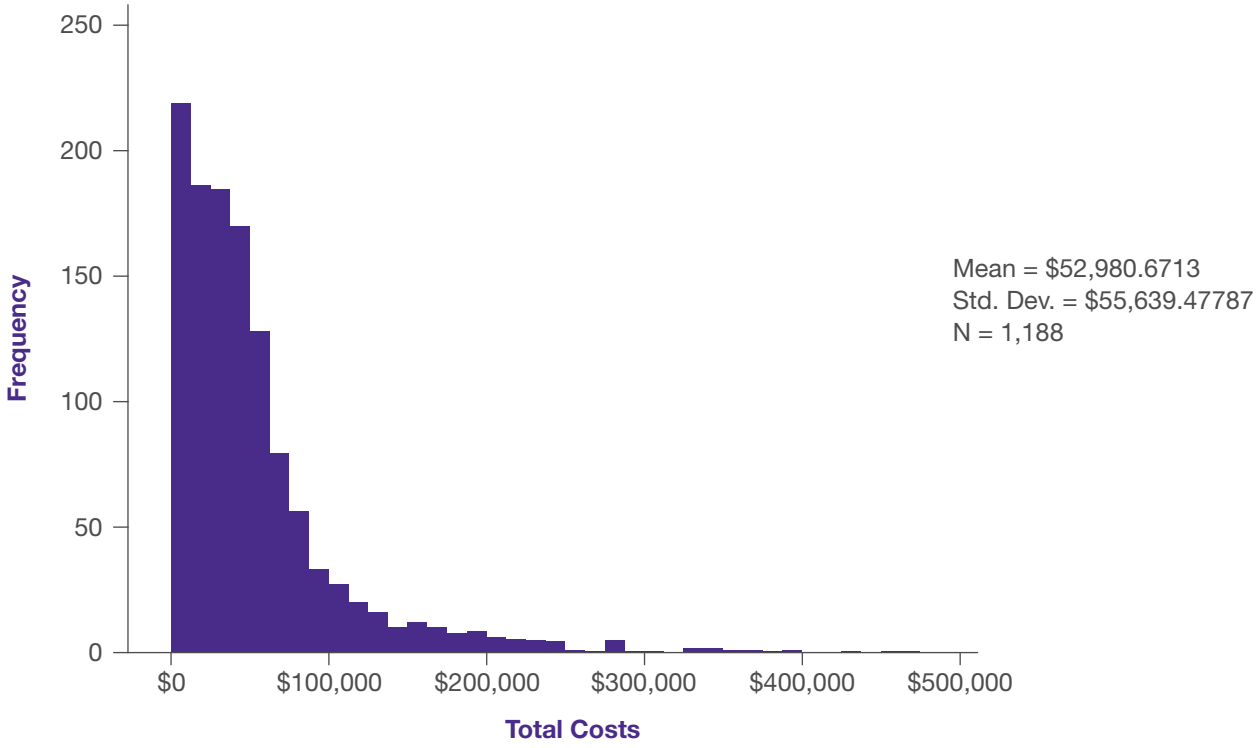


Figure 23. *MRT-SH participants' Medicaid costs, 12 mo. prior to enrollment: SMI diagnostic subgroup*

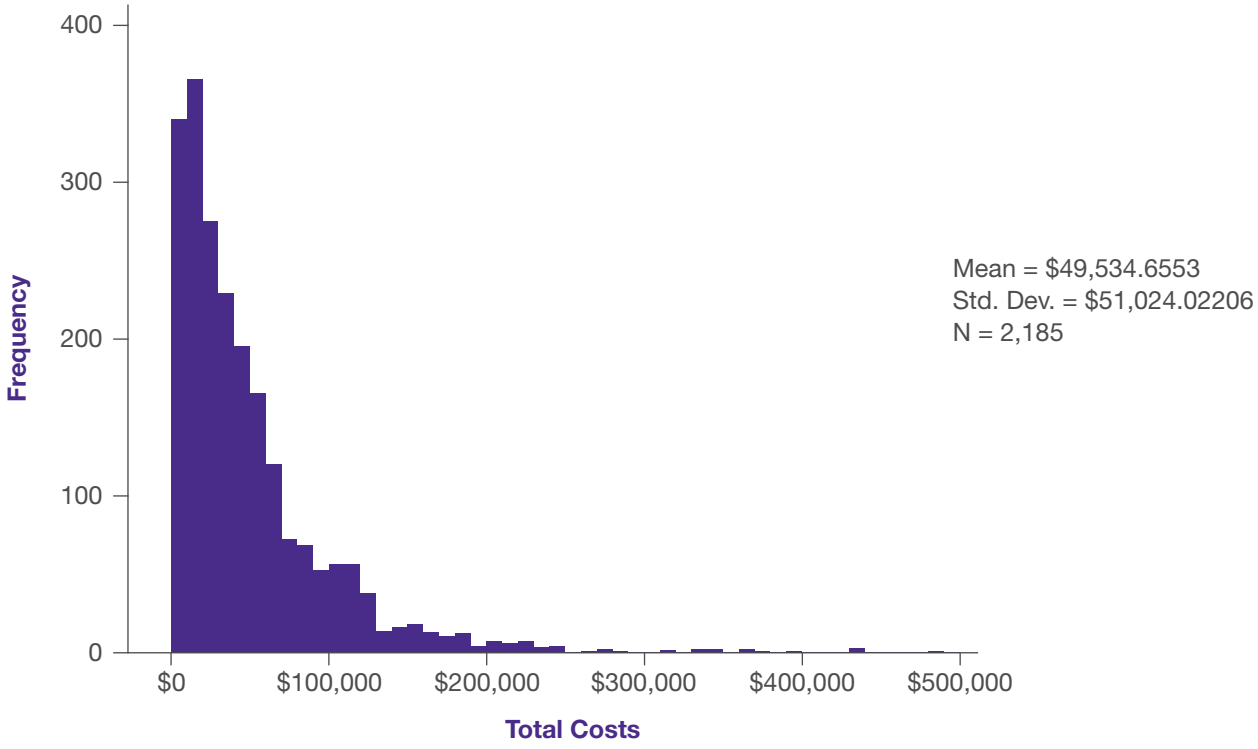


Figure 24. *MRT-SH participants' Medicaid costs,12 mo. prior to enrollment: SUD diagnostic subgroup*

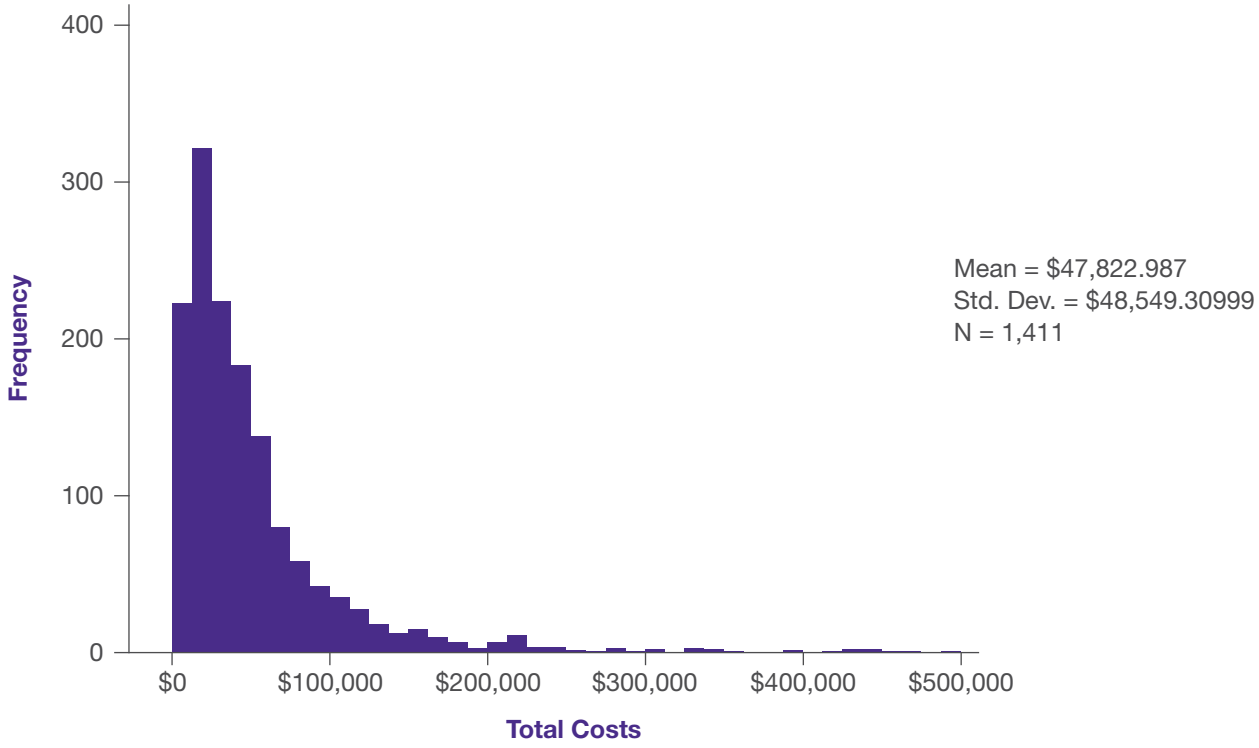


Figure 25. *MRT-SH participants' Medicaid costs,12 mo. prior to enrollment: Other chronic medical condition diagnostic subgroup*

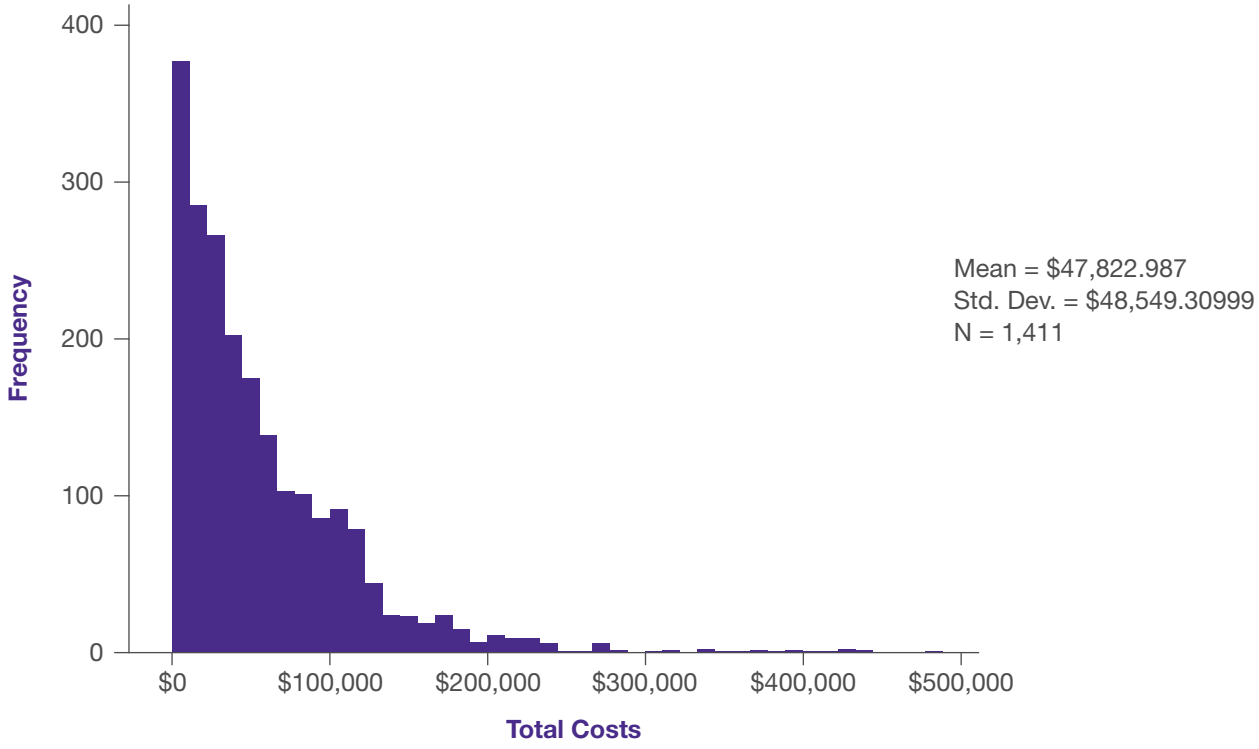
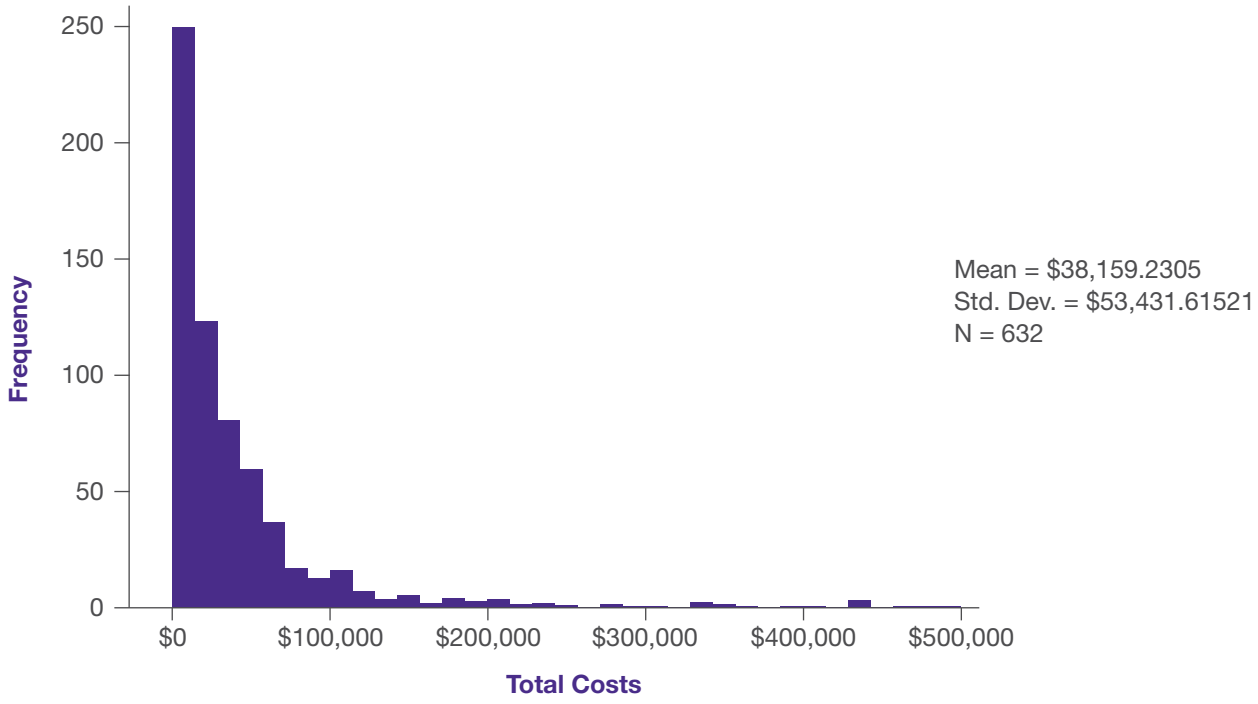
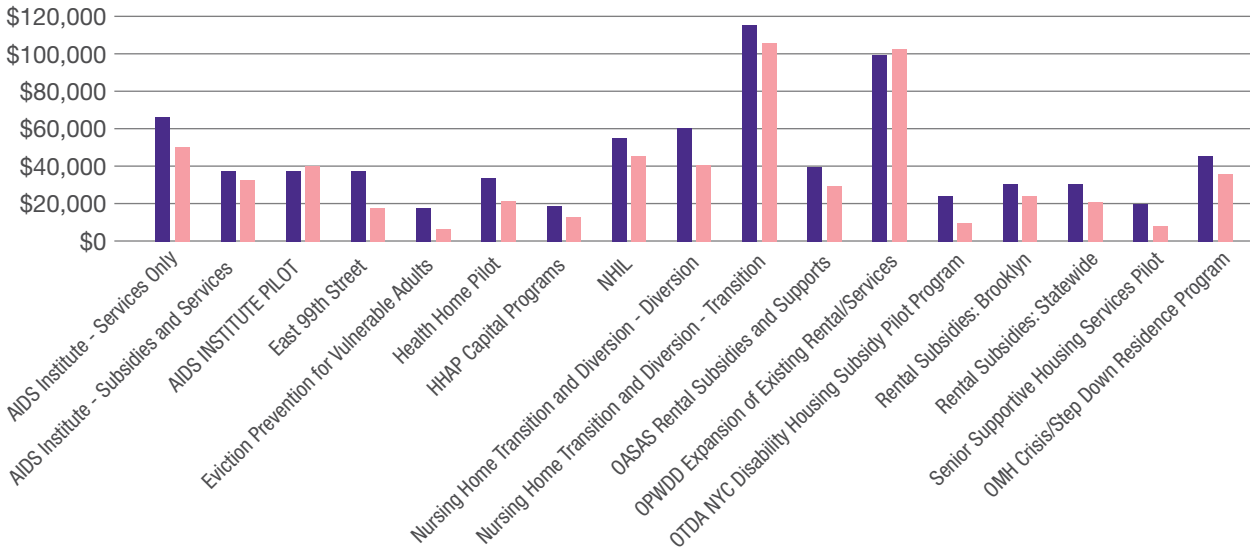


Figure 26. *MRT-SH participants' Medicaid costs,12 mo. prior to enrollment: Welfare Management System (WMS[17]) record of homelessness subgroup*



The graph below displays mean and median MRT-SH participant Medicaid spend in the year prior to enrollment, by program. Participants who later enrolled in NHTD, OPWDD, AIDS Institute Services Only, and NHIL programs incurred the highest mean and median costs.

Figure 27. *Mean and Median MRT-SH participant Medicaid Spend in the year before program enrollment, by program*



17 It is important to note that Welfare Management Data has several limitations. There is a significant proportion of data that is missing, or indicated as "unknown" or "other".

Cost Distribution Comparisons: MRT-SH Programs and General Medicaid Sub-Populations

The table below includes, for each MRT-SH program, a cost distribution comparison with a diagnostic subpopulation of the General Medicaid Population with full coverage. The general Medicaid diagnostic subpopulation for comparison for each program is indicated in the second column: the most similar general Medicaid comparison population was selected for each program. The general Medicaid sample had 12 months of continuous Medicaid coverage. The HHAP and OPWDD programs were excluded from the general Medicaid comparative analysis, because none of the general Medicaid subpopulations were viewed as an appropriate baseline for comparison to the populations these programs served.

The analysis provides evidence that the populations served by MRT-SH programs have generally higher cost than their respective comparison Medicaid subpopulation. For every program included in the table below, over 50% of the program's participants had higher costs in the year period before program enrollment than the 2014 median cost of their comparison subpopulation; and for all programs in the table below, except EPVA, over 25% of the program's participants had higher costs than the 75th percentile costs of their comparison subpopulation. In many cases (i.e., the AIDS Institute programs, NHTD, NHIL, OASAS, OMH Crisis, and OMH-RSB programs), the majority of program participants had costs in excess of the 75th percentile costs of their respective comparison subpopulation. This pattern suggests that the populations of many of the programs in the table are disproportionately comprised of participants from the most expensive tail of their respective comparison Medicaid diagnostic subpopulation.

Table 6. *Cost Distribution Comparisons: MRT-SH Programs vs. General Medicaid Sub-populations*

Program	General Medicaid Comparison Sub-population	Total Number Analyzed	Percent Exceeding General Medicaid Comparison Sub-Population Mean	Percent Exceeding General Medicaid Comparison Sub-Population Median	Percent Exceeding General Medicaid Comparison Sub-Population 75th percentile	Percent Exceeding General Medicaid Comparison Sub-Population 90th percentile
AIDS Institute Pilot	HIV+	18	78%	94%	61%	6%
AIDS Institute - Services Only	HIV+	644	80%	90%	76%	42%
AIDS Institute - Subsidies and Services	HIV+	108	65%	87%	56%	15%
East 99th Street	Other Chronic Conditions	149	44%	72%	47%	22%
Eviction Prevention for Vulnerable Adults	Other Chronic Conditions	237	20%	51%	22%	5%
Health Home Supportive Housing Pilot	Severe Mental Illness	209	44%	79%	45%	11%
NHIL	Other Chronic Conditions	60	72%	95%	75%	30%
Nursing Home Transition and Diversion - Diversion	Other Chronic Conditions	214	71%	90%	72%	33%
Nursing Home Transition and Diversion - Transition	Other Chronic Conditions	299	100%	100%	100%	93%
OASAS Rental Subsidies and Supports	Substance Use Disorder	416	75%	92%	72%	35%
OMH Crisis/Step Down Residence Program	Severe Mental Illness	60	65%	88%	65%	17%

Program	General Medicaid Comparison Sub-population	Total Number Analyzed	Percent Exceeding General Medicaid Comparison Sub-Population Mean	Percent Exceeding General Medicaid Comparison Sub-Population Median	Percent Exceeding General Medicaid Comparison Sub-Population 75th percentile	Percent Exceeding General Medicaid Comparison Sub-Population 90th percentile
OTDA NYC Disability Housing Subsidy Pilot Program	Other Chronic Conditions	109	34%	67%	37%	8%
OMH Rental Subsidies: Brooklyn	Severe Mental Illness	338	50%	81%	51%	4%
OMH Rental Subsidies: Statewide	Severe Mental Illness	435	44%	79%	45%	7%
Senior Supportive Housing Services Pilot	Other Chronic Conditions	270	26%	54%	27%	8%

Spending Profile of General Medicaid Population in the year 2014, by Diagnostic Group and Homelessness Status in the WMS

General Medicaid Population: Not necessarily homeless

For the general Medicaid population, the highest median spending is among those who were HIV positive, at $10,445 per enrollee, and the lowest is for those with a chronic condition, at $6,027 per enrollee. Among the highest categories of spending, focusing on the 75th percentile, those who are HIV positive or have a SMI have the highest spending, and those with a SUD have the lowest spending.

Table 7. *Profile of spending in the year 2014, by diagnostic subgroup: simple random sample of the General Medicaid Population over the age of 18 and having full Medicaid coverage*

General Medicaid Population Samples	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
Severe Mental Illness	35,895	$24,862	$73,395	$24,353	$8,267	$3,118	$1,336
Substance Use Disorder	36,406	$16,978	$38,978	$18,372	$8,233	$3,147	$1,224
HIV positive	35,317	$24,206	$57,295	$28,312	$10,445	$3,499	$1,318
Chronic Condition	37,035	$23,115	$70,250	$20,721	$6,027	$2,223	$966

General Medicaid Population: At least 1 record of homelessness in WMS

For the general Medicaid population with at least one homeless episode and a diagnosis of SMI, SUD, HIV, or some other chronic condition (a subset of the same general Medicaid sample), the highest median spending is among those with HIV, at $17,715 per enrollee, and the lowest are those with a chronic condition, at $10,966 per enrollee. Among the highest categories of spending, focusing on the 75th percentile, those with HIV or a SMI have the highest spending, and those with SUD have the lowest spending. This profile is not very dissimilar to the general Medicaid population showed above.

Table 8. *Profile of spending in the year 2014, by diagnostic subgroup: General Medicaid Population over the age of 18 and having full Medicaid coverage and a record of homelessness in WMS*

General Medicaid Population Samples	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
Severe Mental Illness	15,021	$23,319	$53,792	$27,138	$12,524	$5,016	$2,062
Substance Use Disorder	17,014	$21,923	$49,044	$25,010	$12,123	$5,249	$2,033
HIV positive	5,454	$31,245	$70,114	$36,878	$17,715	$7,366	$2,931
Chronic Condition	16,571	$22,759	$53,792	$25,422	$10,966	$3,984	$1,689

7

PROGRAM-SPECIFIC MRT-SH FINDINGS: UTILIZATION, COST, AND DOCUMENT ANALYSIS

SECTION 7:
PROGRAM-SPECIFIC MRT-SH FINDINGS: UTILIZATION, COST, AND DOCUMENT ANALYSIS

Section Overview

This section, which describes utilization, cost, and document analysis findings by program, is guided by the following research questions:

- *What are the diagnostic and Medicaid utilization characteristics of MRT-SH participants, by program?*
- *How many high-cost Medicaid services (ER and inpatient visits) do MRT-SH program participants use, on average, by program?*
- *What Medicaid costs do program participants incur, prior to enrollment in MRT-SH programs?*
- *To what extent are MRT-SH participants high Medicaid utilizers/high cost Medicaid utilizers, compared with individuals in the general Medicaid population with similar diagnostic profiles, by program?*
- *How are the agencies/programs defining and implementing eligibility criteria? To what extent, based on the included data sources, are providers implementing the eligibility criteria defined at the agency-level?*

AIDS INSTITUTE: SERVICES ONLY

Utilization Findings

There were 627 people enrolled in AIDS Institute Services Only programs who had at least 12 months in Medicaid previous to December 31, 2015. As well as having a HIV diagnosis, 52% of these individuals had a diagnosed SUD and 50% had a SMI diagnosis. Forty-seven percent had at least one other chronic medical condition.

Nine percent had spent time in a nursing home in the year previous to enrollment, and 79% received Health Home services for at least part of the year before their SH enrollment. The average number of inpatient admissions for AIDS Institute Services Only clients was 1.3, compared to 0.3 for the Medicaid HIV+ population overall; the average number of ED visits was 2.6, compared to 1.6 for the Medicaid HIV+ population overall. Seventy percent of those with a SMI/SUD diagnosis met at least one of the criteria borrowed from the HARP program for identifying high-use recipients.

Table 9. *Diagnostic and Utilization Characteristics: AIDS Institute – Services Only participants*

Diagnostic Characteristics	
Severe Mental Illness (SMI)	50%
Substance Use Disorder (SUD)	52%
HIV positive	99%*
Other chronic medical condition	47%
Utilization Characteristics	
Any nursing home claims	9%
Any health home claims (incl. outreach)	79%
Average inpatient admissions	1.3
Average ED visits	2.6
Population with SMI and/or SUD in Services Only (n=446)	
Selected HARP criteria	70%
3+ months of case management	51%
30+ days psychiatric inpatient (3 year)	2%
2+ detox services	1%
1+ inpatient primary SUD admission	27%
3+ inpatient psychiatric admissions (3-year)	1%
2+ inpatient admissions for primary or secondary SUD Dx	28%
2+ ED visits for primary or secondary SUD Dx	11%
Average inpatient admissions (any reason)	1.6
Average ED visits (any reason)	2.9

Note: None of the categories in this table are mutually exclusive. In particular, clients usually fall into more than one diagnostic category, so percentages will sum to well over 100%.

**Absence of a claim for HIV does not mean that the client does not have HIV, only that there was not a claim with an HIV diagnosis billed to Medicaid in the year before MRT-SH enrollment.*

In the overall Medicaid HIV+ population, only the top 13% of utilizers had one or more inpatient admissions in a year's time, whereas 51% of AIDS Institute Services Only participants had one or more inpatient admissions. In the overall Medicaid HIV+ population, the top 11% of utilizers had four or more ER visits, compared to 24% of the AIDS Institute Services Only participants.

Table 10. *Percent of AIDS Institute Services Only participants meeting various levels of inpatient and emergency care, compared to all adult Medicaid recipients with HIV*

	Inpatient Admissions		ER Visits	
	AIDS Services Only	Medicaid HIV overall	AIDS Services Only	Medicaid HIV overall
None	49%	87%	34%	52%
1 or more	51%	13%	66%	48%
2 or more	30%	6%	44%	27%
3 or more	20%	3%	32%	17%
4 or more	14%	1.5%	24%	11%
5 or more	10%	1%	17%	8%

Cost Findings

For these program participants, the highest median spending is among those with a chronic condition, SUD, or SMI. All categories have higher spending than overall spending for 75th percentile, indicating the data is skewed.

Table 11. *Profile of spending in the year 2014, by diagnostic subgroup: simple random sample of the General Medicaid Population over the age of 18 and having full Medicaid coverage*

	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
AIDS Institute - Services Only (Overall)	644	$66,823	$146,556	$80,895	$50,571	$28,949	$10,027
Severe Mental Illness	312	$79,841	$176,700	$93,405	$58,997	$40,854	$22,279
Substance Use Disorder	323	$76,171	$149,452	$91,596	$59,049	$41,943	$22,291
HIV positive	620	$68,939	$148,676	$81,931	$51,855	$31,390	$13,150
Chronic Condition	294	$89,423	$183,619	$113,656	$67,078	$43,767	$24,413
Homeless	127	$77,596	$180,886	$102,176	$55,771	$32,369	$10,648

For those receiving services only, the highest median spending by far is among those receiving state residential services (although this category has too few clients to calculate percentiles). Behavioral health treatment was the referral source with the highest top decile and quartile of spending. Other referral sources included Health Care Services (3 participants), social services/DSS (1 participant), and a homeless shelter (1 participant).

Table 12. *Profile of spending in the year prior to MRT-SH enrollment, by principal referral source: AIDS Institute participants receiving services only*

AIDS Institute - Services Only	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
Self/Family/Other	24	$60,100	$102,962	$79,985	$55,408	$38,161	$11,753
Behavioral Health Treatment	68	$67,778	$147,393	$81,887	$55,628	$41,625	$16,180
State Residential	6	$182,933	--	--	$224,107	--	--
Health Home Care Coordination	99	$58,791	$128,908	$75,071	$40,150	$22,949	$10,134
Unknown	442	$66,315	$143,631	$80,752	$50,429	$28,864	$7,743

Note: A document analysis section is omitted, as documentation was not obtained for the AIDS Services Only program.

Summary of Key Findings: AIDS Institute Services Only

- As well as having a HIV diagnosis, 52% of these individuals had a diagnosed SUD and 50% had a SMI diagnosis. Forty-seven percent had at least one other chronic medical condition.
- The average number of inpatient admissions for AIDS Institute Services Only clients was 1.3, compared to 0.3 for the Medicaid HIV population overall; the average number of ED visits was 2.6, compared to 1.6 for the Medicaid HIV+ population overall.
- In the overall Medicaid HIV+ population, only the top 13% of utilizers had one or more inpatient admissions in a year's time, whereas 51% of AIDS Institute Services Only participants had one or more inpatient admissions.
- In the overall Medicaid HIV+ population, the top 11% of utilizers had four or more ER visits, compared to 24% of the AIDS Institute Services Only participants.
- For participants in the Services Only program, the highest median spending is among those with a chronic condition, SUD, or SMI. All categories have higher spending than overall spending for 75th percentile, indicating the data is skewed.
- For those receiving services only, the highest median spending by far is among those receiving DSS and state residential services, although there were very few clients in this category. Behavioral health treatment was the referral source with the highest top decile and quartile of spending.

AIDS INSTITUTE: SERVICES AND SUBSIDIES

Utilization Findings

There were 108 people enrolled in AIDS Institute Services and Subsidies (AIDS Institute Services + Subsidy) programs who had at least 12 months in Medicaid previous to December 31, 2015. As well as having a HIV diagnosis, 43% of these individuals had a diagnosed SUD and 51% had a SMI diagnosis. Forty-seven percent had at least one other chronic medical condition.

None had spent time in a nursing home in the year previous to enrollment, and 89% received Health Home services for at least part of the year before their SH enrollment. The average number of inpatient admissions for AIDS Institute Services + Subsidy clients was 0.6, compared to 0.3 for the Medicaid HIV+ population overall; the average number of ED visits was 3.2, compared to 1.6 for the Medicaid HIV+ population overall. Seventy-eight percent of those with a SMI/SUD diagnosis met at least one of the criteria borrowed from the HARP program for identifying high-use recipients.

Table 13. *Diagnostic and Utilization Characteristics: AIDS Institute Services + Subsidy*

Diagnostic Characteristics	
Severe Mental Illness (SMI)	51%
Substance Use Disorder (SUD)	43%
HIV positive	96%*
Other chronic medical condition	47%
Utilization Characteristics	
Any nursing home claims	0%
Any health home claims (incl. outreach)	89%
Average inpatient admissions	0.6
Average ED visits	3.2
Population with SMI and/or SUD in Services + Subsidy (n=71)	
Selected HARP criteria	78%
3+ months of case management	62%
30+ days psychiatric inpatient (3 year)	0%
2+ detox services	0%
1+ inpatient primary SUD admission	18%
3+ inpatient psychiatric admissions (3-year)	4%
2+ inpatient admissions for primary or secondary SUD Dx	23%
2+ ED visits for primary or secondary SUD Dx	25%
Average inpatient admissions (any reason)	0.9
Average ED visits (any reason)	4.2

Note: None of the categories in this table are mutually exclusive. In particular, clients usually fall into more than one diagnostic category, so percentages will sum to well over 100%.

**Diagnosis is based on primary diagnosis on Medicaid claims in the year prior to MRT-SH enrollment. When any diagnosis rather than primary diagnosis is used, the percentage with at least one HIV claim rises to 99%. Absence of a claim for HIV does not mean that the client does not have HIV, only that there was not a claim with an HIV diagnosis billed to Medicaid in the year before MRT-SH enrollment.*

In the overall Medicaid HIV+ population, only the top 13% of utilizers had one or more inpatient admissions in a year's time, whereas 45% of AIDS Institute Services + Subsidy participants had one or more inpatient admissions. Similarly, in the overall Medicaid HIV+ population, only the top 11% of utilizers had four or more ED visits, compared to 34% of the AIDS Institute Services + Subsidy participants.

Table 14. *Percent of AIDS Institute Services + Subsidy participants meeting various levels of inpatient and emergency care, compared to all adult Medicaid recipients with HIV*

	Inpatient Admissions		ER Visits	
	AIDS Services Only	Medicaid HIV overall	AIDS Services Only	Medicaid HIV overall
None	55%	87%	23%	52%
1 or more	45%	13%	77%	48%
2 or more	23%	6%	60%	27%
3 or more	8%	3%	49%	17%
4 or more	7%	1.5%	34%	11%
5 or more	4%	1%	28%	8%

Cost Findings

For these program participants, the highest median spending is among those with a homeless designation, chronic condition, or a SUD. Among the highest categories of spending, focusing on the 75th percentile, all subcategories have higher than overall spending for the program. This implies that the data are heavily skewed. The population in this program may be complicated diagnostically and in terms of utilization.

Table 15. *Profile of spending in the year prior to MRT-SH enrollment, by diagnostic subgroup: AIRS participants receiving rental subsidies and services*

	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
AIDS Institute - Services Only (Overall)	108	$37,246	$65,468	$46,594	$32,630	$18,490	$6,913
Severe Mental Illness	55	$41,342	$70,066	$54,397	$35,008	$19,302	$10,196
Substance Use Disorder	46	$40,427	$68,736	$54,851	$39,619	$24,921	$17,464
HIV positive	104	$38,219	$66,502	$46,851	$34,856	$19,837	$6,932
Chronic Condition	53	$45,281	$81,407	$56,774	$40,240	$24,163	$8,4053
Homeless	12	$46,226	$98,538	$53,816	$43,945	$31,630	$17,106

For these program participants, the highest median spending is among those in the Health Home care coordination category. Among the highest categories of spending, focusing on the 75th percentile, those receiving Health Home care coordination have the highest spending, implying that these clients have complicated or multiple clinical needs. One additional participant was referred from other health care services (not included in the table).

Table 16. *Profile of spending in the year prior to MRT-SH enrollment, by principle referral source: AIRS participants receiving rental subsidies and services*

AIDS Institute - Subsidies and Services	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
Health Home Care Coordination	56	$40,814	$72,209	$49,788	$33,968	$20,228	$5,796
Unknown	51	$33,803	$61,583	$43,899	$32,332	$15,700	$8,153

Document Analysis Findings

Participant Eligibility

AIDS Institute Services + Subsidy: Agency-Level Documented Eligibility Criteria. According to agency-level documentation, the AIDS Institute program has the following required eligibility criteria:

- Homeless/Unstably Housed
- HIV+
- Health Home enrolled
- Medicaid enrolled or eligible
- Meets federal poverty guidelines
- Meets HUD eligibility requirements

Additionally, AIDS Institute Services + Subsidy lists a supplemental eligibility criterion:

- High risk behaviors

AIDS Institute Services + Subsidy Provider-Level Eligibility Criteria: Provider-Level Documentation and Implementation Survey Responses. One AIDS Institute Services + Subsidy provider of the six providers surveyed, ACR Health, offered documentation describing the specific eligibility criteria being used. As displayed in the table below, the documentation suggests that ACR Health is using eligibility criteria consistent with the agency-level criteria. They also listed additional eligibility criteria: being a single individual and having a chronic condition.

Table 17. *Documented Provider Criteria, Compared with Documented Agency-level Criteria: AIDS Institute Services + Subsidy*

AIDS Institute Services+ Subsidy	Documented Agency-Level Criteria[18]					
	Homeless or unstably housed, HIV+	Health Home enrolled	Medicaid enrolled or eligible	High risk behaviors (supplemental criterion)	Meets federal poverty guidelines	Meets HUD eligibility requirements
ACR Health[19]	X	X	X	X	X	X

18 The content populating the Agency-Level Criteria columns was obtained from the agency-level documentation reviewed.

19 Single individuals.

The table below summarizes the specific criteria used at the provider level, as per Implementation Survey responses to an open-ended item, completed by all six AIDS Institute Services + Subsidy providers surveyed. The providers most frequently described having a specific diagnosis (HIV+ status) and being homeless or at risk of homelessness as eligibility criteria, consistent with agency-level criteria.

Table 18. *AIDS Institute Services + Subsidy Implementation Survey Responses: Eligibility Criteria, by Provider*

	Documented Provider-Level Criteria (Survey Responses)[20]						
Provider	High cost/ High use Medicaid services/ ER/ inpatient use[21]	Specific diagnosis	Medicaid eligible or enrolled	Homeless/ at risk for homelessness	Specific geographic location	Income requirements	Other
ACR Health	X	X		X	X		
Alliance for Positive Health		X	X	X		X	
Catholic Charities Community Services	X	X		X			
Evergreen Health Services		X	X	X		X	
Hudson Valley Community Services	X	X	X	X			Not engaged in HIV medical care
Options for Community Living Inc			X			X	Need to be scored using the risk assessment form and complete housing application in full.
Percent of providers (n=6)	50%	83%	67%	83%	17%	50%	

AIDS Institute Services + Subsidy: MDW Findings. Data available in the MDW can shed light on the percent of Services + Subsidy participants who currently meet two of the specified agency level criteria: 1- HIV+ status, and 2- Health Home enrollment. As reflected below, almost all, if not all, participants are HIV+, and the majority had a Health Home claim during the pre-period.

Table 19. *Eligibility Criteria: MDW Data Findings*

Criteria	% of enrolled meeting criteria
HIV+ status - Services + Subsidy	96%
Any Health Homes claims, including outreach:- Services + Subsidy	89%

20 The content populating the Provider-Level Criteria columns was obtained from the Implementation Survey responses. Each provider noted completed the Implementation Survey.

21 Providers indicated high Medicaid utilization as a criterion, but did not necessarily furnish information about how this is defined and/or if processes are in place to confirm high utilization.

22 Absence of a claim for HIV does not mean that the client does not have HIV, only that there was not a claim with an HIV diagnosis billed to Medicaid in the year before MRT-SH enrollment.

AIDS Institute Services + Subsidy: Program Eligibility Summary. To summarize, each agency-level eligibility criterion is presented along with a description of the extent to which the data sources presented above support or do not support the criteria.

- ***Homeless/Unstably Housed:*** Nearly all responding providers report this as an eligibility criterion.
- ***HIV+:*** Nearly all responding providers report this as an eligibility criterion. Almost all, if not all, participants enrolled in AIDS Institute Services + Subsidy programs are HIV+, per MDW data.
- ***Health Home enrolled:*** Providers did not explicitly describe this criterion. However, MDW data suggests that the majority had a Health Home claim during the pre-period, suggesting high enrollment in Health Homes.
- ***Medicaid enrolled or eligible:*** The majority of providers listed this criterion.
- ***Meets federal poverty guidelines:*** Low income status was described as a criterion by half of the providers, although it is unclear whether participants meet federal poverty guidelines.
- ***Meets HUD eligibility requirements:*** The HUD criteria were not explicitly mentioned by providers, so it is unclear if this criterion is being implemented.

Summary of Key Findings: AIDS Institute Services + Subsidy

- As well as having a HIV diagnosis, 43% of these individuals had a diagnosed SUD and 51% had a SMI diagnosis. Forty-seven percent had at least one other chronic medical condition.
- The average number of inpatient admissions for AIDS Institute Services + Subsidy clients was 0.6, compared to 0.3 for the Medicaid HIV+ population overall; the average number of ED visits was 3.2, compared to 1.6 for the Medicaid HIV+ population overall.
- In the overall Medicaid HIV+ population, only the top 13% of utilizers had one or more inpatient admissions in a year's time, whereas 45% of AIDS Institute Services + Subsidy participants had one or more inpatient admissions.
- In the overall Medicaid HIV+ population, only the top 11% of utilizers had four or more ED visits, compared to 34% of the AIDS Institute Services + Subsidy participants.
- For participants in the Services + Subsidy program, the highest median spending is among those with a homeless designation, chronic condition or a SUD.
- Among the highest categories of spending, focusing on the 75th percentile, all subcategories (SMI, SUD, HIV+, chronic condition, homeless) have higher than overall spending for the program. This implies that the data are heavily skewed.
- For these program participants, the highest median spending is among those in the Health Home care coordination category. Among the highest categories of spending, focusing on the 75th percentile, those receiving Health Home care coordination have the highest spending, implying that these clients have complicated or multiple clinical needs.
- The AIDS Institute Services + Subsidy Program has the following required eligibility criteria: Homeless/ Unstably Housed; HIV+; Health Home enrolled; Medicaid enrolled or eligible; Meets federal poverty guidelines; Meets HUD eligibility requirements. Additionally, a supplemental eligibility criterion is high risk behaviors.
- Most of the eligibility criteria are being implemented, based on survey feedback and MDW data. It is less clear if criteria regarding poverty and HUD guidelines are being implemented, due to data limitations.

AIDS INSTITUTE: PILOT PROGRAM

Utilization Findings

There were 18 people enrolled in the AIDS Institute Pilot Program who had at least 12 months in Medicaid previous to December 31, 2015. As well as having a HIV diagnosis, 44% of these individuals had a diagnosed SUD and 56% had a SMI diagnosis. Forty-four percent had at least one other chronic medical condition.

None had spent time in a nursing home in the year previous to enrollment, and 100% received Health Home services for at least part of the year before their SH enrollment. The average number of inpatient admissions for AIDS Institute Pilot Program clients was 0.2, compared to 0.3 for the Medicaid HIV+ population overall; the average number of ED visits was 2.3, compared to 1.6 for the Medicaid HIV+ population overall. Fifty-four percent of those with a SMI/SUD diagnosis met at least one of the criteria borrowed from the HARP program for identifying high-use recipients.

Table 20. *Diagnostic and Utilization Characteristics: AIDS Institute Pilot Program*

Diagnostic Characteristics	
Severe Mental Illness (SMI)	56%
Substance Use Disorder (SUD)	44%
HIV positive	100%
Other chronic medical condition	44%
Utilization Characteristics	
Any nursing home claims	0%
Any health home claims (incl. outreach)	100%
Average inpatient admissions	0.2
Average ED visits	2.3
Population with SMI and/or SUD in Pilot Program (n=13)	
Selected HARP criteria	54%
3+ months of case management	38%
30+ days psychiatric inpatient (3 year)	0%
2+ detox services	0%
1+ inpatient primary SUD admission	0%
3+ inpatient psychiatric admissions (3-year)	0%
2+ inpatient admissions for primary or secondary SUD Dx	0%
2+ ED visits for primary or secondary SUD Dx	23%
Average inpatient admissions (any reason)	0.1
Average ED visits (any reason)	1.5

Note: None of the categories in this table are mutually exclusive. In particular, clients usually fall into more than one diagnostic category, so percentages will sum to well over 100%.

In the overall Medicaid HIV+ population, only the top 13% of utilizers had one or more inpatient admissions in a year's time, whereas 15% of AIDS Institute Pilot Program participants had one or more inpatient admissions. Similarly, in the overall Medicaid HIV+ population, only the top 11% of utilizers had four or more ED visits, compared to 31% of the pilot program participants.

Table 21. *Percent of AIDS Institute Pilot Program participants meeting various levels of inpatient and emergency care, compared to all adult Medicaid recipients with HIV*

	Inpatient Admissions		ER Visits	
	AIDS Pilot	Medicaid HIV overall	AIDS Pilot	Medicaid HIV overall
None	85%	87%	39%	52%
1 or more	15%	13%	61%	48%
2 or more	0%	6%	46%	27%
3 or more	0%	3%	31%	17%
4 or more	0%	1.5%	31%	11%
5 or more	0%	1%	23%	8%

Cost Findings

For the AIDS Institute Pilot Program participants, the highest median spending is among those with a chronic condition, which is higher than overall spending.

Table 22. *Profile of spending in the year prior to MRT-SH enrollment, by diagnostic subgroup: AIDS Institute Pilot Program participants*

AIDS Institute - Pilot	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
AIDS Institute - Services Only (Overall)	18	$36,816	$52,265	$48,381	$40,306	$24,288	$16,523
Severe Mental Illness	10	$36,615	$49,792	$45,163	$42,393	$21,589	$17,929
Substance Use Disorder	8	$33,423	--	--	$39,334	--	--
HIV positive	18	$36,816	$52,265	$48,381	$40,306	$24,288	$16,523
Chronic Condition	8	$44,369	--	--	$46,060	--	--
Homeless	7	$32,384	--	--	$36,322	--	--

Most AIDS Institute Pilot Program participants had a referral source listed as "unknown", with one additional participant referred from behavioral health treatment. The "unknown" spending category should be explored in future research.

Note: A document analysis section is omitted, as documentation was not obtained for the AIDS Institute Pilot.

AIDS Institute Pilot Program: Summary of Findings

- As well as having a HIV diagnosis, 44% of these individuals had a diagnosed SUD and 56% had a SMI diagnosis. Forty-four percent had at least one other chronic medical condition.
- The average number of inpatient admissions for AIRS clients was 0.2, compared to 0.3 for the Medicaid HIV+ population overall; the average number of ED visits was 2.3, compared to 1.6 for the Medicaid HIV+ population overall.
- In the overall Medicaid HIV+ population, only the top 13% of utilizers had one or more inpatient admissions in a year's time, whereas 15% of AIDS Institute Pilot Program participants had one or more inpatient admissions.
- In the overall Medicaid HIV+ population, only the top 11% of utilizers had four or more ED visits, compared to 31% of the AIDS Institute Pilot Program participants.
- For this program, the highest median spending is among those with a chronic condition, which is higher than overall spending. Similar patterns can be observed focusing on the 75th percentile.
- Most AIDS Institute Pilot Program participants had a referral source listed as "unknown", with one additional participant referred from behavioral health treatment.

EAST 99TH STREET

Utilization Findings

There were 149 people enrolled in East 99th Street who had at least 12 months in Medicaid previous to December 31, 2015. Forty-four percent had an active SMI diagnosis, 7% an active SUD diagnosis, and 14% had HIV. Sixty-one percent had at least one other chronic medical condition.

Twenty-one percent had spent time in a nursing home in the year previous to enrollment, and 33% had received Health Home services for at least part of the year. Residents of East 99th Street averaged 0.5 inpatient admissions and 1.3 ED visit in the year before their enrollment, compared to 0.2 admissions and 1.0 ED visit among Medicaid patients with chronic conditions overall. Twenty-five percent of those with a SMI/SUD diagnosis met at least one of the criteria borrowed from the HARP program for identifying high-use recipients.

Table 23. *Diagnostic and Utilization Characteristics: East 99th Street Program Participants*

Diagnostic Characteristics	
Severe Mental Illness (SMI)	44%
Substance Use Disorder (SUD)	7%
HIV positive	14%
Other chronic medical condition	61%
Utilization Characteristics	
Any nursing home claims	21%
Any health home claims (incl. outreach)	33%
Average inpatient admissions	0.5
Average ED visits	1.3
Population with SMI and/or SUD in East 99th Street (n=67)	
Selected HARP criteria	25%
3+ months of case management	23%
30+ days psychiatric inpatient (3 year)	2%
2+ detox services	0%
1+ inpatient primary SUD admission	3%
3+ inpatient psychiatric admissions (3-year)	2%
2+ inpatient admissions for primary or secondary SUD Dx	3%
2+ ED visits for primary or secondary SUD Dx	3%
Average inpatient admissions (any reason)	0.6
Average ED visits	2.1

Note: None of the categories in this table are mutually exclusive. In particular, clients usually fall into more than one diagnostic category, so percentages will sum to well over 100%.

In the overall Medicaid population with chronic conditions, only the top 11% of utilizers had one or more inpatient admissions in a year's time, whereas 27% of East 99th Street participants had one or more inpatient admissions. In the overall Medicaid chronic conditions population, only the top 10% of utilizers had three or more ED visits, compared to 16% of the East 99th Street participants.

Table 24. *Percent of East 99th Street participants meeting various levels of inpatient and emergency care, compared to all adult Medicaid recipients with chronic conditions*

	Inpatient Admissions		ER Visits	
	East 99th Street	Medicaid chronic conditions population overall	East 99th Street	Medicaid chronic conditions population overall
None	73%	89%	56%	63%
1 or more	27%	11%	44%	37%
2 or more	10%	4%	26%	18%
3 or more	6%	2%	16%	10%
4 or more	3%	0.6%	10%	6%
5 or more	1%	0.3%	4%	4%

Cost Findings

For these program participants, the highest median spending is among those with a SUD. Among the highest categories of spending, focusing on the 75th percentile, SUDs stand out as being particularly higher than the overall expenditure.

Table 25. *Profile of spending in the year prior to MRT-SH enrollment, by diagnostic subgroup: East 99th Street participants*

	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
East 99th Street (Overall)	149	$37,930	$105,480	$62,572	$18,499	$4,631	$1,136
Severe Mental Illness	65	$33,675	$99,495	$40,617	$19,577	$8,969	$4,266
Substance Use Disorder	11	$52,761	$104,166	$96,940	$35,275	$17,469	$18,258
HIV positive	21	$23,764	$65,255	$39,780	$13,890	$5,011	$1,905
Chronic Condition	91	$41,514	$112,404	$63,641	$22,109	$7,128	$2,410
Homeless	13	$23,547	$91,917	$22,201	$13,605	$6,720	$1,401

For the referral sources below, the highest median spending is in the skilled nursing facility group.

Table 26. *Profile of spending in the year prior to MRT-SH enrollment, by principal referral source: East 99th Street participants*

East 99th Street	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
Article 28/31 Hospitals	130	$28,081	$93,996	$35,942	$13,672	$3,577	$803
Skilled Nursing Facility	19	$105,320	$135,331	$112,572	$102,823	$90,331	$77,685

Note: A document analysis section is omitted, as documentation was not obtained for East 99th Street.

East 99th Street: Summary of Findings

- Forty-four percent had an active SMI diagnosis, 7% an active SUD diagnosis, and 14% had HIV. Sixty-one percent had at least one other chronic medical condition.
- Residents of East 99th Street averaged 0.5 inpatient admissions and 1.3 ED visit in the year before their enrollment, compared to 0.2 admissions and 1.0 ED visit among Medicaid patients with chronic conditions overall.
- In the overall Medicaid population with chronic conditions, only the top 11% of utilizers had one or more inpatient admissions in a year's time, whereas 27% of East 99th Street participants had one or more inpatient admissions.
- In the overall Medicaid chronic conditions population, only the top 10% of utilizers had three or more ED visits, compared to 16% of the East 99th Street participants.
- For East 99th Street participants, the highest median spending is among those with a SUD. Among the highest categories of spending, focusing on the 75th percentile, SUDs stand out as being particularly higher than the overall expenditure.
- In terms of referrals, the highest median spending is in the skilled nursing facility group.

NURSING HOME TO INDEPENDENT LIVING

Utilization Findings

There were 60 people enrolled in Nursing Home to Independent Living (NHIL) who had at least 12 months in Medicaid previous to December 31, 2015. Sixty percent had a SMI diagnosis, 22% a SUD diagnosis, and 2% had HIV. Ninety-two percent had at least one other chronic medical condition.

Thirty-five percent had spent time in a nursing home in the year previous to enrollment, and 45% had received Health Home services for at least part of the year. NHIL clients averaged 1.2 inpatient admissions and 3.0 ED visits in the year before their MRT-SH enrollment, compared to 0.2 admissions and 1.0 ED visit in the Medicaid population with chronic conditions overall. Twenty-three percent of those with a SMI/SUD diagnosis met at least one of the criteria borrowed from the HARP program for identifying high-use recipients.

Table 27. *Diagnostic and Utilization Characteristics: NHIL Program Participants*

Diagnostic Characteristics	
Severe Mental Illness (SMI)	60%
Substance Use Disorder (SUD)	22%
HIV positive	2%
Other chronic medical condition	92%
Utilization Characteristics	
Any nursing home claims	35%
Any health home claims (incl. outreach)	45%
Average inpatient admissions	1.2
Average ED visits	3.0
Population with SMI and/or SUD in NHIL (n=40)	
Selected HARP criteria	23%
3+ months of case management	18%
30+ days of psychiatric inpatient	3%
2+ detox services	0%
1+ inpatient primary SUD admission	3%
3+ psychiatric inpatient admissions	0%
2+ inpatient admissions for primary or secondary SUD Dx	5%
2+ ED visits for primary or secondary SUD Dx	3%
Average inpatient admissions (any reason)	1.1
Average ED visits	4.0

Note: None of the categories in this table are mutually exclusive. In particular, clients usually fall into more than one diagnostic category, so percentages will sum to well over 100%.

In the overall Medicaid population with chronic conditions, only the top 11% of utilizers had one or more inpatient admissions in a year's time, whereas 65% of NHIL participants had one or more inpatient admissions. Similarly, in the overall Medicaid chronic conditions population, only the top 10% of utilizers had three or more ED visits, compared to 20% of the NHIL participants.

Table 28. *Percent of NHIL participants meeting various levels of inpatient and emergency care, compared to all adult Medicaid recipients with chronic conditions*

	Inpatient Admissions		ER Visits	
	NHIL	Medicaid chronic conditions population overall	NHIL	Medicaid chronic conditions population overall
None	35%	89%	50%	63%
1 or more	65%	11%	50%	37%
2 or more	20%	4%	33%	18%
3 or more	13%	2%	20%	10%
4 or more	7%	0.6%	10%	6%
5 or more	5%	0.3%	3%	4%

Cost Findings

For these program participants, the highest median spending is among those with a SUD or chronic condition. Among the highest categories of spending, focusing on the 75th percentile, chronic conditions and SMI are both in the highest expenditure categories. This implies that these participants may require frequent interaction with the health care system due to the complexity of their conditions.

Table 29. *Profile of spending in the year prior to MRT-SH enrollment, by diagnostic subgroup: NHIL participants*[23]

	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
Nursing Home to Independent Living - Subsidies (Overall)	60	$56,090	$119,858	$92,125	$45,702	$20,072	$9,290
Severe Mental Illness	36	$54,169	$109,327	$92,125	$40,978	$15,711	$9,269
Substance Use Disorder	13	$52,982	$129,610	$88,163	$50,260	$14,570	$1,626
Chronic Condition	55	$59,359	$120,369	$98,673	$50,260	$25,550	$9,263
Homeless	15	$39,892	$111,086	$77,653	$20,726	$11,175	$2,219

23 Data was omitted regarding the HIV positive diagnosis, as only one individual was represented in this category.

For these program participants, the highest median spending is among referral sources of health care services and skilled nursing facilities. These patterns were consistent at the 75th percentile of spending, as well. Other referral sources included criminal justice (1 participant), behavioral health treatment (1 participant), prevention or intervention services (3 participants), social services/DSS (1 participant), health home care coordination (3 participants), homeless shelters (1 participant), and other sources (4 participants).

Table 30. *Profile of spending in the year prior to MRT-SH enrollment, by principal referral source: NHIL participants*

Nursing Home to Independent Living - Subsidies	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
Health Care Services	15	$61,026	$130,789	$98,673	$58,832	$27,095	$2,219
Employer/Educational/ Special Service	12	$48,152	$139,259	$52,470	$38,244	$16,870	$10,057
Skilled Nursing Facility	19	$65,157	$112,038	$103,961	$56,558	$41,941	$9,334

Document Analysis Findings

Participant Eligibility

NHIL Agency-Level Documented Eligibility Criteria. According to agency-level documentation, the NHIL program has the following required eligibility criteria:

- Homeless or resides in a nursing home
- Age 55+, OR chronically disabled and aged 18-54
- Enrolled in Medicaid or dually enrolled in Medicaid/Medicare
- Requires nursing home level of care
- Able to be safely served in a community-based setting
- Has no other housing options without NHIL assistance

Note: Provider-level documentation was not obtained for NHIL, so the Agency-Level Criteria chart was omitted.

NHIL Provider-Level Eligibility Criteria: Implementation Survey Responses. There are two NHIL providers, both of which answered the Implementation Survey eligibility item.

As displayed in the table below, both providers list Medicaid eligibility or enrollment as criteria, though they did not specifically note dual eligibility. The Federation of Organizations lists nursing home level of care or risk for nursing home placement as a criterion.

Table 31. *NHIL Implementation Survey Responses: Eligibility Criteria, by Provider*

	Documented Provider-Level Criteria (Survey Responses)[24]						
Provider	Adult	Specific diagnosis	Medicaid eligible or enrolled	Homeless/ at risk for homelessness	Willingness/ desire to accept housing or program admission	Income requirements	Other
Federation of Organizations for the NYS Mentally Disabled	X	X	X	X		X	Nursing home level of care/ in nursing home or at risk for nursing home placement
Salvation Army			X		X		-Physically disabled or elderly -Score at least a 5 on the UAS -Participants must be willing to enter an MLTC within 90 of entering the program.
Percent of Providers (n=2)	50%	50%	100%	50%	50%	50%	

NHIL MDW Findings (All NHIL Participants). Data available in the MDW convey the percentage of NHIL participants, across all NHIL providers, who currently meet two of the specified agency level criteria: 1- being aged 55+ (this is an aspect of one of the criteria, but not the entire criterion), and 2- being dually enrolled in Medicaid and Medicare (also an aspect of one of the criteria, but not the entire criterion).

Table 32. *Eligibility Criteria: MDW Data Findings*

Criteria	% of enrolled meeting criteria
Aged 55+	72%
Dually Enrolled (Medicaid/Medicare)	58%

NHIL Program Eligibility Summary. To summarize, each agency-level eligibility criterion is presented along with a description of the extent to which the data sources presented above support or do not support the criteria.

- ***Homeless or resides in a nursing home:*** One of two reporting providers reports homelessness or nursing home residence as criteria.
- ***Age 55+ OR chronically disabled and aged 18-54:*** Just under three quarters of NHIL participants are 55+. It is unclear what percentage meet the chronically disabled category for younger eligible participants.
- ***Enrolled in Medicaid or dually enrolled in Medicaid/Medicare:*** The two reporting providers describe Medicaid enrollment as eligibility criteria. Over half of participants enrolled in all NHIL providers are dually enrolled, per MDW data (58%).

24 The content populating the Provider-Level Criteria columns was obtained from the Implementation Survey responses. Each provider noted completed the Implementation Survey.

- ***Requires nursing home level of care:*** The two reporting providers appear to be using some approaches to validate requirements for a nursing home level of care.
- ***Able to be safely served in a community-based setting:*** This criterion cannot be assessed with existing data.
- ***Has no other housing options with NHIL assistance:*** This criterion cannot be assessed with existing data.

NHIL: Summary of Findings

- Sixty percent had a SMI diagnosis, 22% a SUD diagnosis, and 2% had HIV. Ninety-two percent had at least one other chronic medical condition.
- NHIL clients averaged 1.2 inpatient admissions and 3.0 ED visits in the year before their MRT-SH enrollment, compared to 0.2 admissions and 1.0 ED visit in the Medicaid population with chronic conditions overall.
- In the overall Medicaid population with chronic conditions, only the top 11% of utilizers had one or more inpatient admissions in a year's time, whereas 65% of NHIL participants had one or more inpatient admissions. Similarly, in the overall Medicaid chronic conditions population, only the top 10% of utilizers had three or more ED visits, compared to 20% of the NHIL participants.
- For NHIL participants, the highest median spending is among those with a SUD or chronic condition. Among the highest categories of spending, focusing on the 75th percentile, chronic conditions and SMI are both in the highest expenditure categories.
- For these program participants, the highest median spending is among referral sources of health care services and skilled nursing facilities. These patterns were consistent at the 75th percentile of spending, as well.
- At the agency-level, NHIL has the following eligibility criteria: Homeless or resides in a nursing home; Age 55+ OR chronically disabled and aged 18-54; Enrolled in Medicaid or dually enrolled in Medicaid/ Medicare; Requires nursing home level of care; Able to be safely served in a community-based setting; Has no other housing options without NHIL assistance.
- Most of the eligibility criteria are being implemented, based on survey feedback and MDW data. Just under three quarters of participants are 55+, but it is unclear what percentage meet the chronically disabled category for younger eligible participants. Fifty-eight percent of participants are dually enrolled in Medicare/Medicaid. It is less clear if criteria regarding the ability to be safely served in the community and having no other housing options without NHIL are being adhered to, due to data limitations.

DLTC NURSING HOME TRANSITION AND DIVERSION: TRANSITION CLIENTS

Utilization Findings

There were 299 transition clients enrolled in DLTC Nursing Home Transition and Diversion (NHTD Transition) who enrolled on or after 1/1/2011 and had at least 12 months in Medicaid previous to December 31, 2015. Fifty-three percent had a SMI, 8% had a diagnosed SUD, and 5% had HIV. Eighty-six percent had at least one other chronic medical condition.

Ninety-seven percent had spent time in a nursing home in the year previous to enrollment, and 7% had received Health Home services for at least part of the year. NHTD Transition clients averaged 0.6 inpatient admissions and 0.7 ED visits in the year before their MRT-SH enrollment, compared to 0.2 admissions and 1.0 ED visit in the Medicaid population with chronic conditions overall. Seven percent of those with a SMI/SUD diagnosis met at least one of the criteria borrowed from the HARP program for identifying high-use recipients.

Table 33. *Diagnostic and Utilization Characteristics: NHTD Transition Participants*

Diagnostic Characteristics	
Severe Mental Illness (SMI)	53%
Substance Use Disorder (SUD)	8%
HIV positive	5%
Other chronic medical condition	86%
Utilization Characteristics	
Any nursing home claims	97%
Any health home claims (incl. outreach)	7%
Average inpatient admissions	0.6
Average ED visits	0.7
Population with SMI and/or SUD in NHTD (n=168)	
Selected HARP criteria	7%
3+ months of case management	5%
30+ days psychiatric inpatient (3 year)	0%
2+ detox services	0%
1+ inpatient primary SUD admission	0%
3+ inpatient psychiatric admissions	0%
2+ inpatient admissions for primary or secondary SUD Dx	2%
2+ ED visits for primary or secondary SUD Dx	1%
Average inpatient admissions (any reason)	0.7
Average ED visits	0.9

Note: None of the categories in this table are mutually exclusive. In particular, clients usually fall into more than one diagnostic category, so percentages will sum to well over 100%.

In the overall Medicaid population with chronic conditions, only the top 11% of utilizers had one or more inpatient admissions in a year's time, whereas 40% of NHTD Transition clients had one or more inpatient admissions. In contrast, in the overall Medicaid chronic conditions population, the top 10% of utilizers had three or more ED visits, compared to only 6% of the NHTD participants.

Table 34. *Percent of NHTD Transition participants meeting various levels of inpatient and emergency care, compared to all adult Medicaid recipients with chronic conditions*

	Inpatient Admissions		ER Visits	
	NHTD Transition	Medicaid chronic conditions population overall	NHTD Transition	Medicaid chronic conditions population overall
None	60%	89%	66%	63%
1 or more	40%	11%	34%	37%
2 or more	15%	4%	17%	18%
3 or more	5%	2%	6%	10%
4 or more	1%	0.6%	4%	6%
5 or more	1%	0.3%	2%	4%

Cost Findings

For program participants in the transition group, the highest median spending is among those with HIV or a SUD. Among the highest categories of spending, focusing on the 75th percentile, all subcategories have higher than overall spending for the program.

Table 29. *Profile of spending in the year prior to MRT-SH enrollment, by diagnostic subgroup: NHIL participants*[25]

	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
Nursing Home Transition and Diversion - Transition (Overall)	299	$115,468	$170,276	$129,907	$106,102	$89,327	$75,114
Severe Mental Illness	159	$119,842	$173,506	$129,939	$111,687	$94,410	$78,973
Substance Use Disorder	23	$131,199	$215,322	$157,829	$120,737	$101,795	$76,585
HIV positive	14	$145,971	$237,564	$192,942	$148,854	$99,157	$64,645
Chronic Condition	258	$116,194	$170,381	$129,940	$106,412	$89,847	$76,142

For all program participants in the transition group, we have data only from "unknown" category as principal referral source, which indicates this category should be explored further.

Note: A document analysis section is omitted, as documentation was not obtained for NHTD Diversion.

25 The homeless category was omitted, as only four participants were represented.

NHTD Transition Clients: Summary of Findings

- NHTD transition clients averaged 0.6 inpatient admissions and 0.7 ED visits in the year before their MRT-SH enrollment, compared to 0.2 admissions and 1.0 ED visit in the Medicaid population with chronic conditions overall.
- In the overall Medicaid population with chronic conditions, only the top 11% of utilizers had one or more inpatient admissions in a year's time, whereas 40% of NHTD Transition clients had one or more inpatient admissions. In contrast, in the overall Medicaid chronic conditions population, the top 10% of utilizers had three or more ED visits, compared to only 6% of the NHTD participants.
- For NHTD participants, the highest median spending is among those with HIV or a SUD. Among the highest categories of spending, focusing on the 75th percentile, all subcategories have higher than overall spending for the program.
- All participants were referred from the "unknown" category, which indicates this has to be explored further.

DLTC NURSING HOME TRANSITION AND DIVERSION: DIVERSION CLIENTS

Utilization Findings

There were 214 diversion clients enrolled in DLTC Nursing Home Transition and Diversion (NHTD Diversion) who had at least 12 months in Medicaid previous to December 31, 2015. Twenty-six percent had a SMI, 6% had a diagnosed SUD, and 5% had HIV. Sixty-six percent had at least one other chronic medical condition.

Eight percent had spent time in a nursing home in the year previous to enrollment, and 5% had received Health Home services for at least part of the year. NHTD Diversion clients averaged 0.6 inpatient admissions and 1.1 ED visits in the year before their MRT-SH enrollment, compared to 0.2 admissions and 1.0 ED visit in the Medicaid population with chronic conditions overall. Twenty-eight percent of those with a SMI/SUD diagnosis met at least one of the criteria borrowed from the HARP program for identifying high-use recipients.

Table 36. *Diagnostic and Utilization Characteristics: NHTD Diversion Participants*

Diagnostic Characteristics	
Severe Mental Illness (SMI)	26%
Substance Use Disorder (SUD)	6%
HIV positive	5%
Other chronic medical condition	66%
Utilization Characteristics	
Any nursing home claims	8%
Any health home claims (incl. outreach)	5%
Average inpatient admissions	0.6
Average ED visits	1.1
Population with SMI and/or SUD in NHTD (n=65)	
Selected HARP criteria	28%
3+ months of case management	23%
30+ days psychiatric inpatient (3 year)	2%
2+ detox services	0%
1+ inpatient primary SUD admission	2%
3+ inpatient psychiatric admissions	2%
2+ inpatient admissions for primary or secondary SUD Dx	0%
2+ ED visits for primary or secondary SUD Dx	2%
Average inpatient admissions (any reason)	0.7
Average ED visits	1.6

In the overall Medicaid population with chronic conditions, only the top 11% of utilizers had one or more inpatient admissions in a year's time, whereas 38% of NHTD Diversion clients had one or more inpatient admissions. In contrast, in the overall Medicaid chronic conditions population, the top 10% of utilizers had three or more ED visits, compared to 18% of the NHTD Diversion participants.

Table 37. *Percent of NHTD Diversion participants meeting various levels of inpatient and emergency care, compared to all adult Medicaid recipients with chronic conditions*

	Inpatient Admissions		ER Visits	
	NHTD Diversion	Medicaid chronic conditions population overall	NHTD Diversion	Medicaid chronic conditions population overall
None	62%	89%	54%	63%
1 or more	38%	11%	46%	37%
2 or more	15%	4%	28%	18%
3 or more	6%	2%	18%	10%
4 or more	3%	0.6%	15%	6%
5 or more	3%	0.3%	14%	4%

Cost Findings

For these program participants below, the highest median spending is among those with a SUD; SUD is also the highest spending category at the 75th percentile.

Table 38. *Profile of spending in the year prior to MRT-SH enrollment, by diagnostic subgroup: NHTD participants, diversion group*

	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
Nursing Home Transition and Diversion - Diversion (Overall)	214	$60,142	$142,475	$87,940	$40,589	$18,461	$6,315
Severe Mental Illness	56	$61,351	$138,498	$89,751	$46,510	$20,521	$11,775
Substance Use Disorder	13	$75,105	$180,884	$119,073	$61,002	$28,023	$10,023
HIV positive	10	$50,602	$120,047	$91,712	$33,470	$16,719	$9,763
Chronic Condition	141	$60,402	$122,392	$87,834	$43,523	$24,658	$9,763
Homeless	13	$40,352	$111,125	$48,010	$31,221	$20,485	$6,396

All program participants were referred from the "unknown" category.

Note: A document analysis section is omitted, as documentation was not obtained for NHTD Diversion.

NHTD Diversion: Summary of Findings

- Twenty-six percent of NHTD Diversion clients had a SMI, 6% had a diagnosed SUD, and 5% had HIV. Sixty-six percent had at least one other chronic medical condition.
- In the overall Medicaid population with chronic conditions, only the top 11% of utilizers had one or more inpatient admissions in a year's time, whereas 38% of NHTD Diversion clients had one or more inpatient admissions.

- In the overall Medicaid chronic conditions population, the top 10% of utilizers had three or more ED visits, compared to 18% of the NHTD Diversion participants.
- The highest median spending is among those with a SUD, where SUD is also seen as a highest spending category, focusing on the 75th percentile.
- All participants were referred from the “unknown” category.

DLTC SENIOR SUPPORTIVE HOUSING (SSHS)

Utilization Findings

There were 270 people enrolled in DLTC Senior Supportive Housing (SSHS) who had at least 12 months in Medicaid previous to December 31, 2015. Nineteen percent had an active SMI diagnosis, 9% an active SUD diagnosis, and 10% had HIV. Seventy-three percent had at least one other chronic medical condition.

Five percent had spent time in a nursing home in the year previous to enrollment, and 25% had received Health Home services for at least part of the year. SSHS clients averaged 0.4 inpatient admissions and 0.8 ED visits in the year before their MRT-SH enrollment, which was not much different from the 0.2 admissions and 1.0 ED visit in the Medicaid population with chronic conditions overall. Fourteen percent of those with a SMI/SUD diagnosis met at least one of the criteria borrowed from the HARP program for identifying high-use recipients.

Table 39. *Diagnostic and Utilization Characteristics: SSHS Program Participants*

Diagnostic Characteristics	
Severe Mental Illness (SMI)	19%
Substance Use Disorder (SUD)	9%
HIV positive	10%
Other chronic medical condition	73%
Utilization Characteristics	
Any nursing home claims	5%
Any health home claims (incl. outreach)	25%
Average inpatient admissions	0.4
Average ED visits	0.8
Population with SMI and/or SUD in SSHS (n=65)	
Selected HARP criteria	14%
3+ months of case management	9%
30+ days psychiatric inpatient (3 year)	0%
2+ detox services	0%
1+ inpatient primary SUD admission	3%
3+ inpatient psychiatric admissions	0%
2+ inpatient admissions for primary or secondary SUD Dx	2%
2+ ED visits for primary or secondary SUD Dx	0%
Average inpatient admissions (any reason)	0.6
Average ED visits (any reason)	1.2

Note: None of the categories in this table are mutually exclusive. In particular, clients usually fall into more than one diagnostic category, so percentages will sum to well over 100%.

In the overall Medicaid population with chronic conditions, only the top 11% of utilizers had one or more inpatient admissions in a year's time, whereas 24% of SSHS participants had one or more inpatient admissions. In the overall Medicaid chronic conditions population, the top 10% of utilizers had three or more ED visits, which was similar to the 9% of the SSHS participants.

Table 40. *Percent of SSHS participants meeting various levels of inpatient and emergency care, compared to all adult Medicaid recipients with chronic conditions*

	Inpatient Admissions		ER Visits	
	SSHS	Medicaid chronic conditions population overall	SSHS	Medicaid chronic conditions population overall
None	76%	89%	66%	63%
1 or more	24%	11%	34%	37%
2 or more	8%	4%	15%	18%
3 or more	2%	2%	9%	10%
4 or more	1%	0.6%	6%	6%
5 or more	0.4%	0.3%	3%	4%

Cost Findings

For these program participants, the highest median spending is among those with a SUD or chronic condition. Among the highest categories of spending, focusing on the 75th percentile, those with a SUD, chronic condition, or SMI have higher than overall spending for the program. This pattern implies that these participants may need more constant interaction with the health care system. [26]

Table 41. *Profile of spending in the year prior to MRT-SH enrollment, by diagnostic subgroup: SSHS participants*[26]

	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
Senior Supportive Housing Services Pilot (Overall)	270	$19,955	$59,976	$25,516	$8,285	$1,555	$193
Severe Mental Illness	50	$25,704	$82,068	$30,834	$9,802	$3,275	$1,735
Substance Use Disorder	24	$27,522	$85,656	$40,508	$13,724	$7,451	$1,868
HIV positive	27	$13,410	$44,650	$23,526	$6,916	$2,267	$658
Chronic Condition	196	$25,025	$68,068	$34,021	$13,689	$3,849	$1,087

26 The homeless category was omitted, as only four participants were represented.

For these program participants, the highest median spending by far is among those with referrals from skilled nursing facilities. Additional referral sources include employer/educational/special services (2 participants), health care services (2 participants), health home care coordination (2 participants), behavioral health treatment providers (1 participant), and social services/DSS (1 participant).

Table 42. *Profile of spending in the year prior to MRT-SH enrollment, by principal referral source: SSHS participants*

Senior Supportive Housing Services Pilot	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
Self/Family/Other	135	$19,203	$53,446	$26,350	$6,693	$1,105	$100
Prevention/ Intervention Service	54	$19,443	$67,650	$20,512	$7,262	$1,490	$0
Homeless Shelter	7	$11,189	--	--	$4,533	--	--
Skilled Nursing Facility	5	$101,090	--	--	$94,981	--	--
Other	61	$14,001	$37,723	$18,305	$7,619	$2,674	$685

Document Analysis Findings

Participant Eligibility

SSHS Agency-Level Documented Eligibility Criteria. According to agency-level documentation, the SSHS program has the following required eligibility criteria:

- Age 65+
- Medicaid-eligible
- Requires nursing home level of care (may be living in a nursing home, homeless, or at risk of nursing home placement)

Note: Provider-level documentation was not obtained for SSHS so the Agency-Level Criteria chart was omitted.

SSHS Provider-Level Eligibility Criteria: Implementation Survey Responses. The table below summarizes the specific criteria used at the provider level, as per Implementation Survey responses to an open-ended item, completed by all nine providers.

The providers most frequently described Medicaid eligibility/enrollment as a required criterion, as specified in the agency documentation. Almost all providers specified the age criterion, consistent with the agency-level documentation. The providers offered diverse additional criteria, such as required assessment scores, residence in senior housing or public housing, and behavioral or physical challenges.[27] Most providers reported Medicaid eligibility/enrollment as a requirement.

Table 43. *SSHS Implementation Survey Responses: Eligibility Criteria, by Provider*

	Documented Provider-Level Criteria (Survey Responses)[28]					
Provider	Adult	Medicaid eligible or enrolled	Specific geographic location	Willingness/desire to accept housing or program admission	65+	Other
Catholic Charities Diocese of Rockville Centre		X			X	Live in senior housing
Score a 5 or higher on the UAS assessment.		X	X	X		
Family Service Society of Yonkers		X	X		X	Must reside in Westchester County Senior Housing or Public Housing to be eligible for accessibility modifications under SSHSP.
Goddard Riverside Community Center		X	X		X	
Ithaca Housing Authority		X		X		
Project Renewal Inc.	X	X			X	Behavioral/physical health challenges
Promesa, Inc.		X			X	
RUPCO		X			X	
United Helpers Management Company Inc.		X			X	Residing in a senior housing complex that agency serves
Westchester Independent Living Center		X		X	X	Living in HUD building or looking to go into a HUD building
Percent of Providers (n=9)	11%	100%	22%	22%	89%	

27 All grantees were told that nursing home level of care was to be determined using the PRI or UAS assessments. A score over a certain threshold on these assessments indicates nursing home level of care. Residence in senior or public housing was a separate requirement in the RFA and does not necessarily imply nursing home level of care (personal communication with DOH).

28 The content populating the Provider-Level Criteria columns was obtained from the Implementation Survey responses. Each provider noted completed the Implementation Survey.

SSHS MDW Findings (All SSHS Participants). Data available in the MDW can shed light on the percent of participants, across all SSHS providers, who currently meet one of the specified agency level criteria: being aged 65+. As reflected in the table below, the majority of participants meet this criterion.

Table 44. *Eligibility Criteria: MDW Data Findings*

Criteria	% of enrolled meeting criteria
Aged 65+	86%

SSHS Program Eligibility Summary. To summarize, each agency-level eligibility criterion is presented along with a description of the extent to which the data sources presented above support or do not support the criteria.

- ***Age 65+:*** Nearly all providers reported requiring participants to be 65 or older; MDW data suggests that the nearly all participants are aged 65+ (86%%).
- ***Medicaid eligible:*** All providers reported adhering to this criterion.
- ***Requires nursing home level of care (may be living in a nursing home, homeless, or at risk of nursing home placement):*** One provider made reference to UAS assessment scores, which are used to determine if one is in need of a nursing home level of care.

DLTC Senior Supportive Housing: Summary of Findings

- Nineteen percent had an active SMI diagnosis, 9% an active SUD diagnosis, and 10% had HIV. Seventy-three percent had at least one other chronic medical condition.
- SSHS clients averaged 0.4 inpatient admissions and 0.8 ED visits in the year before their MRT-SH enrollment, which was not much different from the 0.2 admissions and 1.0 ED visit in the Medicaid population with chronic conditions overall.
- In the overall Medicaid population with chronic conditions, only the top 11% of utilizers had one or more inpatient admissions in a year's time, whereas 24% of SSHS participants had one or more inpatient admissions.
- In the overall Medicaid chronic conditions population, the top 10% of utilizers had three or more ED visits, which was similar to the 9% of the SSHS participants.
- The highest median spending is among those with a SUD or chronic condition. Among the highest categories of spending, focusing on the 75th percentile, those with a SUD, chronic condition, and SMI have higher than overall spending for the program.
- For these program participants, the highest median spending by far is among those with referrals from skilled nursing facilities.
- SSHS reports the following eligibility criteria at the agency level: Age 65+; Medicaid-eligible; Requires nursing home level of care (may be living in a nursing home, homeless, or at risk of nursing home placement).
- Most criteria are being implemented, based on survey feedback and MDW findings. It appears that providers are using approaches to target individuals who may require a nursing home level of care, but the extent to which these approaches directly reflect requirements for nursing home care is unclear.

HEALTH HOME SUPPORTIVE HOUSING PILOT

Utilization Findings

There were 209 people enrolled in Health Home Supportive Housing Pilot (HHSP) who had at least 12 months in Medicaid previous to December 31, 2015. Seventy-eight percent had a SMI diagnosis and 56% a SUD diagnosis. Forty percent had HIV. Fifty-seven percent had at least one other chronic medical condition.

One-half of a percent had spent time in a nursing home in the year previous to enrollment, and 89% had received Health Home services for at least part of the year. HHSP clients averaged 1.7 inpatient admissions and 6.4 ED visits in the year before their MRT-SH enrollment, compared to 0.3 admissions and 1.6 ED visits in the Medicaid population with severe mental illness overall. Forty-eight percent of those with a SMI/SUD diagnosis met at least one of the criteria borrowed from the HARP program for identifying high-use recipients.

Table 45. *Diagnostic and Utilization Characteristics: HHSP Program Participants*

Diagnostic Characteristics	
Severe Mental Illness (SMI)	78%
Substance Use Disorder (SUD)	56%
HIV positive	40%
Other chronic medical condition	57%
Utilization Characteristics	
Any nursing home claims	0.5%
Any health home claims (incl. outreach)	89%
Average inpatient admissions	1.7
Average ED visits	6.4
Population with SMI and/or SUD in HHSP (n=180)	
Selected HARP criteria	48%
3+ months of case management	18%
30+ days psychiatric inpatient (3 year)	6%
2+ detox services	1%
1+ inpatient primary SUD admission	21%
3+ inpatient psychiatric admissions	5%
2+ inpatient admissions for primary or secondary SUD Dx	22%
2+ ED visits for primary or secondary SUD Dx	19%
Average inpatient admissions (any reason)	1.8
Average ED claims (institutional only)	6.5

Note: None of the categories in this table are mutually exclusive. In particular, clients usually fall into more than one diagnostic category, so percentages will sum to well over 100%.

In the overall Medicaid population with severe mental illness, only the top 14% of utilizers had one or more inpatient admissions in a year's time, whereas 58% of HHSP participants had 1 or more inpatient admission. In the overall Medicaid SMI population, only the top 13% of utilizers had four or more ED visits, compared to 45% of the HHSP participants.

Table 46. *Percent of HHSP participants meeting various levels of inpatient and emergency care, compared to all adult Medicaid recipients with severe mental illness (SMI)*

	Inpatient Admissions		ER Visits	
	HHSP	Medicaid SMI population overall	HHSP	Medicaid SMI population overall
None	42%	86%	21%	50%
1 or more	58%	14%	79%	50%
2 or more	33%	6%	62%	30%
3 or more	21%	3%	51%	19%
4 or more	12%	1.5%	45%	13%
5 or more	8%	1%	36%	9%

Cost Findings

For these program participants, the highest median spending is among those with a chronic condition, SUD, or HIV, which are also among the highest expenditure categories at the 75th percentile.

Table 47. *Profile of spending in the year prior to MRT-SH enrollment, by diagnostic subgroup: Health Home Supportive Housing Pilot participants*

	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
Health Home Supportive Housing Pilot (Overall)	209	$34,083	$76,347	$39,992	$22,052	$10,818	$5,396
Severe Mental Illness	164	$32,910	$69,020	$38,025	$22,662	$12,729	$5,759
Substance Use Disorder	117	$36,684	$73,135	$42,346	$26,043	$15,515	$5,770
HIV positive	84	$38,052	$77,089	$39,426	$23,824	$13,514	$5,730
Chronic Condition	119	$44,338	$97,620	$54,706	$30,665	$15,871	$7,009
Homeless	59	$33,358	$66,062	$35,537	$18,360	$5,956	$3,180

For these program participants, the highest median spending is among those with a referral from Article 28/31 hospitals or prevention/intervention services. Focusing on the 75th percentile, those from Health Home care coordination have the highest spending, while those referred by homeless shelters had an extremely high value for the 90th percentile. This implies that these participants may be the most difficult to manage clinically. Additional referral sources included state psychiatric centers (3 participants), employer/educational/special services (3 participants), and the criminal justice system (1 participant).

Table 48. *Profile of spending in the year prior to MRT-SH enrollment, by principal referral source: HHSP participants*

Health Home Supportive Housing Pilot	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
Health Care Services	12	$33,688	$82,023	$40,937	$29,505	$21,034	$6,889
Self/Family/Other	5	$11,618	--	--	$10,775	--	--
Behavioral Health Treatment	5	$21,307	--	--	$23,433	--	--
Prevention/ Intervention Service	15	$32,444	$78,210	$47,689	$29,652	$5,580	$1,786
Article 28/31 Hospitals	6	$53,546	--	--	$48,209	--	--
Health Home Care Coordination	101	$33,011	$74,635	$47,740	$22,568	$12,953	$6,495
Homeless Shelter	34	$47,471	$171,486	$32,159	$19,520	$5,911	$3,518
Unknown	16	$24,847	$87,612	$30,460	$15,044	$6,134	$1,979
Other	8	$27,981	--	--	$26,281	--	--

Document Analysis Findings

Participant Eligibility

Agency-Level Documented Eligibility Criteria. According to agency-level documentation, the HHSP program has the following required eligibility criteria:

- Homeless/unstably housed
- Health Home eligible or enrolled
- High Medicaid user
- Medicaid recipient

HHSP Provider-Level Eligibility Criteria: Provider-Level Documentation and Implementation Survey Responses. Five of the 10 providers surveyed offered documentation describing the specific eligibility criteria they are using. As displayed in the table below, all providers specified a criterion of Health Home eligibility or enrollment. The documentation suggests that more than half (3 of 5) of responding providers require homelessness or housing instability and Health Homes eligibility. One provider is explicitly noted targeting high Medicaid users.

Table 49. *Documented Provider Criteria, Compared with Documented Agency-level Criteria: HHSP*

	Documented Provider-Level Criteria[29]		
Provider	Homeless/unstably housed individuals	Health Home eligible or enrolled	High Medicaid User or "Super Users"- highest users of EMS
BronxWorks[30]		X	
Project Hospitality[31]		X	
St. Catherine's Center for Children	X	X	X
The Fortune Society	X	X	
Southern Tier AIDS Program		X	
Percent of Providers (n=5)	60%	100%	20%

The table below summarizes the specific criteria used at the provider level, as per Implementation Survey responses to an open-ended item, completed by 10 providers. The most frequently endorsed eligibility criteria were homelessness and Health Homes eligibility. Just under half of providers described a specific diagnosis, high Medicaid utilization, and Medicaid eligibility as criteria.

29 The content populating the Agency-Level Criteria columns was obtained from the agency-level documentation reviewed.

30 Persons with a chronic condition.

31 Identified need for housing.

Table 50. *HHSP Implementation Survey Responses: Eligibility Criteria, by Provider*

	Documented Provider-Level Criteria (Survey Responses)[32]											
Provider	High cost/use Medicaid services/ER/inpatient use[33]	Individual/Single/living alone	Adult	Specific diagnosis	Medicaid eligible or enrolled	Homeless/ at risk for homelessness	Not a harm to self or others, psychiatrically stable	Meet eligibility for state agency/provider	Willingness/desire to accept housing or program admission	Ability to function adequately independently/in the community	HH eligible or enrolled	Other
Liberty Resources						X						Must have applied for all other available housing programs
BronxWorks	X	X	X		X	X		X			X	No other housing options: including NY/NY, HASA, Section 8, NYCHA, DHS LINC
Housing Works, Inc.				X	X						X	
Living Opportunities of DePaul			X				X		X	X	X	
SI Behavioral Network, Inc.				X	X	X		X			X	Ineligibility for other housing options
Southern Tier AIDS Program	X					X					X	
St. Catherine's Center for Children	X					X						
The Bridge, Inc.				X	X	X					X	
The Fortune Society	X			X		X						
Percent of Providers (n=9)	44%	11%	22%	44%	44%	78%	11%	22%	11%	11%	67%	

In addition to the provider-level documentation and survey responses, DOH furnished notes regarding eligibility criteria for the HHSP, based on calls conducted with providers. These calls, conducted with all ten providers, found high cost Medicaid to be a dominant eligibility criterion across programs. Several programs rely on Health Home referrals, and some review acuity scores, particular Medicaid spending thresholds, and diagnostic criteria.

HHSP MDW Findings (All HHSP Participants). Data available in the MDW can shed light on the percent of participants, across all HHSP providers, who may be meeting two criteria: 1- high Medicaid usage; and 2-

32 The content populating the Provider-Level Criteria columns was obtained from the Implementation Survey responses. Each provider noted completed the Implementation Survey.

33 Providers indicated high Medicaid utilization as a criterion, but did not necessarily furnish information about how this is defined and/or if processes are in place to confirm high utilization.

Health Home enrollment.

While there is no current operational definition for "high Medicaid user", the data below compares the Medicaid costs incurred by program participants with costs incurred by a random sample of a diagnostically comparable group from the general Medicaid population. In this case, HHSP participants' Medicaid costs are compared with general Medicaid costs of recipients who also have SMI diagnoses. The data presented reflect the percentage of HHSP participants who exceed the mean and median Medicaid costs incurred by the general Medicaid group. The analysis also indicates that 50% of HHSP participants exceed the costs incurred by the 75th percentile of the random sample of general Medicaid SMI participants.

Table 51. *Eligibility Criteria: MDW Data Findings*

Criteria	% of enrolled meeting criteria
High Medicaid User*	
% Exceeding the mean Medicaid costs of the SMI general Medicaid sample	44%
% Exceeding the median Medicaid costs of the SMI general Medicaid sample	79%
Health Home claims, including outreach	89%

To summarize, each agency-level eligibility criterion is presented along with a description of the extent to which the data sources presented above support or do not support the criteria.

- ***Homeless/unstably housed:*** The majority of providers are adhering to this eligibility criterion, per survey responses and provider-level documentation.
- ***Health Home eligible or enrolled:*** Most providers explicitly list Health Home eligibility or enrollment as criteria. Notes from provider calls suggest that several providers rely on referrals from Health Homes to fill program slots. MDW data reflects a high percentage of Health Home claims, suggesting high Health Home enrollment across the program.
- ***High Medicaid user:*** Forty-four percent of providers listed the requirement of high cost and/or high use Medicaid in their survey response. High cost and/or high use Medicaid was rarely listed in agency-level documentation. The MDW data analysis indicates that almost half of HHSP participants exceed the mean Medicaid cost of the random sample of general Medicaid SMI participants, and 79% of HHSP participants exceed the median Medicaid cost of the random sample.
- ***Medicaid recipient:*** Providers are implicitly targeting Medicaid recipients, being that high Medicaid usage is a common eligibility criterion.

Health Homes Supportive Housing Pilot: Summary of Findings

- Seventy-eight percent of program participants have a SMI diagnosis and 56% a SUD diagnosis. Forty percent had HIV. Fifty-seven percent have at least one other chronic medical condition.
- HHSP clients averaged 1.7 inpatient admissions and 6.4 ED visits in the year before their MRT-SH enrollment, compared to 0.3 admissions and 1.6 ED visits in the Medicaid population with severe mental illness overall.
- In the overall Medicaid population with severe mental illness, only the top 14% of utilizers had one or more inpatient admissions in a year's time, whereas 58% of HHSP participants had one or more inpatient admissions.
- In the overall Medicaid SMI population, only the top 13% of utilizers had four or more ED visits,

compared to 45% of the HHSP participants.

- For HHSP participants, the highest median spending is among those with a chronic condition, SUD, or HIV, which is also reflected among the highest expenditure categories, focusing on the 75th percentile.
- For these program participants, the highest median spending is among those with a referral from Article 28/31 hospitals or prevention/intervention services. Focusing on the 75th percentile, those from Health Home care coordination have the highest spending, while those referred by homeless shelters had an extremely high value for the 90th percentile.
- HHSP required the following eligibility criteria, at the agency-level: Homeless/unstably housed; Health Home eligible or enrolled; High Medicaid user; Medicaid recipient.
- Most criteria are being implemented, based on survey findings and MDW data. In terms of high Medicaid use, the MDW data analysis indicated that almost half of HHSP participants exceed the mean Medicaid cost of the random sample of general Medicaid SMI participants, and 79% of HHSP participants exceed the median Medicaid cost of the random sample.

OASAS RENTAL SUBSIDIES

Utilization Findings

There were 418 people enrolled in OASAS Rental Subsidies (OASAS-RS) who had at least 12 months in Medicaid previous to December 31, 2015. In addition to substance use disorders, 74% had a SMI diagnosis, and 14% had HIV. Fifty-five percent had at least one other chronic medical condition.

One percent had spent time in a nursing home in the year previous to enrollment, and 65% had received Health Home services for at least part of the year. OASAS-RS clients averaged 2.3 inpatient admissions and 5.3 ED visits in the year before their MRT-SH enrollment, compared to 0.5 admissions and 2.1 ED visits in the Medicaid population with substance use disorders overall. Seventy-three percent met at least one of the criteria borrowed from the HARP program for identifying high-use recipients.

Table 52. *Diagnostic and Utilization Characteristics: OASAS-RS Program Participants*

Diagnostic Characteristics	
Severe Mental Illness (SMI)	74%
Substance Use Disorder (SUD)	93%*
HIV positive	14%
Other chronic medical condition	55%
Utilization Characteristics	
Any nursing home claims	1%
Any health home claims	65%
Average inpatient admissions	2.3
Average ED visits	5.3
OASAS criteria	69%
Population with SMI and/or SUD in OASAS-RS (n=418)	
Selected HARP criteria	73%
3+ months of case management	13%
30+ days psychiatric inpatient (3 year)	4%
2+ detox services	3%
1+ inpatient primary SUD admission	55%
3+ inpatient psychiatric admissions	4%
2+ inpatient admissions for primary or secondary SUD Dx	46%
2+ ED visits for primary or secondary SUD Dx	31%

Note: None of the categories in this table are mutually exclusive. In particular, clients usually fall into more than one diagnostic category, so percentages will sum to well over 100%.

**Diagnosis is based on primary diagnosis on Medicaid claims in the year prior to MRT-SH enrollment. When any diagnosis rather than primary diagnosis is used, the percentage with at least one SUD claim rises to 99%. Absence of a claim for SUD does not mean that the client does not have a SUD diagnosis, only that there was not a claim with a SUD diagnosis billed to Medicaid in the year before MRT-SH enrollment.*

In the overall Medicaid population with substance use disorders, only the top 15% of utilizers had one or more inpatient admissions in a year's time, whereas 77% of OASAS-RS participants had one or more inpatient admissions. In the overall Medicaid SUD population, only the top 11% of utilizers had 5 or more ED visits, compared to 37% of the OASAS-RS participants.

Table 53. *Percent of OASAS-RS participants meeting various levels of inpatient and emergency care, compared to all adult Medicaid recipients with substance abuse disorders (SUD)*

	Inpatient Admissions		ER Visits	
	OASAS-RS	Medicaid SUD population overall	OASAS-RS	Medicaid SUD population overall
None	23%	85%	16%	42%
1 or more	77%	15%	84%	58%
2 or more	54%	6%	71%	37%
3 or more	33%	4%	59%	24%
4 or more	21%	3%	48%	16%
5 or more	13%	2%	37%	11%

Cost Findings

For these program participants, the highest median spending is among those with a chronic condition or HIV positive designation, which is also reflected in the highest categories of spending, focusing on the 75th percentile. At the 75th percentile, all subcategories are higher than overall spending category.

Table 54. *Profile of spending in the year prior to MRT-SH enrollment, by diagnostic subgroup: OASAS-RS participants*

	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
OASAS Rental Subsidies and Supports (Overall)	416	$39,710	$76,489	$47,452	$29,910	$16,924	$8,700
Severe Mental Illness	306	$42,483	$86,144	$49,428	$31,989	$18,331	$10,302
Substance Use Disorder	388	$40,711	$76,321	$47,570	$30,982	$17,925	$10,257
HIV positive	58	$45,806	$131,650	$58,716	$34,684	$16,477	$8,850
Chronic Condition	229	$44,638	$87,582	$52,680	$35,421	$20,575	$11,216
Homeless	114	$41,327	$86,324	$51,431	$29,838	$15,672	$7,935

For the OASAS-RS program participants, the highest median spending occurred in the categories of Health Home care coordination and prevention/intervention services. This pattern was repeated at the 75th percentile. Additional referral sources included employer/educational/special services (2 participants), and skilled nursing facilities (2 participants), state psychiatric centers (1 participant), and other sources (3 participants).

Table 54. *Profile of spending in the year prior to MRT-SH enrollment, by diagnostic subgroup: OASAS-RS participants*

OASAS Rental Subsidies and Supports	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
Criminal Justice	6	$20,243	--	--	$16,351	--	--
Health Care Services	5	$31,308	--	--	$25,213	--	--
Self/Family/Other	15	$43,201	$155,175	$40,131	$25,765	$21,372	$5,397
Behavioral Health Treatment	181	$39,372	$74,212	$45,093	$27,745	$15,531	$8,719
Prevention/ Intervention Service	15	$44,021	$120,701	$52,521	$37,119	$18,233	$5,215
Social Services/DSS	13	$21,784	$49,235	$32,905	$17,385	$9,306	$6,928
State Residential	5	$16,072	--	--	$14,719	--	--
Health Home Care Coordination	63	$42,527	$87,259	$53,317	$37,612	$22,000	$12,521
Homeless Shelter	65	$38,078	$78,065	$48,825	$30,079	$15,624	$7,176
Missing/Unknown	40	$39,899	$70,194	$49,766	$35,173	$22,955	$11,060

Document Analysis Findings

Participant Eligibility

OASAS-RS Agency-Level Documented Eligibility Criteria. According to agency-level documentation, the OASAS-RS program has the following required eligibility criteria (Note: OASAS is the only agency current providing a specific number of required hospitalizations and inpatient stays):

- Homeless (current, past, or at risk)
- Substance use diagnosis
- Single adult
- High cost/frequent Medicaid user
- Medicaid recipient
- 2 inpatient hospitalizations or at least 5 ER episodes, OR a combination of 4 ER episodes and 1 inpatient hospitalization in a 12-month period

OASAS-RS Provider-Level Eligibility Criteria: Provider-Level Documentation and Implementation Survey Responses. Ten of 18 OASAS-RS providers offered documentation describing the specific eligibility requirements they are using. As displayed in the table below, documentation suggests that the majority of responding providers are using single adult status, a SUD diagnosis, and homeless status as eligibility criteria, consistent with the agency-level specifications. While less than half of reporting providers explicitly indicated high cost/frequent Medicaid use as a criterion, more than half report using the specific OASAS requirements (ER and inpatient use numbers) as criteria, which are one way of operationalizing high cost and high use Medicaid. The providers list additional criteria, such as low-income guidelines and ability to adhere to the program.

Table 49. *Documented Provider Criteria, Compared with Documented Agency-level Criteria: HHSP*

	Documented Provider-Level Criteria[34]					
Program: OASAS Rental Subsidies	Single Adult	SUD Diagnosis	High Cost, Frequent Medicaid User	Homeless (Current, Past, or at Risk)	Medicaid Recipient	2 inpatient hospitalizations, at least 5 ER episodes, or a combination of 4 ER episodes and 1 inpatient hospitalization in a 12-month period
Bridging Access to Care[35]	X	X		X	X	X
Catholic Charities Cortland[36]		X		X		
Central New York Services	X	X		X	X	X
Champlain Valley Family Center[37]		X	X	X		
East House[38]	X	X		X	X	X
Guidance Center[39]	X	X		X		X
Liberty Resources		X		X		X
Mercy/SAIL[40]	X					
Spectrum Human Services	X	X	X	X	X	
Syracuse Brick House[41]	X		X			X
Percent of Providers (n=10)	70%	80%	30%	80%	40%	60%

The table below summarizes the specific criteria used at the provider level, as per Implementation Survey responses to an open-ended item, completed by 18 OASAS-RS providers. The providers most frequently

34 The content populating the Agency-Level Criteria columns was obtained from the agency-level documentation reviewed.

35 Enrolled in or eligible and willing to be in a Health Home

36 Very low income, based on HUD county-level income limits

37 Recipient of or eligible for Medicaid. Homeless or living in “unsafe conditions”.

38 Meets criteria for low-income housing and rental subsidy, per HUD guidelines. Referred by QHP affiliated with Health Homes and applied voluntarily. Not a harm to self or others. Doesn’t require a higher level of care. Compatible with “program expectations”.

39 Recipient of, or eligible for, Medicaid.

40 Diagnosis of SPMI. Resident of Nassau County. Voluntary admit. Ability to “maintain health, self-preserve, and adhere to treatment”.

41 Health Home or BHO referred. Specifies SUD AND a chronic health condition. Specifies 2 inpatient and 5 ER visits in 12 months only. Admission criteria required by State of NY. Documented disorders/health conditions. Ability to establish income to support rent. Capable of “average judgment for self-preservation in emergency situations”, taking medication w/o supervision, abstinence from substances.

described high cost/high use Medicaid services and homeless status as required criteria. All providers reported a SUD diagnosis as a requirement. A couple of the providers require a participant's hospital use to be related to the SUD (such as use of detox).[42][43]

Table 57. *OASAS-RS Implementation Survey Responses: Eligibility Criteria, by Provider*

	Documented Provider-Level Criteria (Survey Responses)[42]											
	High cost/use Medicaid services/ER/inpatient use[43]	Individual/Single/living alone	Adult	Specific diagnosis	Medicaid eligible or enrolled	Homeless/ at risk for homelessness	Meet eligibility for state agency/provider	Willingness/desire to accept housing or program admission	Income requirements	HH eligible or enrolled	HH eligible or enrolled	Other
Bridging Access to Care		X	X	X		X	X					Must have applied for all other available housing programs
Catholic Charities Cortland	X	X		X	X	X						No other housing options: including NY/NY, HASA, Section 8, NYCHA, DHS LINC
Central NY Services	X	X	X	X	X	X						
Champlain Valley Family Center	X	X		X	X	X						
Citizen Advocates	X		X	X	X	X						Ineligibility for other housing options
East House	X			X		X		X				
Fairview	X			X		X						
Fortune Society	X			X		X						-Formally incarcerated -Individual or family -Head of Household completed treatment
Guidance Center	X		X	X								Received inpatient hospital care/ER for detoxification from alcohol or any other psychoactive substance, acute psychiatric hospitalization, or acute hospitalization for a medical condition
Lake Shore Behavioral Health	X			X		X						High use of Medicaid- confirmed by the number of ER visits and/or inpatient stays.
Liberty Resources	X	X		X		X						
MARC				X		X	X					
Mercy/SAIL	X	X	X	X	X	X						
New Choices	X	X		X		X						
Palladia Services for the Underserved	X			X		X						
Spectrum Human Services	X	X		X	X	X		X	X	X		Hospital contacts/health condition must be directly related to the participants substance abuse
Syracuse Brick House	X			X								
The Bridge	X	X	X	X	X	X						
Percent of Providers n=18)	89%	50%	33%	100%	39%	89%	11%	11%	6%	6%		

42 The content populating the Provider-Level Criteria columns was obtained from the Implementation Survey responses. Each provider noted completed the Implementation Survey.

43 Providers indicated high Medicaid utilization as a criterion, but did not necessarily furnish information about how this is defined and/or if processes are in place to confirm high utilization.

OASAS-RS MDW Findings (All OASAS-RS Participants). Data available in the MDW illustrate the percent of participants, across all OASAS-RS providers, who currently meet or may currently meet three of the specified agency level criteria: 1- a SUD diagnosis; 2- high cost/frequent Medicaid usage; and 3- two inpatient or at least five ER episodes or four ER episodes and one inpatient hospitalization in a 12-month period. All OASAS-RS participants have a SUD diagnosis, and almost three quarters meet the specified ER/inpatient criteria.

While there is no current operational definition for "high Medicaid user," the data below compares the Medicaid costs incurred by program participants with costs incurred by a random sample of a diagnostically comparable group from the general Medicaid population. In this case, OASAS-RS participants' Medicaid costs are compared with general Medicaid costs of recipients who also have SUD diagnoses. The data presented reflect the percentage of OASAS-RS participants who exceed the mean and median Medicaid costs incurred by the general Medicaid group. [44]

Table 58. *Eligibility Criteria: MDW Data Findings*

Criteria	% of enrolled meeting criteria
SUD Diagnosis[44]	93%*
High Cost/Frequent Medicaid User**	
% Exceeding the mean Medicaid costs of the SUD general Medicaid sample	75%
% Exceeding the median Medicaid costs of the SUD general Medicaid sample	92%
2 Inpatients OR at least 5 ER episodes OR 4 ER episodes and 1 inpatient hospitalization in a 12-month period	69%

***The analysis also indicates that 72% of OASAS-RS participants exceed the costs incurred by the 75th percentile of the random sample of general Medicaid SUD participants.*

To summarize, each agency-level eligibility criterion is presented along with a description of the extent to which the data sources presented above support or do not support the criteria.

- ***Homeless (current, past, or at risk):*** The majority of OASAS-RS providers explicitly reference homelessness as eligibility criteria in provider-level documentation and survey responses.
- ***Substance use diagnosis:*** All OASAS-RS providers require a SUD diagnosis, as evidenced by both survey responses and MDW data.
- ***Single adult:*** Some providers (half of the 18 providers completing the survey item) explicitly required single adult status.
- ***High cost/frequent Medicaid user:*** Most providers require participants to be high cost/frequent Medicaid users and, based on MDW data, almost three quarters of enrolled participants meet the ER/inpatient requirements OASAS is using to operationalize high cost/frequent Medicaid usage. MDW data analysis indicates that three quarters of OASAS-RS participants exceed the Medicaid costs of the general Medicaid random sample of individuals with a SUD, while 92% of OASAS-RS participants exceed the median costs of this random sample.
- ***Medicaid recipient:*** While fewer than half of providers who submitted documentation or completed the survey item require Medicaid explicitly, it can be assumed that providers require Medicaid, as the majority require specific Medicaid usage thresholds.

44 Diagnosis is based on primary diagnosis on Medicaid claims in the year prior to MRT-SH enrollment. When any diagnosis rather than primary diagnosis is used, the percentage with at least one SUD claim rises to 99%. Absence of a claim for SUD does not mean that the client does not have a SUD diagnosis, only that there was not a claim with a SUD diagnosis billed to Medicaid in the year before MRT-SH enrollment.

- ***2 inpatient hospitalizations, OR at least 5 ER episodes, OR a combination of 4 ER episodes and 1 inpatient hospitalization, in a 12-month period:*** The MDW data suggests that most, but not all, participants are currently meeting this criterion (69%).

OASAS Rental Subsidies: Summary of Findings

- In addition to SUDs, 74% had a SMI diagnosis, and 14% had HIV. Fifty-five percent had at least one other chronic medical condition.
- OASAS-RS clients averaged 2.3 inpatient admissions and 5.3 ED visits in the year before their MRT-SH enrollment, compared to 0.5 admissions and 2.1 ED visits in the Medicaid population with substance use disorders overall.
- In the overall Medicaid population with substance use disorders, only the top 15% of utilizers had one or more inpatient admissions in a year's time, whereas 77% of OASAS-RS participants had one or more inpatient admissions.
- In the overall Medicaid SUD population, only the top 11% of utilizers had five or more ED visits, compared to 37% of the OASAS-RS participants.
- The highest median spending is among those with a chronic condition or HIV positive designation, which is also reflected in the highest categories of spending, focusing on the 75th percentile.
- For the OASAS-RS program participants, the highest median spending occurred in the categories of Health Home care coordination and prevention/intervention services. This pattern was repeated at the 75th percentile.
- OASAS-RS uses the following eligibility criteria: Homeless (current, past, or at risk); Substance use diagnosis; Single adult; High cost/frequent Medicaid user; Medicaid recipient; 2 inpatient hospitalizations, OR at least 5 ER episodes, OR a combination of 4 ER episodes and 1 inpatient hospitalization, in a 12-month period.
- Most criteria are being implemented, based on survey findings and MDW data. The MDW data suggest that MDW data analysis indicates that three quarters of OASAS-RS participants exceed the Medicaid costs of the general Medicaid random sample, and that 69% of participants are currently meeting the OASAS criterion for inpatient and ER episodes within a twelve-month period.

OMH RENTAL SUBSIDIES BROOKLYN

Utilization Findings

There were 338 people enrolled in OMH Rental Subsidies Brooklyn (OMH-RSB) who had at least 12 months in Medicaid previous to December 13, 2015. In addition to SMI, 36% had an active SUD diagnosis, and 28% had HIV. Fifty-six percent had at least one other chronic medical condition.

None had spent time in a nursing home in the year previous to enrollment, and 75% had received Health Home services for at least part of the year. OMH-RSB clients averaged 0.7 inpatient admissions and 2.0 ED visits in the year before their MRT-SH enrollment, compared to 0.3 admissions and 1.6 ED visits in the Medicaid population with severe mental illness overall. Forty-five percent met at least one of the criteria borrowed from the HARP program for identifying high-use recipients.

Table 59. *Diagnostic and Utilization Characteristics: OMH-RSB Program Participants*

Diagnostic Characteristics	
Severe Mental Illness (SMI)	90%*
Substance Use Disorder (SUD)	36%
HIV positive	28%
Other chronic medical condition	56%
Utilization Characteristics	
Any nursing home claims	0%
Any health home claims	75%
Average inpatient admissions	0.7
Average ED visits	2.0
Population with SMI and/or SUD in OASAS-RS (n=418)	
Selected HARP criteria	45%
3+ months of case management	33%
30+ days psychiatric inpatient (3 year)	7%
2+ detox services	0.3%
1+ inpatient primary SUD admission	9%
3+ inpatient psychiatric admissions	3%
2+ inpatient admissions for primary or secondary SUD Dx	8%
2+ ED visits for primary or secondary SUD Dx	5%

Note: None of the categories in this table are mutually exclusive. In particular, clients usually fall into more than one diagnostic category, so percentages will sum to well over 100%.

**Diagnosis is based on primary diagnosis on Medicaid claims in the year prior to MRT-SH enrollment. When any diagnosis rather than primary diagnosis is used, the percentage with at least one SMI claim rises to 94%. Absence of a claim for SMI does not mean that the client does not have a mental health diagnosis, only that there was not a claim with a SMI diagnosis billed to Medicaid in the year before MRT-SH enrollment.*

In the overall Medicaid population with severe mental illness, only the top 14% of utilizers had one or more inpatient admissions in a year's time, whereas 32% of OMH-RSB participants had one or more inpatient admissions. In the overall Medicaid SMI population, only the top 13% of utilizers had four or more ED visits, compared to 18% of the OMH-RSB participants.

Table 60. *Percent of OMH-RSB participants meeting various levels of inpatient and emergency care, compared to all adult Medicaid recipients with severe mental illness (SMI)*

	Inpatient Admissions		ER Visits	
	OMH-RSB	Medicaid SMI population overall	OMH-RSB	Medicaid SMI population overall
None	68%	86%	46%	50%
1 or more	32%	14%	54%	50%
2 or more	14%	6%	36%	30%
3 or more	6%	3%	25%	19%
4 or more	4%	1.5%	18%	13%
5 or more	3%	1%	14%	9%

Cost Findings

For these program participants, the highest median spending is among those with a chronic condition, SMI, or SUD. Focusing on the 75th percentile, SMI and chronic conditions have higher than overall spending for the program. This implies that the coordination of care may be more challenging for these participants.

Table 61. *Profile of spending in the year prior to MRT-SH enrollment, by diagnostic subgroup: OMH-RSB participants*

	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
Rental Subsidies: Brooklyn (Overall)	338	$30,975	$60,101	$46,795	$24,745	$10,401	$4,378
Severe Mental Illness	302	$32,530	$60,679	$48,951	$26,835	$11,899	$6,243
Substance Use Disorder	122	$33,750	$60,659	$44,253	$25,213	$14,623	$7,314
HIV positive	94	$28,050	$55,763	$39,414	$23,167	$10,300	$4,685
Chronic Condition	189	$34,428	$63,012	$47,379	$26,981	$13,169	$7,154
Homeless	56	$22,983	$51,583	$26,254	$12,766	$6,460	$3,110

For these program participants, the highest median spending is among those with a referral source of voluntary operated mental health apartment treatment programs and inpatient state psychiatric centers. Additional referral sources included DOH adult homes (3 participants), homeless (streets or parks; 4 participants), inpatient general hospital or private psychiatric centers (4 participants), and MH family care (1 participant).

Table 62. *Profile of spending in the year prior to MRT-SH enrollment, by principal referral source (prior residence)[45]: OMH-RSB participants*

Rental Subsidies: Brooklyn	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
Drug or alcohol abuse residence or inpatient setting	10	$25,953	$55,351	$33,810	$25,817	$13,488	$5,779
Homeless shelter or emergency housing	113	$23,423	$49,452	$30,361	$14,503	$7,283	$3,243
Inpatient, State psychiatric center	7	$44,967	--	--	$40,436	--	--
Other, please specify	14	$25,915	$46,779	$32,695	$25,106	$15,654	$12,855
Private residence	88	$23,215	$58,374	$28,220	$14,496	$8,194	$4,185
State operated residential program (RCCA, community residence, TPP, TLR, CPP)	5	$25,566	--	--	$4,788	--	--
Voluntary operated MH Apartment Treatment Program	89	$45,740	$62,076	$55,737	$49,165	$39,850	$13,822

Document Analysis Findings

Participant Eligibility

Agency-level Documentation. According to agency-level documentation, the OMH-RSB program has the following eligibility criteria. Participants are required to meet one or more of these criteria:

- Individuals with a serious mental illness
- Health Home referred
- Residents of Kingsboro psychiatric center or a NYS OMH-operated residential program related to the Kingsboro restructuring
- Brooklyn resident
- High Medicaid user
- Individual being discharged from an Article 28 hospital or South Beach Psychiatric Center, in need of housing or for whom housing would assist in a hospital diversion

OMH-RSB Provider-Level Eligibility Criteria: Provider-Level Documentation and Implementation Survey Responses. Five of eight providers offered documentation describing the specific eligibility criteria they are using. As displayed in the table below, the documentation suggests that all responding providers require a

45 Referral source categories are different for OMH than the other agencies, since a CAIRS data extract was used rather than an MDW data pull. OMH CAIRS data describes prior residence rather than referral source.

SMI diagnosis and almost all require discharge from an Article 28 hospital or that the individual can benefit from housing to assist in a hospital diversion. It is noteworthy that all five providers report using at least one criterion, and OMH requires one or more criteria at the agency level.

Table 63. *Documented Provider Criteria, Compared with Documented Agency-level Criteria: OMH-RSB*

	Documented Agency-Level Criteria[46]					
Program: OMH Rental Subsidies- Brooklyn	Individuals with SMI Diagnosis	Residents of Kingsboro Psych Center or NYS OMH-operated residential program related to Kingsboro restructuring	Brooklyn Resident	High Medicaid User	Individual being discharged from an Article 28 hospital or South Beach Psychiatric Center, in need of housing or for whom housing would assist in a hospital diversion	Referred by Health Home
Catholic Charities Neighborhood Services, Inc.[47]	X					
ComuniLife, Inc.[48]	X			X	X	X
Institute for Community Living, Inc.[49]	X				X	
Postgraduate Center for Mental Health, Inc.	X	X	X	X	X	X
Unique People Services	X	X	X	X	X	X
Percent of Providers (n=5)	100%	40%	40%	60%	80%	60%

46 The content populating the Agency-Level Criteria columns was obtained from the agency-level documentation reviewed.

47 SMI or Substance Abuse diagnosis; priority access to those enrolled in AOT. Over 18. Eligible for entitlements (VA, SSI, SSD). History of criminal justice involvement. Medical condition, including HIV/AIDS. Physically challenged. Individuals with extreme violence considered on case-by-case basis. Capable of living in the community with support services. Willing to live in supportive housing.

48 AOT ordered. Enrolled in SSI/SSD. Documented impairment in functioning (e.g. self-care, ADLs, social functioning). Able to live independently with support. Not a danger to self/others.

49 Age 18+. Impaired functioning due to mental illness. Willingness to engage in recovery-oriented activities (no specific length of sobriety required). Has basic skills to live in supportive housing. Mandates treatment (AOT, probation, parole). Eligible for income assistance to pay rent. Priority access to AOT and discharge from psychiatric facility.

The table below summarizes the specific criteria used at the provider level, as per Implementation Survey responses to an open-ended item, completed by eight providers. The providers most frequently described requiring a SMI diagnosis, consistent with agency-level criteria. Half of responding providers require participants to be adults, while a quarter require high cost/high use Medicaid or Health Home eligibility or enrollment.[50][51]

Table 64. *OMH-RSB Implementation Survey Responses: Eligibility Criteria, by Provider*

	Documented Provider-Level Criteria (Survey Responses)[50]										
Provider	High cost/use Medicaid services/ER/inpatient use[51]	Adult	Specific Diagnosis	Medicaid eligible or enrolled	Homeless/ at risk for homelessness	Not a harm to self or others, psychiatrically stable	Meet eligibility for state agency/provider	Specific geographic location	Income requirements	HH eligible or enrolled	Other
Catholic Charities Neighborhood Services, Inc		X	X								
ComuniLife, Inc.			X	X			X		X	X	Individual must have HRA 2010E housing application with Community Care eligibility; linked to HH
Institute for Community Living, Inc.							X				HRA/ Community Care Approval
Ohel Children's Home & Family Services, Inc.		X	X				X				Approved HRA for this level of housing
Postgraduate Center for Mental Health, Inc.			X								- Referral from provider - Submit an approved HRA 2010E application approved for community care supportive housing for individuals with SMI - Meet Scatter site housing program criteria: referred from DHS, State PCs, Article 28 Inpatient units, Adult Homes, Health Homes, etc.
St. Joseph's Medical Center	X	X	X			X					Functional deficits related to their illness(s) that require supportive housing
The Jewish Board			X	X	X					X	Housing approvals and determinations are indicated in the HRA 2010E per client.
Unique People Services, Inc.	X	X	X					X			Individual of Kingsboro Psychiatric Center or OMH -operated residential program, along with the NYC Field, the single Point of Access (SPOA)
Percent of Providers (n=8)	25%	50%	88%	25%	13%	13%	38%	13%	13%	25%	

50 The content populating the Provider-Level Criteria columns was obtained from the Implementation Survey responses. Each provider noted completed the Implementation Survey.

51 Providers indicated high Medicaid utilization as a criterion, but did not necessarily furnish information about how this is defined and/or if processes are in place to confirm high utilization.

OMH-RSB MDW Findings (All OMH-RSB Participants). Data available in the MDW can shed light on the percent of participants, across all OMH-RSB providers, who currently meet or may meet three of the specified agency level criteria: 1- a SMI diagnosis; 2- high Medicaid usage; and 3- Health Home enrollment. As displayed in the table below, all participants enrolled in RSB have a SMI diagnosis.

While there is no current operational definition for "high Medicaid user," the data below compares the Medicaid costs incurred by program participants with costs incurred by a random sample of a diagnostically comparable group from the general Medicaid population. In this case, OMH-RSB participants' Medicaid costs are compared with general Medicaid costs of recipients who also have SMI diagnoses. The data presented reflect the percentage of OMH-RSB participants who exceed the mean and median Medicaid costs incurred by the general Medicaid group.[52]

Table 65. *Eligibility Criteria: MDW Data Findings*

Criteria	% of enrolled meeting criteria
SMI[52]	90%*
High Cost/Frequent Medicaid User**	
% Exceeding the mean Medicaid costs of the SMI general Medicaid sample	50%
% Exceeding the median Medicaid costs of the SMI general Medicaid sample	81%
Health Home Claims	75%

****The analysis also indicates that 51% of OMH RSB participants exceed the costs incurred by the 75th percentile of the random sample of general Medicaid SMI participants.*

To summarize, each agency-level eligibility criterion is presented along with a description of the extent to which the data sources presented above support or do not support the criteria. OMH documentation indicates that the agency requires at least one of these criteria. However, it appears that most providers are requiring more than one eligibility criterion.

- ***Individuals with a serious mental illness:*** According to MDW data, almost all participants have SMI diagnoses. Since this metric is based on claims, the actual figure may be higher. Almost all providers completing the survey item indicated requiring a SMI.
- ***Health Home referred:*** A quarter of survey respondents and more than half of providers who submitted provider-level documentation indicate Health Home referrals as a criterion. According to MDW data, three quarters of participants had Health Home claims, suggesting high enrollment in Health Homes (though not necessarily referral through a Health Home).
- ***Residents of Kingsboro psychiatric center or a NYS OMH-operated residential program related to the Kingsboro restructuring:*** Less than half of providers completing the survey item or who submitted documentation indicated using this as an eligibility criterion.
- ***Brooklyn resident:*** A few providers appear to be requiring Brooklyn residency.
- ***High Medicaid user:*** According to the survey item, a quarter of responding providers require high Medicaid users; provider-level documentation suggests that several providers are using this criterion. MDW analysis suggests that 50% of OMH-RSB participants exceed the mean Medicaid cost of the

52 Diagnosis is based on primary diagnosis on Medicaid claims in the year prior to MRT-SH enrollment. When any diagnosis rather than primary diagnosis is used, the percentage with at least one SMI claim rises to 94%. Absence of a claim for SMI does not mean that the client does not have a mental health diagnosis, only that there was not a claim with a SMI diagnosis billed to Medicaid in the year before MRT-SH enrollment.

random sample of general Medicaid recipients who have a SMI diagnosis and 81% of participants exceed the mean Medicaid cost.

- ***Individual being discharged from an Article 28 hospital or South Beach Psychiatric Center, in need of housing or for whom housing would assist in a hospital diversion:*** According to provider-level documentation, several providers are using this requirement.
- ***Other:*** In their survey responses, most providers reported a requirement of HRA approval in advance of program enrollment.

OMH Rental Subsidies Brooklyn: Summary of Findings

- In addition to SMI, 36% of OMH-RSB participants an active SUD diagnosis, and 28% had HIV. Fifty-six percent had at least one other chronic medical condition.
- OMH-RSB clients averaged 0.7 inpatient admissions and 2.0 ED visits in the year before their MRT-SH enrollment, compared to 0.3 admissions and 1.6 ED visits in the Medicaid population with severe mental illness overall.
- In the overall Medicaid population with severe mental illness, only the top 14% of utilizers had one or more inpatient admissions in a year's time, whereas 32% of RSB participants had one or more inpatient admissions.
- In the overall Medicaid SMI population, only the top 13% of utilizers had 4 or more ED visits, compared to 18% of the RSB participants.
- For these program participants, the highest median spending is among those with a chronic condition, SMI, or SUD. Focusing on the 75th percentile, SMI and chronic conditions have higher than overall spending for the program.
- For these program participants, the highest median spending is among those with a referral source of voluntary operated mental health apartment treatment program and inpatient state psychiatric centers.
- The required eligibility criteria for OMH-RSB participants at the agency-level are: Individuals with a serious mental illness; Health Home referred; Residents of Kingsboro psychiatric center or a NYS OMH-operated residential program related to the Kingsboro restructuring; Brooklyn resident; High Medicaid user; Individual being discharged from an Article 28 hospital or South Beach Psychiatric Center, in need of housing or for whom housing would assist in a hospital diversion.
- Based on survey findings and MDW data, almost all participants have a SMI and three quarters have Health Homes claims. MDW analysis suggests that 50% of OMH-RSB participants exceed the mean Medicaid cost of the random general Medicaid sample with SMI diagnoses. It was less clear if criteria related to the Kingsboro restructuring and Brooklyn residency are being implemented.

OMH RENTAL SUBSIDIES STATEWIDE

Utilization Findings

There were 435 people enrolled in OMH Rental Subsidies Statewide (OMH-RSS) who had at least 12 months in Medicaid previous to December 31, 2015. As well as serious mental illness, 45% had a diagnosed SUD, and 9% had HIV. Fifty-one percent had at least one other chronic medical condition.

One percent had spent time in a nursing home in the year previous to enrollment, and 77% received Health Home services for at least part of the year before their SH enrollment. OMH-RSS clients averaged 1.3 inpatient admissions and 4.4 ED visits in the year before their MRT-SH enrollment, compared to 0.3 admissions and 1.6 ED visits in the Medicaid population with severe mental illness overall. Fifty-six percent met at least one of the criteria borrowed from the HARP program for identifying high-use recipients.

Table 66. *Diagnostic and Utilization Characteristics: OMH-RSS Program Participants*

Diagnostic Characteristics	
Severe Mental Illness (SMI)	91%*
Substance Use Disorder (SUD)	45%
HIV positive	9%
Other chronic medical condition	51%
Utilization Characteristics	
Any nursing home claims	1%
Any health home claims	77%
Average inpatient admissions	1.3
Average ED visits	4.4
Population with SMI and/or SUD in OMH-RSS (n=435)	
Selected HARP criteria	56%
3+ months of case management	40%
30+ days psychiatric inpatient (3 year)	8%
2+ detox services	0%
1+ inpatient primary SUD admission	11%
3+ inpatient psychiatric admissions	9%
2+ inpatient admissions for primary or secondary SUD Dx	16%
2+ ED visits for primary or secondary SUD Dx	13%

Note: None of the categories in this table are mutually exclusive. In particular, clients usually fall into more than one diagnostic category, so percentages will sum to well over 100%.

**Diagnosis is based on primary diagnosis on Medicaid claims in the year prior to MRT-SH enrollment. When any diagnosis rather than primary diagnosis is used, the percentage with at least one SMI claim rises to 96%. Absence of a claim for SMI does not mean that the client does not have a mental health diagnosis, only that there was not a claim with a SMI diagnosis billed to Medicaid in the year before MRT-SH enrollment.*

In the overall Medicaid population with severe mental illness, only the top 14% of utilizers had one or more inpatient admissions in a year's time, whereas 48% of OMH-RSS participants had one or more inpatient admissions. In the overall Medicaid SMI population, only the top 13% of utilizers had four or more ED visits, compared to 30% of the OMH-RSS participants.

Table 67. *Percent of OMH-RSS participants meeting various levels of inpatient and emergency care, compared to all adult Medicaid recipients with severe mental illness (SMI)*

	Inpatient Admissions		ER Visits	
	OMH-RSS	Medicaid SMI population overall	OMH-RSS	Medicaid SMI population overall
None	52%	86%	31%	50%
1 or more	48%	14%	69%	50%
2 or more	26%	6%	51%	30%
3 or more	15%	3%	37%	19%
4 or more	10%	1.5%	30%	13%
5 or more	7%	1%	25%	9%

Cost Findings

For these program participants, the highest median spending is among those with a chronic condition. Among the highest categories of spending, focusing on the 75th percentile, those with SMI and chronic conditions have higher than overall spending for the program.

Table 68. *Profile of spending in the year prior to MRT-SH enrollment, by diagnostic subgroup: OMH-RSS participants*

	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
Rental Subsidies: Statewide (Overall)	435	$30,437	$66,695	$42,597	$21,127	$9,570	$4,452
Severe Mental Illness	395	$32,128	$67,689	$43,857	$22,552	$11,461	$5,293
Substance Use Disorder	194	$32,777	$67,863	$40,910	$23,045	$12,989	$6,552
HIV positive	40	$33,335	$68,612	$38,831	$21,151	$11,555	$6,141
Chronic Condition	222	$36,487	$71,512	$52,485	$30,097	$13,063	$7,116
Homeless	48	$24,736	$50,792	$35,843	$19,617	$9,868	$4,784

For these program participants, the highest median spending is among those with referrals from state-operated residential programs, inpatient general hospitals or private psychiatric centers, and inpatient state psychiatric centers. This pattern is also reflected in the 75th percentile distribution. Additional referral sources included DOH adult home (1 participant), local jails (4 participants), and MH family care (2 participants).

Table 69. *Profile of spending in the year prior to MRT-SH enrollment, by principal referral source: OMH-RSS participants*

OMH Rental Subsidies Statewide	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
Drug or alcohol abuse residence or inpatient setting	10	$37,558	$82,823	$61,672	$33,264	$18,783	$7,596
Homeless shelter or emergency housing	69	$22,418	$49,654	$32,693	$17,274	$8,788	$4,643
Homeless-drop in center or other un-domiciled	14	$26,031	$65,173	$43,628	$19,027	$9,514	$2,609
Homeless-street, parks	21	$25,905	$72,271	$38,059	$17,905	$10,194	$2,945
Inpatient, State psychiatric center	11	$63,154	$147,194	$88,406	$62,179	$17,893	$2,313
Inpatient, general hospital or private psychiatric center	17	$76,320	$177,869	$107,198	$62,950	$30,043	$18,453
Other, please specify	28	$29,406	$72,819	$37,961	$18,455	$8,250	$4,029
Private residence	196	$20,691	$42,775	$27,660	$16,369	$7,486	$3,788
State operated residential program (RCCA, community residence, TPP, TLR, CPP)	6	$65,498	--	--	$67,382	--	--
Voluntary operated MH Apartment Treatment Program	56	$52,023	$83,654	$58,584	$46,078	$37,968	$28,840

Document Analysis Findings

Participant Eligibility

Agency-level Documentation. According to agency-level documentation, the OMH-RSS program has the following eligibility criteria. Participants are required to meet one or more of these criteria:

- Individuals with a serious mental illness
- Residents of a NYS OMH psychiatric center or an OMH operated residential program
- NYS Resident
- High Medicaid User
- Individual discharged from an Article 28/31 hospital, in need of housing or for whom housing would assist in a hospital diversion

OMH-RSS Provider-Level Eligibility Criteria: Provider-Level Documentation and Implementation Survey

Responses. Five providers of thirty-four offered documentation describing the specific eligibility criteria they are using. As displayed in the table below, the documentation suggests all responding providers are requiring a SMI diagnosis, with four of five providers requiring high cost/high need Medicaid status. None of the providers explicitly included NYS residence as a requirement, though this may be implicitly understood.

Table 70. *Documented Provider Criteria, Compared with Documented Agency-level Criteria: OMH-RSS*

	Documented Provider-Level Criteria[53]				
Program: OMH Rental Subsidies-Statewide	Individuals with SMI Diagnosis	Resident of a NYS OMH Psychiatric Center or OMH-operated residential program	New York State Resident	High Medicaid User	Individual being discharged from an Article 28/31 hospital, in need of housing or for whom housing would assist in a hospital diversion
Family Residences & Essential Enterprises, Inc.	X			X	
Options for Community Living, Inc.[54]	X	X		X	X
South Shore Association for Independent Living [55]	X			X	
Promoting Specialized Care and Health, Inc.[56]	X			X	
Urban Pathways[57]	X				
Percent of Providers (n=5)	100%	20%	0%	80%	20%

The table below summarizes the specific criteria used at the provider level, as per Implementation Survey responses to an open-ended item, completed by 24 of the 34 providers surveyed. The providers most frequently described a SMI requirement (96% of responding providers), consistent with agency-level criteria. Aside from the SMI requirement, there was little consistency across providers. One quarter indicated high Medicaid usage and 21% described Health Home eligibility as criteria. Numerous additional criteria were described, including specific housing eligibility requirements, income requirements, and willingness to participate in programming.

53 The content populating the Agency-Level Criteria columns was obtained from the agency-level documentation reviewed.

54 Referred by a Health Home.

55 Age 18+. Ability to "self-preserve".

56 SMI plus one or more co-morbid conditions.

57 Age 18+. In need of ongoing psychiatric care. SSI/SSI eligible. AOT applicants given priority.

Table 71. *OMH-RSS Implementation Survey Responses: Eligibility Criteria, by Provider*

	Documented Provider-Level Criteria (Survey Responses)[58]													
	High cost/use Medicaid services/ER/inpatient use[59]	Individual/Single/living alone	Adult	Specific diagnosis	Medicaid eligible or enrolled	Homeless/ at risk for homelessness	Not a harm to self or others, psychiatrically stable	Meet eligibility for state agency/provider	Specific geographic location	Willingness/desire to accept housing or program admission	Ability to function adequately independently/in the community	Income requirements	HH eligible or enrolled	Other
Buffalo Federation of Neighborhood Centers				X										
Cath Char RC Dio Syr, NY, Inc-Oneida Madison				X										
Catholic Charities of the Diocese of Rochester				X										
Central New York Services, Inc.				X										Approved by the county SPOA office
Community Missions, Inc.				X						X	X			
DePaul Community Services, Inc.	X			X									X	Coming from a more expensive level of housing or housing crisis
ESH	X		X	X										From a state operated CR, or state hospital, article 28 hospitals
Housing Options Made Easy, Inc.			X	X								X		
Lakeview Health Services, Inc.				X										-Eligible for Section 8 -No history of sexual offense
Loeb House, Inc.				X				X						
Mental Health Association of Rockland County,			X	X			X				X	X		
MHA of Fulton and Montgomery Counties								X						
Options for Community Living, Inc.			X	X			X		X	X		X		Willing to participate in substance abuse services if currently engaging in illegal drug/alcohol use
Oswego County DSS Division of Mental Hygiene			X	X								X		
PSCH, Inc.			X	X										Individuals with a Community Care level of housing

58 The content populating the Provider-Level Criteria columns was obtained from the Implementation Survey responses. Each provider noted completed the Implementation Survey.

59 Providers indicated high Medicaid utilization as a criterion, but did not necessarily furnish information about how this is defined and/or if processes are in place to confirm high utilization.

	Documented Provider-Level Criteria (Survey Responses)													
	High cost/use Medicaid services/ER/inpatient use	Individual/Single/living alone	Adult	Specific diagnosis	Medicaid eligible or enrolled	Homeless/ at risk for homelessness	Not a harm to self or others, psychiatrically stable	Meet eligibility for state agency/provider	Specific geographic location	Willingness/desire to accept housing or program admission	Ability to function adequately independently/in the community	Income requirements	HH eligible or enrolled	Other
Rehabilitation Support Services, Inc.	X			X				X					X	
SCAP, Inc. dba Arbor Development			X	X										Experience substantial impairments in functioning due to the severity of their condition.
So.Shore Association of Independent Living, In	X			X		X							X	From several sources: HH, state-operated facility, prison, at risk for homelessness, article 28 or 31 hospital, or housing would assist in hospital diversion
So.Shore Association of Independent Living, In	X			X		X							X	
St. Dominic's House				X										
The Guidance Center of Westchester, Inc.	X	X	X	X				X						
Transitional Living Services			X	X	X									-SSI or SSDI Enrollment due to Mental Illness OR -Extended Impairment in Functioning due to Mental Illness OR -Reliance on Psychiatric Treatment, Rehabilitation and Supports
Unity House of Troy, Inc.				X									X	
Upstate Cerebral Palsy, Inc.	X			X									X	Enrollees come from HH, Resident of state-operated facility, residents of NYS OMH Psychiatric Centers or OMH-operated residential programs; Article 28 hospital or Article 31 hospital
Warren-Washington Association for Mental Health				X										Referral from HHCM, Adult Home or Hospital
Percent of Providers (n=24)	25%	4%	38%	100%	4%	4%	8%	17%	4%	8%	8%	17%	21%	

OMH-RSS MDW Findings (All OMH-RSS Participants). Data available in the MDW conveys the percent of participants, across all OMH-RSS providers, who currently meet or may meet two of the specified agency level criteria: 1- a SMI diagnosis; and 2- high Medicaid usage. As illustrated in the table, 91% of OMH-RSS participants have a SMI.

While there is no current operational definition for "high Medicaid user," the data below compares the Medicaid costs incurred by program participants with costs incurred by a random sample of a diagnostically comparable group from the general Medicaid population. In this case, OMH-RSS participants' Medicaid costs

are compared with general Medicaid costs of recipients who also have SMI diagnoses. The data presented reflect the percentage of OMH-RSS participants who exceed the mean and median Medicaid costs incurred by the general Medicaid group.

Table 65. *Eligibility Criteria: MDW Data Findings*

Criteria	% of enrolled meeting criteria
SMI[60]	91%*
High Medicaid User**	
% Exceeding the mean Medicaid costs of the SMI general Medicaid sample	44%
% Exceeding the median Medicaid costs of the SMI general Medicaid sample	79%

***The analysis also indicates that 45% of OMH-RSS participants exceed the costs incurred by the 75th percentile of the random sample of general Medicaid SMI participants.*

To summarize, each agency-level eligibility criterion is presented along with a description of the extent to which the data sources presented above support or do not support the criteria. OMH currently requires at least one of these criteria; it appears that all providers are meeting this mandate, in that individuals with a SMI are consistently targeted. The majority of providers are requiring more than one criterion for eligibility.

- ***Individuals with a serious mental illness:*** The providers are consistently requiring a SMI diagnosis, according to MDW data, and supported by provider-level documentation and the survey responses.
- ***Residents of a NYS OMH psychiatric center or an OMH operated residential program:*** Very few providers responding to the survey noted this as a criterion, and only one provider who submitted documentation noted this as a criterion.
- ***NYS Resident:*** This criterion was not supported in the data, though providers may implicitly adhere to it.
- ***High Medicaid User:*** A quarter of survey respondents listed this as a criterion. The criterion was commonly listed in the documentation. The MDW analysis found that 44% of OMH-RSS participants exceed the mean Medicaid costs incurred by the random sample of general Medicaid SMI participants, while 79% of OMH-RSS participants exceed the median costs of the random sample.
- ***Individual discharged from an Article 28/31 hospital, in need of housing or for whom housing would assist in a hospital diversion:*** This criterion was not well supported by the documentation or survey responses.[60]

OMH Rental Subsidies Statewide: Summary of Findings

- As well as SMI, 45% had a diagnosed SUD, and 9% had HIV. Fifty-one percent had at least one other chronic medical condition.
- OMH-RSS clients averaged 1.3 inpatient admissions and 4.4 ED visits in the year before their MRT-SH enrollment, compared to 0.3 admissions and 1.6 ED visits in the Medicaid population with severe mental illness overall.
- In the overall Medicaid population with severe mental illness, only the top 14% of utilizers had one or more inpatient admissions in a year's time, whereas 48% of OMH-RSS participants had one or more

60 Diagnosis is based on primary diagnosis on Medicaid claims in the year prior to MRT-SH enrollment. When any diagnosis rather than primary diagnosis is used, the percentage with at least one SMI claim rises to 96%. Absence of a claim for SMI does not mean that the client does not have a mental health diagnosis, only that there was not a claim with a SMI diagnosis billed to Medicaid in the year before MRT-SH enrollment.

inpatient admissions.

- In the overall Medicaid SMI population, only the top 13% of utilizers had four or more ED visits, compared to 30% of the OMH-RSS participants.
- For OMH-RSS program participants, the highest median spending is among those with a chronic condition. Among the highest categories of spending, focusing on the 75th percentile, those with SMI and chronic conditions have higher than overall spending for the program.
- For these program participants, the highest median spending is among those with referrals from state-operated residential programs, inpatient general hospitals or private psychiatric centers, and inpatient state psychiatric centers. This pattern is also reflected in the 75th percentile distribution.
- According to agency-level documentation, OMH-RSS participants are required to meet the following eligibility criteria (note that the program mandates that participants meet one of these criteria): Individuals with a serious mental illness; Residents of a NYS OMH psychiatric center or an OMH operated residential program; NYS Resident; High Medicaid User; Individual discharged from an Article 28/31 hospital, in need of housing or for whom housing would assist in a hospital diversion.
- Based on survey findings and MDW data, providers consistently require a SMI diagnosis, and few require participants to be residents of a NYS OMH psychiatric center or residential program. The MDW analysis found that 44% of OMH-RSS participants exceed the mean Medicaid costs incurred by the random sample of general Medicaid SMI participants, while 79% of OMH-RSS participants exceed the median costs of the random sample. The Article 28/31 criterion was not well supported, based on the data sources used in the document analysis. However, the referral source information suggests that seventeen clients were referred to the program from inpatient settings.

OMH STEP DOWN/CRISIS RESIDENCE CAPITAL CONVERSION PILOT

Utilization Findings

There were 60 people enrolled in the OMH Step Down/Crisis Residence Capital Conversion Pilot (OMH Crisis) programs who had at least 12 months in Medicaid previous to December 31, 2015. Ninety-eight percent had a SMI diagnosis, 32% a SUD diagnosis, and 18% had HIV. Forty-eight percent had at least one other chronic medical condition.

None had spent time in a nursing home in the year previous to enrollment, and 75% received Health Home services for at least part of the year before their SH enrollment. OMH Crisis clients averaged 1.6 inpatient admissions and 4.5 ED visits in the year before their MRT-SH enrollment, compared to 0.3 admissions and 1.6 ED visits in the Medicaid population with severe mental illness overall. Seventy-two percent met at least one of the criteria borrowed from the HARP program for identifying high-use recipients.

Table 73. *Diagnostic and Utilization Characteristics: OMH Crisis*

Diagnostic Characteristics	
Severe Mental Illness (SMI)	98%*
Substance Use Disorder (SUD)	32%
HIV positive	18%
Other chronic medical condition	48%
Utilization Characteristics	
Any nursing home claims	0%
Any health home claims	75%
Average inpatient admissions	1.6
Average ED claims	4.5
Population with SMI and/or SUD in Crisis (n=60)	
Selected HARP criteria	72%
3+ months of case management	48%
30+ days inpatient psychiatric	20%
2+ detox services	0%
1+ inpatient primary SUD admission	43%
3+ inpatient psychiatric admissions	8%
2+ inpatient admissions for primary or secondary SUD Dx	7%
2+ ED visits for primary or secondary SUD Dx	5%

Note: None of the categories in this table are mutually exclusive. In particular, clients usually fall into more than one diagnostic category, so percentages will sum to well over 100%.

**Diagnosis is based on primary diagnosis on Medicaid claims in the year prior to MRT-SH enrollment. When any diagnosis rather than primary diagnosis is used, the percentage with at least one SMI claim rises to 100%.*

In the overall Medicaid population with severe mental illness, only the top 14% of utilizers had one or more inpatient admissions in a year's time, whereas 57% of OMH Crisis participants had one or more inpatient admissions. In the overall Medicaid SMI population, only the top 13% of utilizers had four or more ED visits, compared to 36% of the OMH Crisis participants.

Table 74. *Percent of OMH Crisis participants meeting various levels of inpatient and emergency care, compared to all adult Medicaid recipients with severe mental illness (SMI)*

	Inpatient Admissions		ER Visits	
	OMH Crisis	Medicaid SMI population overall	OMH Crisis	Medicaid SMI population overall
None	43%	86%	30%	50%
1 or more	57%	14%	70%	50%
2 or more	35%	6%	58%	30%
3 or more	22%	3%	43%	19%
4 or more	20%	1.5%	36%	13%
5 or more	15%	1%	33%	9%

Cost Findings

For these program participants, the highest median spending is among those with an HIV positive diagnosis. At the 75th percentile, all categories have higher than overall spending for the program. This implies that the population in this program are complicated diagnostically and in terms of utilization patterns.

Table 75. *Profile of spending in the year prior to MRT-SH enrollment, by diagnostic subgroup: OMH Crisis/ Step Down participants*[61]

	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
OMH Crisis/Step Down Residence Program (Overall)	60	$45,827	$93,164	$58,955	$36,405	$19,872	$5,899
Severe Mental Illness	59	$46,534	$94,821	$59,047	$36,727	$20,165	$6,537
Substance Use Disorder	19	$42,804	$107,744	$60,906	$36,727	$20,165	$4,111
HIV positive	11	$48,465	$91,506	$59,801	$35,975	$21,012	$20,165
Chronic Condition	29	$45,025	$87,778	$59,801	$37,792	$29,869	$13,371

All program participants had an unknown referral source.

Document Analysis Findings

Participant Eligibility

Agency-Level Documented Eligibility Criteria. According to agency-level documentation, the OMH Crisis program has the following eligibility criteria. Participants are required to meet one or more of these criteria:

- Individuals with a serious mental illness
- Health Home referred

61 The homeless category was omitted, as only one participant was represented.

- High Medicaid user
- Individual being discharged from an article 28/31 hospital
- NYS resident
- Individuals experiencing a mental health crisis, who can be diverted from inpatient care
- Not a danger to self/others
- Not suffering from co-morbid physical injuries that require nursing home or hospital level of care

OMH Crisis Provider-Level Eligibility Criteria: Provider-Level Documentation and Implementation Survey Responses. Seven of eight providers offered documentation describing the specific eligibility criteria they are using. As displayed in the table below, the documentation suggests that more than half of responding providers are requiring a SMI diagnosis and Article 28 discharges as criteria. Just under half require that individuals would otherwise require a nursing home or hospital level of care.[62636465666768]

Table 76. *Documented Provider Criteria, Compared with Documented Agency-level Criteria: OMH Crisis*

	Documented Agency-Level Criteria[62]						
Program: Step-Down/Crisis Residence Capital Conversion Pilot	Serious Mental Illness	Referred by a Health Home	High Medicaid User	Individual being discharged from an Article 28/31 hospital	NYS Resident	Individuals experiencing a mental health crisis who can be diverted from inpatient care	Not a danger to self/ others; not suffering from co-morbid physical injuries that require nursing home or hospital level of care
Liberty Resources	X						
OHEL Children's Home and Family Services[63]				X	X		X
Services for the Underserved[64]							
Concern ECR[65]	X	X	X	X			X
ACMH, Inc.[66]			X	X			X
Central Nassau Guidance & Counseling Services[67]	X						
Occupations, Inc.[68]	X			X			
Percent of Providers (n=7)	57%	14%	29%	57%	14%	0%	43%

62 The content populating the Agency-Level Criteria columns was obtained from the agency-level documentation reviewed.

63 Age 18+. Not MR. Medically suited for housing. Must demonstrate self-preservation skills and ability to live with others. Must have a discharge setting.

64 Medically stable. Permanent housing upon discharge. Experiencing emotional/mental distress. ADLs. Can manage medication. Voluntary admission. Ability to understand and sign forms.

65 Hospital diversion.

66 Stable housing upon discharge. Hospital diversion.

67 Facing short-term crisis.

68 Age 18+.

The table below summarizes the specific criteria used at the provider level, as per Implementation Survey responses to an open-ended item, completed by all eight providers. The providers most frequently described requiring SMI diagnoses (63%), consistent with agency-level criteria. Less than half require high Medicaid usage. Survey responses often described an additional requirement, that participants must have a stable housing situation to return to after discharge from the program. There is significant diversity in terms of additional criteria, summarized in the "other" column below.

Table 77. *OMH Crisis Implementation Survey Responses: Eligibility Criteria, by Provider*

	Documented Provider-Level Criteria (Survey Responses)[69]								
	High cost/use Medicaid services/ ER/inpatient use[70]	Individual/Single/living alone	Adult	Specific diagnosis	Not a harm to self or others, psychiatrically stable	Specific geographic location	Willingness/desire to accept housing or program admission	Ability to function adequately independently/in the community	Other
ACMH, Inc.			X		X	X			-Stable housing to return to -Medically stable -No dementia/TBI
Concern ECR	X								Experiencing a Crisis situation, need for support and services
Lakeview Health Services, Inc.	X			X	X	X			Has permanent housing
Liberty Resources, Inc.	X	X	X	X					-Housing to return to -Not on drugs
OHEL Children's Home and Family Services			X	X		X		X	-Experiencing severe emotional distress -Medically stable -Stable Housing to return to
Rehabilitation Support Services				X			X		-Extreme psychiatric crisis -Have a home to return to -Some coming from a hospital
Services for the Underserved			X		X		X		Secured housing
St. Joseph's Medical Center			X	X	X				Housing to return to
Percent of Providers (n=8)	38%	13%	63%	63%	50%	38%	25%	13%	

OMH Crisis MDW Findings (All Step Down/Crisis Residence Participants). Data available in the MDW highlights the percent of participants, across all OMH Crisis providers, who currently meet or may meet two of the specified agency level criteria: 1- a SMI diagnosis; and 2- high Medicaid usage. As conveyed in the table below, all participants in this program have a SMI diagnosis.

While there is no current operational definition for "high Medicaid user," the data below compares the Medicaid costs incurred by program participants with costs incurred by a random sample of a diagnostically comparable group from the general Medicaid population. In this case, OMH Crisis participants' Medicaid costs are compared with general Medicaid costs of recipients who also have SMI diagnoses. The data presented reflect the percentage of OMH Crisis participants who exceed the mean and median Medicaid costs incurred by the general Medicaid group.

69 The content populating the Provider-Level Criteria columns was obtained from the Implementation Survey responses. Each provider noted completed the Implementation Survey.

70 Providers indicated high Medicaid utilization as a criterion, but did not necessarily furnish information about how this is defined and/or if processes are in place to confirm high utilization.

Table 78. *Eligibility Criteria: MDW Data Findings*

Criteria	% of enrolled meeting criteria
SMI[71]	98%*
High Medicaid User**	
% Exceeding the mean Medicaid costs of the SMI general Medicaid sample	65%
% Exceeding the median Medicaid costs of the SMI general Medicaid sample	88%
Health Homes claims, including outreach	75%

***The analysis also indicates that 65% of OMH Crisis participants exceed the costs incurred by the 75th percentile of the random sample of general Medicaid SMI participants.*

OMH Crisis Program Eligibility Summary. To summarize, each agency-level eligibility criterion is presented along with a description of the extent to which the data sources presented above support or do not support the criteria. Notably, OMH requires one or more of these criteria. It appears that the majority, if not all OMH Crisis Residence providers are meeting this mandate by requiring a SMI.[71]

- ***Individuals with a serious mental illness:*** This criterion is supported by the data. Based on MDW data, almost all participants have a SMI. The majority of those providing documentation and completing the survey item note requiring a SMI.
- ***Health Home referred:*** This criterion is not well-supported in the documentation. However, according to MDW data, three quarters of participants had Health Home claims in the year prior to enrollment. This does not necessarily reflect referrals through a Health Home. At a recent OMH Learning Collaborative, a number of attending providers discussed receiving referrals through Health Homes and collaborating frequently with Health Homes care managers.
- ***High Medicaid user:*** This criterion is not well-supported in the documentation. Just over a third of survey respondents noted requiring high Medicaid usage and close to a third of those providing documentation made reference to this criterion. The MDW data analysis indicates that 65% of OMH Crisis participants exceed the mean Medicaid cost of the random sample of general Medicaid SMI participants, and 88% of OMH Crisis participants exceed the median Medicaid cost of the random sample.
- ***Individual being discharged from an article 28/31 hospital:*** While more than half of providers who submitted documentation made reference to this criterion, providers in the survey did not list it.
- ***NYS resident:*** Few providers specifically noted this criterion, though providers may be implicitly requiring NYS residence.
- ***Individuals experiencing a mental health crisis, who can be diverted from inpatient care:*** This criterion was not explicitly described in documentation. However, since it is the overall intent of this MRT-SH program, it is conceivable that it is implicitly required. Additionally, the recent OMH Learning Collaborative with OMH Crisis providers reinforced that providers are adhering to the mental health crisis requirement, as this is an overall program goal.
- ***Not a danger to self/others:*** This requirement was described by about half of providers in provider-level documentation and survey responses.
- ***Not suffering from co-morbid physical injuries that require nursing home or hospital level of care:*** This requirement is somewhat supported by provider-level documentation, but not supported in the survey responses.

71 Diagnosis is based on primary diagnosis on Medicaid claims in the year prior to MRT-SH enrollment. When any diagnosis rather than primary diagnosis is used, the percentage with at least one SMI claim rises to 100%.

OMH Step Down/Crisis Residence Conversion Program: Summary of Findings

- Ninety-eight percent of OMH Crisis participants had a SMI diagnosis, 32% a SUD diagnosis, and 18% had HIV. Forty-eight percent had at least one other chronic medical condition.
- OMH Crisis clients averaged 1.6 inpatient admissions and 4.5 ED visits in the year before their MRT-SH enrollment, compared to 0.3 admissions and 1.6 ED visits in the Medicaid population with severe mental illness overall.
- In the overall Medicaid population with severe mental illness, only the top 14% of utilizers had one or more inpatient admissions in a year's time, whereas 57% of OMH Crisis participants had one or more inpatient admissions.
- In the overall Medicaid SMI population, only the top 13% of utilizers had four or more ED visits, compared to 36% of the OMH Crisis participants.
- At the 75th percentile, all categories have higher than overall spending for the program.
- The OMH Crisis program lists the following eligibility criteria, at the agency level (note that participants must meet one or more of these criteria): Individuals with a serious mental illness; Health Home referred; High Medicaid user; Individual being discharged from an Article 28/31 hospital; NYS resident; Individuals experiencing a mental health crisis, who can be diverted from inpatient care; Not a danger to self/others; Not suffering from co-morbid physical injuries that require nursing home or hospital level of care.
- Based on survey findings and MDW data, almost all participants have a SMI, and three quarters of the participants had Health Homes claims in the year prior to enrollment. The MDW data analysis indicates that 65% of OMH Crisis participants exceed the mean Medicaid cost of the random sample of general Medicaid SMI participants. The remaining criteria were noted by some but not all providers, making it difficult to assess overall implementation.

OPWDD EXPANSION PROGRAM

Utilization Findings

There were 58 people enrolled in OPWDD Expansion Program (OPWDD Expansion) who had at least 12 months in Medicaid previous to December 31, 2015. In addition to their developmental or intellectual disability, 57% had a SMI diagnosis and 9% a SUD diagnosis. None had HIV, but 36% percent had at least one other chronic medical condition.

None had spent time in a nursing home in the year previous to enrollment, or had received Health Home services. OPWDD Expansion clients averaged 0.1 inpatient admissions and 0.5 ED visits in the year before their MRT-SH enrollment. This was substantially lower than the 0.3 admissions and 1.6 ED visits that were the average for people with severe mental illness (the most common comorbidity among these clients besides their developmental or intellectual disability). Nine percent met at least one of the criteria borrowed from the HARP program for identifying high-use recipients.

Table 79. *Diagnostic and Utilization Characteristics: OPWDD Expansion Program Participants*

Diagnostic Characteristics	
Severe Mental Illness (SMI)	57%
Substance Use Disorder (SUD)	9%
HIV positive	0%
Other chronic medical condition	36%
Utilization Characteristics	
Any nursing home claims	0%
Any health home claims	0%
Average inpatient admissions	0.1
Average ED visits	0.5
Population with SMI and/or SUD in OPWDD Expansion (n=35)	
Selected HARP criteria	9%
3+ months of case management	6%
30+ days psychiatric inpatient (3 year)	0%
2+ detox services	0%
1+ inpatient primary SUD admission	3%
3+ inpatient psychiatric admissions	0%
2+ inpatient admissions for primary or secondary SUD Dx	0%
2+ ED visits for primary or secondary SUD Dx	3%
Average inpatient admissions (any reason)	0.1
Average ED visits	0.5

Note: None of the categories in this table are mutually exclusive. In particular, clients usually fall into more than one diagnostic category, so percentages will sum to well over 100%.

It is difficult to compare the OPWDD Expansion population to any of the four major diagnostic categories, as those with developmental disabilities have very different patterns of utilization. As 57% of these clients have a comorbid severe mental illness, the Medicaid SMI population is probably the most appropriate comparison group. It is not surprising, however, that the OPWDD Expansion clients look substantially different in their inpatient and ED utilization from the overall SMI population, with a substantially higher percentage having no inpatient or ED care.

Table 80. *Percent of OPWDD Expansion Program participants meeting various levels of inpatient and emergency care*

	Inpatient Admissions		ER Visits	
	Inpatient admissions	Medicaid SMI population overall	ED visits	Medicaid SMI population overall
None	95%	86%	79%	50%
1 or more	5%	14%	21%	50%
2 or more	2%	6%	10%	30%
3 or more	0%	3%	5%	19%
4 or more	0%	1.5%	3%	13%
5 or more	0%	1%	3%	9%

Cost Findings

For these program participants, the highest median spending is among those with a chronic condition or SMI. No participants were HIV+ and none had been homeless prior to enrollment, according to the data available.

Table 81. *Profile of spending in the year prior to MRT-SH enrollment, by diagnostic subgroup: OPWDD participants*

	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
OPWDD Expansion of Existing Rental/Services (Overall)	58	$99,370	$152,519	$121,560	$102,783	$79,481	$43,578
Severe Mental Illness	33	$108,249	$151,158	$124,705	$111,598	$93,260	$56,645
Substance Use Disorder	5	$106,375	--	--	$104,896	--	--
Chronic Condition	21	$106,970	$148,584	$123,152	$111,675	$90,493	$53,080

All program participants had a referral source of “other.”

Document Analysis Findings

Participant Eligibility

Documented Agency-Level Eligibility Criteria. According to agency-level documentation, the OPWDD Expansion program has the following eligibility criteria. Wording in the agency-level documentation did not specify how many of these criteria must be met.

- Individuals with a developmental disability
- Does not require 24-hour support

- Desire to live independently with supports
- Living in a Voluntary Operated Individualized Residential Alternative (VOIRA), 24/7 supervised residential setting, or a VOIRA with less than 24/7 supervision
- Has unfunded Consolidated Supports and Services plan and has requested a lower level of care
- Has requested an apartment with Individual Supports and Services (ISS) funding and community habilitation as a less restrictive option

OPWDD Expansion Provider-Level Eligibility Criteria: Provider-Level Documentation and Implementation Survey Responses. Nine out of 10 providers offered documentation describing the specific eligibility criteria they are using. As displayed in the table below, the documentation suggests that all responding providers are requiring that participants have a developmental disability. The majority of respondents require that individuals do not require 24-hour support and one-third note a desire for independent living as explicit criteria.

Table 82. *Documented Provider Criteria, Compared with Documented Agency-level Criteria: OPWDD Expansion*

	Documented Agency-Level Criteria[72]						
Program: OPWDD Expansion	Individual with a Developmental Disability	Does not require 24-hour support	Desire to live independently with support as needed	Living in a VOIRA*, 24/7 supervised residential setting, and has requested placement in a less restrictive residential setting	Living in a VOIRA*, less than 24/7 supervised residential setting, and has requested placement in a less restrictive residential setting	Has unfunded CSS** plans, and has requested placement in a less restrictive residential setting	Has requested an apartment with ISS*** funding and community habilitation as less restrictive option
Community Services for the Developmentally Disabled, Inc.	X	X					
Fulton County NYSARC, Inc.	X	X					
Harc, Herkimer Area Resource Center	X	X					
Lifetime Assistance, Inc.	X	X					
OHEL Children's Home and Family Services	X	X					
Steuben County NYSARC, Inc.	X		X				
The Resource Center	X	X					
Person Centered Care Services, Inc.	X		X				
People, Inc.	X		X				
Percent of Providers (n=9)	100%	67%	33%	0%	0%	0%	0%

**VOIRA: Voluntary Operated Individualized Residential Alternative*
***CSS: Consolidated Supports and Services*
****ISS: Individual Supports and Services*

72 The content populating the Agency-Level Criteria columns was obtained from the agency-level documentation reviewed.

The table below summarizes the specific criteria used at the provider level, as per Implementation Survey responses to an open-ended item, completed by all 10 providers. The providers most frequently described a broad item of "meeting eligibility from the state agency." There was little consistency across the other criteria.

Table 83. *OPWDD Expansion Implementation Survey Responses: Eligibility Criteria, by Provider*

	Documented Provider-Level Criteria (Survey Responses)[73]							
	Specific diagnosis	Medicaid eligible or enrolled	Homeless/ at risk for homelessness	Meet eligibility for state agency/provider	Willingness/desire to accept housing or program admission	Ability to function adequately independently/in the community	Income requirements	Other
Columbia co. Nysarc, inc.								Pre-identified and approved funding.
Community Serv. For the Develop. Dis.inc			X	X				Living in a non-certified home in the community, app for ISS Assistive supports through the regional office
Fulton Co. Nysarc, Inc.	X	X		X				Waiver enrolled through OPWDD
Harc, Herkimer Area Resource Center				X				
Heritage Christian Services, inc.				X			X	
Lifetime Assistance, inc.				X		X		
Ohel Children's Home & Family Svcs				X				
Steuben Co. Nysarc, Inc.				X				MSC applies for rental assistance through self-directed plans or ISS requests.
The Resource Center				X	X			-Eligible per the rental subsidy's criteria -Have a support system
Percent of Providers (n=9)	11%	11%	11%	89%	11%	11%	11%	

MDW data are not presented for OPWDD Expansion, as the data on Developmental Disability diagnoses did not appear to be reliable (MDW data described codes associated with treatment, but not necessarily the full presentation of disability diagnoses).

OPWDD Expansion Eligibility Summary. To summarize, each agency-level eligibility criterion is presented along with a description of the extent to which the data sources presented above support or do not support the criteria.

- ***Individuals with a developmental disability:*** The document analysis strongly supports this criterion. Though it was not explicitly described in survey responses, nearly all providers in the survey reported that participants must meet "OPWDD" requirements, which likely includes a developmental disability.
- ***Does not require 24-hour support:*** The majority of providers included in the document review described this criterion.

73 The content populating the Provider-Level Criteria columns was obtained from the Implementation Survey responses. Each provider noted completed the Implementation Survey.

- ***Desire to live independently with supports:*** One-third of providers included in the document review endorsed this criterion.
- L***iving in a VOIRA, 24/7 supervised residential setting, or a VOIRA with less than 24/7 supervision:*** Implementation of this criterion was not evident in the analysis.
- ***Has unfunded Consolidated Supports and Services plan and has requested a lower level of care:*** Implementation of this criterion was not explicitly described.
- ***Has requested an apartment with Individual Supports and Services (ISS) funding and community habilitation as a less restrictive option:*** Implementation of this criterion was not evident in the analysis.

OPWDD Expansion Program: Summary of Findings

- In addition to a developmental or intellectual disability, 57% of OPWDD Expansion participants had a SMI diagnosis and 9% a SUD diagnosis. None had HIV, but 36% percent had at least one other chronic medical condition.
- OPWDD Expansion clients averaged 0.1 inpatient admissions and 0.5 ED visits in the year before their MRT-SH enrollment. This was substantially lower than the 0.3 admissions and 1.6 ED visits that were the average for people with severe mental illness (the most common comorbidity among these clients besides their developmental or intellectual disability).
- For these program participants, the highest median spending is among those with a chronic condition or SMI. No participants were HIV+ and none had been homeless prior to enrollment, according to the data available.
- All participants had a referral source listed as “other”, which warrants further investigation.
- The OPWDD Expansion program cites the following eligibility criteria, at the agency level: Individuals with a developmental disability; Does not require 24 hour support; Desire to live independently with supports; Living in a VOIRA, 24/7 supervised residential setting, or a VOIRA with less than 24/7 supervision; Has unfunded Consolidated Supports and Services plan and has requested a lower level of care; Has requested an apartment with Individual Supports and Services (ISS) funding and community habilitation as a less restrictive option.
- Based on provider-level documentation and survey responses, there was strong evidence that the developmental disability and ‘not requiring 24-hour support’ criteria are being widely implemented. One-third of providers described implementing the ‘desire to live independently with supports’ criterion. Evidence was not provided to support implementation of the remaining criteria, though this may reflect a limitation of the data sources rather than actual practice.

OTDA EVICTION PREVENTION FOR VULNERABLE ADULTS

Utilization Findings

There were 237 people enrolled in OTDA Eviction Prevention for Vulnerable Adults (EPVA) who had at least 12 months in Medicaid previous to December 31, 2015. Forty-one percent had a SMI diagnosis, 20% a SUD diagnosis, and 12% had HIV. Fifty-one percent had at least one other chronic medical condition.

One percent had spent time in a nursing home in the year previous to enrollment, and 21% had received Health Home services for at least part of the year. EPVA clients averaged 0.6 inpatient admissions and 1.7 ED visits in the year before their MRT-SH enrollment, which was not much different from the 0.2 admissions and 1.0 ED visit in the Medicaid population with chronic conditions overall. Fifteen percent met at least one of the criteria borrowed from the HARP program for identifying high-use recipients.

Table 83. *Diagnostic and Utilization Characteristics: OPWDD Expansion Program Participants*

Diagnostic Characteristics	
Severe Mental Illness (SMI)	41%
Substance Use Disorder (SUD)	20%
HIV positive	12%
Other chronic medical condition	51%
Utilization Characteristics	
Any nursing home claims	1%
Any health home claims (incl. outreach)	21%
Average inpatient admissions	0.6
Average ED visits	1.7
Population with SMI and/or SUD in EPVA (n=118)	
Selected HARP criteria	15%
3+ months of case management	13%
30+ days psychiatric inpatient (3 year)	1%
2+ detox services	0%
1+ inpatient primary SUD admission	1%
3+ inpatient psychiatric admissions	0%
2+ inpatient admissions for primary or secondary SUD Dx	2%
2+ ED visits for primary or secondary SUD Dx	1%
Average inpatient admissions (any reason)	0.9
Average ED visits (any reason)	2.3

Note: None of the categories in this table are mutually exclusive. In particular, clients usually fall into more than one diagnostic category, so percentages will sum to well over 100%.

In the overall Medicaid population with chronic conditions, only the top 11% of utilizers had one or more inpatient admissions in a year's time, whereas 26% of EPVA participants had one or more inpatient admissions. In the overall Medicaid chronic conditions population, only the top 10% of utilizers had three or more ED visits, compared to 17% of the EPVA participants.

Table 85. *Percent of EPVA participants meeting various levels of inpatient and emergency care*

	Inpatient Admissions		ER Visits	
	Inpatient admissions	Medicaid chronic conditions population overall	ED visits	Medicaid chronic conditions population overall
None	74%	89%	48%	63%
1 or more	26%	11%	52%	37%
2 or more	10%	4%	33%	18%
3 or more	5%	2%	17%	10%
4 or more	2%	0.6%	13%	6%
5 or more	1%	0.3%	8%	4%

Cost Findings

For these program participants, the highest median spending is among those with a HIV positive designation, chronic condition or SUD, which is also reflected among the highest categories of spending at the 75th percentile.

Table 86. *Profile of spending in the year prior to MRT-SH enrollment, by diagnostic subgroup: EPVA participants*

	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
Eviction Prevention for Vulnerable Adults (Overall)	237	$18,321	$46,092	$18,671	$6,371	$1,615	$339
Severe Mental Illness	98	$21,446	$38,529	$19,991	$10,041	$4,506	$1,704
Substance Use Disorder	48	$25,734	$98,356	$23,982	$12,500	$5,811	$1,547
HIV positive	28	$15,493	$30,064	$22,211	$13,747	$6,249	$4,456
Chronic Condition	121	$28,448	$72,871	$29,652	$13,197	$3,182	$830
Homeless	116	$14,320	$24,631	$13,452	$5,413	$1,477	$245

For these program participants, the highest median spending is among those with a referral source of self/family/other. Additional referral sources included state residential centers (4 participants), health home care coordination (3 participants), and skilled nursing facilities (1 participant).

Table 87. *Profile of spending in the year prior to MRT-SH enrollment, by principal referral source: EPVA participants*

Eviction Prevention for Vulnerable Adults	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
Self/Family/Other	18	$73,114	$194,456	$107,760	$29,652	$7,010	$513
State Psychiatric Centers	8	$11,735	--	--	$2,237	--	--
Unknown	183	$13,780	$29,936	$15,279	$6,002	$1,612	$318
Other	20	$16,225	$53,555	$25,303	$10,020	$1,511	$47

Document Analysis Findings

Participant Eligibility

Documented Agency-Level Criteria. According to agency-level documentation, the EPVA program has the following required eligibility criteria:

- Eligible for Homebase services
- A Medicaid recipient/s
- A recipient of SSI or Social Security retirement or disability benefits
- Part of a household with no other employable adults
- Homeless/at imminent risk of homelessness.

Note: Provider-level documentation was not obtained for EPVA, so the Agency-Level Criteria chart was omitted.

EPVA Provider-Level Eligibility Criteria: Provider-Level Documentation and Implementation Survey Responses. The one program provider completed the Implementation Survey item (note that there is only one provider in this program). Based on this response, the provider (DHS) is fully adhering to the following agency-level criteria: Medicaid eligibility and homeless/at risk of homelessness. They are also targeting families, single adults, and individuals receiving benefits who do not have another employable member in the household.

Table 88. *EPVA Implementation Survey Responses: Eligibility Criteria, by Provider*

	Documented Provider-Level Criteria (Survey Responses)[74]				
Provider	Medicaid eligible or enrolled	Receive SSI/SS retirement or disability benefits	No other employable member in household	Homeless/ at risk for homelessness	Other
Department of Homeless Services (DHS)	X	X	X	X	-Families & single adults

74 The content populating the Provider-Level Criteria columns was obtained from the Implementation Survey responses. Each provider noted completed the Implementation Survey.

To summarize, each agency-level eligibility criterion is presented along with a description of the extent to which the data sources presented above support or do not support the criteria.

- ***Eligible for Homebase services:*** The provider did not mention this criterion in the survey response.
- ***SSI/SSD recipient:*** The provider is using this eligibility criterion.
- ***Medicaid enrolled:*** The provider is using this eligibility criterion.
- ***No other employable adults in the home:*** The provider is using this eligibility criterion.
- ***Homeless/at risk of homelessness:*** It is unclear if the provider is adhering to this criterion, as it is not explicitly stated. However, adherence to the previous criterion (no other employable adults in the home) suggests that risk of homelessness is likely in the population served.

OTDA Eviction Prevention for Vulnerable Adults: Summary of Findings

- Forty-one percent of EPVA participants had a SMI diagnosis, 20% a SUD diagnosis, and 12% had HIV. Fifty-one percent had at least one other chronic medical condition.
- EPVA clients averaged 0.6 inpatient admissions and 1.7 ED visits in the year before their MRT-SH enrollment, which was not much different from the 0.2 admissions and 1.0 ED visit in the Medicaid population with chronic conditions overall.
- In the overall Medicaid population with chronic conditions, only the top 11% of utilizers had one or more inpatient admissions in a year's time, whereas 26% of EPVA participants had one or more inpatient admissions.
- In the overall Medicaid chronic conditions population, only the top 10% of utilizers had three or more ED visits, compared to 17% of the EPVA participants.
- The highest median spending is among those with a HIV positive designation, chronic condition or SUD, which is also reflected among the highest categories of spending, focusing on the 75th percentile.
- For these program participants, the highest median spending is among those with a referral source of self/family/other.
- At the agency level, EPVA participants must meet the following eligibility criteria: Eligibility for Homebase services; SSI/SSD recipient; Medicaid recipient; No other employable adults in the home; Homeless/at imminent risk of homelessness.
- Based on survey findings and MDW data, the reporting provider described implementing several criteria, including SSI/SSD recipients, Medicaid enrollment, and having no other employable adults in the home. It is unclear if providers are adhering to the homelessness risk criterion, though the criterion of having no other employable adults in the home is suggestive of potential housing instability or homelessness risk.

OTDA HOMELESS HOUSING ASSISTANCE PROGRAM

Utilization Findings

There were 59 people enrolled in OTDA Homeless Housing Assistance Program (HHAP) capital projects who had at least 12 months in Medicaid previous to December 31, 2015. Sixty-four percent had a SMI diagnosis, 53% a SUD diagnosis, and 2% had HIV. Fifty-one percent had at least one other chronic medical condition.

None had spent time in a nursing home in the year previous to enrollment, and 37% had received Health Home services for at least part of the year. HHAP clients averaged 0.6 inpatient admissions and 3.3 ED visits in the year before their MRT-SH enrollment. This compares to 0.3 admissions and 1.6 ED visits for the overall Medicaid population with severe mental illness (the most common comorbidity among these clients). Fifty-four percent met at least one of the criteria borrowed from the HARP program for identifying high-use recipients.

Table 90. *Diagnostic and Utilization Characteristics: HHAP Program Participants*

Diagnostic Characteristics	
Severe Mental Illness (SMI)	64%
Substance Use Disorder (SUD)	53%
HIV positive	2%
Other chronic medical condition	51%
Utilization Characteristics	
Any nursing home claims	0%
Any health home claims (incl. outreach)	37%
Average inpatient admissions	0.6
Average ED visits	3.3
Population with SMI and/or SUD in HHAP (n=41)	
Selected HARP criteria	54%
3+ months of case management	12%
30+ days psychiatric inpatient (3 year)	2%
2+ detox services	0%
1+ inpatient primary SUD admission	20%
3+ inpatient psychiatric admissions	2%
2+ inpatient admissions for primary or secondary SUD Dx	22%
2+ ED visits for primary or secondary SUD Dx	24%
Average inpatient admissions (any reason)	0.9
Average ED visits (any reason)	4.4

Note: None of the categories in this table are mutually exclusive. In particular, clients usually fall into more than one diagnostic category, so percentages will sum to well over 100%.

In the overall Medicaid population with severe mental illness, only the top 14% of utilizers had one or more inpatient admissions in a year's time, whereas 30% of HHAP participants had one or more inpatient admissions. In the overall Medicaid SMI population, only the top 13% of utilizers had four or more ED visits, compared to 22% of the HHAP participants.

Table 91. *Percent of HHAP participants meeting various levels of inpatient and emergency care*

	Inpatient Admissions		ER Visits	
	Inpatient admissions	Medicaid SMI population overall	ED visits	Medicaid SMI population overall
None	70%	86%	36%	50%
1 or more	30%	14%	64%	50%
2 or more	15%	6%	49%	30%
3 or more	4%	3%	36%	19%
4 or more	5%	1.5%	22%	13%
5 or more	3%	1%	20%	9%

Cost Findings

For these program participants, the highest median spending is among those with a SMI, SUD, or chronic conditions. Among the highest categories of spending, focusing on the 75th percentile, those with a SMI, chronic condition, or SUD have higher than overall spending for the program. [75]

Table 92. *Profile of spending in the year prior to MRT-SH enrollment, by diagnostic subgroup: HHAP participants*[75]

	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
HHAP Capital Programs (Overall)	59	$18,671	$37,902	$21,197	$13,005	$8,417	$698
Severe Mental Illness	38	$20,738	$36,402	$26,633	$16,374	$11,798	$8,396
Substance Use Disorder	31	$19,769	$42,392	$20,691	$15,637	$10,744	$8,835
Chronic Condition	30	$21,461	$45,488	$23,793	$15,235	$9,971	$4940
Homeless	12	$15,774	$52,160	$16,877	$12,744	$8,872	$184

For the program participants, the highest median spending is among those with referral sources from "other" sources, but at the 75th percentile the highest spending was from unknown sources. Additional referral sources included self/family/other (2 participants), Article 28/31 hospitals (1 participant) and homeless shelters (4 participants).

Table 93. *Profile of spending in the year prior to MRT-SH enrollment, by principal referral source: HHAP participants*

HHAP Capital Programs	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
Unknown	37	$19,168	$53,094	$20,944	$11,750	$4,262	$5
Other	15	$15,449	$26,634	$17,557	$15,637	$10,744	$6,956

75 The HIV positive category was omitted, as only one participant was represented.

Document Analysis Findings

Participant Eligibility

HHAP Documented Eligibility Criteria. According to provider-level documentation, the HHAP providers note the following required eligibility criteria. Note: Agency-level documentation was not provided. All documentation was specific to individual HHAP providers.

The following eligibility criteria were common to all but one provider, (Happiness House Apartment Development Fund), per the provided documentation:

- Chronically homeless (meeting HUD eligibility and HHAP definition of homelessness); and
- Single adult

The following eligibility criteria were provider-specific, per the provided documentation:

- **Happiness House Apartment Development Fund:** Individuals with a developmental disability, physical disability, or TBI who would otherwise be homeless or placed in a nursing home or certified residential setting
- **Opportunities for Broome:** Individuals recovering from drug and/or alcohol abuse, have a mental illness, or other disability
- **Matt Urban Center/Hope Gardens:** Women with diverse special needs including mental illness, drug and/or alcohol abuse, victims of domestic violence and histories of physical and sexual assault.

The table below summarizes the specific criteria used at the provider level, as per Implementation Survey responses to an open-ended item, completed by two providers. Both providers require a specific diagnosis and homeless status/risk.

MDW on disability classification is not reliable for the purpose of validating individuals with a particular diagnosis.

Table 95. *HHAP Implementation Survey Responses: Eligibility Criteria, by Provider*

	Documented Provider-Level Criteria (Survey Responses)[76]				
Provider	Specific diagnosis	Homeless/ at risk for homelessness	Meet eligibility for state agency/provider	Income requirements	Other
Catholic Family Center Providence Housing	X	X	X		
Opportunities for Broome	X	X		X	Must complete a housing app, provide ID, and have letter from referring agency on housing status (i.e. homeless and/ or in transitional housing), if applicable.
Percent of Providers (n=2)	100%	100%	50%	50%	

76 The content populating the Provider-Level Criteria columns was obtained from the Implementation Survey responses. Each provider noted completed the Implementation Survey.

HHAP Program Eligibility Summary. To summarize, common eligibility criteria are presented, along with a description of the extent to which the data sources support or do not support the criteria.

- ***Chronically homeless (meeting HUD eligibility and HHAP definition of homelessness):*** Based on documentation and survey responses from providers, homeless individuals are being consistently targeted. However, it is less clear if individuals meet the specific HUD/HHAP homelessness definitions.
- ***Single adult:*** Documentation from all but one provider supports the use of this criterion.
- ***Other:*** Provider-level documentation notes that other criteria are used to determine eligibility. These criteria include having a particular disability, individuals who would otherwise be placed in a nursing home or residential setting, and for one provider, women with histories of domestic violence and histories of physical and sexual assault.

OTDA Homeless Housing Assistance Program: Summary of Findings

- Sixty-four percent of HHAP participants had a SMI diagnosis, 53% a SUD diagnosis, and 2% had HIV. Fifty-one percent had at least one other chronic medical condition.
- HHAP clients averaged 0.6 inpatient admissions and 3.3 ED visits in the year before their MRT-SH enrollment. This compares to 0.3 admissions and 1.6 ED visits for the overall Medicaid population with severe mental illness (the most common comorbidity among these clients).
- In the overall Medicaid population with severe mental illness, only the top 14% of utilizers had one or more inpatient admissions in a year's time, whereas 30% of HHAP participants had one or more inpatient admissions.
- In the overall Medicaid SMI population, only the top 13% of utilizers had four or more ED visits, compared to 22% of the HHAP participants.
- For these program participants, the highest median spending is among those with a SMI, SUD, or chronic conditions. Among the highest categories of spending, focusing on the 75th percentile, those with a SMI, chronic condition, or SUD have higher than overall spending for the program.
- For the program participants, the highest median spending is among those with referral sources from "other" sources, but at the 75th percentile the highest spending was from unknown sources.
- All but one HHAP provider documented the following eligibility criteria: Chronically homeless (meeting HUD eligibility and HHAP definition of homelessness) and being a single adult. The providers listed additional target groups, such as individuals with a developmental disability, physical disability, or TBI who would otherwise be homeless or placed in a nursing home or certified residential setting; individuals recovering from drug and/or alcohol abuse; those who have a mental illness or other disability; women with diverse special needs including mental illness, drug and/or alcohol abuse; and victims of domestic violence and histories of physical and sexual assault.
- Provider-level documentation and survey responses suggest that homeless individuals are being consistently targeted and that the specific disabilities are required, with less clarity about whether participants are meeting specific HUD/HHAP homelessness definitions.

OTDA HOMELESS SENIOR AND DISABLED PLACEMENT PILOT AT DEPARTMENT OF HOMELESS SERVICES/NYC DEPARTMENT OF HOMELESSNESS

Utilization Findings

There were 109 people enrolled in OTDA Homeless Senior and Disabled Placement Pilot at New York City Department of Homeless Services (NYCDH) who had at least 12 months in Medicaid previous to December 31, 2015. Thirty-one percent had a SMI diagnosis, 24% a SUD diagnosis, and 52% had HIV. Sixty-nine percent had at least one other chronic medical condition.

One percent had spent at least some time in a nursing home in the year before their MRT-SH enrollment, and 77% had received some home health services. NYCDH clients averaged 0.7 inpatient admissions and 1.4 ED visits in the year before their MRT-SH enrollment, which was higher than the 0.2 admissions and 1.0 ED visit in the Medicaid population with chronic conditions overall. Twenty percent met at least one of the criteria borrowed from the HARP program for identifying high-use recipients.

Table 96. *Diagnostic and Utilization Characteristics: NYCDH Program Participants*

Diagnostic Characteristics	
Severe Mental Illness (SMI)	31%
Substance Use Disorder (SUD)	24%
HIV positive	52%
Other chronic medical condition	69%
Utilization Characteristics	
Any nursing home claims	1%
Any health home claims (incl. outreach)	77%
Average inpatient admissions	0.7
Average ED visits	1.4
Population with SMI and/or SUD in NYCDH (n=46)	
Selected HARP criteria	20%
3+ months of case management	2%
30+ days psychiatric inpatient (3 year)	0%
2+ detox services	0%
1+ inpatient primary SUD admission	5%
3+ inpatient psychiatric admissions	0%
2+ inpatient admissions for primary or secondary SUD Dx	15%
2+ ED visits for primary or secondary SUD Dx	7%
Average inpatient admissions (any reason)	1.0
Average ED visits	2.2

Note: None of the categories in this table are mutually exclusive. In particular, clients usually fall into more than one diagnostic category, so percentages will sum to well over 100%.

In the overall Medicaid population with chronic conditions, only the top 11% of utilizers had one or more inpatient admissions in a year's time, whereas 31% of NYCDH participants had one or more inpatient admissions. In the overall Medicaid chronic conditions population, only the top 10% of utilizers had three or more ED visits, compared to 16% of the NYCDH participants.

Table 97. *Percent of NYCDH participants meeting various levels of inpatient and emergency care*

	Inpatient Admissions		ER Visits	
	Inpatient admissions	Medicaid chronic conditions population overall	ED visits	Medicaid chronic conditions population overall
None	69%	89%	56%	63%
1 or more	31%	11%	44%	37%
2 or more	17%	4%	26%	18%
3 or more	7%	2%	16%	10%
4 or more	3%	0.6%	11%	6%
5 or more	3%	0.3%	9%	4%

Cost Findings

For these program participants, the highest median spending is among those with a SMI or SUD. SUD, SMI, and chronic conditions are among the highest categories of spending at the 75th percentile.

Table 98. *Profile of spending in the year prior to MRT-SH enrollment, by diagnostic subgroup: NYCDH participants*

	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
OTDA NYC Disability Housing Subsidy Pilot Program (Overall)	109	$24,130	$66,004	$36,067	$10,155	$3,884	$755
Severe Mental Illness	34	$35,444	$84,812	$44,141	$33,513	$12,934	$6,816
Substance Use Disorder	26	$41,043	$114,929	$51,136	$28,092	$10,461	$5,844
HIV positive	57	$23,535	$62,329	$37,135	$11,946	$5,410	$2,525
Chronic Condition	75	$30,935	$86,134	$43,232	$18,474	$6,170	$3,437
Homeless	31	$16,901	$46,233	$17,699	$8,315	$4,054	$663

For program participants below, those with "other" as their principal referral source have highest spending. Given the high spending in this category, more investigation is needed to determine which sources are associated with the highest spending amounts.

Table 99. *Profile of spending in the year prior to MRT-SH enrollment, by principal referral source: NYCDH participants*

OTDA NYC Disability Housing Subsidy Pilot Program	Count	Mean	90th Percentile	75th Percentile	Median, 50th Percentile	25th Percentile	10th Percentile
Unknown	70	$20,922	$59,425	$35,252	$9,871	$3,653	$763
Other	39	$29,886	$93,794	$40,758	$15,300	$4,054	$652

Document Analysis Findings

Participant Eligibility

Documented Agency-level Criteria. According to agency-level documentation, the NYCDH program has the following required eligibility criteria.

- SSI/SSD recipient
- Medicaid recipient
- Health Home enrolled
- Residing in emergency housing, and/or nursing home eligible
- No other employable adult in the home

NYCDH Provider-Level Eligibility Criteria: Provider-Level Documentation and Implementation Survey Responses. There is one provider for this program- the Department of Homeless Services. This provider offered documentation describing the specific eligibility criteria they are using. As displayed in the table below, the Department of Homeless Services reports using three eligibility criteria that are consistent with agency-level documentation (SSI/SSD recipients; nursing home eligibility; Health Home eligibility). No survey responses were recorded for the eligibility item.[77][78][79]

Table 100. *Documented Provider Criteria, Compared with Documented Agency-level Criteria: NYCDH*

	Documented Agency-Level Criteria[77]				
NYCDH	SSI/SSD Recipient	Medicaid Recipient	Health Home enrolled[78]	Residing in emergency housing, and/or nursing home eligible	No other employable adult in the home
Department of Homeless Services[79]	X		X	X	

NYCDH MDW Findings (All NYCDH Participants). Data available in the MDW can inform the percent of NYCDH participants who are currently Health Home enrolled (per Medicaid Health Home claims). As seen in the table below, 77% of NYCDH participants had a Health Home claim during the study period.

Table 101. *Eligibility Criteria: MDW Data Findings*

Criteria	% of enrolled meeting criteria
Health Homes claims, including outreach	77%

NYCDH Program Eligibility Summary. To summarize, each agency-level eligibility criterion is presented along with a description of the extent to which the data sources presented above support or do not support the criteria. Since surveys were not provided for this program and only one provider offered documentation for review, the information below should be interpreted with caution.

- ***SSI/SSD recipient:*** Evidence suggests that this criterion is being implemented.
- ***Medicaid recipient:*** This criterion was not explicitly indicated in the documentation or survey response.
- ***Health home enrolled:*** MDW data suggests that more than three quarters of participants had a Health

77 The content populating the Agency-Level Criteria columns was obtained from the agency-level documentation reviewed.

78 Provider-level documentation noted Health Home eligibility rather than enrollment.

79 Residing in emergency housing OR nursing home eligible. Part of a household with no other employable adults.

Home claim during the year prior to program enrollment, suggesting a high percentage of individuals enrolled in Health Homes.

- ***Residing in emergency housing, and/or nursing home eligible:*** Evidence suggests that this criterion is being implemented.
- ***No other employable adult in the home:*** Evidence suggests that this criterion is being implemented.

Homeless Senior and Disabled Placement Pilot at Department of Homeless Services/NYC Department of Homelessness: Summary of Findings

- Thirty-one percent of NYCDH participants had a SMI diagnosis, 24% a SUD diagnosis, and 52% had HIV. Sixty-nine percent had at least one other chronic medical condition.
- NYCDH clients averaged 0.7 inpatient admissions and 1.4 ED visits in the year before their MRT-SH enrollment, which was higher than the 0.2 admissions and 1.0 ED visit in the Medicaid population with chronic conditions overall.
- In the overall Medicaid population with chronic conditions, only the top 11% of utilizers had one or more inpatient admissions in a year's time, whereas 31% of NYCDH participants had one or more inpatient admissions.
- In the overall Medicaid chronic conditions population, only the top 10% of utilizers had three or more ED visits, compared to 16% of the NYCDH participants.
- For NYCDH program participants, the highest median spending is among those with a SMI or SUD. SUD, SMI and chronic conditions are among the highest categories of spending, focusing on the 75th percentile.
- For NYCDH program participants, those with "other" as their principal referral source has highest spending. Given the high spending in this category, more investigation is needed to determine which sources are associated with the highest spending amounts.
- NYCDH cites the following participant eligibility criteria, at the agency level: SSI/SSD recipient; Medicaid recipient; Health Home enrolled; Residing in emergency housing, and/or nursing home eligible; No other employable adult in the home.
- Provider documentation and MDW data provide strong evidence of Health Home enrollment, as well as evidence for all but one of the remaining criteria.

8 CONCLUSIONS AND FUTURE DIRECTIONS

SECTION 8: CONCLUSIONS AND FUTURE DIRECTIONS

Framing the MRT-SH Participants

The analysis indicates that MRT-SH participants are individuals with complex needs, with diagnoses known to drive high Medicaid spending. Fifty-nine percent of participants had an active diagnosis of SMI, 38% had an active diagnosis of SUD, 32% are HIV positive, and 58% had at least one other chronic medical condition besides HIV and behavioral health disorders. MRT-SH participants also experience high rates of co-morbidities. Further, most programs target homeless individuals or individuals experiencing housing instability, which is known to complicate these already complex medical and clinical conditions.

Key Medicaid Service Utilization Findings

The utilization analysis suggests that participants in most of the MRT-SH programs use a significant amount of high-cost Medicaid services (ED visits and inpatient stays), even when compared to diagnostically similar individuals in a sample of the general Medicaid population. This finding is noteworthy, as these diagnostically similar individuals in the general Medicaid population are also high service utilizers, by virtue of their diagnoses (i.e., SMI, SUD, HIV, and chronic conditions are known drivers of high Medicaid spending). That MRT-SH participants in most programs are higher utilizers than a known high utilization group demonstrates the particularly increased utilization and costs for these individuals.

Providing further evidence of high need and high utilization, 12% of the MRT-SH participants had spent time in a nursing home prior to program enrollment, and 55% had received Health Home services, including outreach, for at least part of the previous year. More than 50% of participants in the AIDS Institute programs, OASAS-RS, OMH-RSS, OMH Crisis, and HHAP meet at least one of the HARP behavioral health utilization criteria, which is suggestive of complex behavioral health needs. The analysis also identified a subgroup of participants (5% of the overall MRT-SH group) who had five or more inpatient admissions in the year prior to MRT-SH enrollment, and 16% who had five or more ED visits in the year prior to enrollment, which further indicates that a subset of this high utilization group are especially high utilizers.

The findings illustrate some variability in terms of high cost service utilization across MRT-SH programs. The OASAS-RS program had the highest mean inpatient admissions, at 2.3, and OPWDD Expansion had the lowest, at 0.1. Notably, OPWDD Expansion is distinct in that participants are targeted for supportive housing services based on the ability to live independently in a less restrictive setting, as opposed to the high Medicaid utilization criterion in other programs. In terms of ED visits, the Health Home Supportive Housing Pilot was highest, with a mean of 6.4 visits, followed by OASAS-RS, with a mean of 5.3 visits; OPWDD Expansion and Nursing Home Transition and Diversion (NHTD) transition clients were the lowest, with mean ED visits of 0.5 and 0.7, respectively.

Interesting trends emerged in terms of referrals. Clients referred from social services/DSS, the criminal justice system, and Health Home care had the highest mean ED visits. Similarly, those referred from social services/DSS, behavioral health, and the criminal justice system had the highest mean inpatient stays. It should be noted, however, that few clients were referred from social services or the criminal justice system, so those numbers should be interpreted with caution.

Key Cost Findings

Similar to the utilization findings, the cost findings indicate that most MRT-SH participants are high Medicaid spenders. Based on the skewed distributions of the expenditures, the median spending overall is $31,645 per enrollee, with the highest spending among HIV positive participants and those with chronic conditions, on average. In the highest categories of spending, focusing on the 75th percentile, those with chronic conditions are by far the highest at $81,921 per enrollee. Those with a "homeless" designation generally have the lowest expenditures per enrollee. This pattern is seen for most of the programs.

For all programs, over 50% of the program's participants had higher costs in the year before program enrollment than the 2014 median cost of their comparison general Medicaid subpopulation (this analysis excluded HHAP and OPWDD). This finding indicates that the majority of MRT-SH participants are high cost users, even relative to a high cost comparison group.

For all programs but Eviction Prevention for Vulnerable Adults, over 25% of the program's participants had higher costs than the 75th percentile costs of their comparison subpopulation (22% of EPVA's participants exceeded the 75th percentile costs of their comparison subpopulation; this analysis also excluded HHAP and OPWDD). The analysis further indicated that the majority of participants in the AIDS Institute, NHTD, NHIL, OASAS-RS, OMH Crisis, and OMH-RSB programs had costs in excess of the 75th percentile costs of their respective general Medicaid comparison subpopulations. This result implies that the populations of many of the MRT-SH programs are disproportionately comprised of participants from the most expensive tail of their respective comparison Medicaid diagnostic subpopulation, indicating that most programs are successfully targeting high cost Medicaid participants.

Across the programs, there was a great deal of variability regarding highest median spending by referral source. However, the following categories emerged with some regularity in the analysis: "unknown" or other; skilled nursing home; Health Home care coordination; behavioral health; and prevention/intervention services.

Key Program Eligibility Findings

The Implementation Survey and document analysis findings suggest significant variability in terms of the eligibility criteria used across agencies, programs, and providers. This analysis, which triangulated multiple data sources to better understand the extent to which programs and providers are adhering to agency-level eligibility criteria, found that the eligibility criterion adhered to most consistently across programs is targeting and enrolling individuals with the particular diagnosis of interest (SUD, SMI, HIV, chronic conditions, and/or other disability classifications). A number of programs require participants to be high Medicaid utilizers, though OASAS-RS is the only program that operationalizes this through a required number of ED and inpatient visits. Several programs require homelessness or risk of homelessness as an eligibility criterion, and there is evidence that providers are implementing this as intended. While several programs who require Health Home enrollment at the agency-level did not explicitly indicate using this criterion, MDW data suggests that most programs are in fact enrolling high percentages of individuals with Health Home claims.

Based on the data sources reviewed, it appears that most programs are following at least some of the agency-level eligibility criteria, as described above. Due to data limitations, it was less clear if the providers are adhering to some of the criteria specific to their respective programs (e.g., it was unclear if the AIDS Institute providers are following specific HUD guidelines, or if and how NHIL providers are determining that an individual "has no other housing options without NHIL"). Of note, some programs (e.g., OMH Crisis) list a number of eligibility criteria, but participants only need to meet one criterion.

Future Directions for Research and Practice

The findings of this analysis can provide a first step toward operationalizing what it means to be a "high cost/high need Medicaid user." Since a key goal of MRT-SH is appropriately targeting individuals who may benefit

most from supportive housing, both in terms of improved outcomes and reduced Medicaid costs, it will be important to guide programs by providing a more detailed picture of individuals to prioritize for program targeting. More detailed analyses can inform this prioritization. The high costs in referral categories marked "unknown" or "other" also warrant further exploration, if possible. Additionally, the analysis of eligibility criteria may be strengthened with the addition of upcoming qualitative data from program manager interviews, as well as cross-validation with other data sources.

These findings suggest several ideas for consideration in terms of refining how participants are targeted for MRT-SH programs. It may be beneficial to define some basic program-level eligibility requirements that can apply to all providers of a given program. Beyond the basic requirements, providers can add additional criteria that are responsive to their particular needs and contexts. Additionally, the programs and providers may benefit from more instruction regarding steps to take to confirm participant eligibility, as there is very little consistency among providers, programs, and agencies in how eligibility is confirmed (per Implementation Survey findings): though the majority of providers describe some process for confirming eligibility, practices are not standardized. While most providers report their practices as effective, it is unclear if some practices are more effective than others.

Additionally, it may be instructive to analyze cost savings for subgroups of the MRT-SH population in a more nuanced way, with implications for targeting. For instance, some programs are poised to see cost savings as a result of enrolling participants who are high utilizers of high cost Medicaid services, like ED and inpatient visits. However, other programs may realize cost savings by avoiding costly institutional care placements (e.g., OPWDD). Thus, suggestions regarding participant targeting may be somewhat different for these groups and should be considered separately.

9 REFERENCES

SECTION 9: REFERENCES

Brown, R.T., Thomas, L., Cutler, D.F., & Hinderlie, M. (2013). Meeting the housing and care needs of older homeless adults: A permanent supportive housing program targeting homeless seniors. *Seniors Housing & Care Journal, 21*(1), 126-135.

Culhane, D.P., Metraux, S., & Hadley, T. (2002). Public service reductions associated with placement of homeless persons with severe mental illness in supportive housing. *Housing Policy Debate, 13*, 228-244.

Culhane, D.P. & Metraux, S. (2008). Rearranging the deck chairs or reallocating the lifeboats? Homelessness assistance and its alternatives. *Journal of American Planning Association, 74*(1), 111-121.

Goering, P. (2014). N*ational final report: Cross-site At Home/Chez Soi Project.* Mental Health Commission of Canada.

Henwood, B.F., Hsu, H., Winetrobe, H., Dent, D., Carranza, A., Wenzel, S.L. (2013). Transitioning from homelessness: A "fresh start" event. *Journal of the Society of Social Work and Research, 4*, 47–57.

Henwood, B.F., Matejkowski, J., Stefancic, A., & Lukens, J.M. (2014). Quality of life after Housing First for adults with serious mental illness who have experience chronic homelessness. *Psychiatry Research, 220*, 549-555.

Larimer, M.E., Malone, D.K., Garner, M.D., Atkins, D.C., Burlingham, B., Lonczak, H.S. et al. (2009). Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems. *JAMA, 301*(13), 1349-1357.

Lipton, F.R., Siegel, C., Hannigan, A., Samuels, J., & Baker, S. (2000). Tenure in supportive housing for homeless persons with severe mental illness. *Psychiatric Services, 51*(4), 479-486.

Ly, A. & Latimer, E. (2015). Housing First impact on costs and associate cost offsets: A review of the literature. *Canadian Journal of Psychiatry, 60*(11), 475-487.

Macnaughton, E., Townley, G., Nelson, G., Caplan, R., Macleod, T., & Polvere, L. (2016). How does Housing First catalyze recovery? Qualitative findings from a Canadian multi-site randomized controlled trial. *American Journal of Psychiatric Rehabilitation, 19*(2).

Matejkowski, J., Lee, S., Henwood, B., Lukens, J., Weinstein, L.C. (2013). Perceptions of health intervene in the relationship between psychiatric symptoms and quality of life for individuals in supportive housing. *The Journal of Behavioral Health Services and Research, 40*, 469-475.

Metraux, S., Marcus, S.C., Culhane, D.P. (2003). The New York-New York housing initiative and use of public shelters by persons with severe mental illness. *Psychiatric Services, 54*, 67-61.

Padgett, D. (2007). There's no place like (a) home: Ontological security among persons with serious mental illness in the United States. *Social Science and Medicine, 64*, 1925-1936.

Pearson, C.L., Lock, G., Montgomery, A.E., Buron, L. (2007). *The applicability of Housing First models to homeless persons with serious mental illness: Final Report*. Washington, D.C.: US Department of Housing and Urban Development, Office of Policy Development and Research.

Polvere, L., McNaughton, E., & Piat, M. (2013). Participant perspectives on Housing First and recovery: Early findings from the At Home/Chez Soi project. *Psychiatric Rehabilitation Journal, 36*(2), 110-112.

Raven, M.C., Billings, J.C., Goldfrank, L.R., Manheimer, E.D., & Gourevitch, M.N. (2008). Medicaid patients at higher risk for frequent hospital admission: Real-time identification and remediable risks. *Journal of Urban Health: Bulletin of the New York Academy of Medicine, 86*(2), 230-241.

Sadowski, L.S., Kee, R.A., VanderWeele, T.J., & Buchanan, D. (2009). Effect of a housing and case management program on emergency department visits and hospitalizations among chronically ill homeless adults: A randomized trial. *JAMA, 301*(17), 1171-1178.

Siegel, C.E., Samuels, J., Tang, D.I., Berg, I., Jones, K., & Hopper, K. (2006). Tenant outcomes in supported housing and community residences in New York City. *Psychiatric Services, 57*, 982-991.

Sommers, A. & Cohen, M. (2006). Medicaid's high cost enrollees: H*ow much do they drive program spending? Kaiser Commission on Medicaid and the Uninsured.*

Tsemberis, S., Gulcur, L., & Nakae, M. Housing First: Consumer choice and harm reduction for homeless individuals with dual diagnosis. *American Journal of Public Health, 94*(4), 651-656.

US Department of Health and Human Services, Center for Medicare and Medicaid Services, 2013.

Wilkins, C. (2015). Connecting permanent supportive housing to health care delivery and payment systems: Opportunities and challenges. *American Journal of Psychiatric Rehabilitation, 18*, 65-86.

10 APPENDICIES

APPENDIX A.

List of Documents Reviewed, by Agency and Program

AIDS Institute

- HH/MRT HIV+ Rental Assistance Pilot demonstration
  - Attachment C, work plan summary
- Rental Subsidies (NYC)
  - Attachment C, Component D work plan
  - Attachment 4, component D work plan
  - ACR Health - Attachment C work plan summary
- Rental Subsidies (outside NYC)
  - Attachment C, component B work plan
  - Attachment 2, component B work plan

DLTC

- NHIL
  - DLTC - NHIL Program Manual
  - Federation of Organizations – quarterly report
  - Salvation Army – quarterly report

- NHTD
  - DLTC - DOH-DLTC Supportive Housing Programs

- SSHS
  - Catholic Charities - quarterly report
  - Family Service Society of Yonkers – quarterly report
  - Goddard Riverside Community Center – quarterly report
  - RUPCO – quarterly report
  - United Helpers – quarterly report
  - Westchester Independent Living Center – quarterly report

Health Homes

- Health Homes Supportive Housing Pilot
  - Bronx Works – contract
  - Project Hospitality – contract
  - Southern Tier AIDS Program – contract
  - St. Catherine's - contract
  - The Fortune Society – contract

- *Health Homes RFA – CHSR procured

OASAS

- Rental Subsidies
  - Bridging Access to Care – program manual
  - Catholic Charities Cortland – program manual
  - Central NY Services – program manual
  - Champlain Valley Family Center – program manual
  - East House – program manual
  - Guidance Center – program manual

- Liberty Resources – program manual
- Mercy – SAIL – program manual
- New Choices – program manual
- Palladia – program manual
- Spectrum Human Services – program manual
- Syracuse Brick House – program manual
- OASAS - OASAS RFP
- OASAS - OASAS MRT PSH Operating Manual

OMH

- Rental Subsidies – Brooklyn
  - Catholic Charities Neighborhood services– Appendix A
  - Comunilife Inc. – Appendix A
  - Institute for Community Living – Appendix A
  - Jewish Board of Family and Children's Services – Appendix A
  - Ohel Children's Home and Family Services – Appendix A
  - Postgraduate Center for Mental Health – Appendix A
  - St. Joseph's Medical Center – cover letter; letter of support
  - SUS Mental Health Programs, Inc. – Appendix A
  - Unique People Services, Inc. – Appendix A

- Rental Subsidies – Statewide
  - PSCH – RFP narrative
  - Family Residences and Essential Enterprises, Inc – Appendix A
  - South Shore Association for Independent Living – Appendix A
  - Options for Community Living – RFP narrative
  - Urban Pathways – Appendix A
  - Staten Island Behavioral Health Network – Appendix A

- Step down/crisis residence capital conversion pilot
  - Lakeview MHS – Appendix A
  - ACMH – Appendix A
  - Central Nassau Guidance and Counseling Services – Appendix A
  - Concern for Independent Living – proposal
  - Occupations Inc. – proposal
  - Liberty Resources – Appendix A
  - OHEL Children's Home and Family Services – Appendix A
  - St. Joseph's Medical Center – Rights and Grievance Procedure; Resident Agreement; Comprehensive Assessment; Deed; Functional Assessment; Individual Support Plan; Initial Contact form; Special Care Assessment; Lease agreement

OPWDD

- Rental Subsidies and Support
  - Chautauqua County NYSARC Chapter – Award Letter; final report
  - Columbia co. Nysarc, inc.
  - Community Serv. For the Develop. Dis.inc – Award Letter; final report
  - Fulton co. Nysarc, inc. – Award Letter;
  - Harc, Herkimer Area Resource Center – Award Letter;
  - Heritage Christian Services, inc. – Award Letter;
  - Herkimer ARC – Award letter; final report
  - Lifetime Assistance, inc. – Award Letter; final report
  - Ohel Children's Home & Family Svcs – Award Letter; final report
  - Steuben co. Nysarc, inc. – final report

- The Resource Center – final report
- Person Centered Care Services, Inc. – final report
- People Inc. – final report

OTDA

- Homeless Housing and Assistance Program
  - Catholic Family Center/Providence Housing – final award letter
  - Happiness House Apartment Development Fund Com – final award letter
  - Matt Urban Center/Hope Gardens – final award letter
  - Opportunities for Broome – final award letter

- Eviction Protection for Vulnerable Adults
  - DHS – EPVA and MRT Operation Guide; Revised MRT Flyer; EVPA MOU OTDA and DHS; EPVA MRT contract (2013-2015; 2016)

- Homeless Senior and Disabled Placement Pilot
  - DHS - MRT SSI Subsidy Program Guidelines; MRT-SSI MOU

APPENDIX B.

Assessments used by Program:

AIDS Institute

- AIDS Institute Rental Subsidies
  - AIRS (1 provider)
  - Housing Risk Assessment (1 provider)
- Health Home HIV + Rental Assistance Program
  - (none listed)

Capital Projects

- HCR Capital Projects
  - Siemens billing data warehouse (1 provider)

DLTC

- Nursing Home to Independent Living
  - Uniform Assessment System (UAS) (1 providers)
- Senior Supportive Housing Services
  - Uniform Assessment System (UAS) (2 providers)
  - Foothold Awards (1 provider)

Health Homes

- Health Homes Supportive Housing Pilot
  - FactGP (1 provider)
  - CBC electronic system (1 provider)
  - VI-SPDAT (1 provider)

OASAS

- OASAS Rental Subsidies
  - PSYCKES (3 providers)
  - Health Link (2 providers)
  - PACT System w/ HRA (1 provider)
  - Hospitalizations / Hospitals (1 provider)
  - ARES (1 provider)
  - NYSCRI (1 provider)

OMH

- OMH Rental Subsidies- Brooklyn
  - HRA (2 Providers)
  - Intake Interview (1 provider)
  - HRA 2010E (1 provider)
  - SPOA (1 provider)
- OMH Rental Subsidies- Statewide
  - SPOA Referral/Assessment (7 providers)
  - Provider developed assessment (3 providers)
  - HHUNY Referral (1 provider)
  - HRA 2010 (1 provider)
  - PSYCKES (1 provider)

  - CAIRS (1 provider)
- OMH Step-down/crisis
  - Referral info (1 provider)
  - PHQ9 (1 provider)
  - Provider developed assessment (1 provider)

OPWDD

- OPWDD Rental Subsidies and Supports
  - OPWDD Front Door/assessment (2 providers)
  - DDP2 (1 provider)
  - WMS (1 provider)

APPENDIX C.

Strategies to Confirm High Cost Medicaid Use by Program and Provider

	AI RS	AI HH HIV + RA	CAP (HCR)	DLTC NHIL	DLTC NHTD	DLTC SSHS	HH SHP	OASAS RS	OMH RSB	OMH RSS	OMH SD/ CRCCP	OPWDD RSS	OTDA EPVA	OTDA HHAP	OTDA HSDPP	Total
N	5	1	2	2	0	6	10	18	6	19	5	2	1	1	1	79
check data on Medicaid use (e.g. MDW, PSYCKES, MCO spending reports, RHIO, records)	40%	0%	50%	0%		0%	30%	56%	17%	30%	0%	0%	0%	0%	0%	28%
Confirm high use with HH	40%	0%	0%	0%		0%	30%	11%	50%	25%	20%	0%	0%	0%	0%	20%
Referral source/SPOA determines high use	0%	0%	50%	0%		17%	0%	6%	17%	50%	40%	0%	0%	0%	0%	20%
HH enrollment/ eligibility**	20%	0%	0%	0%		0%	20%	6%	50%	15%	60%	0%	0%	0%	100%	17%
Check with hospitals/ health care providers	60%	0%	50%	0%		17%	10%	33%	17%	0%	0%	0%	0%	0%	0%	16%
ER / service use "checked" but no specific data source noted	0%	0%	0%	50%		33%	10%	6%	0%	5%	40%	0%	0%	0%	0%	10%
Infer high use b/c coming from high level of care	0%	0%	0%	100%		17%	10%	11%	17%	5%	0%	67%	0%	0%	0%	12%
Assessments	40%	0%	0%	50%		0%	10%	0%	0%	10%	0%	0%	100%	0%	0%	9%
Infer high use based on Diagnoses / homelessness/ high medical needs	0%	100%	0%	0%		0%	0%	6%	0%	0%	0%	0%	100%	50%	0%	5%
Participant self-report	0%	0%	0%	0%		33%	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%

*** Selection of this option does not always imply that all participants are HH eligible/enrolled, but that the provider listed this as 1 strategy (i.e. may not apply to all participants of a provider)*

Provider	ER / service use checked but no data source noted	referral source/SPOA determines high use	HH enrollment/eligibility**	confirm high use with HH	infer high use based on Diagnoses /homelessness/ high medical needs	check with hospitals/ health care providers	check data on Medicaid use (e.g. MDW, PSYCKES, MCO spending reports, RHIO, medical records)	assessments	infer high use b/c coming from high level of care	participant self-report	Other
AIDS Institute											
Rental Subsidies											
ACR Health				X			X	X			
Alliance for Positive Health											
Catholic Charities Community S				X		X					
Evergreen Health Services			X				X				
Hudson Valley Community Service						X					
Options for Community Living I						X		X			*confirm with care coordinators
Health Home HIV + Rental Assistance Program											
Harlem United Community AIDS C					X						
Cap project (HCR)											
Coler-Goldwater (E. 99th)						X	X				
Creston Avenue/Volunteers of A		X									*Review of the HRA 2010E and
*Referrals from DHS											
DLTC											
Nursing Home to Independent Living											
Federation of Organizations of	X							X	X		
Salvation Army									X		
Senior Supportive Housing Services											
Catholic Charities Diocese of										X	
Family Service Society of Yonkers		X							X		
Goddard Riverside Community Ce	X										
Ithaca Housing Authority											
Project Renewal Inc.											
Promesa, Inc.										X	
RUPCO											
United Helpers Management Comp	X										
Westchester Independent Living						X					
Health Homes											
Supportive Housing Pilot											
liberty resources			X								
BronxWorks							X				
Housing Works, Inc.				X				X			
Living Opportunities of DePaul				X							
Project Hospitality, Inc.			X						X		

Provider	ER / service use checked but no data source noted	referral source/SPOA determines high use	HH enrollment/eligibility**	confirm high use with HH	infer high use based on Diagnoses /homelessness/ high medical needs	check with hospitals/ health care providers	check data on Medicaid use (e.g. MDW, PSYCKES, MCO spending reports, RHIO, medical records)	assessments	infer high use b/c coming from high level of care	participant self-report	Other
SI Behavioral Network, Inc.				X							
Southern Tier AIDS Program	X										
St. Catherine's Center for Ch						X					
The Bridge, Inc.							X				
The Fortune Society							X				
OASAS											
Rental Subsidies											
Bridging Access to Care							X				
Catholic Charities Cortland						X					
Central NY Services						X	X				
Champlain Valley Family Center				X							*Confirm with social services
Citizen Advocates						X	X				
East House					X				X		
Fairview							X				
Fortune Society						X	X				
Guidance Center							X				
Lake Shore Behavioral Health							X				
Liberty Resources				X		X					
MARC	X										
Mercy/SAIL							X				
New Choices						X					
Palladia/ Services for the Und			X						X		
Spectrum Human Services		X									
Syracuse Brick House							X				
The Bridge							X				
OMH											
Rental Subsidies- Brooklyn											
Catholic Charities Neighborhood				X		X					
ComuniLife, Inc.				X							
Institute for Community Living											
Ohel Children's Home & Family			X								
Postgraduate Center for Mental											
St. Joseph's Medical Center			X	X					X		
The Jewish Board			X				X				
Unique People Services, Inc.		X									
Rental Subsidies- Statewide											
Buffalo Federation of Neighbor				X			X				
Cath Char RC Dio/Syr, NY, Inc.-		X									
Catholic Charities of the Dioc											

Provider	ER / service use checked but no data source noted	referral source/SPOA determines high use	HH enrollment/eligibility**	confirm high use with HH	infer high use based on Diagnoses /homelessness/ high medical needs	check with hospitals/ health care providers	check data on Medicaid use (e.g. MDW, PSYCKES, MCO spending reports, RHIO, medical records)	assessments	infer high use b/c coming from high level of care	participant self-report	Other
Central New York Services, Inc.		X									
Community Missions, Inc.		X									
DePaul Community Services, Inc.			X						X		
ESH											
Family Residences & Essential		X									
Housing Options Made Easy, Inc.		X						X			
Lakeview Health Services, Inc.		X									
Loeb House, Inc.											
Mental Health Association of R											
MHA of Fulton and Montgomery C				X					X		*Already aware of their Medicaid usage
Mohawk Opportunities, Inc.											
Options for Community Living,							X				
Oswego County DSS Division of				X			X				
PSCH, Inc.											
Rehabilitation Support Service							X				
Restoration Society Inc.											
SCAP, Inc./dba Arbor Developme	X	X									
So.Shore Association f/Indepen		X		X			X				
Southern Tier Environments for											
St. Dominic's House											
The Guidance Center of Westche		X					X				
Transitional Living Services			X					X			
Unity House of Troy, Inc.		X									
Upstate Cerebral Palsy, Inc.			X								
Warren-Washington Association				X							
Step-Down Crisis Residence Capital Conversion Pilot											
ACMH, Inc.											
Concern ECR	X										
Lakeview Health Services, Inc.			X								
Liberty Resources, Inc.											
OHEL Children's Home and Famil	X	X	X								
Rehabilitation Support Service											
Services for the Underserved		X	X								
St. Joseph's Medical Center				X							
OPWDD											
Rental Subsidies and Supports											
Columbia co. Nysarc, Inc.											
Community Serv. For the Develo											
Fulton co. Nysarc, Inc.									X		

Provider	ER / service use checked but no data source noted	referral source/SPOA determines high use	HH enrollment/eligibility**	confirm high use with HH	infer high use based on Diagnoses /homelessness/ high medical needs	check with hospitals/ health care providers	check data on Medicaid use (e.g. MDW, PSYCKES, MCO spending reports, RHIO, medical records)	assessments	infer high use b/c coming from high level of care	participant self-report	Other
Columbia co. Nysarc, Inc.											
Community Serv. For the Develo											
Fulton co. Nysarc, Inc.									X		
Harc, Herkimer Area Resource C									X		
Heritage Christian Services, Inc.											*Identification of services currently being accessed with the help of the individuals' service coordinator.
Lifetime Assistance, Inc.											
Ohel Childrens Home & Family S											
People, Services to the Develo											
Steuben co. Nysarc, Inc.											
The Resource Center											
OTDA											
Eviction Protection for Vulnerable Adults											
Department of Homeless Service					X			X			
Homeless Housing and Assistance Program											
Catholic Family Center/Provide											
Opportunities for Broome					X						*Check Medicaid enrollment
Homeless Senior and Disabled Placement Pilot											
Department of Homeless Servic			X								*Confirmation of active Medicaid
	8	16	14	16	4	13	23	7	10	2	

APPENDIX D.

Eligibility Criteria Coded by Program and Provider

	AI RS	AI HH HIV + RA	CAP (HCR)	DLTC NHIL	DLTC NHTD	DLTC SSHS	HH SHP	OASAS RS	OMH RSB	OMH RSS	OMH SD/ CRCCP	OPWDD RSS	OTDA EPVA	OTDA HHAP	OTDA HSDPP	Total
N	6	1	2	2	0	9	9	18	8	24	8	9	1	2	0	99
high cost/use Medicaid services/ER/ inpatient use	50%	0%	50%	0%		0%	44%	89%	25%	25%	38%	0%	0%	0%		35%
Individual/Single/living alone	0%	0%	0%	0%		0%	11%	50%	0%	4%	13%	0%	0%	0%		12%
Adult	0%	0%	0%	50%		11%	22%	33%	50%	38%	63%	0%	0%	0%		28%
Specific Diagnosis	83%	100%	50%	50%		0%	44%	100%	88%	96%	63%	11%	0%	100%		69%
Medicaid eligible or enrolled	67%	100%	50%	100%		100%	44%	39%	25%	4%	0%	11%	100%	0%		33%
homeless/ at risk for homelessness	83%	100%	50%	50%		0%	78%	89%	13%	4%	0%	11%	100%	100%		37%
not a harm to self or others, psychiatrically stable	0%	0%	0%	0%		0%	11%	0%	13%	8%	50%	0%	0%	0%		8%
meet eligibility for state agency/provider	0%	0%	0%	0%		0%	22%	11%	38%	17%	0%	89%	0%	50%		20%
specific geographic location	17%	0%	50%	0%		22%	0%	0%	13%	4%	38%	0%	0%	0%		9%
willingness/desire to accept housing or program admission	0%	0%	0%	50%		22%	11%	11%	0%	8%	25%	11%	0%	0%		11%
Ability to function adequately independently/in the community	0%	0%	0%	0%		0%	11%	0%	0%	8%	13%	11%	0%	0%		5%
Income requirements	50%	0%	50%	50%		0%	0%	6%	13%	17%	0%	11%	0%	50%		13%
HH eligible or enrolled	0%	100%	0%	0%		0%	67%	6%	25%	21%	0%	0%	0%	0%		15%
65+	0%	0%	0%	0%		89%	0%	0%	0%	0%	0%	0%	0%	0%		8%

Provider	high cost/use Medicaid services/ER/ inpatient use	Individual/Single/living alone	Adult	Specific Diagnosis	Medicaid eligible or enrolled	homeless/ at risk for homelessness	not a harm to self or others, psychiatrically stable	meet eligibility for state agency/provider	specific geographic location	willingness/desire to accept housing or program admission	Ability to function adequately independently/in the community	Income requirements	HH eligible or enrolled	65+	Other
AIDS Institute															
Rental Subsidies															
ACR Health	X			X		X			X						
Alliance for Positive Health				X	X	X						X			
Catholic Charities Community Services	X			X		X									
Evergreen Health Services				X	X	X						X			
Hudson Valley Community Services	X			X	X	X									*Not engaged in HIV medical care
Options for Community Living Inc.					X							X			*They need to be scored using the risk assessment form and complete our housing application in full.
Health Home HIV + Rental Assistance Program															
Harlem United Community AIDS Center, Inc.				X	X	X							X		*Non-HASA eligible
Cap project (HCR)															
Creston Avenue Volunteers of America				X		X									
Coler Goldwater	X				X				X			X			*Pass background check
DLTC															
Nursing Home to Independent Living															
Federation of Organizations for the NYS Mentally Disabled			X	X	X	X						X			*Nursing home level of care/in nursing home or at risk for nursing home placement
Salvation Army					X					X					*Physically disabled or elderly *Score at least a 5 on the UAS *Participants must be willing to enter an MLTC w/in 90 days
Senior Supportive Housing Services															
Catholic Charities Diocese of Rockville Centre					X									X	*Live in senior housing * Score a 5 or higher on the UAS assessment.
Family Service Society of Yonkers					X				X					X	*Must reside in Westchester County Senior Housing or Public Housing to be eligible for accessibility modifications under SSHSP.
Goddard Riverside Community Center					X				X					X	
Ithaca Housing Authority					X					X					
Project Renewal Inc.			X		X									X	*Behavioral/physical health challenges
Promesa, Inc.					X									X	
RUPCO					X									X	

Provider	high cost/use Medicaid services/ER/ inpatient use	Individual/Single/living alone	Adult	Specific Diagnosis	Medicaid eligible or enrolled	homeless/ at risk for homelessness	not a harm to self or others, psychiatrically stable	meet eligibility for state agency/provider	specific geographic location	willingness/desire to accept housing or program admission	Ability to function adequately independently/in the community	Income requirements	HH eligible or enrolled	65+	Other
United Helpers Management Company Inc.					X									X	*Residing in a senior housing complex that agency serves
Westchester Independent Living Center					X					X				X	
Health Homes															
Supportive Housing Pilot															
Liberty Resources						X									*Must have applied for all other available housing programs
BronxWorks	X	X	X		X	X		X					X		*No other housing options: including NY/NY, HASA, Section 8, NYCHA, DHS LINC
Housing Works, Inc.				X	X								X		
Living Opportunities of DePaul			X				X			X	X		X		
Project Hospitality, Inc.															
SI Behavioral Network, Inc.				X	X	X		X					X		*Ineligibility for other housing options
Southern Tier AIDS Program	X					X							X		
St. Catherine's Center for Children	X					X									
The Bridge, Inc.				X	X	X							X		
The Fortune Society	X			X		X									
OASAS															
Rental Subsidies															
Bridging Access to Care		X	X	X		X		X							
Catholic Charities Cortland	X	X		X	X	X									
Central NY Services	X	X	X	X	X	X									
Champlain Valley Family Center	X	X		X	X	X									
Citizen Advocates	X		X	X	X	X									
East House	X			X		X				X					
Fairview	X			X		X									
Fortune Society	X			X		X									*Formally incarcerated *Individual or family *Head of Household completed treatment
Guidance Center	X		X	X											*Received inpatient hospital care/ER for detox, sub. Use, psychiatric condition, medical condition
Lake Shore Behavioral Health	X			X		X									*High use of Medicaid- confirmed by the number of ER visits and/or inpatient stays.
Liberty Resources	X	X		X		X									
MARC				X		X		X							
Mercy/SAIL	X	X	X	X	X	X									
New Choices	X	X		X		X									

Provider	high cost/use Medicaid services/ER/ inpatient use	Individual/Single/living alone	Adult	Specific Diagnosis	Medicaid eligible or enrolled	homeless/ at risk for homelessness	not a harm to self or others, psychiatrically stable	meet eligibility for state agency/provider	specific geographic location	willingness/desire to accept housing or program admission	Ability to function adequately independently/in the community	Income requirements	HH eligible or enrolled	65+	Other
Palladia Services for the Underserved	X			X		X									
Spectrum Human Services	X	X		X	X	X				X		X	X		*Hospital contacts must be directly related to substance abuse or health condition related to their substance abuse
Syracuse Brick House	X			X											
The Bridge	X	X	X	X	X	X									
OMH															
Rental Subsidies- Brooklyn															
Catholic Charities Neighborhood Services, Inc.			X	X											
ComuniLife, Inc.				X	X			X				X	X		*Individual must have HRA 2010E housing application with Community Care eligibility; linked to HH
Institute for Community Living, Inc.								X							*HRA/ Community Care Approval /
Ohel Children's Home & Family Services, Inc.			X	X				X							*Approved HRA for this level of housing
Postgraduate Center for Mental Health, Inc.				X											*Referral from provider *Submit an approved HRA 2010E app approved for community care supportive housing for individuals w/ SMI *Eligibility for scatter site housing program contracts *Referred from DHS, State PCs, Article 28 Inpatient units, Adult Homes, Health Homes, etc.
St. Joseph's Medical Center	X		X	X			X								*Functional deficits related to their illness(s) that require supportive housing
The Jewish Board				X	X	X							X		*Housing approvals and determinations are indicated in the HRA 2010E per client.
Unique People Services, Inc.	X		X	X					X						*Individual of Kingsboro Psychiatric Center or OMH -operated residential program, along with the NYC Field, the single Point of Access (SPOA),
Rental Subsidies-Statewide															
Buffalo Federation of Neighborhood Centers				X											
Cath Char RC Dio Syr, NY, Inc-Oneida Madison				X											
Catholic Charities of the Diocese of Rochester				X											
Central New York Services, Inc.				X											*Approved by the county SPOA office.
Community Missions, Inc.				X						X	X				

Provider	high cost/use Medicaid services/ER/ inpatient use	Individual/Single/living alone	Adult	Specific Diagnosis	Medicaid eligible or enrolled	homeless/ at risk for homelessness	not a harm to self or others, psychiatrically stable	meet eligibility for state agency/provider	specific geographic location	willingness/desire to accept housing or program admission	Ability to function adequately independently/in the community	Income requirements	HH eligible or enrolled	65+	Other
Housing Options Made Easy, Inc.			X	X								X			
Lakeview Health Services, Inc.				X											*Eligible for Section 8 *No history of sexual offense
Loeb House, Inc.				X				X							
Mental Health Association of Rockland County,			X	X			X				X	X			
MHA of Fulton and Montgomery Counties								X							
Mohawk Opportunities, Inc.															
Options for Community Living, Inc.			X	X			X		X	X		X			*Is willing to receive the support of substance abuse services if currently engaging in illegal drug use or alcohol use
Oswego County DSS Division of Mental Hygiene			X	X								X			
PSCH, Inc.			X	X											*Individuals with a Community Care level of housing
Rehabilitation Support Services, Inc.	X			X				X					X		
Restoration Society Inc.															
SCAP, Inc. dba Arbor Development			X	X											*Experience substantial impairments in functioning due to the severity of their clinical condition.
So.Shore Association of Independent Living, In	X			X		X							X		*From: referred by HH, Residing in state-operated facility, in prison, at risk for homelessness, discharged from article 28 or 31 hospital, or housing would assist in hospital diversion
Southern Tier Environments for Living, Inc.															
St. Dominic's House				X											
The Guidance Center of Westchester, Inc.	X	X	X	X				X							
Transitional Living Services			X	X	X										*SSI or SSDI Enrollment due to Mental Illness OR *Extended Impairment in Functioning due to Mental Illness OR *Reliance on Psychiatric Treatment, Rehabilitation and Supports
Unity House of Troy, Inc.				X									X		
Upstate Cerebral Palsy, Inc.	X			X									X		*From: Referred from HH, state-operated facility, NYS OMH Psychiatric Centers or OMH-operated residential programs; discharged from an Article 28 hospital or Article 31 hospital
Warren-Washington Association for Mental Health				X											*Referral from HHCM, Adult Home or Hospital.

Provider	high cost/use Medicaid services/ER/ inpatient use	Individual/Single/living alone	Adult	Specific Diagnosis	Medicaid eligible or enrolled	homeless/ at risk for homelessness	not a harm to self or others, psychiatrically stable	meet eligibility for state agency/provider	specific geographic location	willingness/desire to accept housing or program admission	Ability to function adequately independently/in the community	Income requirements	HH eligible or enrolled	65+	Other
Step-Down Crisis Residence Capital Conversion Pilot															
ACMH, Inc.			X				X		X						*Stable housing to return to *Medically stable *No dementia/TBI
Concern ECR	X														*Experiencing a Crisis situation, need for support and services
Lakeview Health Services, Inc.	X			X			X		X						*Has Permanent housing
Liberty Resources, Inc.	X	X	X	X											*Housing to return to *Not on drugs
OHEL Children's Home and Family Services			X	X					X		X				*Experiencing severe emotional distress *Medically stable *Stable Housing to return to
Rehabilitation Support Services				X						X					*Extreme psychiatric crisis. *Have a home to return to. *Some coming from a hospital
Services for the Underserved			X				X			X					*Secured housing
St. Joseph's Medical Center			X	X			X								*Housing to return to
OPWDD															
Rental Subsidies and Supports															
Columbia co. Nysarc, Inc.															*Pre-identified and approved funding.
Community Serv. For the Develop. Dis.inc						X		X							*Living in a non-certified home in the community, application for ISS Assistive supports through the regional office which includes assessment of need for rental assistance through budget portion of application
Fulton co. Nysarc, Inc.				X	X			X							*Waiver enrolled through OPWDD
Harc, Herkimer Area Resource Center								X							
Heritage Christian Services, Inc.								X				X			
Lifetime Assistance, Inc.								X			X				
Ohel Children's Home & Family Svcs								X							
People, Services to the Develop.															
Steuben co. Nysarc, Inc.								X							*MSC applies for rental assistance through self-directed plans or ISS requests.
The Resource Center								X		X					*Eligible per the rental subsidy's criteria *Have a support system

Provider	high cost/use Medicaid services/ER/ inpatient use	Individual/Single/living alone	Adult	Specific Diagnosis	Medicaid eligible or enrolled	homeless/ at risk for homelessness	not a harm to self or others, psychiatrically stable	meet eligibility for state agency/provider	specific geographic location	willingness/desire to accept housing or program admission	Ability to function adequately independently/in the community	Income requirements	HH eligible or enrolled	65+	Other
OTDA															
Eviction Protection for Vulnerable Adults															
Department of Homeless Services (DHS)					X	X									*Families & single adults *Receive SSI/SS retirement or disability benefits recipient *No other employable member in household
Homeless Housing and Assistance Program															
Catholic Family Center Providence Housing				X		X		X							
Opportunities for Broome				X		X						X			*Complete a housing application, provide ID, and have a letter from a referring agency stating housing status (i.e. homeless and/ or in transitional housing), if applicable.
Homeless Senior and Disabled Placement Pilot															
Department of Homeless Services (DHS)															

APPENDIX E.

Locating Potential Participants for Enrollment

	AI RS	AI HH HIV + RA	CAP (HCR)	DLTC NHIL	DLTC NHTD	DLTC SSHS	HH SHP	OASAS RS	OMH RSB	OMH RSS	OMH SD/ CRCCP	OPWDD RSS	OTDA EPVA	OTDA HHAP	OTDA HSDPP	Total
N	6	1	2	2	0	9	10	18	8	27	8	9	1	2	1	104
Referrals (internal & external)	100%	100%	50%	100%		89%	100%	100%	100%	100%	100%	78%	100%	100%	0%	95%
Outreach to Individuals	83%	0%	0%	100%		44%	50%	56%	25%	19%	75%	22%	0%	100%	100%	42%
Outreach with other facilities	0%	0%	50%	50%		11%	0%	22%	0%	15%	25%	0%	0%	0%	0%	13%
Self-referrals	17%	0%	0%	50%		11%	0%	0%	13%	0%	13%	11%	0%	50%	0%	7%
Other	0%	0%	0%	0%			0%	0%	0%	0%	0%	33%	0%	0%	0%	6%

Provider	Referrals other programs, agencies including internal referrals, referrals form HH,DSS, etc.	Referral source, described*	Outreach to Individuals	Outreach with other facilities	Outreach source, described*	Self-referrals	Other
AIDS Institute							
Rental Subsidies							
ACR Health	X		X				
Alliance for Positive Health	X	*Agency care managers and care managers from other agencies					
Catholic Charities Community	X		X			X	
Evergreen Health Services	X	*Health home care manager	X				
Hudson Valley Community	X	*Programs within our agency	X				
Options for Community Living	X		X				
Health Home HIV + Rental Assistance Program							
Harlem United Community AIDS C	X						

Provider	Referrals other programs, agencies including internal referrals, referrals form HH,DSS, etc.	Referral source, described*	Outreach to Individuals	Outreach with other facilities	Outreach source, described*	Self-referrals	Other
Cap project (HCR)							
Coler-Goldwater (E. 99th)				X	*NYC Health + Hospitals facilities		
Creston Avenue/Volunteers of	X						
DLTC							
Nursing Home to Independent Living							
Federation of Organizations	X		X				
Salvation Army	X		X	X	*Service providing agencies in the community	X	
Senior Supportive Housing Services							
Catholic Charities Diocese of	X		X				
Family Service Society of Yonkers	X		X	X	*Hospitals, nursing homes, Westchester DSS, MLTCs, Long-Term Home Care Agencies, senior housing management and programs serving most vulnerable eligible populations.		
Goddard Riverside Community	X	*Supportive housing case managers at the GRCC supportive housing site					
Ithaca Housing Authority	X	*In-house staff				X	*Referrals from family
Project Renewal Inc.	X	*On-site social services team					
Promesa, Inc.	X		X				*Tenant Association partnership
RUPCO	X	*Own property management team					
United Helpers Management							*Tenants complete a self-assessment and are offered program if eligible
Westchester Independent Living	X		X				

Provider	Referrals other programs, agencies including internal referrals, referrals form HH,DSS, etc.	Referral source, described*	Outreach to Individuals	Outreach with other facilities	Outreach source, described*	Self-referrals	Other
Health Homes							
Supportive Housing Pilot							
liberty resources	X						
BronxWorks	X	* Montefiore Hospital's Housing At Risk Program					
Housing Works, Inc.	X						
Living Opportunities of DePaul	X	* NFMMC-HH					
Project Hospitality, Inc.	X	* Internal referrals	X				
SI Behavioral Network, Inc.	X		X				
Southern Tier AIDS Program	X						
St. Catherine's Center	X		X				
The Bridge, Inc.	X		X				
The Fortune Society	X		X				
OASAS							
Rental Subsidies							
Bridging Access to Care	X	* internal agency referrals from other programs, including Health Homes	X				
Catholic Charities Cortland	X	*DSS appointed homeless worker	X				
Central NY Services	X		X	X	*Community organizational meetings and groups such as: Oneida/ Madison County Continuum of Care, Oneida County Office of Mental Health meetings, SPOAA Meetings, Substance Abuse Clinical training and community meetings, Center or Family Life and Recovery conferences and meetings		
Champlain Valley Family Center	X	* DSS Health Home					
Citizen Advocates	X		X				

Provider	Referrals other programs, agencies including internal referrals, referrals form HH,DSS, etc.	Referral source, described*	Outreach to Individuals	Outreach with other facilities	Outreach source, described*	Self-referrals	Other
East House	X			X	*EH Health Home Care Management Outreach to inpatient facilities		
Fairview	X		X				
Fortune Society	X		X				
Guidance Center	X		X	X	*Health homes, halfway houses, Health care/ SU/MH and co-occurring disorder facilities, MMTP		
Lake Shore Behavioral Health	X		X				
Liberty Resources	X		X				
MARC	X						
Mercy/SAIL	X			X	*Outside providers		
New Choices	X	* In-house referrals from the New Choices clinic or Community Residences					
Palladia/ Services for the Und	X						
Spectrum Human Services	X				*Community meetings		
Syracuse Brick House	X						
The Bridge	X		X				
OMH							
Rental Subsidies- Brooklyn							
Catholic Charities Neighborhood	X						
ComuniLife, Inc.	X						
Institute for Community Living	X		X				
Ohel Children's Home & Family	X		X				
Postgraduate Center for Mental	X						
St. Joseph's Medical Center	X						
The Jewish Board	X	*Outside agencies, including hospitals, shelters, clinics, PROS programs,				X	

Provider	Referrals other programs, agencies including internal referrals, referrals form HH,DSS, etc.	Referral source, described*	Outreach to Individuals	Outreach with other facilities	Outreach source, described*	Self-referrals	Other
Unique People Services, Inc.	X						
Rental Subsidies- Statewide							
Buffalo Federation of Neighbor	X		X				
Cath Char RC Dio/Syr, NY, Inc.	X		X	X	*Meeting with mental health providers, Oneida county, and health homes.		
Catholic Charities of the Dioc	X						
Central New York Services, Inc.	X	*SPOA					
Community Missions, Inc.	X						
DePaul Community Services, Inc.	X	*SPOA					
ESH	X	*SPOA		X	*Local OMH field office		
Family Residences & Essential	X			X			
Housing Options Made Easy, Inc.	X	*SPOA					
Lakeview Health Services, Inc.	X						
Loeb House, Inc.							
Mental Health Association of R	X	* OMH licensed residential services, County SPOA, NAMI					
MHA of Fulton and Montgomery	X						
Mohawk Opportunities, Inc.	X						
Options for Community Living,	X	*SPOA	X				
Oswego County DSS Division of	X						
PSCH, Inc.	X		X	X	*psychiatric hospitals and shelters		
Rehabilitation Support Service	X	*Health Home					
Restoration Society Inc.	X						
SCAP, Inc./dba Arbor Developme	X						
So.Shore Association f/ Indepen	X	*SPOA					

Provider	Referrals other programs, agencies including internal referrals, referrals form HH,DSS, etc.	Referral source, described*	Outreach to Individuals	Outreach with other facilities	Outreach source, described*	Self-referrals	Other
Southern Tier Environments for	X						
St. Dominic's House	X	*SPOA					
The Guidance Center of Westche	X	*SPOA					
Transitional Living Services	X						
Unity House of Troy, Inc.	X	*other Unity House programs					
Upstate Cerebral Palsy, Inc.	X		X				
Warren-Washington Association	X	*SPOA					
Step-Down Crisis Residence Capital Conversion Pilot							
ACMH, Inc.	X		X				
Concern ECR	X		X	X	*area hospitals; open house monthly		
Lakeview Health Services, Inc.	X		X				
Liberty Resources, Inc.	X					X	
OHEL Children's Home and Famil	X		X				
Rehabilitation Support Service	X			X	*Hospital psychiatric units and the crisis unit.		
Services for the Underserved	X		X				
St. Joseph's Medical Center	X		X				
OPWDD							
Rental Subsidies and Supports							
Columbia co. Nysarc, Inc.							*We have not had any new individuals.
Community Serv. For the Develo	X	*Other services at Community Services (most) (most) *other service providers (rare)					
Fulton co. Nysarc, Inc.	X	*Own programs					
Harc, Herkimer Area Resource C	X						*OPWDD Vacancy Management.
Heritage Christian Services, Inc.	X		X				
Lifetime Assistance, Inc.	X	*Service coordinators					

Provider	Referrals other programs, agencies including internal referrals, referrals form HH,DSS, etc.	Referral source, described*	Outreach to Individuals	Outreach with other facilities	Outreach source, described*	Self-referrals	Other
Ohel Childrens Home & Family S	X		X				
People, Services to the Develo							
Steuben co. Nysarc, Inc.	X						
The Resource Center						X	*Referred by supportive indiviudals1
OTDA							
Eviction Protection for Vulnerable Adults							
Department of Homeless Service	X	*DHS community prevention programs					
Homeless Housing and Assistance Program							
Catholic Family Center/ Provide	X		X			X	
Opportunities for Broome	X		X				
Homeless Senior and Disabled Placement Pilot							
Department of Homeless Services			X				

**question wording asked for "other" ways of locating participants, but most described referrals in these responses*

APPENDIX F.

Populations Served by Program and Provider

	AI RS	AI HH HIV + RA	CAP (HCR)	DLTC NHIL	DLTC NHTD	DLTC SSHS	HH SHP	OASAS RS	OMH RSB	OMH RSS	OMH SD/ CRCCP	OPWDD RSS	OTDA EPVA	OTDA HHAP	OTDA HSDPP	Total
N	6	1	2	2	0	9	9	18	8	27	8	10	1	2	0	103
Veterans	33%	0%	50%	50%		22%	22%	11%	13%	19%	50%	0%	0%	50%		20%
HIV+/AIDS	100%	100%	0%	50%		22%	33%	11%	13%	19%	38%	0%	0%	50%		24%
Elderly	17%	0%	0%	100%		100%	44%	6%	13%	11%	38%	0%	100%	0%		24%
Formerly Incarcerated	33%	0%	0%	50%		11%	67%	56%	38%	59%	38%	0%	0%	50%		42%
LGBTQ	50%	0%	0%	50%		11%	22%	17%	25%	7%	38%	0%	0%	50%		17%
Families	17%	0%	50%	50%		33%	33%	6%	25%	37%	13%	0%	100%	50%		24%
Singles	50%	100%	50%	50%		56%	89%	89%	63%	52%	88%	10%	100%	100%		63%
SMI	83%	100%	50%	50%		44%	67%	56%	100%	100%	100%	0%	0%	50%		70%
Addiction	83%	100%	50%	50%		22%	78%	100%	63%	74%	63%	0%	0%	100%		65%
Domestic Violence	50%	0%	0%	50%		22%	22%	33%	13%	33%	38%	0%	0%	50%		27%
Homeless/Unstably Housed	100%	100%	50%	100%		33%	100%	94%	75%	85%	38%	0%	100%	100%		72%
Developmental Disabilities	0%	0%	0%	0%		11%	22%	6%	0%	7%	13%	90%	100%	50%		17%
Physical disabilities	17%	0%	0%	100%		44%	56%	22%	25%	19%	0%	20%	100%	100%		27%
more appropriate for lower level of care	17%	0%	50%	100%		11%	78%	39%	50%	41%	25%	40%	0%	50%		40%
Youth	0%	0%	0%	50%		0%	0%	0%	0%	0%	0%	0%	0%	0%		1%
Youth aging out of foster care	0%	0%	0%	0%		0%	11%	0%	13%	4%	13%	0%	0%	0%		4%
Other	33%	0%	100%	100%		56%	67%	33%	13%	15%	13%	20%	0%	50%		31%

Provider	Veterans	HIV+/AIDS	Elderly	Formerly Incarcerated	LGBTQ	Families	Singles	SMI	Addiction	Domestic Violence	Homeless/Unstably Housed	Developmental Disabilities	Physical disabilities	more appropriate for lower level of care	Youth	Youth aging out of foster care	Other
AIDS Institute																	
Rental Subsidies																	
ACR Health		X			++		++	++	++		X		++	++			
Alliance for Positive Health		X									X						
Catholic Charities Community S		X						++	++		++						++
Evergreen Health Services		X			X			++	++	++	++						
Hudson Valley Community Services	++	X	++	++	++	++	++	++	++	++	++						
Options for Community Living I	X	X		X			X	X	X	X	X						++
Health Home HIV + Rental Assistance Program																	
Harlem United Community AIDS C		X					X	X	X		X						
Cap project (HCR)																	
Coler-Goldwater (E. 99th)																	X
Creston Avenue/Volunteers of A	X					X	X	X	X		X			X			++
DLTC																	
Nursing Home to Independent Living																	
Federation of Organizations			X								X		X	X			X
Salvation Army	X	X	X	X	X	X	X	X	X	X	X		X	X	++		X
Senior Supportive Housing Services																	
Catholic Charities Diocese of			X					X	X		X		X				
Family Service Society of Yonkers	++	++	X			X	X	++		++	X		X	X			X
Goddard Riverside Community Ce			X				++										
Ithaca Housing Authority			X														++
Project Renewal Inc.			X				X										X
Promesa, Inc.			X			X	X	++	++				++				X
RUPCO			X														X
United Helpers Management Comp			X														
Westchester Independent Living	X	X	X	X	X	X	X	X		X	X	X	X				
Health Homes																	
Supportive Housing Pilot																	
liberty resources		X		++			X	X	X		X			X			X
BronxWorks			++				X				X		X	X			X
Housing Works, Inc.			++	X			X				X			X			
Living Opportunities of DePaul	X	X	X	X	X	X	X	X	X	X	X	X	X	X			X
Project Hospitality, Inc.																	
SI Behavioral Network, Inc.							++	X	++		X		X	X			

Provider	Veterans	HIV+/AIDS	Elderly	Formerly Incarcerated	LGBTQ	Families	Singles	SMI	Addiction	Domestic Violence	Homeless/Unstably Housed	Developmental Disabilities	Physical disabilities	more appropriate for lower level of care	Youth	Youth aging out of foster care	Other
Southern Tier AIDS Program				X		X	X	++	X		X			X			
St. Catherine's Center for							X	++	++		X		++				X
The Bridge, Inc.	++	++	++	++	++	++	++	++	++	++	X	++	++	++		++	X
The Fortune Society				++					X		X						X
OASAS																	
Rental Subsidies																	
Bridging Access to Care							X		X		X						
Catholic Charities Cortland	++	++	++	++	++	++	X	++	X	++	X	++	++	++			X
Central NY Services				++			X	++	X	++	X		++	X			X
Champlain Valley Family Center							X		X		X						X
Citizen Advocates				++			X	X	X		X						
East House		++		++			X	++	X	++	X						
Fairview	++			++	++		++	++	X	++	X		++	++			
Fortune Society				X					X		X						
Guidance Center				++			X		X		X						
Lake Shore Behavioral Health							X		X		X						
Liberty Resources				++			X		X		X			X			
MARC								++	X		X						
Mercy/SAIL				++	++		X	X	X	++	X		++				
New Choices							X	++	X		X						X
Palladia/ Services for the Und				++			X	++	X	++	X			X			X
Spectrum Human Services							X		X		X			X			
Syracuse Brick House							X		X								
The Bridge							X	X	X		X			X			++
OMH																	
Rental Subsidies- Brooklyn																	
Catholic Charities Neighborhood								X									X
ComuniLife, Inc.				++			X	X	X		X			X			
Institute for Community Living	X	X	X	X	X	X	X	X	X	X	X			X		X	
Ohel Children's Home & Family								X									
Postgraduate Center for Mental								X	++		++						
St. Joseph's Medical Center						X	X	X	X		X			X			
The Jewish Board				++	++		++	X	++		X		++	++			
Unique People Services, Inc.							X	X			X		X				

Provider	Veterans	HIV+/AIDS	Elderly	Formerly Incarcerated	LGBTQ	Families	Singles	SMI	Addiction	Domestic Violence	Homeless/Unstably Housed	Developmental Disabilities	Physical disabilities	more appropriate for lower level of care	Youth	Youth aging out of foster care	Other
Rental Subsidies- Statewide																	
Buffalo Federation of Neighbor				++			++	X	++		++		++	++			
Cath Char RC Dio/Syr, NY, Inc.				++				X	++		X						
Catholic Charities of the Dioc		X		++		X	X	X	X	++	X			X			
Central New York Services, Inc.				++				X	++		++						
Community Missions, Inc.						++	++	X	++					X			
DePaul Community Services, Inc.								X			++						
ESH								X	X								++
Family Residences & Essential							X	X	X								
Housing Options Made Easy, Inc.							X	X	X		X		X	X			++
Lakeview Health Services, Inc.				++				X	++		++						
Loeb House, Inc.	++					++	++	X	++	++	++			X			
Mental Health Association of R	++			++		++		X			X			X			
MHA of Fulton and Montgomery C				++				X	++		++						
Mohawk Opportunities, Inc.		X		X			X	X	X	X	X						X
Options for Community Living,	++	++	++	X	++		++	X	++	++	++		++				
Oswego County DSS Division of				++		++	++	X	++		++	++				++	
PSCH, Inc.				X				X			X			X			
Rehabilitation Support Service						++		X			++			++			
Restoration Society Inc.																	
SCAP, Inc./dba Arbor Development	++	++	++	++	++	++	++	X	++	++	++	++	++	++			
So. Shore Association f/ Indepen				X			X	X	++	++	X						
Southern Tier Environments for						++	++	X		++	++						
St. Dominic's House								X									
The Guidance Center of Westchester		++	++	++			X	X	++	++	X			X			
Transitional Living Services								X	++		++			++			
Unity House of Troy, Inc.								X			X						++
Upstate Cerebral Palsy, Inc.				++		++		X	++		++						
Warren-Washington Association	++			++		X	X	X	++	++	X		++				
Step-Down Crisis Residence Capital Conversion Pilot																	
ACMH, Inc.	++	++	++		++		X	X	++	++	++	++					
Concern ECR	++	++	++	++	++		++	X	++	++						++	X
Lakeview Health Services, Inc.							++	X	++	++							
Liberty Resources, Inc.							X	X						X			
OHEL Children's Home and Families								X									
Rehabilitation Support Service				++		++	++	X	++		++						

Provider	Veterans	HIV+/AIDS	Elderly	Formerly Incarcerated	LGBTQ	Families	Singles	SMI	Addiction	Domestic Violence	Homeless/Unstably Housed	Developmental Disabilities	Physical disabilities	more appropriate for lower level of care	Youth	Youth aging out of foster care	Other
Services for the Underserved	X	X	X	X	X		X	X	X		X			X			
St. Joseph's Medical Center	X						X	X									
OPWDD																	
Rental Subsidies and Supports																	
Columbia co. NYSARC, Inc.																	X
Community Serv. For the Develo												X		X			
Fulton co. NYSARC, Inc.												X	X	X			
HARC, Herkimer Area Resource Center												X		X			X
Heritage Christian Services, Inc.							++					X		X			
Lifetime Assistance, Inc.												X					
Ohel Children's Home & Family Services												X					
People, Services to the Develo												X	++				
Steuben co. NYSARC, Inc.												X					
The Resource Center												X					
OTDA																	
Eviction Protection for Vulnerable Adults																	
Department of Homeless Service			X			X	X				X	X	X				
Homeless Housing and Assistance Program																	
Catholic Family Center/Provide	X	X		X	X	++	X		X	X	X	X	X	X			
Opportunities for Broome							X	X	X		X		X				X
Homeless Senior and Disabled Placement Pilot																	
Department of Homeless Services																	

X = identified as a target population
++ = identified as an also served population

APPENDIX G.

Number of Participants in the Sample, by Program

Program	Participants (Count)
AIDS Institute - Services Only	627
AIDS Institute - Services and Subsidies	108
AIDS Institute - Pilot Program	18
East 99th Street	149
DLTC - Nursing Home to Independent Living (NHIL)	60
DLTC - Nursing Home Transition and Diversion (NHTD)	534
DLTC - Senior Supportive Housing (SSHS)	270
Health Homes Supportive Housing Pilot (HHSP)	209
OASAS Rental Subsidies (OASAS-RS)	416
OMH Rental Subsidies Brooklyn (OMH-RSB)	338
OMH Rental Subsidies Statewide (OMH-RSS)	435
OMH Step Down/Crisis Residence Capital Conversion Pilot	60
OPWDD Expansion Program	58
OTDA Eviction Prevention for Vulnerable Adults (EPVA)	237
OTDA Homeless Housing Assistance Program (HHAP)	59
OTDA Homeless Senior and Disabled Placement Pilot at New York City Department of Homeless Services (NYCDH)	109
Total n=	3687