

SCR4

Measure Title: DECLARING HOMELESSNESS TO BE A MEDICAL CONDITION IN THE STATE FOR PURPOSES OF MEDICAID ELIGIBILITY AND RECOGNIZING THAT HOUSING INSTABILITY IS A MAJOR HEALTH FACTOR THAT NEGATIVELY AFFECTS HOMELESS INDIVIDUALS' HEALTH AND WELL-BEING.

Report Title: Homelessness; Medical Condition; Health Care

Current Referral: HMS/HOU, WAM

Introducer(s): GREEN, S. CHANG, K. RHOADS

DAVID Y. IGE
GOVERNOR



PANKAJ BHANOT
DIRECTOR

BRIDGET HOLTHUS
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

P. O. Box 339
Honolulu, Hawaii 96809-0339

March 28, 2017

TO: The Honorable Senator Josh Green, Chair
Senate Committee on Human Services

The Honorable Senator Will Espero, Chair
Senate Committee on Housing

FROM: Pankaj Bhanot, Director

SUBJECT: **SCR 4 – DECLARING HOMELESSNESS TO BE A MEDICAL CONDITION IN THE STATE FOR PURPOSES OF MEDICAID ELIGIBILITY AND RECOGNIZING THAT HOUSING INSTABILITY IS A MAJOR HEALTH FACTOR THAT NEGATIVELY AFFECTS HOMELESS INDIVIDUALS' HEALTH AND WELL-BEING.**

Hearing: March 28, 2017, 3:15 p.m.
Conference Room 225, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of the resolution and offers comments.

PURPOSE: PURPOSE: The purpose of this resolution is to declare homelessness to be a medical condition for purposes of Medicaid eligibility, and to recognize that housing stability is a major health factor that negatively affects the health and well-being of homeless individuals.

DHS recognizes and appreciates that there is an integral link between health and housing, especially for individuals who are chronically homeless. Without housing, individuals struggle to address their health conditions; and without addressing their health challenges, people struggle to obtain and retain housing. We also recognize the need for transformative approaches to providing and paying for services to address Medicaid.

However, we would like to note that the mandate to consider homelessness as a medical condition could be interpreted as thereby requiring coverage by health insurers. Given that, we would outline that section 23-51, Hawaii Revised Statutes (HRS), requires that before any

legislative measure that mandates health insurance coverage for specific health services can be considered, the Legislature shall pass a concurrent resolution requesting the State Auditor to prepare and submit a report assessing the social and financial effects of the proposed mandated coverage. Two resolutions under consideration this session, HCR 46 and SCR 56, both request the Auditor to study and report on these issues to explore the possibility of Medicaid coverage for treatment of homelessness.

For the past nine months, DHS Med-QUEST (MQD) actively engaged with various key Departments, community social service providers, health plans and community advocates for mental health and substance use recovery services on the expansion of “tenancy supports” or “permanent supported housing” benefits for chronically homeless individuals. These supportive services include behavioral health and case management services. If the auditor were to conduct a study to assess the impact of a new benefit or service to provide coverage for homelessness as a medical condition, the study would allow an informed discussion of this concept.

Thank you for this opportunity to provide comments on this measure.



EXECUTIVE CHAMBERS
HONOLULU

DAVID Y. IGE
GOVERNOR

March 28, 2017

TO: The Honorable Senator Josh Green, Chair
Senate Committee on Human Services

The Honorable Senator Will Espero, Chair
Senate Committee on Housing

FROM: Scott Morishige, MSW, Governor's Coordinator on Homelessness

SUBJECT: **SCR 4 – DECLARING HOMELESSNESS TO BE A MEDICAL CONDITION IN THE STATE FOR PURPOSES OF MEDICAID ELIGIBILITY AND RECOGNIZING THAT HOUSING INSTABILITY IS A MAJOR HEALTH FACTOR THAT NEGATIVELY AFFECTS HOMELESS INDIVIDUALS' HEALTH AND WELL-BEING.**

Hearing: Wednesday, March 28, 2017, 3:15 p.m.
Conference Room 225, State Capitol

POSITION: The Governor's Coordinator on Homelessness appreciates the intent of the resolutions and provides comments.

PURPOSE: The purpose of this resolution is to declare homelessness to be a medical condition for purposes of Medicaid eligibility, and to recognize that housing stability is a major health factor that negatively affects the health and well-being of homeless individuals.

Declaring homelessness to be a medical condition for purposes of Medicaid eligibility could be interpreted as mandating health insurance coverage for the treatment of homelessness. The Coordinator notes that section 23-51, Hawaii Revised Statutes (HRS), requires that before any legislative measure that mandates health insurance coverage for specific health services can be considered, the Legislature shall pass a concurrent resolution requesting the State Auditor to prepare and submit a report assessing the social and financial effects of the proposed mandated coverage. HCR 46 and SCR 56 both request the Auditor to

study and report on these issues to explore the possibility of Medicaid coverage for treatment of homelessness.

The Coordinator recognizes the strong intersection between healthcare and homelessness, and notes that providing stable housing can result in significant improvement in health outcomes and reductions in healthcare costs. For example, a preliminary analysis by the University of Hawaii Center on the Family of a subset of state Housing First clients found that, based upon client report, estimated healthcare costs for clients dropped an average of 43% in the six months following housing placement – from an average of \$10,570 per client per month to \$5,980 per client per month.

The Department of Human Services (DHS) Med-QUEST Division is currently pursuing an amendment to its 1115 Medicaid waiver, which would expand eligibility for case management and supportive services for Medicaid-eligible individuals that are identified as chronically homeless. By expanding Medicaid coverage, managed care health plans could potentially pick up some of the cost of state funding homeless outreach and housing placement activities that help people attain – and retain – housing. A study by the auditor will continue discussion on the use of Medicaid to address homelessness, and its findings will better inform future policy and programmatic decisions.

Thank you for the opportunity to testify on this measure.



March 27, 2017

From: George S. Massengale

To: Senate Committee on Human Services & Senate Committee on Housing

Date: Hearing March 28, 2017 at 3:15 P.M.

Subj: SCR4 – DECLARING HOMELESSNESS TO BE A MEDICAL CONDITION FOR THE
PURPOSED OF MEDICAID ELIGIBILITY AND RECOGNIZING THAT
HOUSING INSTABILITY IS A MAJOR HEALTH FACTOR THAT NEGATIVELY
AFFECTS HOMELESS INDIVIDUALS' HEALTH AND WELL-BEING

Testimony in Strong Support

Committee Chairs Green and Espero and members of joint committees. I am here today on behalf of Hawaii Habitat for Humanity Association and our seven county Habitat affiliates to ask you to pass SCR4 which would recognize housing instability as a major health factor that negatively impacts the health and wellbeing of homeless individuals.

Habitat for Humanity International, our parent organization, has long recognized the connection between decent affordable housing and positive health impacts. At the same time, they've recognize that homelessness is a major public health problem and that although substance abuse and mental illness contribute to homelessness, the primary cause is the lack of low income decent affordable housing.

Clearly homelessness and ill health are intrinsically linked and professionals in both the housing sector and health sector have a role to play in tackling this problem. SCR4 is a start, and utilizing Medicaid funds to pay for housing is the remedy.

Please pass SCR4 onto the Committee on Ways and Means for further consideration.

Respectfully,

A handwritten signature in black ink, appearing to read "George S. Massengale".

George S. Massengale
Director, Community Engagement

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 27, 2017 8:51 AM
To: HMS Testimony
Cc: hlusk@chowproject.org
Subject: Submitted testimony for SCR4 on Mar 28, 2017 15:15PM

SCR4

Submitted on: 3/27/2017

Testimony for HMS/HOU on Mar 28, 2017 15:15PM in Conference Room 225

Submitted By	Organization	Testifier Position	Present at Hearing
Heather Lusk	Individual	Support	No

Comments: Thank you for the opportunity to testify in support of SCR 4. The CHOW Project believes that by passing this resolution, we can further the discussion and activities aimed at the intersection of healthcare and homelessness. At the CHOW Project, 2/3 of our participants identify as homeless and our participants report 4-5x higher rates of visiting the Emergency Department than the general public. The main reasons include the need for detox and getting basic wound care. In response, we started a community-based wound care program which early research indicates has lowered ED utilization among participants. We feel that this resolution, along with the upcoming Medicaid waiver will support more data collection and services to help those who are homeless get their medical needs met while decreasing ED use and the number and lengths of stay in a hospital setting. Thank you for the opportunity to testify, Heather Lusk

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: mailinglist@capitol.hawaii.gov
Sent: Saturday, March 25, 2017 10:52 AM
To: HMS Testimony
Cc: tjdavies@juno.com
Subject: *Submitted testimony for SCR4 on Mar 28, 2017 15:15PM*

SCR4

Submitted on: 3/25/2017

Testimony for HMS/HOU on Mar 28, 2017 15:15PM in Conference Room 225

Submitted By	Organization	Testifier Position	Present at Hearing
T.J. Davies	Individual	Oppose	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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