SB8

Measure Title:	RELATING TO MEDICAL ASSISTANCE.
Report Title:	Human Services; Medicaid; Homeless
Description:	Requires providers and health plans to gather data regarding homeless individuals' use of medical assistance programs.
Companion:	
Package:	None
Current Referral:	CPH/HMS, WAM
Introducer(s):	GREEN, S. CHANG, GALUTERIA, K. Rhoads

EXECUTIVE CHAMBERS
HONOLULU

DAVID Y. IGE
GOVERNOR

January 30, 2017

TO: The Honorable Senator Rosalyn H. Baker, Chair
Senate Committee on Commerce, Consumer Protection, and Health

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

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

SUBJECT: **SB 8 – RELATING TO MEDICAL ASSISTANCE**

Hearing: Monday, January 30, 2017, 3:00 p.m.
Conference Room 016, State Capitol

POSITION: The Governor's Coordinator on Homelessness appreciates the intent of this measure, and recognizes the strong intersection between healthcare and homelessness. The Coordinator asks the Legislature to support the on-going work to improve the data systems for homeless services to enhance the existing homeless services data hub Homeless Management Information System (HMIS), and the Department of Health's (DOH), Hawaii Pathways Project, effort and work with the Corporation for Supportive Housing that is looking at potential integration of the HMIS and other systems that contain information related to homeless individuals. The GCH defers to the Department of Human Services (DHS) Med-QUEST Division (MQD) regarding Medicaid health plans.

PURPOSE: The purpose of the bill is to require providers and health plans to gather data regarding homeless individuals' use of medical assistance programs.

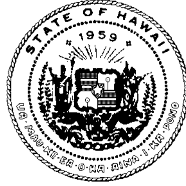
The Coordinator notes that efforts are currently underway to address issues related to integration of data related to homelessness. In particular, DOH receives federal grant funding from the Substance Abuse Mental Health Services Administration (SAMHSA) for the Hawaii Pathways Project, and through that program contracts the Corporation for Supportive Housing

for work that includes looking at data integration between the HMIS and other systems. If this measure moves forward, it is critical that healthcare systems have the capability to match or integrate any additional data gathered by medical assistance programs with homeless service utilization data from the HMIS. The integration of data will better inform decisions related to policy and allocation of resources to address the issue of homelessness.

The HMIS is the primary database for homeless service utilization, and data entry into the system is mandated by the U.S. Department of Housing and urban Development (HUD) for certain federally-funded homeless service programs. In 2015, Hawaii's HMIS transitioned from a legacy system to a new platform. In the most recent series of DHS contracts, DHS Homeless Programs Office (HPO) requires state-funded service providers to enter data into the HMIS. HPO also allocated $325,000 for provider training, system development, and data analysis of the HMIS. The HMIS is owned and administered by the Continua of Care (CoCs), which represent homeless service providers statewide, and HPO works closely with the CoCs to build a more robust data collection and reporting system.

Thank you for the opportunity to testify on this bill.

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

January 30, 2017

TO: The Honorable Rosalyn H. Baker, Chair
Senate Committee on Commerce, Consumer Protection & Health

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

FROM: Pankaj Bhanot, Director

SUBJECT: **SB 2 - RELATING TO HOMELESSNESS**
SB 7 - RELATING TO MEDICAID
SB 8 - RELATING TO MEDICAL ASSISTANCE

Hearing: January 30, 2017, 3:00 p.m.
Conference Room 016, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of the bills to address homelessness, and offers comments for the committee's consideration. DHS also adopts the Governor's Coordinator on Homelessness (GCH) testimony on the measures.

PURPOSE: The purposes of measures SB 2, SB 7 and SB 8 are as follows:

SB2: Beginning January 1, 2018, requires all health plans in the State, including EUTF health plans and Medicaid managed care programs, to provide coverage for the treatment of homelessness;

SB7: Requires the department of human services, in collaboration with the department of health, to develop a Medicaid supportive housing services benefit plan through which Medicaid can pay for supportive housing services for individuals who are eligible for Medicaid, including applying to the Centers for Medicare and Medicaid

Services through an 1115 waiver to amend the state Medicaid plan to include supportive housing services for chronically homeless individuals; and

SB8: Requires providers and health plans to gather data regarding homeless individuals' use of medical assistance programs.

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.

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 the homeless who would most benefit from such wrap-around services, the chronically homeless. Such benefits currently are included for Medicaid beneficiaries who have a serious mental illness with a functional need.

However, it was recognized that this was not broad enough to serve the chronically homeless population. Thus, the determination was made that an amendment to the MQD 1115 waiver would be needed for this benefit expansion. The collaborative work that has already been done substantially addresses the intent of **SB 7**, and will be completed before the proposed July 1, 2017 effective date. If enacted, **SB 7** will likely serve to slow DHS progress.

The challenge of identifying and working with homeless individuals who also have health needs is great. GCH, MQD, DHS Homeless Programs Office (HPO) recognize that working collaboratively to identify, assess and provide services are essential to addressing the complex issues of homelessness. The health care system can be one such point of identification, and in fact, the new diagnosis classification system, ICD-10, includes diagnoses codes for homelessness and housing instability (Z59.0, Z59.1). Encouraging clinicians to recognize the social impact of one’s housing, employment, social networks, and economic status has been shown to improve doctor/patient communication that can lead to improved health.

However, the health care system of providers, health plans and hospitals whose primary mission is the delivery of health care services, are not currently organized or structured in a way to actually address housing, employment, economic status etc. Thus, per **SB 2**, by designating

homelessness as needing “treatment” from a medical standpoint may help to elevate the issue, it may not actually be effective in helping to address that person’s housing situation.

Also, while it may be helpful for the health care system to identify and provide services for individuals who are homeless, who also have mental illness, substance use issues or other complex health issues for whom coordinated wrap-around services may help, it is less likely to be useful for those individuals who are healthy, and who are also homeless. For that reason, efforts already identified such as Housing First and the MQD permanent supported housing benefits are targeted for the relatively small number of individuals who would most benefit, and for whom we are likely to see a reduction in overall health costs once we invest in the types of intensive wrap-around supports that would be needed. The Legislature's continued support of Housing First program and added support for mental health and substance abuse programs are essential.

If health care providers were encouraged to appropriately use the diagnosis code of homelessness, the overall health costs for that individual could be gathered through analyzing the administrative claims data. Of note, per **SB 8**, if health care providers were to be required to separately capture information on an individual’s housing status it is unclear what enforcement mechanism would need to be put in place; if a person would need to be asked about their housing status every time they came into the office if that would impact the provider/patient relationship; or if it would add to the administrative burden of the health care provider office that already seems to be a concern for some.

If the data on homelessness were to be collected separately, questions of privacy and consent would also need to be worked through. Since state privacy laws are stricter than the federal laws, any rules regarding the collection of data would need to address the state privacy laws. Health plans would need to develop reports to transmit to DHS, and DHS would need to increase resources in order to analyze and develop the reports. Given the data already available, it is unclear how the reports would be used to inform policy.

In sum, addressing homelessness, particularly chronic homelessness, is already a major focus for MQD and the State. MQD and DOH, and many other entities are already collaborating and working together.

The Governor included in the Executive Budget, requests for additional resources to systematically and strategically address the issues these measures address. We ask the Legislature support these efforts with appropriations through the Executive Budget.

Thank you for this opportunity to provide comments on these measures.

January 30, 2017 at 3:00 PM
Conference Room 016

<u>Senate Committee on Commerce, Consumer Protection, and Health</u>
<u>Senate Committee on Human Services</u>

To: Chair Rosalyn H. Baker
Vice Chair Clarence K. Nishihara

Chair Josh Green
Vice Chair Stanley Chang

From: Paige Heckathorn
Senior Manager, Legislative Affairs
Healthcare Association of Hawaii

Re: Testimony Submitting Comments
SB 8, Relating to Medical Assistance

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 160 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

We would like to thank the committees for the opportunity to **submit comments** on SB 8. We appreciate the intent of this bill, which seeks to quantify the costs of medical care incurred by patients who are homeless and enrolled in medical assistance programs such as Medicaid. However, we have some reservations regarding the implementation of this measure. For example, it may not be possible for all providers to submit and share this type of data on their claims due to privacy laws and regulations or it may be difficult for providers to list a patient as homeless in any medical records. In some cases, providers must list an address and, in those cases, will list the address of various shelters.

We would be interested in exploring options for capturing this data, which can be used to drive policy on related matters. For example, the Medicaid application process could serve as the information source for this information since the Department of Human Services (DHS) and/or the plans might be able to identify individuals with no permanent address. Going forward, DHS and the plans may also be able to include a notation on their applications if a patient is homeless. Thank you for your time and consideration of our comments on this matter.

Phone: (808) 521-8961 | Fax: (808) 599-2879 | HAH.org | 707 Richards Street, PH2 - Honolulu, HI 96813

Affiliated with the American Hospital Association, American Health Care Association, National Association for Home Care and Hospice,
American Association for Homecare and Council of State Home Care Associations

An Independent Licensee of the Blue Cross and Blue Shield Association

January 30, 2017

The Honorable Rosalyn Baker, Chair
The Honorable Clarence Nishihara, Vice Chair
Senate Committee on Commerce, Consumer Protection, and Health

The Honorable Josh Green, Chair
The Honorable Stanley Chang, Vice Chair
Senate Committee on Human Services

Re: SB 8 – Relating to Medical Assistance

Dear Chair Baker, Chair Green, Vice Chair Nishihara, Vice Chair Chang, and Committee Members:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 8, which would require providers and health plans to gather data regarding homeless individuals' use of medical assistance programs. HMSA has a long standing commitment to improving the health and well-being of our state and therefore offers the following comments regarding SB 8.

HMSA and the HMSA Foundation continue working towards improving health outcomes for our members and the state. An example of that commitment is the investment in the Blue Zones Hawaii project (most recently in Maui and central and west Oahu). One of the goals of Blue Zones involves looking at ways to combat homelessness and the health related conditions associated with individuals who are homeless. HMSA has also been a partner in Hawaii Pathways Project, a Housing First project specifically focused on providing permanent supportive housing to chronically homeless individuals struggling with substance use or substance use w/mental illness.

Should SB 8 advance we would respectfully urge the Committee to consider including language to subsection (b) ensuring that any data transferred with respect to this request be de-identified and that any transfer of data be compliant with the Health Insurance Portability and Accountability Act (HIPAA) in order to protect sensitive personal medical data. The Committees may want to consider amending subsection (b) and delete "at a minimum" in order to provide clarity to plans as to what information is expected.

Finally, a more direct approach to effectuating the intent of SB 8 may be for DHS to require members to indicate if they are homeless in their initial Medicaid application and during re-evaluation. This could help ensure that a common/standardized identifier is recorded and that the recording itself is consistent. If health plans are responsible for collecting this data, we would respectfully request that an appropriate amount of time be awarded so that the collection and storing of this additional data element can be implemented operationally within our data systems.

Thank you for allowing us to provide testimony on SB 8.

Sincerely,

Mark K. Oto
Director, Government Relations.

From: mailinglist@capitol.hawaii.gov
Sent: Friday, January 27, 2017 10:46 PM
To: CPH Testimony
Cc: williamrandysmith@gmail.com
Subject: *Submitted testimony for SB8 on Jan 30, 2017 15:00PM*

SB8
Submitted on: 1/27/2017
Testimony for CPH/HMS on Jan 30, 2017 15:00PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
William R Smith	Individual	Support	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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