# Public Feedback Form

## Instructions and Timeline for Submitting Responses

The Department encourages all interested stakeholders to submit feedback on draft service definitions and pricing inputs using this form.

Submit all completed responses to healthyopportunities@dhhs.nc.gov by **5pm, Friday, August 2, 2019**. The email subject line should read, "Healthy Opportunities Pilots: Service Definition Feedback Form".

## Information about Respondent

**Organization Name(s)**: __Reinvestment Partners_____

**Contact Name:** __Peter Skillern_____

**Contact Email Address**: ____peter@reinvestmentpartners.org_____

**Organization Type (if applicable):**
___ Human services
_X__ Social service agency
___ Foundation
_X__ Advocacy Group
___ County-based agency or department
___ Coalition or association
___ Health clinic
___ Health System
___ Other: _____

## Feedback on Pilot Service Definitions & Pricing Assumptions

| Service Name | Feedback |
|---|---|
| *Fill in the service name here* | *Provide feedback specific to the service (including its covered activities, provider qualifications, payment approach and pricing assumptions, if applicable) here* |
| Housing Safety & Quality Inspection | Please see attached comments. |
| Home Remediation Services | Please see attached comments. |
| Home Accessibility Modifications | Please see attached comments. |
| Healthy Home Goods | Please see attached comments. |
| Short-Term Post-Hospitalization Housing | Please see attached comments. |

## General Feedback:

*Use this space for general feedback not linked to a specific proposed Pilot service.*

Reinvestment Partners (RP) respectfully submits these comments in response to the North Carolina Department of Health and Human Services' (DHHS) Draft Pilot Service Definitions for Pricing Purposes as part of the North Carolina Healthy Opportunities Pilots. RP is submitting comments in the following areas:

- Housing Safety and Quality Inspection
- Home Remediation and Home Accessibility Modifications
- Healthy Home Goods
- Short-Term Post Hospitalization Housing and Medical Respite Care

Housing Safety and Quality Inspections

Housing Safety and Quality Inspections as defined in the draft service definitions are designed to assess "potential home-based health and safety risks to ensure living environment is not adversely affecting occupants' health and safety". RP believes that a Housing Quality Inspection is helpful for individuals or families that are moving into new or existing housing units. Similarly, it may be the first step in identifying the need for further assessment of in-home environmental health and safety issues for existing occupants.

The Housing Safety and Quality Inspection is not the tool for determining the scope of work for home repairs for health or home modifications, but it can serve as the initial inspection to lead to further referral for a more detailed analysis of home repair and/or modification needs. The scope of work for home repairs for health and/or home modifications needs to be prepared by a qualified contractor in coordination with a health care manager who understands the medical conditions and needs of the client. We recommend the development of a process for the Housing Quality and Safety Inspector to make those referrals back to the health care manager for additional home repairs/modifications for existing occupants.

Home Remediation Services and Home Modifications

In a landlord-tenant situation, the process for home repairs and home modifications require the consent of the landlord as well as an agreement to a two-year lease at the current rent rate. The housing navigator or care manager should have the landlord's signed consent and a written agreement to the required lease terms before starting the inspection process. Otherwise, it will be a waste of time.

We appreciate the inclusion of a coordination fee above and beyond the cost of the construction. However, it is unclear which party determines the scope of work for repairs and/or modifications. Is the scope of work determined by a contractor, the care manager, the housing coordinator, or another party? We recommend for both home remediation and home modifications that the scope of work be determined by a Housing Rehab Specialist who understands the housing conditions in coordination with the care manager who understands the medical needs of the client.

The service description requires that payments be made by the organization coordinating this service directly to the third party. The organizations most likely to coordinate the service and write scope of work will have construction capacity because they will need experience in home repairs. Housing navigators and case managers will not have the capacity to write scopes of works that require construction experience. Therefore, the third-party requirement may be too restrictive.

In terms of the payment, we recommend more clarification on the tiers defining "lower cost" and "higher cost" projects. Projects under $5,000 should not require multiple bids. Projects more than $5,000 but less than $10,000 should require a test for reasonableness but not multiple bids. While the coordinating agency can solicit multiple bids for projects, the multiple bid requirement can delay the repairs. Our experience in home modifications has shown that it's often hard to get multiple bids for projects less than $20,000 in scope. In addition, if the coordinator can demonstrate good faith solicitation of multiple bids, there should be a time limit on the requirement so that it does not delay the repair or improvement for months.

Home Remediation

The home repair eligibility standards are broad and vague. Given the large scope of eligibility for anyone that lives in housing that is adversely affecting his/her health, the program has the potential to quickly deplete funds and overwhelm the capacity of home repair organizations. Because of limited funding and resources, we recommend that NC DHHS focus eligibility for home repairs to address the following conditions:

- Asthma
- Safety and fall hazards
- Lead poisoning hazards

The link between at-home environmental conditions and asthma is clearly established. Dust, mold, and other environmental triggers can make asthma symptoms worse. Home repairs for asthma can address issues related to flooring (replacing carpeting), addressing water issues causing mold (such as leaky pipes or roof), and repairs to openings that allow for infestation of pests. In fact, practitioners could come up with a standard set of pre-approved vendors and prices for well understood work: removing carpet and replacing it with other flooring, patching holes and or sealing around pipes.

Safety and fall hazards are another well understood home repair affecting health, particularly for those with limited mobility.

Lead poisoning is relatively limited epidemiologically but has serious and long-lasting adverse health implications for those children affected. Lead abatement is a specific programmatic activity overseen by the EPA. There is limited funding for lead abatement, which is expensive, so having Medicaid funding would be significant. We suggest a waterfall of interventions that start with home assessments and lead hazard reductions and then move to lead abatement by certified professionals if necessary. Children with elevated blood lead levels are referred for a home screening and a visit from a qualified lead risk assessor. The lead risk assessor identifies potential lead hazards in the home, provides strategies for the family to reduce hazards, including cleaning strategies, and can help determine other options or next steps. Lead abatement requires specially certified contractors and inspectors.

Home Accessibility Modifications

Many of the comments related to home repairs apply to home modifications. Medicaid has an existing Home Modification program under the CAP C/DA program. We recommend that NC DHHS use this existing, approved program as the framework for the Home Accessibility Modifications under the Healthy Opportunities Pilots. For example, in the existing program, case managers, contractors, and health providers all work together to determine the scope of work that fits the needs of the patient and caregiver. The standards for eligibility under CAP C/DA are high. The Healthy Opportunities Pilots offer the opportunity to expand who is eligible for home modifications, but the existing program provides the framework.

While the existing program should provide the framework for the Pilot Home Accessibility Modification program, we recommend the following improvements to make the program more efficient and effective.

- While the coordinating agency can solicit multiple bids for projects costing more than $10,000, the multiple bid requirement can delay the repairs. If the coordinator can demonstrate good faith solicitation of multiple bids within a predetermined time frame, but there are not multiple bids, the project should revert to a test for reasonableness so that it does not delay the repair or improvement for months or years.
- As a vendor, RP has submitted bids on projects that can take months or years to get approved. There should be reasonable time frames put into place to ensure that getting from scope of work, contracts, and completion of work does not take years.

In addition, the specific cap limits mentioned in the Home Modification service description are low based on our experience. Reinvestment Partners is a Medicaid vendor providing home modification services under the CAP C/DA program and the service caps are closer to $20,000. For example, modifications to bathrooms to make them handicap accessible are costly. Therefore, we suggest a higher service cap limit for home modifications.

Healthy Home Goods

The Healthy Home Goods service description describes the goods that may be provided to patients to help reduce home-based health and safety risks.

Healthy Home Goods is a pre-approved kit of materials that would be identified as an intervention to address in-home environmental conditions that are affecting the health and safety of residents. The use of Healthy Home Goods, such as the Breathe Easy at Home kit, purposely exclude elements that require structural changes or repairs to the home. Part of the motivation for developing the Breathe Easy at Home Kit was to get around the fact that many low-income kids suffering from uncontrolled asthma live in rental units and not owner-occupied units. The kit was designed to follow the family rather than stay with the house. Healthy Home Goods are portable and can be taken with the patient if/when they move. As a result, it should not require the approval of a landlord.

As a note, we would not include air conditioning units in a Breathe Easy at Home Kit. Air conditioning units require specialized installation that is beyond the scope of the Healthy Homes Specialist and would

be an additional cost. The cost of a window air conditioning unit would be approximately $250 plus the installation service by a professional installer. Plus, window units can be a liability if they fall out of the window.

The Healthy Home Goods cost consideration includes the cost of the home health equipment. However, the payment approach is insufficient to cover the cost of Home Healthy Goods programs because the service description does not include essential elements: home assessment and education and training on the use of the equipment. It will not be effective to hand families a set of equipment without training on how to use the equipment and how to best address the environmental conditions that have the biggest impact on that particular household. That assessment, training, and education can only be done through an on-site visit to the housing unit.

We recommend that a Healthy Homes Specialist deliver the Healthy Home Goods to the household at their residence and provide in-depth training on the equipment. Providing a basket of goods without any training on how to use those goods will be ineffectual. The Healthy Homes Specialist will conduct a brief environmental assessment of the housing unit, develop a strategy with the family on which environmental triggers to prioritize, and provide in-depth training on how to use the equipment overall and in that housing environment. For example, a family suffering from pest infestation will focus on cleaning and use of safe pest control. A family with wall-to-wall carpeting will get instruction on how to vacuum most effectively and when to use the air filter. Most families with asthmatic kids will need instruction on how to vacuum the child's mattress, put on the hypoallergenic mattress covers, and get instructions on the washing and care of bedding.

We estimate that this level of assessment and education will require up to four hours including travel and should be provided by an experienced Healthy Homes Specialist and a Healthy Homes trainee. For safety reasons we recommend two attendants at the home visits and suggest using the trainee position as a job training opportunity. We also believe that a one-hour follow-up visit within a month of the initial visit would be most effective in holding families accountable and changing behavior.

In addition to training and education, the service description fails to recognize the administrative cost to purchase equipment, coordinate distribution and delivery, and coordinate delivery of training and education. Reinvestment Partners envisions a regional program with central purchasing and distribution of equipment, with local groups providing the home visits, education, and training. There is an administrative cost for intake, purchasing equipment, putting together healthy home kits, ensuring certified delivery of kits to the nonprofit providing the in-home visits and training, and following up with those local service delivery groups. We estimate a cost of approximately $300/client for the administration of the program.

We estimate that the additional cost of the in-home assessment, education, and training would be $500 - $625, and that the administrative costs would be $250, bringing the total cost of the program to $1,550 - $1,675 for the Breathe Easy at Home program. However, one night in the hospital costs between $3,000-$10,000.

| Service Name | **Healthy Home Goods** |
|---|---|
| Service Description | Health-related home goods furnished to eliminate potential home-based health and safety risks to ensure living environment is not adversely affecting occupants' health and safety. Service includes:<br><br>• Home assessment to identify and prioritize environmental triggers<br>• Healthy homes equipment, (e.g. Breathe Easy at Home Kit with HEPA-vacuum, air filter, green cleaning supplies, hypoallergenic mattress and pillow covers, and non-toxic pest control supplies)<br>• Training and education on use of the equipment to reduce environmental triggers<br><br>All services provided must align with a Housing First approach to increase access to housing, maximize housing stability and prevent returns to homelessness. |
| Frequency | Enrollees may receive healthy home goods and training when there are health or safety issues adversely affecting their health or safety |
| Duration | Home visits: 3 months; Equipment: NA |
| Setting | In the enrollee's home. |
| Eligibility Standards | Enrollee must have an identified health condition that is adversely affected by environmental conditions in the enrollee's housing unit.<br>Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan.<br>Enrollee is not currently receiving duplicative support through other federal, state, or locally funded programs. |
| Service Provider Description | |
| Service Provider Qualifications | Healthy Homes Specialist with Healthy Homes training and 2 years of experience<br>Healthy Homes Trainee - in process of receiving training. No experience required but will accompany Specialist on home visits<br>If enrollee is not concurrently receiving Housing Navigation, Support and Sustaining Services, their primary Medicaid care manager will be responsible for coordinating this service. |
| Service Payment Approach and Pricing Inputs | |
| Unit of Service | 1 enrollee served |
| Payment Approach | Cost-based reimbursement for goods up to a per enrollee annual cap<br>One payment per member/patient for training and for administrative costs capped at $625 for two home visits. |

| | |
|---|---|
| Billing Thresholds/Limits | Cost of goods must be reasonable and competitive against market rates<br>Cost per site visit<br>Exceptions to the cap will be considered on a case-by-case basis for approval by the PHP and notifications to the Department |
| Cost Considerations | Cost of healthy home goods, such as HEPA-vacuum, air filter, green cleaning supplies, hypoallergenic mattress, pest control, etc.<br>Cost of initial site visit with assessment, education and training (4 hours)<br>Cost of follow up site visit to check up on use of equipment (1 hour)<br>Home visits should always be conducted by two people for safety reasons |
| Relevant Benchmarks | CAP C/DA Comparable Service Caps: Participant Goods and Services<br>$800/year for equipment<br>Administrative cost for packaging of goods, coordination of distribution/delivery, and coordination of service delivery - $300<br>$400-500 for initial home visit; $125 for follow up home visit |

Short-Term Post-Hospitalization Housing and Medical Respite Care

Reinvestment Partners supports the provision of Short-Term Post-Hospitalization Housing and Medical Respite Care as effective means of reducing Medicaid expenses and improving patient care. One night in the hospital can cost $3,000, which is sufficient to cover approximately six months of rent for a bed in a group home. Facilitating stable short-term post-hospitalization housing for patients will improve health outcomes and save money.

We recommend that DHHS address the contradictory requirements that "post-hospitalization housing be short-term, not to exceed 6 months" AND that it be "limited to permanent housing in a private or shared housing unit."

Federal, state and local program regulations define permanent housing as having a 12-month lease with a renewable option. Short-term housing is considered emergency or transitional. By definition, short-term housing of less than one year cannot be permanent housing. In fact, HUD defines homeless medical respite as emergency shelter or transitional housing.

The contradiction of the language as currently written will make this service difficult to provide in an efficient and effective manner and will cut off financing for any new housing to serve this population. This contradiction may be resolved by simply eliminating the permanent housing language and better defining the intent of the requirement. Reinvestment Partners recommends that allowable settings include transitional housing, family care homes, and hotel/motel rooms in addition permanent housing.

Current providers of respite care have argued that it is difficult to offer short-term housing in scattered sites of existing housing; affordable housing is often in poor condition and the scattered site locations make it difficult and inefficient to provide respite care and/or post-hospitalization services. One of the solutions to that problem is to provide short-term post-hospitalization housing in a single facility in which each patient has his/her own room or efficiency apartment. However, the challenge is how to

finance/develop a single facility to provide short-term post-hospitalization housing that can coordinate medical respite care.

The development of affordable housing requires public subsidies, such as low-income housing tax credits, city grants, subsidized financing, or rent assistance. The existing subsidies require annual audits to ensure that a) residents meet income eligibility requirements and b) that leases are twelve months. Master leases by a health care provider do not meet the permanent housing requirement because the lease must be in the name of tenant.

Different funding sources for homeless services through the Continuum of Care can potentially pay for emergency housing infrastructure and services such as post-hospitalization housing. While housing units are eligible, it is by definition not permanent. Short-term post-hospitalization housing is not a priority with the Continuum of Care and therefore unlikely to receive funding.

Because most government financing for affordable housing requires permanent housing, single facilities for short-term hospitalization would have to be funded without government housing subsidies. This makes the development of any of this type of housing unlikely since it will not be cost effective. It will be difficult to get traditional, conventional financing from a bank for short-term housing as well. Therefore, we request that NCDHHS work with the North Carolina Housing Finance Agency and other public finance agencies to develop a funding program for short-term post-hospitalization housing.