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December 15, 2021

Senator Ned Claxton, Chair  
Representative Michele Meyer, Chair  
Members of the Joint Standing Committee on Health and Human Services  
100 State House Station  
Augusta, ME 04333-0100

RE: *Resolve, To Require the Department of Health and Human Services To Request a Waiver Relating to Support Services and To Provide Funds To Prevent Homelessness*

Senator Claxton, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services:

This report is in response to your June 14, 2021 letter stemming from *LD 48, Resolve, To Require the Department of Health and Human Services To Request a Waiver Relating to Support Services and To Provide Funds To Prevent Homelessness*, where you requested that the Department update the Committee on progress the Department has made in obtaining the State Plan Amendment and with providing supportive housing services.

Beginning in 2019, MaineCare began working with stakeholders through an Innovator Accelerator Program (IAP) initiative awarded through the Centers for Medicare and Medicaid Services. The work involved a larger stakeholder group comprised of providers of supportive housing in Maine, interest groups and advocates, Community Care Teams, and MaineHousing. We began developing a benefit model under a federal authority that would support two overarching goals related to improving coverage of supportive housing services for people experiencing long-term homelessness:

1. **Service continuity:** Ensuring that members remain eligible for supportive housing services until housing is maintained, instead of the current service matrix which can result in loss of services or continual hand-offs between agencies as member eligibility for different covered benefits shifts.
2. **Comprehensive care:** Ensuring that members have a consistent team of providers providing comprehensive psychosocial assessments, person-centered plans of care, transitional supports, housing supports, and care coordination to ensure integrated access to primary care, behavioral health care, and community-based care services.

The federal Health Home authority is unique in that it enables achievement of these goals and allows members to maintain eligibility for supportive housing services, supports the development of therapeutic trust with their providers, and aligns with supportive housing services through the utilization of comprehensive care management, care coordination, and a person-centered plan of care. The model provides supports to assist the member in moving from a state of greatest

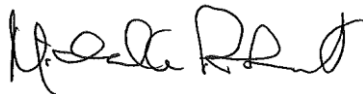
dependency, dysregulation, and fragmented care to one of continuously supported independence with coordinated care.

Through our stakeholder meetings, we came to consensus on the staffing model, including staff to member ratios, needed for this supportive housing model. We constructed different tiers of services depending on member need: an Intensive Tier; a Stabilization Tier; and a Maintenance Tier. Differing reimbursement rates are associated with each tier. This prospective program has been named the Housing Outreach and Member Engagement Program, or HOME Program.

This program will be established within Section 91 of the MaineCare Benefits Manual, *Health Home Services*. The proposed HOME rule changes are being made with other proposed changes within Section 91. The proposed rule was filed with the Secretary of State on December 14, 2021. DHHS anticipates proposing this rule in the coming months and adopting it with an effective date in Spring 2022. We will seek State Plan Amendment approval from CMS to coincide with the effective date of the rule.

Stakeholders have also expressed interest in exploring options for developing an additional supportive housing services benefit, to include possible 24/7 staffing for a shelter or support services tied to a specific location (a housing complex, for example). The Department has pledged to work with providers, MaineHousing, and other interested parties over the next year to explore possible federal authorities under which such a program could exist.

Sincerely,

A handwritten signature in black ink, appearing to read "Michelle Probert". The signature is fluid and cursive, with the first name "Michelle" and last name "Probert" clearly distinguishable.

Michelle S. Probert  
MaineCare Director

cc: Rep. Michael Brennan, sponsor of LD 48