



Bringing Independence Home:

Housing-Related Provisions Under Medicaid 1915(c) Home and Community Based Services Waivers

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EXECUTIVE SUMMARY

In this issue brief, we analyze housing services provided under 1915(c) Home and Community Based Services (HCBS) waivers. The 1915(c) HCBS waiver program – established through the Omnibus Budget Reconciliation Act of 1981 – gives the Centers for Medicare and Medicaid Services (CMS) the authority to waive certain Medicaid provisions and allow funding for HCBS for beneficiaries who need a nursing-home level of care. We examine the range of housing-related services included in 1915(c) HCBS waivers, in order to illustrate some of the policy options and considerations involved in expanding housing supports through Medicaid.

Despite national efforts to shift long-term services and supports from institutions to the HCBS settings consumers prefer, many Medicaid beneficiaries continue to receive care in institutional settings. Finding affordable and accessible housing is one of the biggest barriers to receiving services at home and in the community for Medicaid beneficiaries eligible for institutional-level care. For many older and lower-income beneficiaries, as well as those with mental, physical, developmental and intellectual disabilities, ongoing support and case management are necessary to support successful community dwelling. Federal Medicaid law does not permit Federal Financial Participation (FFP or federal matching funds) to pay room and board costs for non-institutionalized beneficiaries, but states do have the flexibility to design a package of Medicaid benefits through waivers of Medicaid rules for other housing-related supports that can encompass a broad range of services related to housing transition and sustainability. These may include services that both aid in the transition to independent housing and a range of services to sustain successful community dwelling.

We focused our review on 1915(c) waivers in order to compare the breadth and range of Medicaid-funded housing services across multiple states as more states, by far, use 1915(c) HCBS waivers than any other option to deliver HCBS to beneficiaries eligible for institutional-level care. A broad range of services can be included such as, personal attendant care, home-delivered meals, case management and skilled nursing. Services that help individuals avoid institutionalization, such as home accessibility adaptations, community transition, personal emergency response services (PERS), and housing coordination, may also be included.

We identified twenty-three 1915(c) waivers in six different states (AL, CA, CT, LA, MN, and WI) that provide comprehensive housing-related services and supports. Most of the waivers included provisions related to housing coordination, community transition, environmental accessibility adaptations and PERS; however, services supporting housing sustainability were varied. We found a wide variation in the range and level of specific services provided under each state's waiver. These are summarized into five broad groups in the Key Findings section.

Medicaid 1915(c) waivers offer opportunities for improving access to housing supports. Even as we describe some of the housing-related services and supports currently reflected in 1915(c) waivers, we note that some key services are lacking. For example, most of the waivers in our analyses included reimbursement for transition activities and environmental accessibility adaptations, but on-going support post-transition was less common. The Money Follows the Person demonstrations have shown that post-transition services such as emergency planning, tenant coaching and landlord negotiations are important to successful and sustainable living at home and in the community.

Despite the new challenges to Medicaid, the need for robust approaches to home and community based services will only increase as the number of seniors grows and given that the strong preference of most Americans to remain independent at home as long as possible, rather than moving into a nursing home.

To adequately support these needs, it is important first of all to ensure sufficient funding and access to the vital services covered by Medicaid. In addition, we believe that the types of housing-related services in 1915(c) waivers as well as in Money Follows the Person, provide a helpful template for states, advocates, providers and plans

interested in strengthening home and community based services. The positive outcomes from these interventions make a strong case that providing broad and effective housing supports for successful sustained living in the community can improve the health and quality of life for beneficiaries, and reduce costs.

INTRODUCTION

Despite national efforts to shift long-term services and supports from institutions to the home and community based (HCBS) settings consumers prefer, many Medicaid beneficiaries continue to receive care in institutional settings.¹ One of the major barriers preventing Medicaid beneficiaries from transitioning out of nursing homes and other institutional living facilities and into the community is the ability to find and sustain adequate housing. Housing affordability, upfront costs related to securing housing and necessary home modifications for accessibility create immediate financial barriers to transition into independent community-based living. For many older and lower-income beneficiaries as well as those with mental, physical, developmental and intellectual disabilities, ongoing support and case management are necessary to support successful community dwelling. Federal Medicaid law does not permit Federal Financial Participation (FFP or federal matching funds) to pay room and board costs for non-institutionalized beneficiaries, but states do have the flexibility to design a package of Medicaid benefits through waivers of Medicaid rules for other housing-related supports that can encompass a broad range of services related to housing transition and sustainability.

In this issue brief, we analyze housing services provided under 1915(c) HCBS waivers. We examine the range of housing-related services included in 1915(c) HCBS waivers, in order to illustrate some of the policy options and considerations involved in expanding housing supports through Medicaid. It is our hope that these examples will be informative in shaping HCBS waivers and that housing-related services are incorporated into a broader range of Medicaid models.

Background: Importance of Housing-Related Supports in HCBS

Finding affordable and accessible housing is one of the biggest barriers to receiving services at home and in the community for Medicaid beneficiaries eligible for institutional-level care. Many who want to relocate to a community setting lack the necessary resources and supports to transition to their own private residence.² Although though the Medicaid statute disallows the use of federal funds to pay for “room and board”, states can receive federal assistance through Medicaid for other housing-related supports. Housing-related supports can encompass a broad range of services related to housing transition and sustainability. Transition services include: the development of a support plan to meet the housing needs and preferences of the beneficiary, assistance with the housing application process and one-time moving and set-up expenses (e.g. security deposit, moving fees, basic home furnishings, cleaning services, pest removal, etc.). Sustaining services include: ongoing tenant coaching for successful tenancy (e.g. on-time rental payments) and supporting tenant relationships with landlords and property managers. Recent state demonstrations have shown the importance of housing-related services to achieving community integration, beneficiary satisfaction and long-term services and supports (LTSS) rebalancing goals for a greater proportion of Medicaid spending on HCBS than institutional care.

Much has been learned from the Money Follows the Person (MFP) demonstration about the role of housing-related supports for individuals needing LTSS. Since 2008, the MFP demonstration has transitioned over 50,000 individuals across 43 states and the District of Columbia from institutional settings back into the community.³ With enhanced federal Medicaid funds, participating states assisted beneficiaries with finding and establishing private, self-directed services in home and community-based settings. States provided housing-related services such as housing and

transition coordinators, assistance with first month's rent or a security deposit, home accessibility adaptations, and personal emergency response systems (PERS). Outcomes from the demonstration have been overwhelmingly positive. A report by the Government Accountability Office found that the majority (85%) of transitioned individuals remained in the community for at least one year after their transition. MFP participants had significant improvements in their reported life satisfaction.⁴ Total Medicaid and Medicare expenditures declined as much as 30% for all target populations as a result of shifting LTSS spending from institutional to community-based settings.⁵ Process evaluations found that few demonstration participants had any experience locating housing in their community, and many participants had limited savings to cover moving-related expenses. Furthermore, state officials identified transition and housing coordinators as well as coverage of one-time moving expenses as the most important determinants of success.⁶ These lessons are very relevant to efforts to help people avoid unnecessary nursing home stays in the first place.

Concomitant with the findings from the MFP demonstration and other programs⁷ has been increasing interest in and evidence for housing as a critical platform for improving health. Interventions that ensure safe and stable living conditions can positively impact mental well-being, improve health outcomes for individuals with chronic illness and reduce health care spending associated with emergency room visits.^{8,9,10} The Centers for Medicare and Medicaid Services (CMS) released an informational bulletin in June 2015¹¹ emphasizing the importance of housing-related services and supports to achieve goals for community integration and LTSS delivery system transformation. The bulletin was designed to encourage more states to include these services in their waiver program.

Overview of 1915(c) HCBS Waivers

The 1915(c) HCBS waiver program – established through the Omnibus Budget Reconciliation Act of 1981 – gives CMS the authority to waive certain Medicaid provisions and allow funding for home and community based services for beneficiaries who need a nursing-home level of care. Waiver services are designed to serve target populations (e.g., people and/or children with physical, intellectual or developmental disabilities, HIV/AIDS, brain injuries and the elderly) and may be limited to beneficiaries in a specific geographical region of the state (e.g., city, county, etc.). In this way, states may craft a package of services for specific populations with more extensive needs. Waiver spending must be no more than the cost of institutional care for the beneficiaries served.

Opportunities and Limitations for Housing-Related Services

With 1915(c) waivers, states have the flexibility to test new ways to deliver care and create alternatives for beneficiaries in need of institutional-level care. A broad range of services can be included such as, personal attendant care, home-delivered meals, case management and skilled nursing. Services that help individuals avoid institutionalization, such as home accessibility adaptations, community transition, personal emergency response services (PERS), and housing coordination, may also be included. States may propose new services and service definitions to better meet the target population's needs for home and community-based care. Waivers are eligible for annual review and states can submit amendments to CMS to add, delete or modify services.

Despite these opportunities, there are limitations with 1915(c) waivers worth noting. The availability of services is limited to participants that meet the state's criteria for needing institutional-level-care and fit within the specified target populations. Thus, 1915(c) waivers do not address housing needs for those who do not meet this threshold of care. Even for those who meet the eligibility requirements, services are not guaranteed. States control the number of waiver participants and also set per participant cost limits. Expanding funding for waivers could potentially address some of these limitations.

Despite these opportunities, there are limitations with 1915(c) waivers worth noting. The availability of services is limited to participants that meet the state’s criteria for needing institutional-level-care and fit within the specified target populations. Thus, 1915(c) waivers do not address housing needs for those who do not meet this threshold of care. Even for those who meet the eligibility requirements, services are not guaranteed. States control the number of waiver participants and also set per participant cost limits. Expanding funding for waivers could potentially address some of these limitations.

Why Review 1915(c) HCBS Waivers?

There are multiple pathways for states to incorporate housing-related services and supports into their Medicaid benefits. States can incorporate housing supports through the [1915\(c\) HCBS Waiver program](#), [1915\(i\) HCBS State Plan Option](#) and [1915\(k\) Community First Choice State Plan Option](#), [1915\(b\) Waivers](#), [1905\(a\) State Plan Services](#) and [Section 1115 Waivers](#). However, the extent to which states utilize these pathways to incorporate housing-related services varies. A review of the seventeen 1915(i) state plan amendments (SPA) found that few included any housing-related services. Among the eight states with approved 1915(k) state options, four included housing-related services.

We focused our review on 1915(c) waivers in order to compare the breadth and range of Medicaid-funded housing services across multiple states and different populations. Far more states use 1915(c) HCBS waivers than any other option to deliver HCBS to beneficiaries eligible for institutional level care. According to the CMS website, over 300 1915(c) waivers are currently active in 47 states and the District of Columbia, serving nearly one-and-a-half million beneficiaries. One study estimated state Medicaid LTSS programs saved more than \$57 billion in 2006 through the use of 1915(c) HCBS waivers by averting the delivery of services in institutional settings.¹² With this widespread and existing infrastructure, 1915(c) waivers offer a unique opportunity for states to amend their HCBS waivers to include housing-related supports. A growing number of states are also seeking approval for Section 1115 Demonstration Waivers, which are more comprehensive than 1915(c) waivers and can also include housing supports. Comparing how different states have incorporated housing-related services into Section 1115 waivers is an area of interest for future analysis.

METHODOLOGY

The primary objective of this analysis was to identify and categorize various strategies states are using to address housing-related services and supports via their 1915(c) HCBS waivers. Based on evidence from the MFP demonstration and other programs, we determined that the most comprehensive waivers for housing supports would include some combination of the following services:

1. Housing Coordination & Stabilization (e.g., assist with housing search and assessment, housing plan, development of crisis or emergency plan, tenant coaching and landlord negotiations)
2. Community Transition (i.e., one-time expenses such as security deposits, basic home furnishings, moving fees, utility set-up fees, pest eradication and pre-transition cleaning)
3. Environmental Accessibility Adaptations (e.g., grab bars, ramps, bathroom remodel and other home modifications)
4. Personal Emergency Response System (PERS) (e.g., base fee for telephone/cellphone to call 911, smoke detectors, alert lighting systems, special EMS response devices, etc.)

To identify waivers with these services, we utilized an online search tool of all waivers and demonstrations on the Medicaid.gov website, restricting our search to approved and pending 1915(c) waivers across all fifty states and the

District of Columbia. We used keywords such as, “housing,” “housing coordination” and “stabilization” to narrow our search. We noted that states use different terms to describe the same services. For example, assistance finding housing could be termed “housing counseling,” “housing stabilization,” “housing access coordination” or “transitional case management,” which made it difficult to rely on the online search tool to accurately find all the waivers that included the services of interest. Moreover, subtle terminological differences were only revealed after thorough review of each waiver application. Although CMS provides guidance for developing service definitions, each state can construct its own with as much (or little) detail to satisfy the CMS requirements. This flexibility and variation in terminology can make it challenging to interpret the boundaries and unique opportunities offered across different state waivers. Due to these limitations, we supplemented our keyword search by seeking input from policy experts and by reviewing the secondary literature. These methods identified four additional waivers for analysis. The waivers were organized by state and target populations. Housing-related services and supports were described and categorized for each waiver.

RESULTS

We identified twenty-three 1915(c) waivers in six different states (AL, CA, CT, LA, MN, and WI) that provide comprehensive housing-related services and supports. Most of the waivers targeted either people with physical disabilities, the elderly, and/or people with developmental and intellectual disabilities. Three waivers were specific to children 18 years and younger, and one waiver each focused on people with brain injuries and serious mental illness. Most of the waivers included provisions related to housing coordination, community transition, environmental accessibility adaptations and PERS; however, services supporting housing sustainability were varied. A summary chart of housing-related services and supports included in each waiver can be found in the appendix. Also, for more detailed descriptions of each service, please see the glossary of terms in the appendix.

KEY FINDINGS

- **Nearly all waivers included substantial service provisions related to community transition and environmental accessibility adaptations.** The most common services included in these waivers were coverage for home modifications, PERS, moving expenses, housing search assistance, and the development of a support plan. These housing-related supports occur up to 180 days prior to moving in and ensure that structural components of the housing are adequate and meet the physical needs of the beneficiary. Most of these services are one-time expenses and may require expertise in certain areas. For example, the Wisconsin waivers require that any person providing assistance with finding housing have some expertise in housing for people with disabilities; other state waivers did not include this requirement.
- **Service provisions that ensure stable and sustainable housing were less common.** The only two states with waivers that included crisis or emergency planning, landlord negotiations and tenant coaching were Alabama and Louisiana. Five of these waivers were directed toward people with developmental and/or intellectual disabilities (Alabama HCBS Waiver, Louisiana Children’s Choice, Supports, New Opportunities, and Residential Options Waivers) and one toward the elderly and adults with physical disabilities (Louisiana Community Choices Waiver). The provision of stabilizing and sustaining services did not vary by adult target populations, but rather by states. For example, the Wisconsin and Connecticut waivers did not include landlord negotiations or tenant coaching, while Minnesota included both these services for all of its waivers regardless of the target population.
- **Although nearly all waivers analyzed include home modifications and one-time moving expenses, expenditure limits for these services vary across states and target populations.** Ten waivers limit

expenditures for home modifications and seven waivers do so for one-time move-in expenses. Expenditure limits are set over a specified period of time (e.g., yearly basis, per transition or lifetime sum) and by service provision. Limits for move-in expenses range between \$3,000 per transition to \$5,000 lifetime. Limits for home modification range from \$1,500 per year (California's San Francisco Community Living Waiver) to \$40,000 per year (all Minnesota waivers). To put home modification expenditure limits in context, a report by the MetLife Mature Market Institute illustrated the range of costs associated with different types of home modifications based on need. While the cost of home modifications can be relatively inexpensive (i.e., grab bar and hand rails), accommodations for wheelchairs can be very expensive. Door widening can be \$800-\$1,200 per door, wheelchair ramps can be \$1,600-\$3,200 each and stair lift installation can be \$3,000-\$12,000.¹³ Waivers with lower expenditure limits may not adequately cover the range of home modifications necessary for a beneficiary to move into a community setting. Minnesota clearly stands out with regard to its \$40,000 per year for home modifications. The Minnesota waivers will cover bathroom remodeling to accommodate a wheelchair, even if it requires adding square footage to the existing home.¹⁴ All other waivers specify that this service may not be used to expand the square footage of any residence.¹⁵

- **Two states, Wisconsin and Louisiana, allow the purchase of non-medical home equipment such as room air conditioners, air purifiers, humidifiers and water treatment systems.** While most state waivers explicitly exclude these items from service definitions for environmental accessibility adaptations, Wisconsin inserted coverage for these items as specialized medical equipment in all of their waivers with supportive housing provisions. Two Louisiana waivers include coverage for these items, the Community Choices Waiver and New Opportunities Waiver. No other states in our analysis did this in their service definitions for specialized medical equipment. These items can be important to maintain health, functioning and independence at home.
- **PERS is included in all waivers as a component of environmental accessibility and adaptations.** This provision enables individuals who would otherwise require 24-hour direct supervision to reside independently at home and ensures housing stability. Although the inclusion of personal emergency response systems in 1915(c) waivers is common, our analysis found that there is a variety of allowable devices and services that may be reimbursed through this provision. States will reimburse costs associated with setting up and maintaining a personal landline or cellular phone to ensure access to emergency services as well as costs associated with battery replacement, extended warranties and service contracts.

CONCLUSION

Medicaid 1915(c) waivers offer opportunities for improving access to housing supports. Even as we describe some of the housing-related services and supports currently reflected in 1915(c) waivers, we note that some key services are lacking. For example, most of the waivers in our analyses included reimbursement for transition activities and environmental accessibility adaptations, but on-going support post-transition was less common. The Money Follows the Person (MFP) demonstrations have shown that post-transition services such as emergency planning, tenant coaching and landlord negotiations are important to successful and sustainable living at home and in the community.

Given the growing body of evidence for positive outcomes and financial savings associated with housing and housing-related services, state advocates and policymakers should consider opportunities to expand access to housing-related supports. Despite the new challenges to Medicaid, the need for robust approaches to home and community based services will only increase as the number of seniors grows and given that the strong preference of most Americans to remain independent at home as long as possible, rather than moving into a nursing home.

To adequately support these needs, it is important first of all to ensure sufficient funding and access to the vital services covered by Medicaid. In addition, we believe that the types of housing-related services in 1915(c) waivers

as well as in MFP, provide a helpful template for states, advocates, providers and plans interested in strengthening home and community-based services. The positive outcomes from these interventions make a strong case that providing broad and effective housing supports for successful sustained living in the community can improve the health and quality of life for beneficiaries, and reduce costs.

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The views presented in this issue brief are solely those of the authors and Community Catalyst.

Appendix A.

Summary Chart – Supportive Housing Provisions By State Waiver

[Next page.]

State	Waiver Name	Target Population	Community Transition			Environmental Accessibility Adaptations				Housing Stabilization & Sustainability		
			Moving Expenses	Search Assistance	Support Plan	Home Modifications	Non-Medical Home Equipment	PERS	Crisis/Emergency Plan	Tenant Coaching	Landlord Negotiations	
AL	HCBS Waiver for Persons with ID	Intellectual Disabilities	✍	✍	✍	✍				✍	✍	✍
CA	SF Community Living Benefit	Aging/Physical Disabilities	✍	✍	✍	✍						
	Nursing Facility/Acute Hospital Waiver	Physical Disabilities	✍	✍	✍	✍						
	HCBS Waiver for Californians w/ DD	Developmental Disabilities (incl. ID & ASD)	✍	✍	✍	✍						
	In Home Operations	Physical Disabilities	✍	✍	✍	✍						
CT	Mental Health Waiver	Serious Mental Health	✍	✍	✍	✍						
LA	Community Choices Waiver	Aging/Physical Disabilities	✍	✍	✍	✍						
	Children's Choice Waiver	Developmental Disabilities Child (incl. ID & ASD)	✍	✍	✍	✍						
	Supports Waiver	Developmental Disabilities (incl. ID & ASD)	✍	✍	✍	✍						
	New Opportunities Waiver	Developmental Disabilities (incl. ID & ASD)	✍	✍	✍	✍						
	Residential Options Waiver	Developmental Disabilities (incl. ID & ASD)	✍	✍	✍	✍						
	Minnesota Brain Injury Waiver	Brain Injuries	✍	✍	✍	✍						
MN	Community Alternative Care	Physical Disabilities	✍	✍	✍	✍						
	Community Alternatives for Disabled Individuals	Physical Disabilities	✍	✍	✍	✍						
	DD	Developmental Disabilities (incl. ID & ASD)	✍	✍	✍	✍						
WI	Children's Long Term Support Developmental Disability Waiver	Developmental Disabilities Child (incl. ID & ASD)	✍	✍	✍	✍						
	Children's Long Term Support SED Waiver	Child Serious Emotional Disturbance (SED)	✍	✍	✍	✍						
	Community Integration Program – DD	Developmental Disabilities (incl. ID & ASD)	✍	✍	✍	✍						
	Family Care Waiver Renewal 2015	Aging/Physical Disabilities	✍	✍	✍	✍						
	Community Options Program	Aging/Physical Disabilities	✍	✍	✍	✍						
	Family Care ID/DD	Developmental Disabilities (incl. ID & ASD)	✍	✍	✍	✍						
	Self-Directed Support Waiver – DD	Developmental Disabilities (incl. ID & ASD)	✍	✍	✍	✍						
	SDS – Elderly and Physically Disabled	Aging/Physical Disabilities	✍	✍	✍	✍						

Appendix B.

GLOSSARY

Environmental Accessibility Adaptations – Physical adaptations to the private residence of the participant or the participant’s family. Adaptations include the installation of ramps, grab-bars, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems. For this brief, we also include PERS and non-medical home equipment (e.g., air conditioners) under this umbrella term.

Home modifications – Use interchangeably with environmental accessibility adaptations. In this brief, we use this term to refer only to the adaptations to the physical structure of the private residence.

PERS – Personal Emergency Response System is any electronic device that enables waiver participants to secure help in an emergency. It could include wearing a portable “help” button to allow for mobility. The system is connected to the participant’s phone and programmed to signal a response center once the button is activated.

Non-Medical Home Equipment – Any equipment that alters the environment of the private residences. Refers to air conditioners, air purifiers, humidifiers and water treatment systems.

Community Transition – Non-recurring services provided before and during transition from an institutional living arrangement. These services include one-time moving fees, housing search assistance and the development of a support plan for living in the community. These services may be overseen by one or more coordinators depending on expertise.

Moving Fees – Set-up fees for individuals such as: security deposit to obtain a lease, utility set-up fees, pest eradication, moving expenses, one-time cleaning and essential household furnishings, including furniture, window coverings, food preparation items, and bed/bath linens.

Search Assistance – Case management or guidance on how a waiver participant may gain access to public or private resources for housing. This includes: identify person’s housing preferences, searching and contacting landlords for housing openings and housing assessment to ensure that needs of participant adequately met.

Support Plan – Outlines the resources needed to ensure that the needs of the waiver participant are met in the community setting. With regard to housing-related supports and services, this includes: identifying necessary home modifications, budgeting expenses, developing short and long-term goals and home management to avoid eviction.

Housing Stabilization – On-going supports that help waiver participants maintain their own housing as set forth in the support plan. We use this term to include crisis/emergency plan, tenant coaching and landlord negotiations.

Crisis/Emergency Plan – Outlines what is to be done if a waiver participant’s housing is placed at risk. The plan will provide support to ensure that temporary and emergency housing and supports are available in the event of an eviction or death of roommate.

Tenant Coaching – Support for waiver participant to understand their rights and responsibilities as a tenant and how to ask for reasonable accommodations and modifications. This also includes support for how waiver participants can develop better relationships with their landlord to ensure housing security.

Landlord Negotiations – Provide on-going communication with landlord or property manager regarding the waiver participant’s disability, needed accommodations and components of emergency plan that involve the landlord or property manager.¹⁶

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