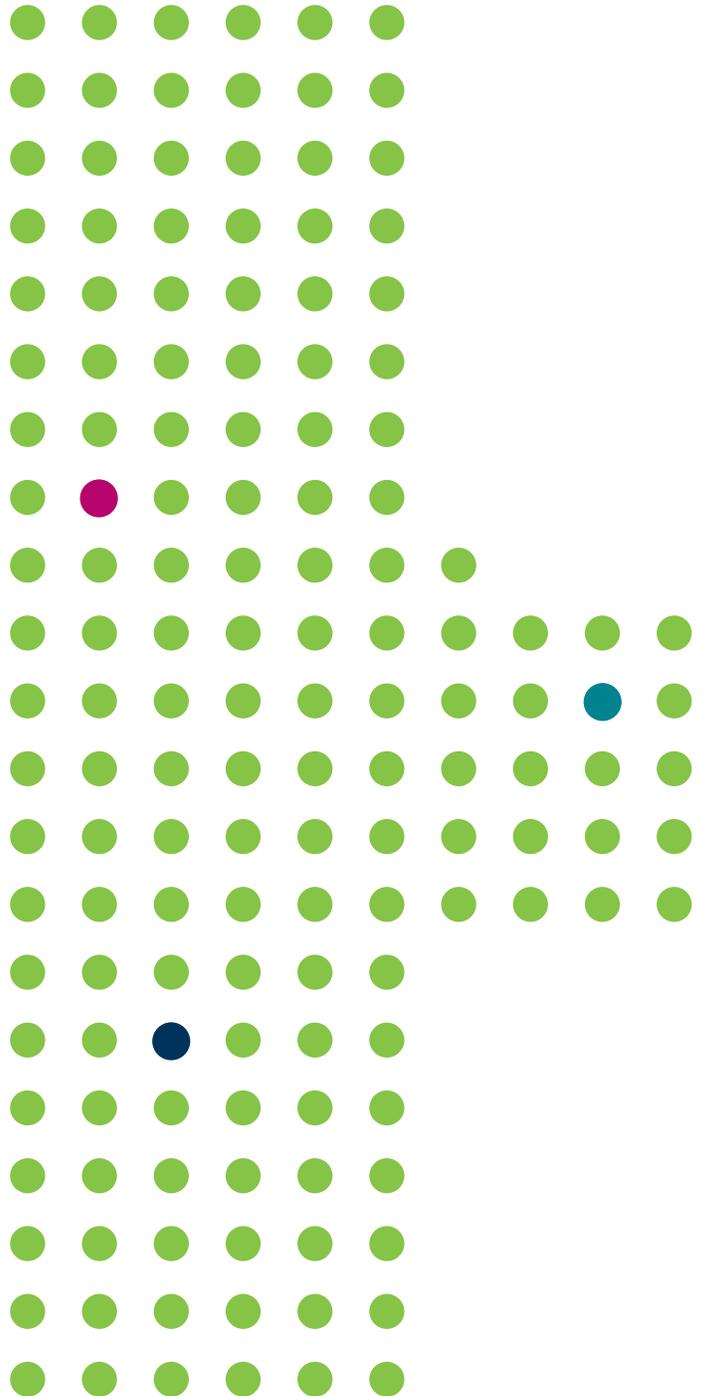


June 2020

# Housing Issue Brief

BOLD GOAL,  
POPULATION HEALTH STRATEGY  
OFFICE OF HEALTH AFFAIRS AND ADVOCACY

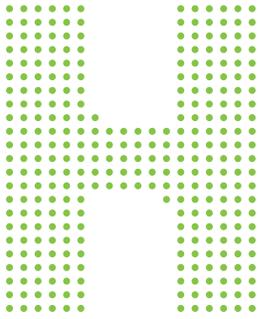
The intent of this policy brief is to inform and update stakeholders on housing as a social determinant of health, including current research and legislation. It's meant to spark conversations over opportunities to affect change. Humana's Bold Goal is dedicated to improving the health of the communities we serve 20% by 2020 and beyond by addressing the health of the whole person.



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## The impact of housing

A seminal *Health Affairs* [article](#) cast housing as one of the “best-researched” social determinants of health (SDOH). As a result, many payers, health systems, and city and state governments are actively pursuing strategies to improve health through housing. In that piece, Taylor describes four dimensions of housing, from having a stable place to call home to the cost-burden of that housing to the conditions inside and outside the home. This complexity presents numerous ways to approach the improvement of health outcomes and costs through housing interventions.

The following brief provides an update on industry-wide efforts to address health through housing, with particular focus on housing stability and quality issues. It also highlights research on interventions and health impact, and includes considerations for areas of exploration.

### By the numbers

**300%**  
increase

Number of shelter residents ages 50 and older in New York City, many of whom are becoming homeless for the first time, between 2004 and 2017. Other cities are experiencing similar trends.

**4 per**  
minute

Rate of evictions in the United States in 2016, or 2.3 million total. Evictions not only create housing instability, they may cause job loss, loss of social support and a lasting toll on mental health.

**39%**  
reduction

Reduction of falls in community-dwelling older people after home assessment and modification intervention, including hazard removal.

## Four pathways connecting housing and health<sup>1</sup>



**Stability** – Individuals experiencing housing instability may experience chronic or intermittent homelessness. Housing instability may also present as frequent evictions or “couch-surfing.” These conditions expose individuals and families to a number of **health hazards** such as trauma, chronic stress and substandard housing conditions. This then may lead to injury, disease, mental illness and behavioral health issues, like substance abuse. Instability can also decrease the **effectiveness** of healthcare interventions, as medication adherence can be difficult or impossible due to improper storage and other issues.

**Quality and safety** – Housing quality issues affect the health of individuals across all age spectrums. **Lead exposure** causes irreversible brain and nervous system damage in children. **Substandard conditions** such as pest infestation, mold, poor ventilation and dirty carpets can exacerbate asthma and other conditions. Even exposure to extreme hot or cold temperatures can be detrimental to health and have been associated with increased mortality. For older adults and people with disabilities, the home environment may create fall hazards. According to a **2018 AARP survey**, three out of four adults age 50 and older want to stay in their homes and communities as they age. While **“universal design” elements**—such as no-step entries, extra-wide hallways and doors to accommodate walkers and wheelchairs, and lever-style door and faucet handles—can help make homes safer for seniors, only 57% of existing homes have more than one of these features. The cost of making necessary home modifications may be too burdensome for many, forcing individuals to either remain in unsafe living environments or move to nursing homes or long-term care facilities.

**Affordability** – Closely related to housing instability is affordability. A family is considered “cost-burdened” if they spend more than 30% of their income on housing costs, including rent or mortgage, utilities, real estate taxes, and insurance. In **2017**, 34.6% of U.S. households were cost-burdened, while 16.3% were severely cost-burdened, paying more than 50% of their income for housing. Severely cost-burdened households are more likely to be renters rather than homeowners. Not only does this burden increase the chances of housing instability but it often means families **struggle** to afford basic needs like food and medical care.

**Neighborhood** – Finally, neighborhood conditions may pose a variety of threats to health. **Communities** may lack access to public transportation to get to work, healthy foods, or safe spaces to exercise. Exposure to environmental pollutants may cause disease and increased healthcare utilization. Even social characteristics, including segregation, crime and **social capital** (defined as “the links, shared values and understandings in society that enable individuals and groups to trust each other and to work together”) may widen health disparities and influence healthy behaviors.

<sup>1</sup>Source: Adapted from Taylor 2018. Adapted from Gibson et al. 2011, Sandel et al. 2018, Maqbool et al. 2015, and Braveman et al. 2011.



## Political and regulatory landscape

### Improving housing quality and safety through Medicare Advantage

Since 2019, the Centers for Medicare & Medicaid Services (CMS) has significantly expanded flexibility for Medicare Advantage (MA) plans to offer nonmedical support through Special Supplemental Benefits for the Chronically Ill (SSBCI). In an [April 24, 2019 memo](#), CMS clarified that plans have “broad discretion” in developing SSBCI as long as there is “reasonable expectation of improving or maintaining the health or overall function of the enrollee as it relates to the chronic disease.” It went on to describe examples of permitted SSBCI, including:

- Pest control treatments or products
- Equipment and services to improve indoor air quality, such as temporary or portable air conditioning units, humidifiers, dehumidifiers, high efficiency particulate air filters and carpet cleaning
- Structural home modifications to assist enrollee’s function, health or mobility, such as widening of hallways or doorways, permanent mobility ramps, and easy-use doorknobs and faucets
- General supports for living that may include plan-sponsored housing consultations and/or subsidies for rent or assisted living communities, as well as subsidies for utilities

MA plans may also consider an individual’s social determinants of health when determining eligibility for SSBCI. For example, in the case of a structural home modification benefit, eligibility could be based on a fall risk assessment conducted to achieve the Star Rating measure. This guidance was codified in the [Final Rule](#) for Contract Year 2021, issued on May 22, 2020.

### Medicaid policy

As the health insurance provider for low-income individuals, Medicaid serves beneficiaries experiencing all types of housing issues. While Medicaid cannot pay for a beneficiary’s rent or for construction of housing, in a [2018 Issue Brief](#) on *Medicaid’s Role in Housing*, the Medicaid and CHIP Payment and Access Commission (MACPAC) outlined a number of ways Medicaid programs may pay for housing-related services. These may include “assistance in finding and securing housing and home modifications when individuals transition from an institution to the community,” as well as lead abatement.



## Medicaid housing-related activities and services<sup>2</sup>

Housing-related service or activity	Definition	Examples
Individual housing transition services	Direct support is provided to individuals with disabilities, older adults needing LTSS (long-term services and supports), and those experiencing chronic homelessness.	<ul style="list-style-type: none"> <li>• Assisting with housing application process and housing search process</li> <li>• Developing an individualized housing support plan</li> <li>• Conducting a tenant screening and housing assessment that identifies the beneficiary's preferences and barriers related to successful tenancy</li> </ul>
Individual housing and tenancy sustaining services	Services that support individuals to maintain tenancy once housing is secured. These services can be ongoing.	<ul style="list-style-type: none"> <li>• Education and training on the role, rights and responsibilities of the tenant and landlord</li> <li>• Assistance with the housing recertification process</li> <li>• Advocacy and linkage with community resources to prevent eviction when housing is or may potentially become jeopardized</li> </ul>
State-level housing-related collaborative activities	Strategic and collaborative activities to assist in identifying housing resources.	<ul style="list-style-type: none"> <li>• Developing formal and informal agreements and relationships with state and local housing agencies to facilitate access to housing resources</li> <li>• Working with housing partners to create and identify opportunities for additional housing options for people wishing to transition to community-based settings</li> <li>• Participating and contributing to planning processes for state and local housing agencies</li> </ul>

<sup>2</sup>MACPAC 2018. Adapted from CMS 2015.



## Using waivers

A number of states have applied for waivers from CMS to pay for housing-related services, most often to support the transition to the community from institutional settings. These include:

- **[Section 1115 waiver demonstrations](#)** – Among these are California’s [Whole Person Care Pilots](#) to improve coordination of physical, behavioral and social health. The waiver allowed the state to invest [\\$100 million](#) from the 2019–20 budget for programs to provide housing services, including funding “the costs of long-term and short-term housing, such as hotel vouchers and rental subsidies, as well as capital investment for housing projects for Medi-Cal beneficiaries who are mentally ill and are experiencing homelessness, or are at risk of homelessness.”
- **[Section 1915\(c\) home and community-based services waivers](#)** – A number of states use these waivers to help individuals who would otherwise reside in a nursing facility transition to and maintain housing in the community. In [Louisiana](#), the state leverages multiple state and federal funding streams, including Medicaid, to provide supportive housing services to individuals with substantial, long-term disabilities and who are in need of housing. [Minnesota’s](#) waiver will cover certain moving expenses, help finding a home, education on how to be a tenant, and home modifications up to \$40,000 per beneficiary per year.

These are in addition to [Section 1915\(b\) Managed Care Waivers](#), which allow states and managed care organizations (MCOs) to invest savings achieved through managed care in housing-related and other additional services that may improve health outcomes for vulnerable populations.

## Federal health and housing programs

There are a number of federal programs administered by the U.S. Department of Housing and Urban Development (HUD) and U.S. Department of Health and Human Services (HHS), among other agencies, to make homes safer for seniors and people with disabilities through home retrofits, home repairs and other modifications. At HHS, programs include in-home and community-based, long-term services provided by the [Older Americans Act](#) and [Medicaid](#) home and community-based waivers. At HUD, programs include the [Community Development Block Grant](#) program, [HOME Investment Partnership Program](#) and the [Housing Trust Fund](#), all of which may also support the development of new affordable housing.

Advocates have pushed for greater alignment of health and housing through more interagency collaboration. In 2018, the Bipartisan Policy Center, led by an advisory group of former George W. Bush and Barack Obama administration officials, released a [report](#), *HUD-HHS Partnerships: A Prescription for Better Health*, which highlighted a number of successful collaborations around evidence-based programs, training and education, research, policy, and surveillance. It also makes a number of recommendations for process improvements and programmatic collaborations to improve health and housing stability among at-risk populations. Alignment would help identify and address gaps, or duplications, in populations supported and make it easier for those in need to identify and access services.



## Federal programs to promote housing stability and affordability

The federal government administers a number of programs that promote housing stability, including programs that provide direct assistance to individuals and families as well as encourage the development of affordable housing.

For individuals and families experiencing housing instability, HUD administers the [Section 8 Low-Income Housing Program](#). Authorized under Section 8 of the U.S. Housing Act of 1937, and amended on a number of occasions, Section 8 includes both the [Housing Choice Voucher program](#) and the project-based rental assistance program. Project-based rental assistance is a form of rental subsidy that is attached to a unit of privately owned housing. Low-income families who move into this housing pay a reduced rent on the basis of their incomes. After coming under criticism for being too costly and for concentrating low-income families in poverty-stricken areas, Congress stopped funding new project-based rental assistance contracts in 1983. Instead, Congress created vouchers, which are portable subsidies that low-income families can use to lower their rents in the private market and are administered at the local level by quasi-governmental public housing authorities. In recent years, the cost of vouchers has increased primarily due to rising costs in the housing market.



### Need for assistance exceeds resources

Unlike Medicare, Medicaid and the Supplemental Nutrition Assistance Program (SNAP), for example, federal housing assistance is not an entitlement in the United States. The number of vouchers available each year is entirely at the discretion of Congress and the president. As a [result](#), only one in four people who are eligible for housing assistance is served. The [unmet need](#) is particularly high among vulnerable groups like seniors, people with disabilities and families with children. These families are frequently cost-burdened, paying more than 30% of income for housing, and therefore have difficulty affording necessities such as food, clothing, transportation and medical care. Nearly 15.6 million low-income renter households are severely cost-burdened, paying more than 50% of income on rent. Frequently, these families live in overcrowded or substandard housing and face the risk of eviction and homelessness. Close to two-thirds of these households have children or are headed by a person who is elderly or has disabilities.

Two [important tools](#) for encouraging the private development of affordable housing include the [low-income housing tax credit \(LIHTC\)](#) program and the [Community Reinvestment Act \(CRA\)](#). The LIHTC program allows banks to reduce their federal tax liabilities when they provide either credit or equity contributions (grants) for the construction and rehabilitation of affordable housing. The CRA, which was enacted in 1977 to increase the credit available in underserved neighborhoods, was expanded in 2005 to provide banks the opportunity to earn CRA credit for “public welfare investments” that may include providing or promoting affordable housing. HUD also administers programs to provide capital funding for the development of housing for vulnerable populations, specifically [Section 202](#) for the elderly and [Section 811](#) for low-income (Medicaid-eligible) persons with disabilities. Further, in 2015, the Internal Revenue Service (IRS) [clarified](#) that nonprofit hospitals could claim housing investments to meet their [Community Benefit Obligation](#) to maintain their tax-free status.



## State and local housing investment and innovation

With so much variation in housing needs across the country, states and cities are often leading the way in innovative solutions. In January 2020, **California** Governor Gavin Newsom **announced** a number of new steps to combat the state's homelessness crisis. These steps include:

1. Allocation of more than \$1 billion in the state's 2020–21 budget toward combatting homelessness and expanding mental health services.
2. Creation of the California Access to Housing and Service Fund, with \$750 million in funding for direct service providers to (a) pay rent for individuals facing homelessness; (b) support regions to bring on more dwelling units; and (c) to help stabilize board and care facilities/homes. This fund is set up to accept donations from foundations and the private sector as well. **For example**, Kaiser Permanente is contributing \$25 million, and Blue Shield of California is contributing \$20 million.
3. Expansion of preventive health services under Medi-Cal, the state's Medicaid program, to meet the needs of chronically unsheltered populations and reduce the cost of healthcare, including tenancy support services, housing navigation services, recuperative care and targeted rental assistance.
4. Identification of state-owned land that can be used by local partners, including counties, cities or nonprofit agencies, on a short-term emergency basis to house individuals who are homeless.
5. Immediate deployment of 100 camp trailers from the state fleet and modular tent structures to provide temporary housing and delivery of health and social services across the state.
6. Establishment of a multi-agency state crisis response team to provide technical assistance and targeted direct support to counties, cities and public transit agencies seeking to bring individuals experiencing homelessness indoors and connecting them with appropriate health, human, and social services and benefits.

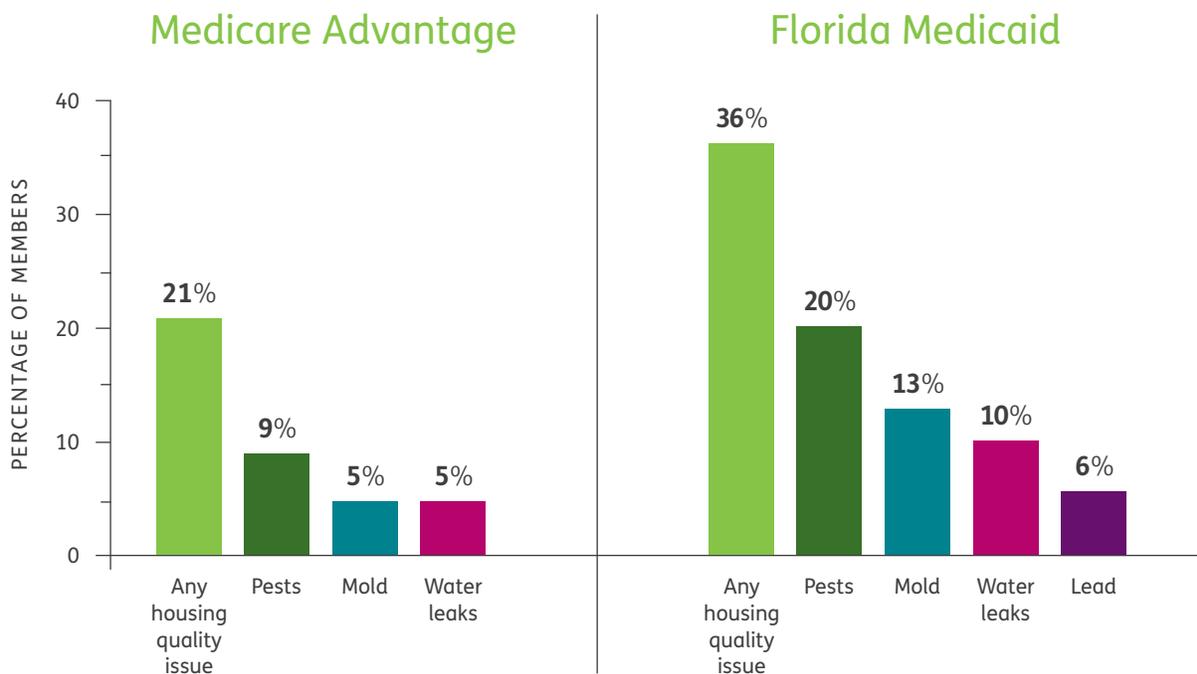
**Washington State** is also facing a housing crisis. In April 2019, the **state enacted a law** to invest in facilities and projects that will prevent homelessness and ensure affordable housing. Specifically, this legislation allows a city or county to use revenue from a real estate excise tax to plan, acquire, construct, reconstruct, repair, replace, rehabilitate or improve facilities for affordable housing projects and individuals experiencing homelessness.

Further, city and county officials and business leaders have established a number of coalitions to promote innovative solutions to end homelessness and support affordable housing. **Mayors & CEOs for U.S. Housing Investment**, a project of the National League of Cities, is a bipartisan partnership of mayors and business leaders who have publicly committed to advancing federal policy initiatives, including public-private partnerships to eliminate homelessness. Community Solutions' **Built for Zero** initiative has been joined by more than 80 cities and counties that are committed to using a data-driven approach to reaching "functional zero," a standard developed by Community Solutions that indicates that homelessness in that community is rare overall and brief when it occurs. To date, 11 communities have ended veteran homelessness, including **Chattanooga/Southeast, Tennessee**, and three additional communities have ended chronic homelessness.

# What Humana is doing

## Housing quality | Innovative MA benefits

As Humana learns more about the social needs of our members, and the impact of these on health outcomes, we are developing strategies to identify and address housing-related needs. In a survey of Humana members, conducted over the winter of 2019–20, 21% of Medicare Advantage (MA) Individual members report one or more housing quality issues, which could include pest, mold, water leaks and other issues. For dual-eligible members with Medicare and Medicaid, the percentage of those reporting housing quality issues increases to 38%. Thirty-six percent of Florida Medicaid beneficiaries report similar issues. Mitigating these issues could prevent exacerbations of chronic conditions.



With home care as a key pillar of influence, Humana embraced new CMS flexibility to offer non-medical benefits through SSBCI as an opportunity to support our members in their homes. In Greenville, South Carolina, the Humana Assistance Program benefit allows Humana At Home care managers to better assist chronically ill members with an allowance of up to \$500 per year that can cover a range of needs, which may include pest control and other health-related needs that cause financial strain. In Snohomish County, Washington, Humana partnered with [Home Advantage \(Homage\)](#) to provide eligible members diagnosed with chronic obstructive pulmonary disease (COPD) or heart failure with services to help them maintain health and independence in the home, such as fall prevention assessments and minor home repairs.

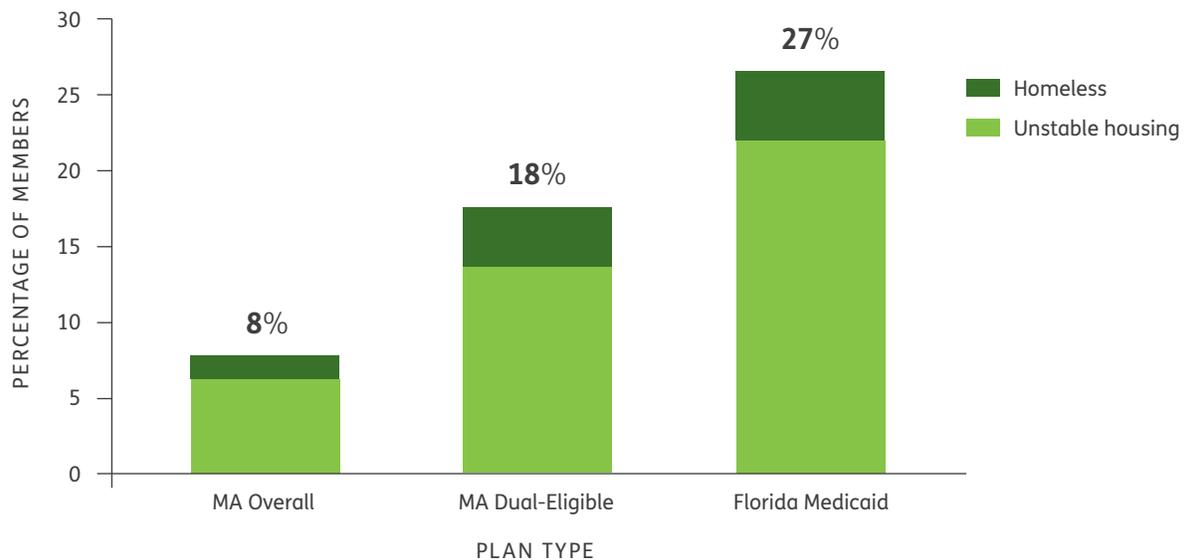


## Housing stability | Eviction prevention and diversion

In the aforementioned survey of Humana members' health-related social needs, we also asked members about their living situation—whether they have a steady place to live, are worried about losing their place to live in the future, or do not have a steady place to live. Without a steady place to live, individuals may be temporarily staying with friends or family, in a hotel or shelter, or living in a place not intended for human habitation such as outside on the street or in a car, abandoned building, bus or train station, or park.

While individuals dealing with housing instability or homelessness are likely under-reported due to difficulty reaching them to complete a survey, of those we were able to reach, 8% of MA Individual members were housing insecure, with 2% experiencing homelessness. The prevalence rose to 18% experiencing housing instability and 4% homelessness for dual-eligible members and to 27% and 6%, respectively, for Florida Medicaid beneficiaries.

### Housing instability and homelessness



Because the issue is so prevalent, particularly among the Medicaid population, Humana is increasingly exploring ways to address housing instability. Key to our housing stability strategy are eviction prevention and diversion. **Eviction prevention** strategies may include legal and financial assistance and mediation to settle disputes with landlords or debt-collectors. When eviction cannot be prevented, **diversion** may prevent families from becoming homeless “by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing.” These interventions can prevent homelessness and reduce the burden on a community’s homeless services. There are many nonprofit organizations already successfully doing this work, like **Volunteers of America (VOA)**, with whom Humana has developed strategic partnerships. VOA, which is a national organization with regional affiliates, provides numerous health and housing programs for “vulnerable groups, including veterans, at-risk youth, the frail elderly, men and women returning from prison, homeless individuals and families, people with disabilities, and those recovering from addictions.”



VOA and other organizations, like local legal aid societies, develop constructive relationships with developers and landlords and provide financial education, as well as an avenue for early identification of at-risk enrollees. On the local level, our partnerships will enable us to:

- Understand the underlying risks and issues that may lead or have led someone to potential eviction
- Develop a viable action plan with enrollee
- Negotiate with the housing authority and/or landlord on behalf of enrollee
- Provide legal aid and support to individuals in need
- Provide or coordinate **medical respite care**, which is “short-term residential care that allows individuals experiencing homelessness the opportunity to rest in a safe environment while accessing medical care and other supportive services”

## Encounter data to identify those with housing needs

One mechanism for collecting additional data on housing needs is through encounter data from providers. International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) include diagnosis codes for socioeconomic and/or psychosocial circumstances that may affect health. These “z-codes” (Z55-Z65) are currently underutilized because, generally, there is no payment attached to them. To accelerate adoption of social needs screening and documentation, Humana will be testing a number of value-based payment models starting in 2020. Our first **Social Determinants of Health Value-based program** is with Ochsner Health System in Louisiana, which we have long partnered with to improve the health and wellbeing of patients through value-based care. Ochsner will be screening patients for housing stability and quality, as well as food insecurity and loneliness.



### Humana Foundation

The Humana Foundation’s **Strategic Community Investment Program** seeks to advance health equity by addressing SDOH in Bold Goal communities, with a focus on postsecondary attainment and sustaining employment, social connectedness, financial asset security and food security. A number of these investments fund programs that provide support services to families experiencing housing instability. These include:

- **Family Scholar House** in Louisville, Kentucky, which serves disadvantaged residential and nonresidential single parents and their children with comprehensive programming to help them achieve educational, career, and family goals. The Foundation funded the HEROES program, which expands existing programs to reach more individuals, families and senior citizens to assess and address their social needs.
- **Kinsley House** in New Orleans, whose mission is to educate children, strengthen families, and build communities. Some of these services directly support directly support public housing residents. The Foundation’s grant funds an employment program that helps lift families out of generational poverty.



## Humana priorities to pursue

### Population health strategies to improve health through housing

- Humana already has many capabilities to help members experiencing housing issues that are employed when such needs are identified. **Universal screening** for housing instability, housing quality issues and financial strain would identify at-risk individuals earlier and more consistently.
- Care management capabilities will be augmented as **Social Health Access Referral Platforms (SHARPs)**—such as Louisville’s United Community built on the Unite Us platform—are stood up in additional communities. Humana can leverage these networks to efficiently connect members to existing community resources, such as organizations that can address housing quality and safety issues because these can create near- and long-term health hazards for adults and children.
- There are a variety of ways to support housing stability without building homes or paying a family’s rent. Among the community resources that should be part of SHARPs and that care managers and other Humana representatives should become more familiar with are those that provide **eviction prevention and diversion** services. Early connection to these resources can keep a member and their family in their home and prevent a cascade of harmful events.
- We should prepare for an escalation of housing-related and other social needs due to the **COVID-19 public health crisis**. While many landlords and utility companies are deferring payments during the height of the crisis, these bills will come due, perhaps in one lump sum. For those on fixed incomes or who lose their jobs or experience a cut in hours, paying these bills will be particularly difficult. Further, we do not yet know how long the economic impact will last, and state budgets, drained from responding to the public health crisis, will be less able to fund health and human services programs. The Bold Goal team is conducting surveying to assess the immediate and ongoing impact of COVID-19 on member social needs.

### Promoting housing security among Medicaid beneficiaries and vulnerable MA members

- **Permanent supportive housing**, which is long-term rental assistance paired with support services, is designed for individuals and families who have experienced chronic homelessness or face barriers to stability such as chronic health conditions, disabilities, mental illness or substance use disorder. These projects require funding for real estate development and construction and for start-up and operational costs for the wrap-around support services that may include physical and behavioral healthcare, life skills training and social services coordination.



### Pay-for-success funding models

Humana can promote permanent supportive housing programs, or other housing services such as medical respite care, through a “**pay for success**” funding model. Much like value-based payment models for healthcare providers, an **outcomes-based approach** would align payment for support services to priority objectives, and Humana’s access to healthcare data would facilitate the development and measurement of health-related cost and quality metrics. These models could establish sustainable funding streams and expand capacity of successful housing-related programs to improve the health of our members and the communities we serve.

## SSBCI benefits for the chronically ill MA members

- Humana can build off the successful launch of **SSBCI** in 2020 by expanding the Humana Assistance Program to additional plans. This will alleviate financial strain and may address housing quality and safety issues affecting member health. Other SSBCI could more explicitly focus on increasing member function and independence or preventing acute health events through minor home modifications, pest control, mold remediation and other improvements to the home environment.

