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Description automatically generatedNASHP Health and Housing Institute 2021-2023 – Expression of Interest Form**

The National Academy for State Health Policy (NASHP) invites you to apply to participate in its two-year Health and Housing Institute. The institute’s goal is to break down agency silos and support the development and/or implementation of sustainable financing of health and housing programs to improve the health of Medicaid enrollees and lower costs. The institute will also provide technical assistance to participating states in deploying newly available federal resources available through the [American Rescue Plan](https://www.nashp.org/american-rescue-plan-could-significantly-enhance-health-insurance-coverage/).

Five states will be chosen to participate**.** In one to three pages, please answer the questions below and detail how the institute can support the work that your state is already doing as well as new efforts it wishes to explore.

**Your Project and Goals**

1. Does your state Medicaid program and state housing agency currently collaborate (e.g., meet regularly)?
   1. Yes
   2. No, our state has not yet undertaken this work.  (Previous work is not required to participate.)

If **yes**, please describe your agency relationships and efforts in this area:

If **no**, please describe how your state agencies plan to collaborate on this project:

1. Who are priority populations for housing services and supports in your state? Please briefly provide background on your state’s system of care for these populations.
2. Does your state currently offer housing-related services for Medicaid enrollees (e.g., tenancy supports)? If not, are you considering opportunities to do so, such as applying for a waiver or state plan amendment?
3. Briefly describe and/or list the health and housing reforms, systems and/or health care delivery structures currently in place that would support this work and could be further developed or expanded as a result of participating in the institute.
4. What are your state’s data priorities for integrated health and housing efforts? What is the capacity of your state’s Homeless Management Information System (HMIS) to exchange data with your state Medicaid agency and/or Medicaid managed care organizations (MCOs)? If data is exchanged, how is it used?
5. What results do you hope to achieve through this initiative? For example, improving Medicaid housing-related services and supports, measuring program outcomes and demonstrating return on investment, data sharing to coordinate services for individuals across multiple systems and identify gaps in services, promoting equitable access to supportive housing programs, training and assistance for service providers (e.g., development of a permanent supportive housing institute, etc.)
6. Is there any specific assistance your state already expects to request, or are there barriers to your success that you can anticipate?
7. How has COVID-19 affected your state’s housing and homelessness programs?

In the list below, please choose strategies that your state would be interested in learning about/receiving technical assistance during the Institute. Check all that apply:

☐ **Data strategies**

* Examples*:* Cross-agency data-use agreements (e.g., Medicaid and HMIS matching), using of data to identify high-need individuals, making housing referrals, and tracking outcomes.

☐ **Data impact analysis**

* Examples: Evaluation of program outcomes-emergency department usage, health care utilization, ICD-10 codes.

☐ **Stakeholder/community engagement**

* Examples: Formation of cross-agency teams, engaging Medicaid MCOs, focusing on special populations (substance use disorder (SUD), people with disabilities, etc.), permanent supportive housing institutes, and integrating housing programs into statewide equity initiatives.

☐ **Financing**

* Examples: Value-based payment in Medicaid for housing-related services, pay-for-performance programs, and funding for supportive housing or capital investments.

☐ **Policy**

* Examples: State legislation for affordable housing or supportive housing services, state tax credits, Medicaid state plan amendments and/or waiver submissions, Medicaid MCO contract changes.

☐ **Other**

* Please describe:

**Your Team**

1. Please identify the state Medicaid agency official who will participate in the institute.

|  |  |
| --- | --- |
| Name: | Title: |
| Phone: | Email: |
| Assistant (if applicable): | Assistant’s email: |

1. Please identify the state housing agency official who will participate in the institute.

|  |  |
| --- | --- |
| Name: | Title: |
| Phone: | Email: |
| Assistant (if applicable): | Assistant’s email: |

1. [Optional] Please list any other individuals (and their affiliations) who will participate on your team (e.g., public health, state education, transportation, or social service agency representatives, other payers, Medicaid MCOs, state data analytics staff, legislators, governors’ health policy advisors, local officials, community-based partner organizations, people with lived experience.)

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| Name: | Title: |
| Phone: | Email: |
| Assistant (if applicable): | Assistant’s email: |

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| Name: | Title: |
| Phone: | Email: |
| Assistant (if applicable): | Assistant’s email: |

**Please email completed expression of interest forms or any questions to Allie Atkeson (**[**aatkeson@nashp.org**](mailto:aatkeson@nashp.org)**) by COB Friday, April 30, 2021.**