

COUNTY OF



ALLEGHENY

January 2, 2024

Secretary Valerie A. Arkoosh
Pennsylvania Department of Human Services
625 Forster St.
Harrisburg, PA 17120

Dear Secretary Arkoosh:

I am writing on behalf of Allegheny County Department of Human Services (ACDHS) to provide **comment on the state's Medicaid 1115 Waiver application, *Bridges to Success: Keystones of Health for Pennsylvania***. We are eager for the opportunity a Medicaid 1115 Waiver application offers to support our community's health-related social needs (HRSNs) through housing assistance and nutrition supports, and to expand access to services through reentry supports and continuous Medicaid enrollment for children under 6. The potential impact for Allegheny County residents is significant, and we are ready to partner with the state to begin implementation as soon as possible.

ACDHS strongly supports the state's development of a Medicaid 1115 Waiver application focused on re-entry, housing, food and nutrition, and continuous coverage for children under 6. Each of these four focus areas offers great opportunity to reduce health care costs by enhancing the overall health and well-being of residents in Allegheny County:

- **Reentry:** People in Allegheny County Jail with mental illness, substance use disorder (SUD), and other chronic health conditions need to be connected with treatment services and case management to ensure successful transitions back to the community, improve health outcomes, and reduce recidivism. Allegheny County already provides Medicaid enrollment, Medication Assisted Treatment (MAT), service coordination, and peer supports for some people in Allegheny County Jail, but we are constrained by limited resources. An 1115 Waiver Demonstration project can offer Allegheny County a critical opportunity to expand the services offered, and number of people impacted, with the potential to serve up to 80% of Allegheny County Jail residents who are expected to be eligible for Medicaid and present with mental illness, SUD, and/or other chronic health conditions.
- **Housing:** Stable housing is fundamental for wellness and recovery, and especially important for people experiencing homelessness with behavioral health needs and other chronic conditions. Allegheny County already prioritizes its housing resources for these most vulnerable populations – who are at heightened risk for mental health crisis events, inpatient mental health hospital stays, and emergency room visits – but we lack the resources to fully meet our community's need. An 1115 Waiver Demonstration project that adds new Medicaid services to help people obtain stable housing can help us close gaps in services and expand the number of vulnerable people served, thereby reducing costly crisis events, inpatient hospitalizations, and emergency room visits.

ERIN DALTON, DIRECTOR
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- **Food & nutrition:** Food insecurity affects 1 in 7¹ people in Allegheny County and has been linked to higher rates of chronic conditions like hypertension, cancer, and diabetes. Most ACDHS clients are low-income and therefore at-risk of food insecurity. In recognition of this, ACDHS strives to ensure clients are connected to SNAP, WIC, and food pantries, and we offer free meals to new moms at high risk through our Hello Baby program as well as to older adults through home delivered meals. Expanded food and nutrition services offered through Medicaid will further improve access to food as a critical HRSN for Allegheny County's food insecure and diet-sensitive residents.
- **Continuous coverage for children under 6:** Children who have health insurance have better health outcomes. When children who have Medicaid or CHIP lose coverage due to eligibility redeterminations, needed preventive care and treatment can be delayed. Continuous coverage for children under 6 will help protect Allegheny County's youngest residents by ensuring uninterrupted access to important health care. Ongoing coverage also enables doctors to develop relationships with children and their parents and to track their health and development.

While ACDHS is supportive of the state's effort to develop a 1115 Waiver application that focuses on these four areas, we offer the following considerations for the state's final application and implementation planning:

1) Allegheny County is prepared for implementation. We request the state share its county readiness criteria and participation processes as soon as possible, and allow counties that are ready to begin implementation in Year 1.

Allegheny County is already aligned with, and working toward, the goals of the Demonstration project. This includes:

- Long-standing collaborative efforts by ACDHS and the Allegheny County Jail to facilitate access to behavioral health care and provide supportive services for people in and leaving the jail. For example, Allegheny County already: contracts with a community-based provider to conduct Medicaid enrollments at the ACJ; offers continuation for all FDA-approved Medication Assisted Treatment (MAT) options for opioid use disorder (buprenorphine oral/injectable, methadone, and naltrexone); plans to begin offering induction to all forms of MAT in 2024; and contracts with a growing number of providers (and dedicates county staff) for the provision of service coordination, housing support, and peer release navigation services. These current activities equip Allegheny County to offer a full range of physical and behavioral health supports to people in the jail and reentering the community if funded through the Demonstration project.
- Work to expand capacity and improve services offered through our homelessness prevention and response system – which is built on a robust network of dozens of skilled service providers and includes targeted homelessness prevention, outreach to people experiencing unsheltered homelessness, coordinated entry, emergency shelter, permanent housing programs, and wraparound services. More specifically, ACDHS
 - Has experience using a data driven risk tool (described more below) to prioritize clients for services; works with private landlords and developers to match clients with affordable units; provides housing services to individuals with significant

behavioral health needs and leverages Medicaid to provide some of these services (54% of homeless housing units in Allegheny County are operated by contracted providers who have Medicaid billing experience).

- Recently committed \$10 million in its available HealthChoices reinvestment funds to expand housing availability for people experiencing homelessness with unmet behavioral health needs. This work includes the development of new affordable units as well as the expansion of Supportive Housing through rental assistance, housing-focused case management, and tenancy supports.
- Is enhancing our service array to improve homeless system flow and get people out of shelter faster through differentiated services matched to people's individual needs such as rental assistance, bridge housing assistance and other financial/tangible supports, support finding affordable units, roommate matching, kinship navigation, and connection to employment supports.
- Is supporting high-risk pregnant and post-partum parents safely care for their children through the Hello Baby and child welfare diversion programs, where the most frequently sought after support is housing and rental assistance.

Despite these existing efforts, funding availability currently constrains Allegheny County's ability to address urgent community needs. The 1115 Waiver Demonstration offers an unmatched opportunity to infuse burgeoning efforts with necessary resources while leveraging the expertise of the County to test the research hypotheses (pages 7-8) put forward by the state and scale results statewide.

To ensure Allegheny and other counties have the earliest opportunity to participate, we request the state share its proposed readiness criteria and participation processes as soon as possible, and allow counties that are ready to begin implementation in Year 1. To further supplement our own experience described above, Allegheny County is committed to engaging consultant resources with expertise supporting other jurisdictions in 1115 Waiver implementation to ensure that we are ready to participate on the earliest possible timeline.

2) Consider expanding the reentry services beyond what is currently proposed to include additional care for people who are preparing for release from correctional settings, and recognize that county jails have different populations, needs and resources as compared to state facilities.

ACDHS recognizes that the state's strategy is to put forward an application likely to receive CMS approval quickly, but we encourage the state to include the most robust and comprehensive set of services possible in order to ensure improved care and downstream cost reductions are achieved. At minimum, ACDHS encourages the state to:

- Include in its application the most expansive list of reentry services that have already received CMS approval. For example, California's approved Demonstration project includes several services not included in the Pennsylvania draft application including peer support, in-reach physical and behavioral health services, medications and medication administration, laboratory and radiology services. These services are critical to achieving the state's articulated objectives. If possible, ACDHS suggests the state request CMS allow services approved in *any* Medicaid 1115 Waiver (submitted before or after Pennsylvania) to be automatically included in the Pennsylvania Demonstration. This would allow the state the greatest flexibility to undertake something truly innovative and aligned with the research hypotheses detailed on pages 7 and 8 of the draft state application.

- Offer parity in services for people with mental illness and people with SUD. The state's draft application indicates that people with SUD will be entitled to full Medication Assisted Treatment, which is, by definition, medication administration coupled with clinical care and counseling. People with mental illness would also clearly benefit from clinical care and treatment to accompany administration of medications. We hope that the state will clarify the draft plan to support parity for these populations.

3) Based on the level of need in Allegheny County alone, we believe the estimated number of Medicaid members to be impacted statewide, as identified in the draft Demonstration application, is insufficient.

In Allegheny County, there is a high level of need for the services outlined in the state's Demonstration application. Assuming the proportion of the population eligible for services is similar across counties, we believe the estimated number of impacted Medicaid members outlined in the draft application is low. We urge the state to be as expansive as possible when determining the number of members who will be impacted by the proposed services. For reference, indicators of need in Allegheny County are provided below:

Indicators of need for proposed reentry services in Allegheny County

We anticipate that approximately 80% of Allegheny County Jail residents will be eligible for the Demonstration project, due to the extremely high proportion who can be Medicaid enrolled, have serious mental illness (SMI), SUD, and/or chronic health conditions, and are re-entering the community within 90 days. Among the 8,287 people booked in the ACJ in 2022, **a lower-bound estimate of 66% (5,483) were Medicaid insured at their time of arrest and another 12% (1,070) were enrolled upon release.** Of the 2022 jail population that was Medicaid insured at their time of arrest, **72% (4,740) had a diagnosed SUD and/or SMI.**² Additionally, in 2022, **42% (2,769) had a chronic physical health condition** including known diagnoses of hypertension, asthma, chronic kidney disease, diabetes, heart disease and liver disease.

Indicators of need for proposed housing services in Allegheny County

In the past 13 years, Allegheny County has more than doubled our capacity to house people experiencing homelessness with SMI, SUD, and/or other disabilities, expanding permanent supportive housing (PSH) capacity from 1,173 in 2010 to 2,864 in 2023. Still, we are unable to meet the needs of the community. In the last state fiscal year, **919 adult-only households were determined eligible for homeless housing programs and scored within the highest vulnerability range upon assessment³, but – due to funding constraints – only 129 (14%) were able to be enrolled in a housing program (PSH or rapid rehousing) during the period.** Similarly, **91 households with children were determined eligible for homeless housing and scored within the highest vulnerability range upon assessment, but only 31 (40%) were able to be enrolled in a permanent housing program during that period.**⁴

4) The state should allow counties to leverage already-established service provider relationships and contracts to best meet local needs and ensure continuity of care for people in/leaving county Jails who are receiving reentry services.

ACDHS contracts with more than 400 providers to deliver most of the publicly funded services it administers – including behavioral health, housing, food and nutrition support and reentry services – and anticipates that some of these currently contracted providers will become imperative to delivering the

services outlined in this Demonstration. Further, as the primary contractor for Allegheny County's HealthChoices program, ACDHS is equipped with a close partnership with Community Care Behavioral Health (CCBH) as its contracted behavioral health managed care organization (BH-MCO). Through this partnership, ACDHS already has experience contracting with community-based providers to address HRSN and provide (post-release) reentry services with HealthChoices (medical and reinvestment) funds.

For example, ACDHS already contracts with reentry services providers to offer supports – including case management and MAT – to people in/leaving Allegheny County Jail. Leveraging these existing contracts and relationships in the state's Demonstration project is the best way to ensure continuity of care for service recipients. Similarly, ACDHS already contracts to provide home delivered meals to older adults and high-risk parents of infants and toddlers. These providers have the knowledge and trust of our local communities.

5) As part of the readiness process, the state should consider existing assessments already in use by counties. Allegheny County, in particular, already employs data-driven assessments to ensure services are prioritized for people most at risk of negative outcomes if they don't receive help. Replacing these existing, effective assessment approaches with statewide tools is likely to hinder implementation. Further, Allegheny would like to offer any of its data-driven tools to be of service to the state and other counties.

Allegheny County utilizes its robust, integrated Data Warehouse and validated screening tools to assess client needs and prioritize services to people most at risk of negative outcomes if they don't receive help. Of special relevance for the Demonstration project:

- In 2020, ACDHS launched the Allegheny Housing Assessment (AHA) to improve its prioritization of clients requesting homelessness and housing supports. The AHA uses administrative data from the Data Warehouse to predict the likelihood of three indicators of harm occurring if a person remains unhoused over the next 12 months: a mental health inpatient stay, a jail booking and/or frequent use (4 or more visits to) hospital emergency rooms. As a result of using the AHA for prioritization, people served by Allegheny County's housing programs are those who are most likely to have high rates of costly service utilization (e.g., crisis, emergency, inpatient). Therefore, the tool helps Allegheny allocate its limited housing resources in the manner most likely to reduce long-term costs in care. In addition, this tool has significantly increased the number of Black clients prioritized for housing by overcoming reporting bias and other factors inherent in actuarial tools.
- ACDHS and ACJ are currently partnering to redesign and implement a comprehensive intake screening and assessment for incarcerated individuals which shares similar goals to that of the Demonstration project. This new tool will launch in 2024 and supplement capacity already in place to use administrative data in real-time to identify individuals booked in the Jail with any physical or behavioral health diagnosis including SMI, SUD, and other chronic health conditions.

Allegheny County uses its capacity for data-driven assessment and prioritization to serve people most at risk of the negative outcomes we aim to avoid – this includes high utilization of costly services like crisis, emergency, and inpatient care. This approach will ensure that the Demonstration services offered have the effect of reducing overall costs to Medicaid.

Replacing the tools used in Allegheny County with statewide assessments would be detrimental to any timeline for implementation and would reduce the likelihood that we impact health outcomes and reduce the cost of care.

We greatly appreciate the commitment of PA DHS and the Governor's office to addressing our community's HRSN and improving access to services through reentry supports and continuous coverage. We are eager to support these efforts and look forward to the work that is ahead.

Sincerely,

A handwritten signature in black ink, appearing to read 'ED', written in a cursive style.

Erin Dalton
Director