

HOUSE No. 3959

The Commonwealth of Massachusetts

PRESENTED BY:

Natalie M. Higgins

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act to transform the Commonwealth’s emergency response system and create housing strategies to end the homelessness of unaccompanied adults.

PETITION OF:

| NAME: | DISTRICT/ADDRESS: | DATE ADDED: |
|------------------------------|-----------------------|-------------------|
| <i>Natalie M. Higgins</i> | <i>4th Worcester</i> | <i>2/17/2021</i> |
| <i>Jack Patrick Lewis</i> | <i>7th Middlesex</i> | <i>2/23/2021</i> |
| <i>Joan Meschino</i> | <i>3rd Plymouth</i> | <i>10/1/2021</i> |
| <i>Thomas A. Golden, Jr.</i> | <i>16th Middlesex</i> | <i>12/16/2021</i> |

HOUSE No. 3959

By Ms. Higgins of Leominster, a petition (accompanied by bill, House, No. 3959) of Natalie M. Higgins and Jack Patrick Lewis for legislation to provide for analysis of MassHealth claims data in relation to homeless management information systems data related to Medicaid costs associated with persons experiencing homelessness. Housing.

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Second General Court
(2021-2022)**

An Act to transform the Commonwealth’s emergency response system and create housing strategies to end the homelessness of unaccompanied adults.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Chapter 6A of the General Laws is hereby amended by inserting after
2 section 16CC the following section:-

3 Section 16DD. For the purposes of this section, the term “Medicaid 1115 waiver” shall
4 mean Medicaid 1115 demonstration waivers, as codified in 42 USC § 1315, that allow states to
5 waive certain provisions of the Medicaid law and receive additional flexibility to design and
6 improve their programs. Waivers may provide federal authority for states to expand eligibility to
7 individuals who are not otherwise eligible for Medicaid or the Children’s Health Insurance
8 Program, offer services that are not typically covered by Medicaid, and use innovative service
9 delivery systems that improve care, increase efficiency and reduce costs.

10 (a) The executive office of health and human services and MassHealth shall expand
11 eligibility of community support programs, as defined in section 31 of chapter 23B, to include

12 long-term medically complex persons experiencing homelessness, as defined in said section 31,
13 based on diagnoses and medical necessity in a manner consistent with Massachusetts' existing
14 Medicaid 1115 waiver and the Massachusetts Medicaid plan.

15 (b) Notwithstanding any general or special law to the contrary, the executive office of
16 health and human services and the division of medical assistance shall seek amendments to the
17 existing Medicaid 1115 waiver and plan to broaden tenant-based services as a way of avoiding
18 the high costs of inappropriate utilization of existing systems of emergency and acute medical
19 and behavioral care by these individuals experiencing homelessness.

20 (c) The executive office of health and human services and the department of housing and
21 community development shall annually analyze MassHealth claims data in relation to homeless
22 management information systems data related to Medicaid costs associated with those persons
23 experiencing homelessness and report these findings to the clerks of the house of representative
24 and the senate no later than 3 months following the end of each fiscal year.

25 SECTION 2. Chapter 23B of the General Laws is hereby amended by adding the
26 following 3 sections:-

27 Section 31. As used in sections 31 to 33, inclusive, the following words shall, unless the
28 context clearly requires otherwise, have the following meanings:-

29 "Chronic homelessness" refers to the definition established by the U.S. Department of
30 Housing and Urban Development of a disabled individual who has been continuously homeless
31 on the streets or in an emergency shelter or safe haven for 12 months or longer, or has had 4 or
32 more episodes of homelessness on the streets, or in an emergency shelter or safe haven over a 3-
33 year period where the combined episodes total at least 12 months; provided, that episodes must

34 be separated by a break of at least 7 nights; provided, further, that stays in an institution of fewer
35 than 90 days shall not constitute a break.

36 “Community Support Program” or “CSP”, services delivered by community-based,
37 mobile paraprofessional staff, supported by a clinical supervisor, to individuals with mental
38 health or substance use disorder diagnoses or to individuals whose psychiatric or substance use
39 disorder diagnoses interfere with their ability to access essential medical services.

40 “Community Support Program for Chronically Homeless Individuals” or “CSP-CHI”,
41 specialized services aimed at supporting chronically homeless individuals delivered by
42 community-based, mobile, paraprofessional staff, supported by a clinical supervisor, to
43 individuals with mental health or substance use disorder diagnoses, or to individuals whose
44 psychiatric or substance use disorder diagnoses interfere with their ability to access essential
45 medical services.

46 “Congregate shelter”, any sheltering approach of mass dormitory-style bed space in
47 which individuals are not each sheltered in an individual bedroom demarcated by walls on all
48 sides and a door.

49 “Disabled”, (i) a person who has a physical or mental impairment, including substance
50 use disorders, which substantially limits 1 or more major life activities, has a record of such an
51 impairment, or is regarded as having such an impairment or (ii) a person who has a diagnosable
52 substance use disorder, serious mental illness, developmental disability, post-traumatic stress
53 disorder, cognitive impairment resulting from a brain injury or chronic physical illness or
54 disability, including the co-occurrence of 2 or more of those conditions.

55 “Flexible housing pool”, public-private partnerships creating and leveraging health and
56 housing services for housing medically complex persons experiencing homelessness.

57 “Functional zero”, housing capacity sufficient to meet the ongoing placement needs of
58 those persons experiencing homelessness.

59 “Medically complex person experiencing homelessness”, a disabled individual
60 experiencing homelessness who needs extra care due to complex medical issues and social
61 determinants of health that are often compounded by the social, economic, environmental and
62 behavioral factors resulting from their experience of homelessness.

63 “Non-congregate shelter”, a setting where a person experiencing homelessness is
64 sheltered within an individual bedroom with walls on all sides and a door.

65 “Permanent supportive housing” or “PSH”, a model of housing that combines ongoing
66 subsidized housing matched with flexible health, behavioral health, social and other support
67 services.

68 Section 32. (a) The department shall incrementally reduce and end all mass congregate
69 dormitory-style shelter within 5 years of the effective date of this section and replace it with a
70 regional emergency non-congregate shelter system. Future procurement of shelters for
71 unaccompanied adults experiencing homelessness shall be solely for the funding of non-
72 congregate shelter.

73 (b) The department shall conduct an objective and predictive study of future shelter
74 demand to determine the number of non-congregate units necessary in order to achieve
75 functional zero or available shelter to meet demand 1 year following the effective date of this

76 section. This plan shall determine non-congregate shelter capacity in a regional calculation based
77 on the ratio of the number of units to the overall population in order to ensure adequate capacity
78 statewide.

79 (c) The department shall create an inventory of existing mass congregate shelters, the cost
80 to the commonwealth of this existing mass congregate shelter and conduct a feasibility study as
81 to the extent these current resources can be converted to non-congregate shelter within 1 year
82 following the effective date of this section.

83 (d) The department, in partnership with the Massachusetts emergency management
84 agency, shall promulgate, without impeding the goal of achieving functional zero or adequate
85 capacity for those unaccompanied persons experiencing homelessness, regulations outlining the
86 conditions which may require congregate mass shelter including, but not limited to, response to
87 economic, social or natural conditions, including natural disasters, that have created an
88 emergency situation; provided, however, that specifications of such shelter shall be consistent
89 with the recommendations of the Centers for Disease Control; provided, further, that the
90 department shall establish length of stay guidelines and requirements for rapid re-housing and
91 relocation of impacted individuals in order to avoid the condition of long-term homelessness.

92 Section 33. The commonwealth shall develop housing resources across a spectrum of
93 need, but shall prioritize those elderly, disabled and medically complex persons experiencing
94 homelessness who are currently inefficiently served by costly emergency approaches throughout
95 all systems of care.

96 (a) The department shall develop and provide a specific plan for unique housing
97 responses specifically targeted to unaccompanied adult persons experiencing homelessness,

98 including, but not limited to, long-term vouchers, shallow subsidy pools, rapid re-housing
99 resources and permanent supportive housing;

100 (b) The department shall develop or secure predictive models for determination of
101 housing need for medically complex persons experiencing homelessness based upon a
102 comparison of statewide homeless management information system data and MassHealth
103 Medicaid claims data in order to determine the need for permanent supportive housing units for
104 disabled medically complex persons experiencing homelessness for the next 5 years. Such a
105 report will be delivered to the chairs of the joint committee on housing no later than 1 year
106 following the effective date of this section;

107 (c) The department, in partnership with the executive office of health and human
108 services, shall either reduce the regulatory barriers of the Massachusetts rental voucher program,
109 comparable to what the Department of Housing and Urban Development has done with its
110 homeless assistance funding, or develop an appropriate flexible project-based and sponsor-based
111 subsidy within 1 year of the effective date of this section, suitable for the utilization in the
112 leasing and development of permanent supportive housing; and

113 (d) The department shall review and consider alternative construction models including,
114 but not limited to, modular construction, micro-units, repurposed hotels or other alternatives
115 capable of bringing homeless housing initiatives to an affordable scale necessary to end the
116 homelessness of chronic and medically complex persons experiencing homelessness. The
117 department shall submit a plan for developing such housing to the chairs of the joint committee
118 on housing no later than 1 year following the effective date of this section.

119 SECTION 3. The executive office of health and human services and its agencies and the
120 department of housing and community development shall explore alternative organizational
121 models and utilization of public-private innovative financing to achieve the transformation of
122 individual assistance to those experiencing homelessness and report their findings to the chairs of
123 the joint committee on housing no later than 1 year following the passage of this act.

124 SECTION 4. The secretary of administration and finance shall, in consultation with
125 Harvard Kennedy School social impact bond lab, explore various forms of social innovation
126 financing as a way of reforming the current emergency system of care for individuals
127 experiencing homelessness as well as promoting additional permanent supportive housing within
128 Massachusetts.

129 SECTION 5. The secretary of administration and finance, with the assistance of the
130 department of housing and community development, shall evaluate the effectiveness of
131 structures formed in Massachusetts pay for success program to address chronic homelessness in:
132 (i) delivering, measuring and evaluating outcomes externally; (ii) raising private capital for
133 social purposes through broad collaborations; (iii) developing service delivery networks and
134 shared social objectives through a common intermediary; and (iv) lessons learned around the
135 inability to convert cost avoidance and savings into budget savings. The secretary shall report
136 their findings to the chairs of the joint committee on housing no later than 1 year from the
137 effective date of this act.

138 SECTION 6. The executive office of administration and finance, the executive office of
139 health and human services, the division of medical assistance and the department of housing and
140 community development shall explore the feasibility of the creation of a flexible housing pool

141 within the department of housing and community development for the purpose of making grants
142 available to applicants for eligible activities including, but not limited to: (i) rental assistance; (ii)
143 operating subsidies in new and existing affordable or supportive housing units; and (iv) specified
144 supportive services. Such an exploration shall include input from such entities as the Corporation
145 for Supportive Housing, the Massachusetts Housing and Shelter Alliance, Inc., the
146 Massachusetts Alliance for Supportive Housing LLC, Boston Medical Center Corporation, and
147 the United Way of Massachusetts Bay, Inc. and any other entity known to be familiar with this
148 innovative practice. The department of housing and community development shall file a report of
149 its findings regarding the feasibility of the creation of a flexible housing pool with the chairs of
150 the joint committee on housing.