

**HOUSE . . . . . No. 3959**

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**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.