Housing and Services
Resource Center

Housing and Services Partnership Accelerator

Accelerator Application Form

Advancing Housing Stability and Community Living through State and Community Partnerships for People with Disabilities and Older Adults who are at Risk of or are Experiencing Homelessness

Important Dates

Letters of intent due:	**November 20, 2024**
Applications due:	**December 20, 2024**
10:00 a.m. ET	
Interviews conducted:	**January 15-17, 2025**
Notification of selection to states:	**January 31, 2025**
Accelerator launch meeting:	**February 2025**
In-person convening:	**To be Determined**
Accelerator closes:	**December 2025**

The purpose of this application form is to help the Housing and Services Partnership Accelerator (HSPA) selection committee learn more about your state's current goals and technical assistance needs around housing-related supports and services for persons with disabilities and older adults who are at risk for or experiencing homelessness, to expand community living opportunities, and increase housing stability

for Medicaid beneficiaries. The technical support available for states, requirements, and selection criteria are detailed in the [Program Overview document](#).

Note: Only states with an approved section 1115 demonstration or section 1915(i) state plan benefit covering housing-related supports and services for people experiencing or at risk of experiencing homelessness are eligible to apply and only one application from each state will be accepted.

Overview of Accelerator Opportunity & Team Composition

HSPA will bring together states interested in developing or expanding innovative housing-related supports and services targeted to Medicaid-eligible persons with disabilities and/or older adults who are experiencing or are at risk of experiencing homelessness for peer-to-peer learning activities. States will be selected to participate, based on meeting the criteria outlined in the program overview document.

I. General Information

1. Lead Organization:

2. Lead Organization Type:

   a.

3. Name of your State Medicaid Agency:

4. Name of your State Medicaid Director:

5. The State Medicaid Director acknowledges that the state is seeking this technical assistance opportunity (If the applicant is not the State Medicaid Agency, please attach a letter of commitment from the State Medicaid Director.):
   ☐ Yes   ☐ No

6. The State Medicaid Director acknowledges that the team has or will have sufficient staff time and resources committed to participating in this effort:
   ☐ Yes   ☐ No

7. Please provide contact information for the State Medicaid Agency lead for this work:

Form Field	Information
Name	
Title	
Email Address	
Phone Number	

8. **State Staff Assigned to Participate:** Provide names, titles, and e-mail addresses of senior and mid-level leaders in Medicaid and other required agencies such as the state housing agency, State Unit on Aging, state agency that administers programs or advocates for people with disabilities, Single State Agency (SSA) for Substance Abuse Services and State Mental Health Agency (SMHA), who will regularly participate in Accelerator activities. Select all that apply.

Name	Agency	Title	Email address	Agency Type
				☐Medicaid ☐state housing agency ☐State Unit on Aging ☐state agency that administers programs or advocates for people with disabilities ☐Single State Agency (SSA) for substance abuse ☐State Mental Health Agency

Name	Agency	Title	Email address	Agency Type
				☐Medicaid ☐state housing agency ☐State Unit on Aging ☐state agency that administers programs or advocates for people with disabilities ☐Single State Agency (SSA) for substance abuse ☐State Mental Health Agency
				☐Medicaid ☐state housing agency ☐State Unit on Aging ☐state agency that administers programs or advocates for people with disabilities ☐Single State Agency (SSA) for substance abuse ☐State Mental Health Agency
				☐Medicaid ☐state housing agency ☐State Unit on Aging ☐state agency that administers programs or advocates for people with disabilities ☐Single State Agency (SSA) for substance abuse ☐State Mental Health Agency

9. **Aging and Disability Network Organizations to Participate:** Provide names, titles, and e-mail addresses of senior and mid-level leaders from organizations. (See Program Overview document for additional guidance)

Name	Organization	Title	Email address	Organization Type
				☐Aging and Disability Resource Centers (ADRCs)/No Wrong Door System ☐area agencies on aging (AAAs) ☐ State Independent Living Councils (SILCs)/centers for independent living (CILs) ☐protection and advocacy systems ☐senior centers and supportive services for older adults ☐state councils on developmental disabilities ☐state units on aging ☐university centers for excellence in developmental disabilities

Name	Organization	Title	Email address	Organization Type
				☐Aging and Disability Resource Centers (ADRCs)/No Wrong Door System ☐area agencies on aging (AAAs) ☐ State Independent Living Councils (SILCs)/centers for independent living (CILs) ☐protection and advocacy systems ☐senior centers and supportive services for older adults ☐state councils on developmental disabilities ☐state units on aging ☐university centers for excellence in developmental disabilities
				☐Aging and Disability Resource Centers (ADRCs)/No Wrong Door System ☐area agencies on aging (AAAs) ☐ State Independent Living Councils (SILCs)/centers for independent living (CILs) ☐protection and advocacy systems ☐senior centers and supportive services for older adults ☐state councils on developmental disabilities ☐state units on aging ☐university centers for excellence in developmental disabilities

Name	Organization	Title	Email address	Organization Type
				☐Aging and Disability Resource Centers (ADRCs)/No Wrong Door System ☐area agencies on aging (AAAs) ☐ State Independent Living Councils (SILCs)/centers for independent living (CILs) ☐protection and advocacy systems ☐senior centers and supportive services for older adults ☐state councils on developmental disabilities ☐state units on aging ☐university centers for excellence in developmental disabilities
				☐Aging and Disability Resource Centers (ADRCs)/No Wrong Door System ☐area agencies on aging (AAAs) ☐ State Independent Living Councils (SILCs)/centers for independent living (CILs) ☐protection and advocacy systems ☐senior centers and supportive services for older adults ☐state councils on developmental disabilities ☐state units on aging ☐university centers for excellence in developmental disabilities

10. **Housing & Homeless Network Organizations to Participate:** Provide names, titles, and e-mail addresses of senior and mid-level leaders. (See Program Overview document for additional guidance)

Name	Organization	Title	Email address	Organization Type
				☐homelessness assistance programs/homeless service providers ☐state housing finance agencies ☐Continuum of Care (CoC) Programs ☐Public Housing Agencies (PHAs) ☐municipal and county government housing agencies ☐multifamily affordable housing owners, operators, & developers
				☐homelessness assistance programs/homeless service providers ☐state housing finance agencies ☐Continuum of Care (CoC) Programs ☐Public Housing Agencies (PHAs) ☐municipal and county government housing agencies ☐multifamily affordable housing owners, operators, & developers

Name	Organization	Title	Email address	Organization Type
				☐homelessness assistance programs/homeless service providers ☐state housing finance agencies ☐Continuum of Care (CoC) Programs ☐Public Housing Agencies (PHAs) ☐municipal and county government housing agencies ☐multifamily affordable housing owners, operators, & developers
				☐homelessness assistance programs/homeless service providers ☐state housing finance agencies ☐Continuum of Care (CoC) Programs ☐Public Housing Agencies (PHAs) ☐municipal and county government housing agencies ☐multifamily affordable housing owners, operators, & developers

Name	Organization	Title	Email address	Organization Type
				☐homelessness assistance programs/homeless service providers ☐state housing finance agencies ☐Continuum of Care (CoC) Programs ☐Public Housing Agencies (PHAs) ☐municipal and county government housing agencies ☐multifamily affordable housing owners, operators, & developers

11. **Other Health & Housing Network Organizations to Participate (Optional):**
Provide names, titles, and e-mail addresses of senior and mid-level leaders from organizations within your state's Health and Housing ecosystem such as state or local public health agencies, federally qualified health centers (FQHCs), certified community behavioral health clinics (CCBHCs), community care hubs (CCH), managed care organizations (MCOs), hospitals and health systems, behavioral health providers, community-based organizations, (CBOs) and other service providers.

Name	Organization	Title	Email address	Organization Type
				☐federally qualified health centers (FQHCs) ☐certified community behavioral health clinics (CCBHCs) ☐community care hubs ☐managed care organizations (MCOs) ☐hospital health systems ☐behavioral health providers ☐community-based organizations (CBOs) ☐other service providers

Name	Organization	Title	Email address	Organization Type
				☐federally qualified health centers (FQHCs) ☐certified community behavioral health clinics (CCBHCs) ☐community care hubs ☐managed care organizations (MCOs) ☐hospital health systems ☐behavioral health providers ☐community-based organizations (CBOs) ☐other service providers
				☐federally qualified health centers (FQHCs) ☐certified community behavioral health clinics (CCBHCs) ☐community care hubs ☐managed care organizations (MCOs) ☐hospital health systems ☐behavioral health providers ☐community-based organizations (CBOs) ☐other service providers
				☐federally qualified health centers (FQHCs) ☐certified community behavioral health clinics (CCBHCs) ☐community care hubs ☐managed care organizations (MCOs) ☐hospital health systems ☐behavioral health providers ☐community-based organizations (CBOs) ☐other service providers

Name	Organization	Title	Email address	Organization Type
				☐federally qualified health centers (FQHCs) ☐certified community behavioral health clinics (CCBHCs) ☐community care hubs ☐managed care organizations (MCOs) ☐hospital health systems ☐behavioral health providers ☐community-based organizations (CBOs) ☐other service providers

II. Description of Accelerator Goals and Technical Assistance Needs

1. **State Eligibility** – Please provide your state's response to the following:
   a. **What specific CMS-approved Medicaid authorities (1115 or 1915i) and services make your state eligible to participate? Please provide your SPA # for 1915(i) or 1115 approval #.**

      i. **Describe your current stage of implementation related to these covered services (E.g. Do you have an approved implementation protocol for your 1115?) and any relevant timelines (identified or planned) for implementation.**

      ii. **Indicate what populations you intend to/are serving under that authority.**

2. Through the Housing and Services Partnership Accelerator, ACL and partner agencies will provide selected states with individualized coaching support from housing and services subject matter experts and the opportunity to learn from peer states through facilitated sharing of information, resources, best practices, and lessons learned from states' experiences over a twelve-month period. The goal is to support up to five participating state Medicaid agencies as they

implement or expand innovative strategies for providing housing-related supports and services under Medicaid to Medicaid-eligible persons with disabilities and/or older adults who are experiencing or are at risk of experiencing homelessness. Please explain the following:

    a. **How this goal aligns with your state's Medicaid priorities and activities and other relevant housing and service activities in the state (e.g., state Money Follows the Person Demonstration, state Olmstead Plan**, state aging plan, **relevant SAMHSA grant activities, State Opioid Response Task Forces, plans to end homelessness); and**

    b. **What your state intends to achieve towards this goal by participating in this technical assistance opportunity.** (1,000 word limit)

3. **Provide a brief description of your state's** *recent and current* **activities developing or expanding housing-related supports and services under Medicaid** to Medicaid-eligible to persons with disabilities and/or older adults who are experiencing or are at risk of experiencing homelessness. **Identify the roles of key partner agencies and any notable accomplishments to date associated with these activities.** (500 word limit)

4. **Provide a brief description of your state's** *planned* **goals and activities involving housing-related supports and services under Medicaid** to Medicaid-eligible persons with disabilities and/or older adults who are experiencing or are at risk of experiencing homelessness. States may identify priority geographies/counties/areas to focus on during the accelerator. **Please specify the geographic areas (i.e. county(s); city(s); regional ; rural/frontier) where your state will focus partnership development activities related to HSPA and how solutions and practices will be scaled and implemented statewide (i.e. a regional entity could be identified via an accountable care organization, CoC catchment, etc.).** (500 word limit)

5. **Complete cross-sector partnership assessment using the [template](#) provided.** This document must be included as an attachment to your completed application.

6. **Identify the roles of key partner agencies, organizations, and team members that will be involved.** (500 word limit)

7. **Select up to eight areas of technical assistance that would be most helpful to your state's Medicaid housing-related supports and services for Medicaid-eligible persons with disabilities and/or older adults who are experiencing or are at risk of experiencing homelessness**:

   ☐ Strategies for creating new partnerships/strengthening existing partnerships between Continuums of Care (CoC) and other housing entities, aging and disability network organizations, and state Medicaid agency/operating agency(s)

   ☐ Braiding funding from CoCs, public housing authorities, Medicaid, and other funding for health and community living to link/connect people to housing resources and supportive services and/or to create supportive housing models

   ☐ Services and benefits design for housing-related services and supports (e.g., pre-tenancy, tenancy sustaining, and other health-related social needs (HRSN) housing-related benefits, etc.)

   ☐ Developing medical appropriateness or needs-based criteria based on health and social risk factors for Medicaid housing-related services

   ☐ Best practices in service delivery options, including contracting with managed care organizations and community care hubs to work with CBOs across aging, disability, health, behavioral health, and housing organizations to streamline administration, alleviate burden, and ensure effective service delivery

   ☐ Strategies for service delivery and billing in fee-for-service environments

   ☐ Payment models and rate-setting, including bundled payment models (e.g., per member per month rates, case rates) and other value-based purchasing strategies

   ☐ Creating flexible funding pools to cover housing and supportive services/activities not covered under the Medicaid program

   ☐ Aligning/coordinating housing assistance matching (e.g., via Coordinated Entry Systems, PHA waitlists, and other housing waitlists) and eligibility/approval for Medicaid housing-related services and supports with consideration to disability, aging, and health organizations that support individuals

☐Building disability, aging, health, behavioral health, and supportive housing provider network capacity to deliver, track, and receive payment for Medicaid housing-related services

☐Data strategies to identify and prioritize individuals for housing and services, including establishing data use agreements and cross-system data matching and other infrastructure at multiple levels: system, network, and service provider

☐Strategies to implement a partnership with a PHA to administer short-term rental assistance covered under Medicaid and to seamlessly transition an individual from short-term rental assistance to a federal rental assistance programs

☐Strategies to support persons with disabilities and older adults to transition from hospitals, nursing homes or institutions to stable housing in the community through aging, disability, health, behavioral health, and housing partnerships

☐Evaluation methods to assess the performance and impact, including on measures of equity, of housing-related activities/supports

☐Approaches in rural areas

☐Scaling up existing pilot or geographically-based programs

☐Other

8. **Please indicate how the topics selected in Question 7 will support your state's planned goals and activities related to the development and/or expansion of housing-related supports and services** under Medicaid for persons with disabilities and/or older adults who are experiencing or are at risk of experiencing homelessness.

III.   Letter of Intent

Interested states are required to complete a simple letter of intent to ACL by midnight (ET) on November 20, 2024, online at: https://www.surveymonkey.com/r/LRVPBQC.

Please also direct any questions to hsrc@acl.hhs.gov.

Applications are due to ACL by 10:00 a.m. (ET) on December 20, 2024, submit to hsrc@acl.hhs.gov. The full application and Program Overview can be found online on the HSPA web page at: acl.gov/HousingAndServices/Accelerator.

The top highest rated applications from states will be invited to participate in an individual state interview with an interagency panel of federal partners as part of the application process. Please indicate your team's availability for this conference call by placing an X next to **all** the dates and times when your team is available.

☐ January 15, 2025; 12:00 – 1:00 pm ET
☐ January 15, 2025; 1:00 – 2:00 pm ET
☐ January 15, 2025; 2:00 – 3:00 pm ET
☐ January 15, 2025; 3:00 – 4:00 pm ET

☐ January 16; 2025; 12:00 – 1:00 pm ET
☐ January 16, 2025; 1:00 – 2:00 pm ET
☐ January 16, 2025; 2:00 – 3:00 pm ET
☐ January 16, 2025; 3:00 – 4:00 pm ET

☐ January 17, 2025; 12:00 – 1:00 pm ET
☐ January 17, 2025; 1:00 – 2:00 pm ET
☐ January 17, 2025; 2:00 – 3:00 pm ET
☐ January 17, 2025; 3:00 – 4:00 pm ET

Once interviews are completed, Housing and Services Partnership Accelerator will notify the selected states in January 2025. Selected states are expected to attend the virtual launch meeting to be scheduled in February 2025.

Additional information about this opportunity, including FAQs, can be found on acl.gov/HousingAndServices/faqs.