



Housing and Services Partnership Accelerator

Program Overview

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

Background

A growing number of states are leveraging new opportunities and flexibilities under Medicaid, new federal housing resources, and expanded opportunities under the Older Americans Act (OAA) to cover a range of services and supports that help people find, obtain, and maintain their housing. The Housing and Services Partnership Accelerator (HSPA) is an opportunity for states with a Centers for Medicare & Medicaid Services (CMS) approved section 1115 demonstration or an approved section 1915(i) state plan amendment covering housing-related supports and services for individuals experiencing or at risk of experiencing homelessness to strengthen their state Medicaid agency collaboration with state and local agencies and community-based organizations providing affordable and accessible housing, aging and disability resources and programs. As described in a [Center for Medicaid and CHIP Services \(CMCS\) Informational Bulletin released in 2023](#), states can leverage flexibilities allowed under a [health-related social needs framework](#) to strengthen these partnerships, implement interventions to increase access to affordable and accessible housing opportunities, improve data sharing and interoperability between health and housing systems, and optimize opportunities for innovation around care delivery. HSPA seeks to help states accelerate and improve their service delivery and effectiveness at reducing potentially avoidable, high-cost services such as emergency room visits and institutional care and to improve physical and mental health outcomes for Medicaid beneficiaries. The

coordination of housing assistance and wrap-around supportive services—such as in the form of supportive housing—is a proven, cost-effective approach to assisting people with disabilities and chronic/complex health conditions to transition from homelessness, exit or avoid institutional settings, and live in the community.

Implementation of these new Medicaid-covered housing-related services and supports remain in the early stages, and many states have expressed interest in receiving greater support with implementation including through knowledge exchange with other states. The HSPA responds to states' requests for assistance to tackle a common set of issues, including payment models and rates; alignment with federal and local housing assistance programs; provider capacity; partnerships with health organizations, community-based organizations and housing agencies; and data integration/sharing. States have a unique opportunity to take a whole-of-government approach to address housing stability by emphasizing greater collaboration and coordination across state and local health and housing agencies and community-based organizations to optimize resources, cover resource gaps, align state and local policies, and deliver more integrated and seamless services.

The HSPA is an activity being carried out by the Housing and Services Resource Center (HSRC), which is a partnership among the U.S. Department of Health and Human Services (HHS), the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of Agriculture (USDA), and the U.S. Interagency Council to Address Homelessness (USICH) to improve access to affordable, accessible housing and the critical services that make community living possible. Within HHS, this partnership is led by the Administration for Community Living (ACL) and includes the Administration for Children and Families (ACF), the Centers for Disease Control and Prevention (CDC), the Centers for Medicare & Medicaid Services (CMS), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Office of the Assistant Secretary for Planning and Evaluation (ASPE). The Health Resources and Services Administration (HRSA) is also supporting complementary efforts to fund technical assistance to states to support the development and implementation of sustainable financing of health and housing programs.

Overview of Accelerator Opportunity

In 2024, [the first round of the HSPA](#) provided intensive technical assistance and opportunities for peer-to-peer learning to eight states and the District of Columbia. The goal of the HSPA is to provide technical assistance and support to states to accelerate the development and implementation of innovative state strategies to provide housing-

related services and supports to persons with disabilities and/or older adults who are experiencing or are at risk of experiencing homelessness. The HSPA will bring together states with 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 who are interested in effectively implementing, expanding, or improving the delivery of these services and strengthening the necessary housing and community-based organization partnerships needed to achieve state goals.

What Is the Benefit to Selected States?

Participating state Medicaid agencies in collaboration with their state and local housing partners and relevant disability and aging networks, health, and behavioral health system partners -- will have the opportunity to expand their knowledgebase around delivering effective housing-related supports and services, increasing collaboration and coordination across state and local health and housing agencies, covering resource gaps, and advancing ways to deliver seamless services to individuals experiencing or at risk of experiencing homelessness.

Accelerator topics may include the following areas based on identified state technical assistance needs:

- 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 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 community based organizations (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 program;
- 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 topics as identified by states.

Accelerator Components

This Accelerator begins in January 2025 and runs for 12 months through December 2025. Each state will participate in the following activities:

- One virtual kick-off meeting;
- State needs assessment;
- One in-person meeting (up to 3 days) in the Washington, DC, area with ACL, CMS, SAMHSA, ASPE, HRSA, HUD, USICH, USDA and subject matter experts (travel expenses will be covered for HSPA core team members from each state);

- Up to 8 Peer-to-Peer learning (90-minute) sessions;
- One-on-one state coaching support from housing and services subject matter experts;
- A community of practice for aligning housing, health, and social care at the community and local level with learnings tracks that targets cross-sector partnerships of entities such as CoCs, homeless service providers, organizations led by people with lived experience, PHAs, area agencies on aging (AAAs), State Independent Living Councils (SILCs)/Centers for Independent Living (CILs), community care hubs(CCHs), hospitals, and health systems (including public housing primary care centers)
- Final close out webinar on lessons learned and next steps.

States teams are expected to dedicate at least one key staff from each of the core team member entities and at least one key staff from every participating agency or organization listed on the application to participate in each of the above-listed activities. Additionally, states may want to dedicate some time in between sessions to debrief on their learnings and share with others within their state.

Participant Eligibility & Team Requirements

Only states with approved section 1115 demonstrations or section 1915(i) state plan benefits that include the coverage of housing-related supports and services for individuals experiencing or at risk of experiencing homelessness are eligible to apply and only **one application** per state will be accepted.

Participating states will be required to form a core team of representatives from their state Medicaid agency, a state housing agency, state No Wrong Door System, and state service agencies relevant to the intended target populations for housing-related supports and services (i.e., state unit on aging, state agency that administers programs or advocates for people with disabilities, state behavioral health agency), as well as representatives from housing/homeless, aging and disability organizations.

States may engage with a wide range of partners during the HSPA but are required to identify core partners (described below) in the initial application. Each state's application will identify a team comprised of representatives from each of the sectors with a designated lead state agency or organization and must explain their current progress, need for technical assistance, and intended areas of focus. States are highly encouraged to have their state Medicaid agency apply as the lead applicant, but it is not

required. If the lead applicant is not the state Medicaid agency, the lead applicant must obtain a letter of commitment from their state Medicaid director.

Required core team members:

State Agencies:

- 1) state Medicaid agency (required participants must include staff working on the administration/implementation of the section 1115 demonstration or section 1915(i) state plan benefit. Participants may also include other staff from state Medicaid operating/sister agencies, Money Follows the Person Demonstration staff, state Medicaid agency finance/budget staff, among others);
- 2) state aging agency;
- 3) state disability agency;
- 4) state housing and homeless agencies
- 5) Single State Agency (SSA) for Substance Abuse Services and State Mental Health Agency (SMHA);
- 6) state [No Wrong Door System](#);

Community and Local Partners:

- 1) [homelessness assistance programs](#)/homeless service providers;
- 2) [Continuum of Care \(CoC\) Programs](#);
- 3) [Public Housing Agencies](#) (PHAs);
- 4) Aging and Disability Resource Centers (ADRCs);
- 5) [area agencies on aging](#) (AAAs);
- 6) [centers for independent living](#) (CILs).

States will be required to engage local and community-based organizations through a community of practice over the course of the HSPA. In addition to required core team members, states are highly encouraged to invite eligible partners such as local aging organizations, local disability organizations, local housing organizations, [community care hubs \(CCH\)](#), managed care organizations (MCOs), [state or local public health agencies](#), [federally qualified health centers \(FQHCs\)](#), [certified community behavioral health clinics \(CCBHCs\)](#), hospitals and health systems, behavioral health providers,

community-based organizations (CBOs), and other service providers to be a part of their teams. Priority will be given to states with the most robust partnerships across state and local agencies in the housing, disability, aging, and health sectors. These may include, but are not limited to:

Aging and Disability Network Organizations:

- [Aging and Disability Resource Centers Program/No Wrong Door System](#) - The No Wrong Door (NWD) System initiative is a collaborative effort with ACL, the Centers for Medicare & Medicaid Services, and the Veterans Health Administration to support state efforts in streamlining access to long-term services and support options for older adults and people with disabilities. Aging and Disability Resource Centers (ADRCs) provide information and counseling to help individuals make informed decisions about long-term services and supports. [No Wrong Door System Lead Contacts](#).
- [Area Agencies on Aging](#) - These agencies address the needs of older adults at the regional and local level through services and supports (like home-delivered meals and homemaker assistance) to support independent living.
- State or Territory [Assistive Technology Programs](#) - These programs support making assistive technology devices and services more available and accessible to individuals with disabilities and their families.
- [State Independent Living Councils/Centers for Independent Living](#) - These centers provide tools, resources, and supports for integrating people with disabilities fully into their communities to promote equal opportunities, self-determination, and respect.
- [Protection and Advocacy Systems](#) - These state systems work to protect individuals with disabilities by empowering them and advocating on their behalf to defend their personal and civil rights.
- [Senior Centers and Supportive Services for Older Adults](#) - This program provides grants to states and territories that fund multi-purpose senior centers that coordinate services for older adults, such as congregate meals, community education, health screening, exercise and health promotion programs, and transportation.
- [State Councils on Developmental Disabilities](#) - These self-governing organizations identify and address the most pressing needs of people with developmental disabilities in their state or territory through conducting advocacy, facilitating systems change, and capacity building efforts to promote self-determination, integration, and inclusion.

- [State Units on Aging](#) - These state-level agencies develop and administer plans to provide assistance for older adults, families, and in many states, adults of any age with physical disabilities.
- [University Centers for Excellence in Developmental Disabilities](#) - These grants are affiliated with universities to serve as liaisons between academia and the community for advancing research, information sharing, and community services.

Housing & Homeless Services Network Organizations:

- [State Housing Finance Agencies](#) - State-chartered authorities that help finance the development of affordable housing, including administering state allocations of the federal Low Income Housing Tax Credit Program and housing bonds. They also administer HUD's HOME Investment Partnerships and Section 811 Supportive Housing Program for people with disabilities.
- [Continuum of Care \(CoC\) Programs](#) - The Continuum of Care (CoC) Program is designed to promote community-wide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.
 - For the purposes of facilitating partnerships, it is helpful to understand the CoC Program Structure
 - CoCs operate at the local/state/community level to coordinate homeless services and allocate resources from HUD.
 - There are over 400 CoCs comprised of geographic areas (cities, states, counties, etc.)
 - CoCs are made up of diverse organizations that include local homeless service providers, behavioral health providers, housing providers, victim service providers, people experiencing homelessness, etc.
 - Each CoC has an administrative entity that coordinates the submission of the applications, reports to HUD and the Point in Time Count
- [Homelessness Assistance Programs/Homeless Service Providers](#) - Homelessness assistance programs provide funding to States and local

governments and nonprofit providers to serve individuals and families across the United States who are affected by homelessness.

- [Public Housing Agencies \(PHA's\)](#) - Public housing was established to provide decent and safe rental housing for eligible low-income families, the elderly, and persons with disabilities. Public housing comes in all sizes and types, from scattered single-family houses to high rise apartments for elderly families. There are approximately 1.2 million households living in public housing units, managed by some 3300 PHAs.
- [Municipal and county government housing agencies](#) – Municipal and county government agencies help finance the development of housing. They also administer federal housing capital programs like HOME, Community Development Block Grant (CDBG), as well as local housing resources.
- [Multifamily Affordable Housing Owner, Operators, & Developers](#) – Housing owners, operators and developers create and manage affordable housing units that can be a resource for individuals and families experiencing homelessness. National intermediaries such as Local Initiatives Support Coalition ([LISC](#)), Corporation for Supportive Housing ([CSH](#)), [Enterprise Community Partners](#), and local departments of planning and housing and community development can help connect communities to affordable housing providers.

Selection Criteria and Timeline

The goal of the HSPA is to provide technical assistance and support to states to accelerate the development and implementation of innovative state strategies to provide housing-related services and supports to persons with disabilities and/or older adults who are experiencing or are at risk of experiencing homelessness, and who are receiving services under a CMS approved section 1115 demonstration or section 1915(i) state plan benefit. Each state will be required to submit a simple letter of intent (LOI) and a full application (with partnership assessment). The top-rated states will be invited to participate in an individual state interview with an interagency panel of federal partners as part of the application process. Using information gathered through these application processes, the following criteria will be used to select participating states:

- Evidence of well-established and currently active Medicaid, aging, disability, and housing partnerships that provide a foundation for implementing housing-related services and supports;
- Approved section 1115 demonstration or 1915 (i) state plan amendment covering housing-related services and supports for individuals experiencing or at risk of experiencing homelessness;

- Clearly identified goals and detailed strategies to improve or expand housing and services for the state’s target population(s) of persons with disabilities, older adults, and persons at risk for or experiencing homelessness;
- Clear articulation of technical support needs and the specific outcomes the state wants to achieve with the HSPA technical support;
- Designation of a staff member from the Medicaid agency who will have the time and resources necessary to be responsible for the day-to-day activities;
- Identification of a core team that includes: a state Medicaid agency representative, a state housing agency representative, a state No Wrong Door System representative, a state aging agency representative, and a state disability agency representative, a Single State Agency (SSA) for Substance Abuse Services representative, a State Mental Health Agency (SMHA) representative, a [homelessness assistance programs](#)/homeless service provider, representative, a Continuum of Care representative, a Public Housing Agency representative, an Aging and Disability Resource Center representative, an [area agency on aging](#) representative, a [center for independent living](#) representative;
- Degree to which the team includes cross-sector representation from state and local agencies in housing, disability, aging, and health;
- Alignment of technical support goals with other relevant housing and service activities in the state (e.g., state plan for addressing developmental disabilities, state aging plan, state plan for independent living, relevant SAMHSA grant activities, State Opioid Response Task Forces, plans to end homelessness, etc.);
- Capacity and readiness to begin work immediately upon selection for HSPA;
- Acknowledgement from the State Medicaid Director or letter of commitment if lead agency/organization is not the state Medicaid agency;
- Assurance that team members will have sufficient time and resources for the duration of the track.

Date	Activity
October 30	HSPA Information Session
November 20	Initial LOI submission deadline
December 20	Application deadline

January 15-17	Interviews of highest rated state applicants
January 31	States notified

How Do Interested States Apply for Technical Assistance?

Interested states are required to submit a simple letter of intent to ACL by midnight (EDT) on November 20, 2024, online at web page at [Surveymonkey.com/r/LRVPBQC](https://www.surveymonkey.com/r/LRVPBQC), also linked on the HSPA web page at: [Acl.gov/HousingAndServices/Accelerator](https://acl.gov/HousingAndServices/Accelerator).

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

Applications are due to ACL by 10 a.m. (EDT) on December 20, 2024; submitted to hsrc@acl.hhs.gov. The full application can be found online on the HSPA web page at: [Acl.gov/HousingAndServices/Accelerator](https://acl.gov/HousingAndServices/Accelerator).