



Housing and Medicaid spending programs

Investing in housing through Medicaid

November 2024

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Document purpose

This document provides guidance, including case studies, to coordinated care organizations (CCOs) in using two Medicaid spending flexibilities, health-related services (HRS) and Supporting Health for All through REinvestment, to address their communities’ housing needs.

Background

Housing is a well-established social determinant of health and equity (SDOH-E). Some policies and programs have led to disparities in housing that contribute to health inequities. The ability to live in safe, secure and stable housing affects the health of individuals and communities. There are many

approaches to improving access, affordability and quality of housing to address the different needs in each community.

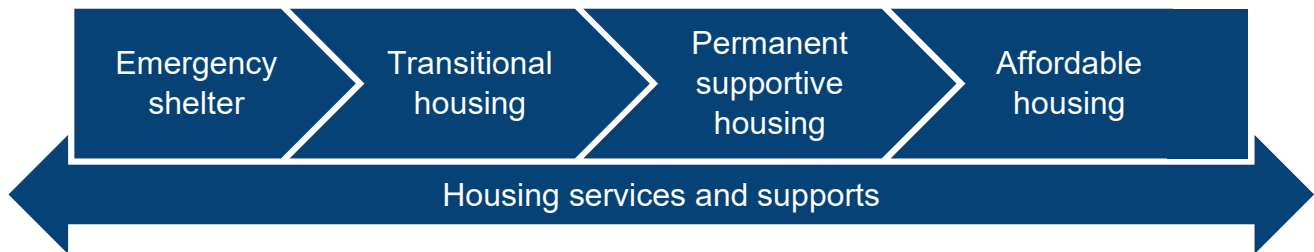
The Oregon Health Authority (OHA) works with CCOs to address SDOH, health inequities and the social needs of CCO members and their broader communities through flexibilities in the state's Medicaid program. HRS and SHARE offer unique approaches to supporting members' and communities' housing needs. [Learn more about how these programs can be used to support housing below.](#)

Housing solutions

Meeting today's housing needs requires investment in various approaches to support a comprehensive housing system that meets the needs of individuals and families in diverse communities. Ensuring that housing is safe and accessible is essential for all approaches. Key approaches to addressing housing needs include:

- Housing services and supports
- Emergency shelters
- Transitional housing
- Permanent supportive housing
- Affordable housing

These approaches exist along a continuum to address the needs of diverse communities.



Housing services and supports

Services and supports help people find, secure and maintain safe, accessible and affordable housing that meets their needs. Services and supports cover a wide range of efforts to support people who are experiencing homelessness, help get people into stable housing and support them throughout their housing journey.

Examples of housing services and supports include providing hygiene and personal care supplies for people experiencing homelessness; improving existing housing to address environmental health and safety risks and/or accessibility; identifying housing options through housing system navigation or establishing housing connections and referrals; behavioral health support so individuals are better able to attain or maintain housing; assistance with rental or housing applications; and educational classes related to independent living or home ownership.

Emergency shelters

Emergency shelters offer temporary overnight and/or daytime shelter for individuals who are experiencing homelessness or at risk of becoming homeless.

Examples of emergency shelters include low-barrier shelters; shelters for youth; hotel stays or vouchers; and warming and cooling shelters.

Transitional housing

Transitional housing is temporary housing for people in transition between homelessness and permanent housing. Transitional housing is often limited to a stay of 90 days (about three months) or sometimes as long as 24 months. It is intended to bridge the gap between homelessness and more stable housing. Transitional housing may include housing services and supports to ensure smooth transitions.

Examples of transitional housing include free or low-cost residential shelters; medical respite for individuals recovering from a hospitalization or illness; short term housing for individuals in recovery; and rental assistance for individuals in transitional housing units.

Medical respite is a type of transitional housing that includes services and supports for individuals who are experiencing homelessness and are recovering from a hospitalization or illness. Medical respite offers acute and post-acute health care and may be located at a freestanding facility, shelter, nursing home or other transitional housing facility.

Permanent supportive housing

Permanent supportive housing offers indefinite housing support for individuals or families with disabilities who have typically experienced long-term homelessness. Permanent supportive housing can take various forms and may include ongoing housing assistance (for example, rental assistance) and supportive services (for example, medical case management or independent living aids).

Examples of permanent supportive housing include supported housing units or facilities, rental assistance or subsidies. Permanent supportive housing typically includes services and supports that are individualized and voluntary which can be provided onsite in the home. Most permanent supportive housing programs have a housing first orientation and are geared on helping families remain stably housed.

Oregon Housing and Community Services manages a permanent supportive housing program aiming to expand the state's supply of affordable housing. This approach focuses on three components to permanent supportive housing: affordable housing units, rental subsidies and support services. [Learn more on their webpage.](#)

Affordable housing

Affordable housing is housing that typically costs no more than 30 percent of the tenants' gross household income, including rent and utilities. Affordable housing is sometimes government regulated and can be owned by a non-profit or a for-profit with oversight to ensure people with lower incomes can live in the affordable homes.

Some affordable housing options may need improvements for environmental health, safety and/or accessibility reasons. These may include things like asthma trigger removal, lead-based paint hazard remediation, legal supports for landlord required mold or lead-based paint hazard remediation, waste removal from hoarding or installation of ramps, grab bars or lighting upgrades. Creating new affordable housing options may require real estate developers to obtain capital resources for new construction or for tenants to access rental assistance to supplement their rent payments.

Capital investments are typically funds used to acquire, build or improve physical infrastructure, often that are either high cost or expected to last for a long time (for example, home renovations or constructing new facilities). Capital investments can be used to support nearly all housing efforts and can be made through SHARE. HRS may not be used for capital investments.

Example models and approaches

Across the country, nonprofit organizations, businesses, health care systems and governments are developing new models, approaches and investments to address housing needs. One important step for CCOs when creating a housing investment strategy is to identify partners and approaches in their community or region. To implement a successful housing strategy, CCOs may partner with health care systems, nonprofit or community-based organizations, social service organizations, housing developers and more. Approaches range across the spectrum of housing solutions to address needs at the individual, community and system levels.

Project Turnkey

Project Turnkey is an Oregon-based initiative to provide immediate shelter to people experiencing houselessness. This approach is expanding the number of affordable homes, including the purchase, renovation and operation of hotels into housing. Project Turnkey developments were informed by individual community needs and each operation is owned and operated by local government entities, nonprofit community partners or Tribes. While Project Turnkey itself was a distinct effort in Oregon, the model of renovating existing structures to fill gaps in affordable housing and emergency shelters is replicable. [Learn more about Project Turnkey from the Oregon Community Foundation.](#)

SHARE funding has been used for **five** Project Turnkey initiatives.

Frequent Users Systems Engagement (FUSE)

FUSE is a supportive housing model that seeks to address the needs of people who are frequently involved in the health and crisis response systems and/or the carceral system. FUSE is a systems-level intervention that identifies individuals and families that are in need a supportive housing intervention. This model improves coordination among essential services and provides supportive housing to address people's needs before they become emergency situations. This model helps bring affordable housing and supportive services to frequent users of multiple systems which saves public costs. [Learn more about FUSE from the Corporation for Supportive Housing.](#)

SHARE funding has been used to support FUSE models in **three** communities.

Housing First

Housing First is an approach to providing housing without pre-conditions, such as sobriety. A Housing First approach can be applied to any housing solution. The approach recognizes that an individual must first have safe, secure housing before other interventions (for example, substance use disorder treatment or behavioral health care) can be successful. In this approach, housing is the foundation for all other services and supports. [Learn more about Housing First from the Department of Housing and Urban Development.](#)

Continuum of Care (Coc)

The CoC program is led by the U.S. Department of Housing and Urban Development (HUD) and implemented through locally based CoCs. CoCs are designed to “promote community-wide planning and strategic use of resources to address homelessness; improve coordination and integration with mainstream resources

CCOs can participate in CoCs in their community, bringing an important perspective to decision making and providing information.

and other programs targeted to people experiencing homelessness; improve data collection and performance measurement; and allow each community to tailor its programs to the strengths and challenges in assisting homeless individuals and families within that community.” (HUD Exchange)

All communities in Oregon have a CoC working to coordinate and bring together housing partners. They promote, coordinate and create a spectrum of housing solutions and models to address housing instability in their local community. [Learn more about coordinated entry from the HUD Exchange.](#)
[Learn more about CoCs in Oregon from Oregon Housing and Community Services.](#)

CoCs are responsible for establishing **coordinated entry**, or a consistent approach to identifying, assessing and placing individuals who are experiencing homelessness into housing that meets their needs. Coordinated entry takes a housing first approach to getting people housed and seeks to streamline systems across the community.

Accountable Health Communities

The Accountable Health Communities Model tested “whether systematically identifying and addressing the health-related social needs of Medicare and Medicaid beneficiaries through screening, referral and community navigation services will impact health care costs and reduce health care utilization.” (CMS.gov) Screening for Accountable Health Communities included identifying housing and housing-related needs. The five-year trial period closed in 2022, though the community partnerships continue, and the model has impacted the approach to other Medicaid flexibilities like HRS and SHARE. [Learn more about Accountable Health Communities from the Centers for Medicare and Medicaid Services.](#)

Flexible housing pool

Flexible housing pools, or flexible housing subsidy pools, combines investments from multiple partners and funders to create a central source of funding for rental assistance, housing improvements, basic housing needs, other housing supports and services and more. Capital investments can help initiate new pools or contribute to an existing one. These pools are co-developed and managed by an entity in the community and can be responsive to the communities’ needs and the funding source requirements. [Learn more about flexible housing pools from the HUD Exchange.](#)

Community land trust

A community land trust is a nonprofit organization that owns and stewards land with affordable housing, where the homeowners or residents often participate in the nonprofit stewardship efforts. Housing built on the land is sold or rented at affordable rates while community ownership of the land is maintained for the lasting benefit of the community. The trust model allows a community-based organization to take advantage of one-time investments in affordable housing, including capital investments in the facilities, and pass affordability on to residents in perpetuity. [Learn more about community land trusts from the National League of Cities.](#)

Eastern Oregon CCO (EOCCO) used SHARE funds to invest in a multi-county, affordable housing **community land trust** paired with homeownership training.

Medicaid flexibilities to support housing needs

Two key Medicaid spending flexibilities offer unique ways for CCOs to support their members' and communities' housing needs and address SDOH-E.

Health-related services (HRS)

HRS are services that complement covered benefits under the Oregon Health Plan (OHP). HRS fall into two categories:

- **Flexible services:** Member level services that complement covered benefits. Flexible services can include personal items not covered by OHP that members need to stay healthy or become healthier. Examples include short-term rental assistance, air conditioners or heaters or legal assistance to maintain housing. For more examples, see the [Examples of approved HRS spending](#) resource.
- **Community benefit initiatives:** Community-level programs or services focused on improving the health of the community. Community benefit initiatives can include things like grants to local organizations to offer connections to social services at a local emergency shelter.

[Learn more about HRS.](#)

Supporting Health for All through REinvestment (SHARE)

SHARE is an Oregon state requirement for CCOs to spend some of their financial reserves or profits to improve health inequities and SDOH-E. Spending must fall into one of four areas: economic stability, neighborhood and built environment, education and social and community health. A part of SHARE spending must be on housing-related services and supports.

Each year, CCOs use a formula to know how much they must reinvest into their community through the program. SHARE grants in the past have supported things like the construction or renovation of housing units or community centers, or helping members connect to other social services within the context of their housing needs. [Learn more about SHARE.](#)

For more information about these programs — and in lieu of services (ILOS), which is not covered in this document — see the [SHARE, HRS and ILOS comparison document](#).

Other housing program opportunities

HRS and SHARE are just two of the many routes available to CCOs to support housing access, quality and affordability in Oregon. Some of the other programs include:

- Health-related social needs (HRSN) covered services
- Behavioral health investment programs

Health-related social needs (HRSN) covered services

HRSN housing supports are a covered benefit for some OHP members who meet benefit-specific eligibility criteria. These covered services are short-term, non-medical services to help until members are connected with stable resources. HRSN covered services may be able to help pay for things like rent, utilities, home modifications and tenancy support services. Because HRSN housing supports are covered services, if an OHP member is eligible, HRSN should be used before other funding mechanisms like HRS or SHARE. [Learn more about HRSN covered services.](#)

Behavioral health investment programs

OHA’s Behavioral Health Division offers a variety of housing investment opportunities and housing-related services and supports through their behavioral health investment programs. These programs support targeted investments in housing to expand supportive housing, offer rental assistance, provide other housing services and supports and more. [Learn more about the Behavioral Health Division’s investment programs.](#)

CCO examples

With OHA’s focus on addressing SDOH-E, CCOs are crucial partners for housing in their communities. CCOs across the state are taking innovative approaches to addressing the housing needs of their members and communities.

Examples of CCO housing investments

CCOs have invested over \$60 million in housing and housing-related services and supports over the past six years through SHARE and HRS (2018–2023). Some examples of efforts funded through SHARE and HRS are below.

For more examples of HRS investments in housing, see [Examples of accepted HRS expenditures.](#)

For information about SHARE housing investments, see [CCO reports and summaries on the SHARE webpage.](#)

Housing solution types highlighted below include services and supports (S&S), emergency shelter (ES), transitional housing (TH), permanent supportive housing (PSH), affordable housing (AH) and other (O). Funding sources highlighted include SHARE and HRS flexible services (HRS-FS) or community benefit initiative (HRS-CBI).

| Program or service description | Housing solution type(s) | | | | | Funding source(s) | Activities funded |
|---|--------------------------|----|----|-----|----|-------------------|---|
| | S&S | ES | TH | PSH | AH | | |
| Renovation of a former hotel into new permanent supportive housing, including fully accessible units. Improving current PSH through capital expenses for building improvements, uncollectable rent and staffing. CCO and partner: Trillium Health Partners and Homes for Good: Bridges on Broadway | | | | ✓ | | SHARE | Capital for renovations |
| Building upgrades to expand services and accessibility of medical respite program. CCO and partner: Health Share of Oregon and Central City Concern | ✓ | | ✓ | | | SHARE | Renovate and expand medical respite program |

| Program or service description | Housing solution type(s) | | | | | Funding source(s) | Activities funded |
|---|--------------------------|----|----|-----|----|-------------------|---|
| | S&S | ES | TH | PSH | AH | | |
| Housing case management and wraparound services provided at daytime warming and cooling shelter. Additional services and supports to help individuals secure housing. CCO and partner: Eastern Oregon CCO and Mid-Columbia Community Action Council | ✓ | ✓ | | | | SHARE | Case manager(s) time, security deposits, limited-time rent assistance, hotel vouchers |
| Staff and program costs for Central Oregon FUSE program, including services and supports to help individuals in the program access housing and funds to support ongoing operations at an associated permanent supportive housing facility. CCO and partner: PacificSource Central Oregon and Central Oregon FUSE | ✓ | | | ✓ | ✓ | SHARE | Staff, operations |
| Operating expenses for an emergency daytime shelter that includes navigational and non-covered services to individuals who visit. CCO and partner: AllCare CCO and Mobile Integrative Navigation Team | ✓ | ✓ | | | | SHARE | Operational expenses, navigation services |
| Remodel and development of a 50-unit hotel into combination transitional housing, including housing with wrap-around services for community members with substance use disorder transitioning from other facilities and temporary housing for members. CCO and partner: Umpqua Health Alliance and ADAPT: Rodeway Inn Transitional Housing | ✓ | | ✓ | | | SHARE | Capital for renovations |
| Resident management software and restorative justice training for staff at affordable housing complex. CCO and partner: Intercommunity Health Network and Creating Housing Coalition | | | | | ✓ | SHARE | Increase organizational capacity and staff knowledge |

| Program or service description | Housing solution type(s) | | | | | Funding source(s) | Activities funded |
|---|--------------------------|----|----|-----|----|-------------------|--|
| | S&S | ES | TH | PSH | AH | | |
| Multi-year partnership to fund facility upgrades, expand and maintain services and supports. Create new temporary housing and medical sheltering units. CCO and partner: Advanced Health and the Nancy Devereux Center | | | | | | SHARE | Capital for housing development, expansion |
| | ✓ | ✓ | ✓ | ✓ | | HRS-CBI | Supports and services (food, showers, laundry, connections to social services) |
| | | | | | | HRS-FS | Temporary housing for medical sheltering |
| Accessibility improvements like ramps, wider doorways, grab bars or handrails Multiple CCOs | ✓ | ✓ | ✓ | ✓ | ✓ | HRS-FS | Flexible services for supplies or installation |
| Utility (water, gas, electric) assistance. Multiple CCOs | ✓ | | | | | HRS-FS | Flexible services for utility bill payments |
| Rental assistance for low-income households to maintain housing. Multiple CCOs | | | | | ✓ | HRS-FS | Flexible services for rent payments |
| In-home air filtration devices and replacement filters to ensure clean air when air quality is poor or during wildfire season. Multiple CCOs | ✓ | | | | ✓ | HRS-FS | Flexible services for air filtration devices |
| Home insulation and air sealing to improve temperature control along with in-home air conditioner installation to reduce heat-related illnesses for older or medically sensitive individuals. Multiple CCOs | ✓ | | | | ✓ | HRS-FS | Flexible services for air conditioners and temperature control |
| Upgrade or installation of more energy efficient heating and cooling systems to improve temperature control during extreme weather events. Multiple CCOs | ✓ | | | | ✓ | HRS-FS | Flexible services for temperature control |

| Program or service description | Housing solution type(s) | | | | | Funding source(s) | Activities funded |
|---|--------------------------|----|----|-----|----|-------------------|---|
| | S&S | ES | TH | PSH | AH | | |
| Home health and safety-related assessments and improvements to identify, evaluate and address environmental health and safety risks. Multiple CCOs | ✓ | | | | ✓ | HRS-FS | Flexible services for home health and safety improvements |
| Home mold and mildew abatement to improve indoor air quality and reduce respiratory health issues, or legal support for members in rental units when landlord refuses to abate the mold. Multiple CCOs | ✓ | | | | ✓ | HRS-FS | Flexible services for improved indoor air quality |
| Home asthma trigger removal, including allergen triggers, to improve respiratory health. Multiple CCOs | ✓ | | | | ✓ | HRS-FS | Flexible services for improved indoor air quality and reduced asthma symptoms |
| Home lead-based paint hazard remediation for families with children who have elevated blood lead levels, if the house was built prior to 1978 or legal support for the same scenario if the member is in a rental unit. Example project | ✓ | | | | ✓ | HRS-FS | Flexible services for reduced lead exposure |
| Funding that complemented city funding for a lead hazard reduction and healthy homes project to identify and control lead-based paint hazards in eligible, privately owned rental or owner-occupied homes. Project prioritized for low-income families and families with young children who have elevated blood lead levels. CCO and Partner: Jackson Care Connect and City of Medford | ✓ | | | | ✓ | HRS-CBI | Community benefit initiative for a local healthy homes project |
| Integrated home pest management to control pests and improve member health. Multiple CCOs | ✓ | | | | ✓ | HRS-FS | Flexible services for improved home health and safety |

| Program or service description | Housing solution type(s) | | | | | Funding source(s) | Activities funded |
|--|--------------------------|----|----|-----|----|-------------------|---|
| | S&S | ES | TH | PSH | AH | | |
| Professional home cleaning or waste removal from hoarding to improve the living environment, remove potential allergens, allow full use of space and reduce risk of fall or injury. Multiple CCOs | ✓ | | | | | HRS-FS | Flexible services for improved home health and safety |

Case studies

Cascade Health Alliance

Cascade Health Alliance is a CCO serving individuals in southern Oregon’s Klamath County. Their approach to housing is led by community engagement with members, government institutions and community-based organizations.

Their director of health equity and quality takes a hands-on approach to leading community engagement. As the CCO moved to direct more funds toward housing and housing-related services and supports, understanding the needs of individuals and institutions was the first step. The director connected with existing partners in the community that were known to work with the houseless community. This helped the CCO understand the challenges with physical housing infrastructure and the barriers for individuals receiving assistance with housing. The team regularly attends — and sometimes even help organize — community events, bringing together multiple partners and services for the benefit of their community.

Key actions the CCO took to develop their robust, community-informed housing strategy:

- Outreach to community partners to identify their needs
- Regularly attended events led by community partners
- Leveraged existing resources in the community like the community information exchange, Project Turnkey sites, existing community spaces
- Balanced systems change efforts and met immediate needs by using multiple funding streams and fostering lasting relationships

Some recent investments made through OHA spending programs:

- \$260,000 of SHARE funds to remodel multi-unit complexes to meet HUD housing quality standards (2023)
- \$50,000 of SHARE funds to improve the physical environment and increase services and supports at a [Project Turnkey](#) facility (2023)
- \$174,000 of HRS funds to advance connections within the community and fund services through a community information exchange (2022)
- Over \$23,600 for HRS flexible services to improve home environment (for example, air filtration devices, humidifiers, cleaning and laundry supplies (2022)

Columbia Pacific CCO

Columbia Pacific CCO is the Medicaid health plan for individuals who reside in northwest Oregon's Clatsop, Columbia and Tillamook counties. Their unique approach to housing began in 2020, when they established the Regional Housing Impact Fund, a pool of funds dedicated to addressing the housing crisis in their region. Their Housing Strategy and Development Advisor was instrumental in developing the fund. They developed the fund to bring together investments from community spending programs through OHA, including SHARE, HRS and other OHA sources, with other housing and community investment opportunities to spur unified investment in affordable housing in their service area.

Key features of the Regional Housing Impact Fund and the CCO's approach:

- Flexible funding source includes: first-in funding, predevelopment funding, site control, gap funding and capacity funding. This fund will invest in projects before others, helping projects get started and attract other funding sources
- Engages other health care and community partners to direct investments toward a coordinated regional approach to increasing and improving housing stock
- Pairs affordable housing with supports and services

Some recent investments made through OHA spending programs:

- \$175,000 of SHARE funds to expand staffing and make infrastructure improvements at a low-barrier shelter (2023)
 - \$225,000 of SHARE funds for physical infrastructure improvements at an existing affordable housing facility (2023)
 - \$160,000 of SHARE funds to complete home improvement projects for OHP members to improve weatherization, safety and quality (2023)
- Over \$47,000 of HRS flexible services dedicated to hotel or motel vouchers to shelter OHP members seeking more stable shelter (2022)

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