



Bridging the Gaps: How MCO Partnerships and Early Planning Improve Housing Stability in LTSS

Combining housing and community services for member wellbeing

Housing Stability as a Foundation for LTSS and Public Health



Why Housing Stability Matters for LTSS Members

Housing as Healthcare Infrastructure

Stable housing supports prevention, continuity of care, and successful aging in place for LTSS members.

Challenges in Housing Access

Rising housing costs and limited supply in rural areas increase access challenges for LTSS members on fixed incomes.

Collaborative Early Intervention

Early identification of housing risks and coordinated planning reduce crises and improve care delivery.

TennCare Long Term Services and Supports (LTSS)

Managed Care Organizations (MCOs):

BlueCare

Wellpoint

UnitedHealthcare



LTSS Programs

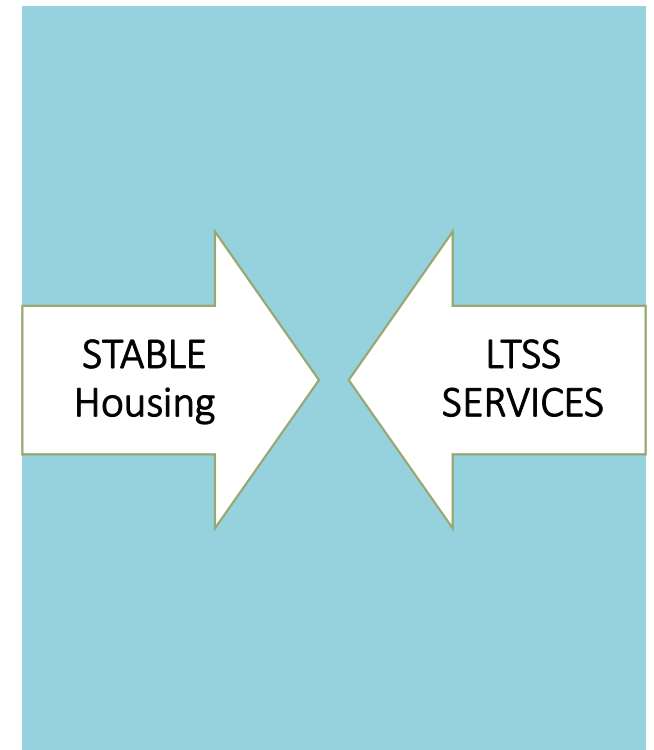
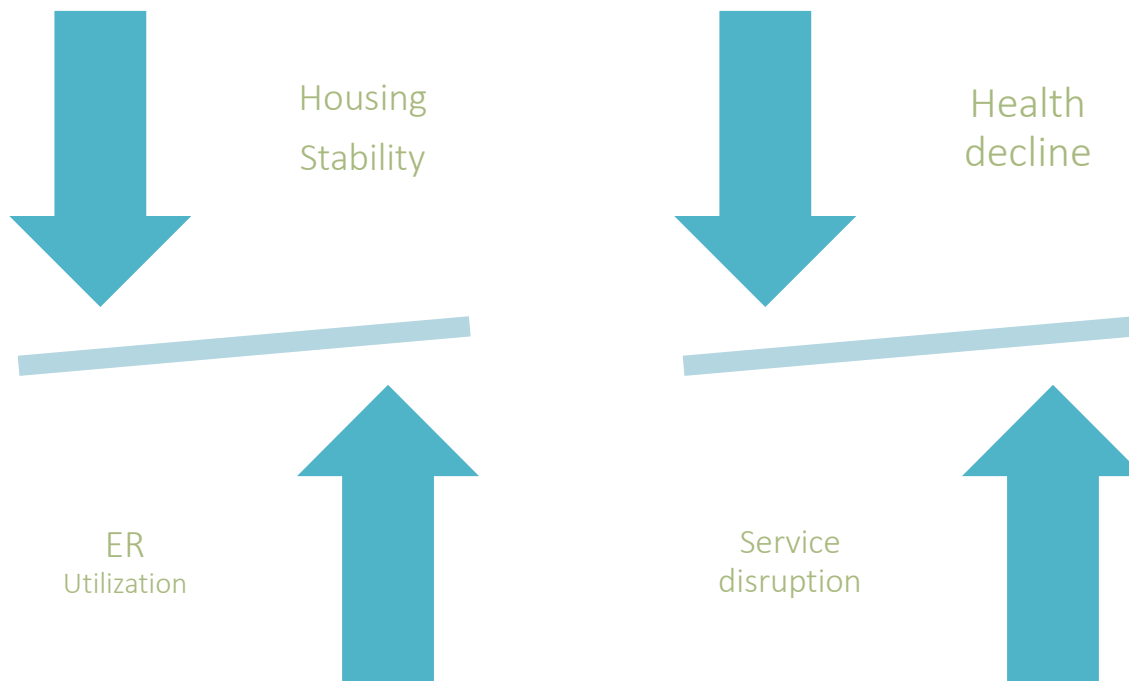
CHOICES

- Serves adults **65+** and adults with **physical disabilities**
- Supports care **at home, in the community, or in nursing facilities**

ECF CHOICES (EMPLOYMENT & COMMUNITY FIRST)

- Serves individuals of **all ages with intellectual or developmental disabilities (I/DD)**
- Focuses on **community-based supports and competitive, integrated employment**

Partnerships Matter



System Roles and Cross-Sector Partnerships

Public Sector Roles

Health agencies and TennCare oversee population health and community care programs ensuring housing stability supports health outcomes.

MCOs' Focus on Housing

Managed Care Organizations concentrate on housing navigation, coordination, and risk mitigation rather than direct housing provision.

Community Partner Contributions

Continuums of Care and community partners manage coordinated entry, housing prioritization, and provide grants for housing support.

Cross-Sector Collaboration Benefits

Collaborative partnerships strengthen statewide housing outcomes, prevent homelessness, and support LTSS service continuity.



Person-Centered Housing Strategies

Person-Centered Housing Approach and Legal Protections

Person-Centered Housing Strategies

Focus on individual preferences and challenges, moving beyond one-size-fits-all housing models for better personalized support.

Role of Care and Support Coordinators

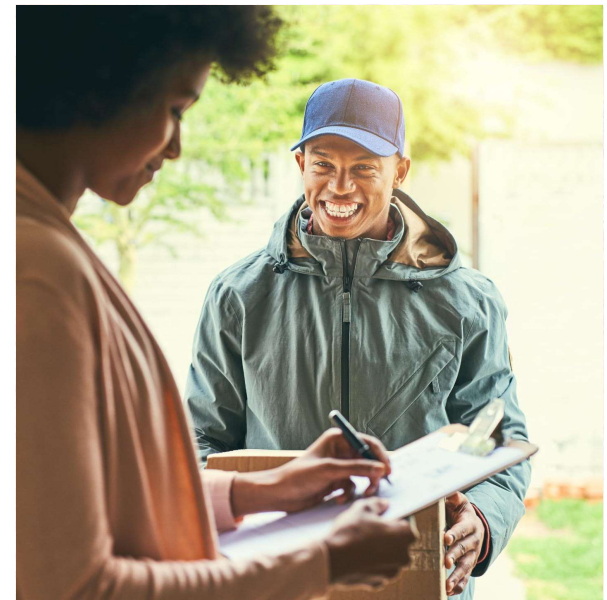
Coordinators identify housing concerns and escalate issues to advocates for specialized help and resolution.

Fair Housing Education and Legal Protections

Staff education on fair housing laws empowers members to assert rights and prevents discrimination and evictions.

Affordable Housing Resource Guidance

Providing comprehensive education on vouchers and income-based programs ensures eviction prevention and housing stability.





Data-Driven Collaboration and Strategic Planning

Data-Driven Housing Strategies

Historical case data and SDOH reports reveal housing barriers and intervention successes guiding current strategies.

Multidisciplinary Team Alignment

Collaboration among clinical, advocacy, and housing teams enhances care transitions and prevents readmissions.

Early Risk Identification

Identifying housing risks during care transitions reduces readmission chances and improves patient safety.

Continuous Quality Improvement

Ongoing data insights refine processes, strengthen partnerships, and improve resource allocation for better outcomes.

Community Living Supports (CLS) and Housing Options

Understanding CLS and Levels of Support

CLS LEVEL	SUPPORT DESCRIPTION	STAFFING
Level 1	Limited intermittent support, less than 21 hours/week	No overnight staff required
Level 2	Minimal to moderate ongoing support, can be alone for several hours	24-hour on-call staff required
Levels 3 & 4	Higher acuity needs, 24-hour support or supervision	Due to advanced dementia, physical disabilities, or complex behavioral/health conditions



CLS Housing-Related Activities and Referral Process

Pre-Move Assistance

Includes identifying suitable housing, assessing accessibility, coordinating logistics, and acquiring furnishings.

Tenancy Skills Training

Teaching lease understanding, maintaining landlord and neighbor relations, and community rule compliance.

Behavioral and Cognitive Support

Supervision and structured cueing to prevent behaviors risking housing stability.

Referral Process

Care Coordinators collect preferences; Transition Coordinators assign providers; planning meetings prepare members.

Housing Options Beyond CLS and Transition Programs

Independent Housing Options

Housing Option	Description	Supports Available
Own Home	Members own/rent with family support	HCBS services delivered to residence Care coordination, transition support, service planning
Individual Apartment	Independent lease, full control over living space	HCBS services delivered to residence Care coordination, transition support, service planning
CLS Home	Community-based, individualized supports	Daily living support, ADL's, behavioral support

Money Follows the Person (MFP) Program

MFP is a federally funded program helping Medicaid-eligible individuals transition from institutions to community settings with comprehensive supports [3]

- MFP assists adults with intellectual or developmental disabilities transitioning from ICFs, nursing facilities, psychiatric hospitals, and RTCs
- Eligibility requires Medicaid enrollment, age 18+, 60-day institutional stay, and care needs manageable in community settings
- Supplemental funds cover rent and utility deposits, essential kitchen appliances, basic furniture, and home hardening modifications
- Care coordination teams assess needs and find community service providers including nurses, direct support professionals, and therapists

\$4,000

Allowance

MFP Supplemental Allowance for transition items, deposits, appliances, furniture, and home stabilization

60 Days

Minimum

Required institutional stay duration to qualify for MFP program eligibility

1 Year

Coverage

MFP pays for participant's community care and transition expenses during first year before transitioning to TennCare LTSS

Community Partnerships and Member Resources

Community Collaboration

Partnerships with organizations provide vital resources like donated appliances to support housing stability.

CLS Lookbook Initiative

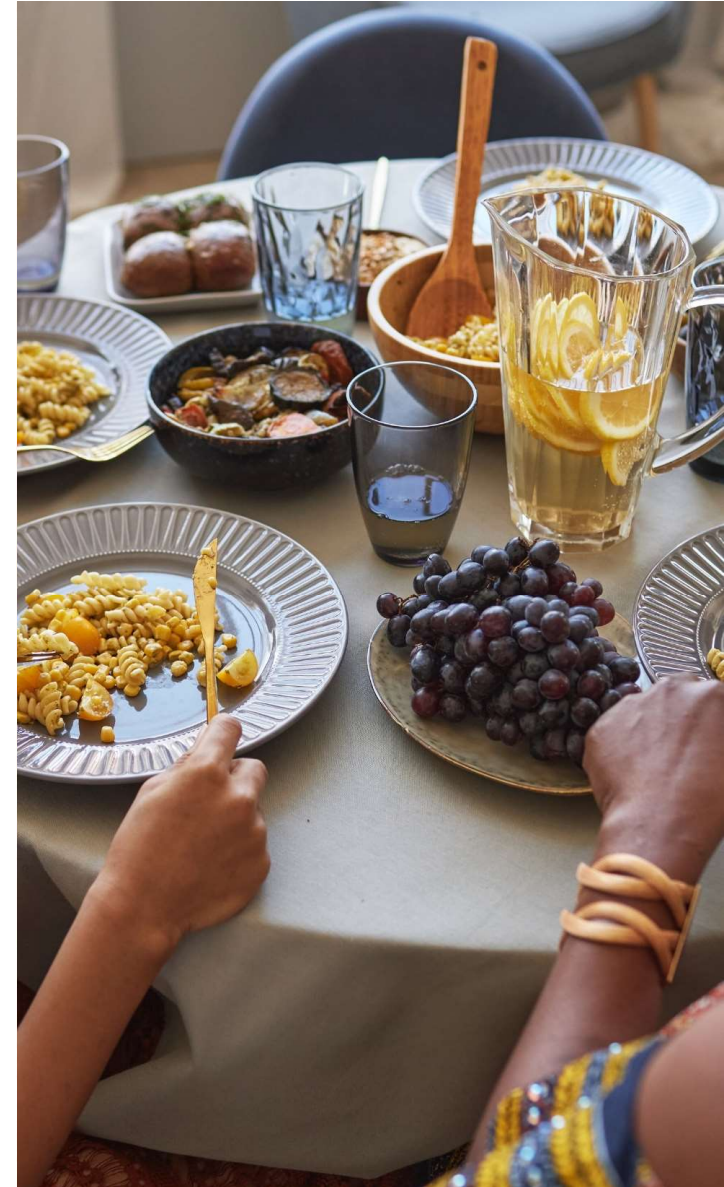
The CLS Lookbook helps institutional residents visualize personalized community living with accessible home features.

Member Engagement

Advisory meetings enable active listening and feedback, shaping inclusive housing strategies.

Outreach to Prevent Homelessness

Collaborations with Continuums of Care strengthen efforts to prevent homelessness and support housing stability.



Outcomes, Challenges, and Future Priorities

Managing Complex Cases and Eviction Prevention

Multidisciplinary Intervention

Complex housing cases need coordinated teams including healthcare, social support, and housing specialists to maintain member stability.

Eviction Prevention Strategies

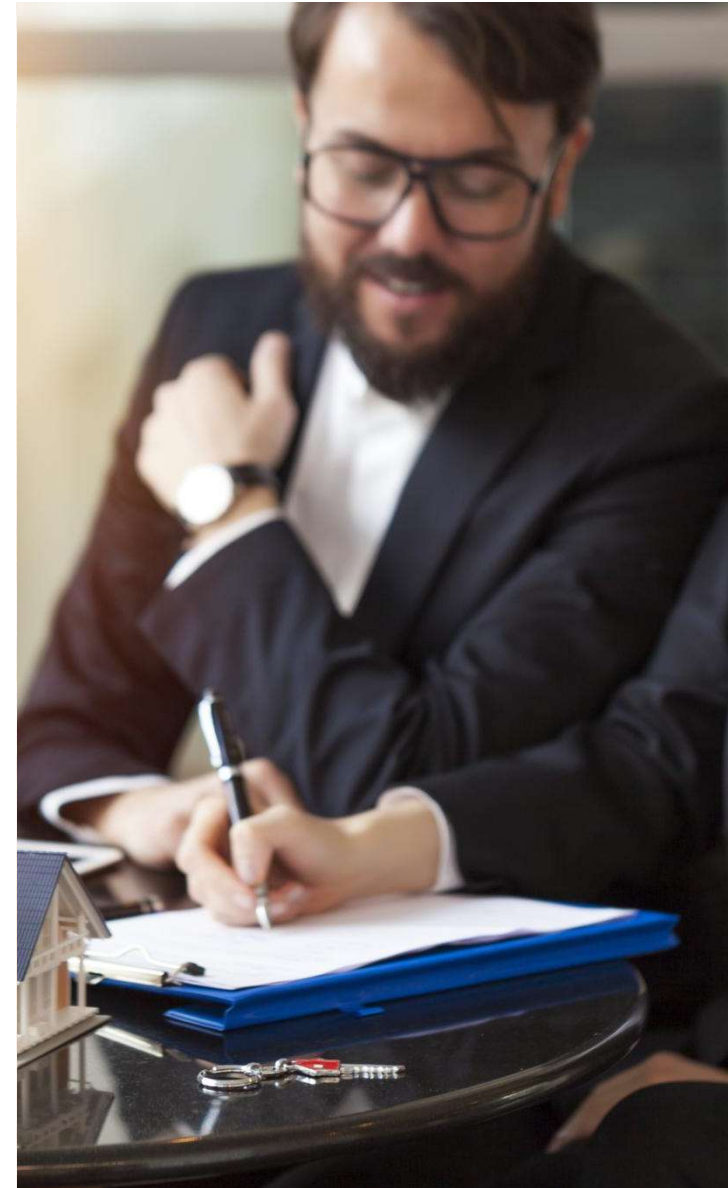
Advocacy teams review leases and negotiate with landlords to prevent eviction through education and accommodations.

Legal Support and Referrals

When eviction cannot be avoided, members are referred to legal aid and fair housing resources for protection.

Positive Outcomes

Effective coordination leads to eviction prevention, housing stability, and improved trust in support systems.





Key Takeaways and Future Directions

Importance of Housing Stability

Stable housing supports service continuity, prevents institutionalization, and enhances independence and quality of life for vulnerable populations.

Person-Centered Equity Strategies

Tailored housing interventions empower members through legal protections and respect individual needs and rights.

Data-Driven Collaboration

Strategic planning and data sharing enable proactive risk identification and continuous improvement of LTSS outcomes.

Future Priorities in LTSS

Focus on expanding affordable housing access, strengthening collaboration, and enhancing advocacy to promote housing stability.

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Thank You!