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CHCF Issue Brief

# Making CalAIM Work for Older Adults Experiencing Homelessness

Among the growing population experiencing homelessness in California and nationally, older adults — defined here as age 50 or older — are the fastest-growing segment.[1] The circumstances that trigger homelessness in older adults are often different than those for younger people, and older adults experiencing homelessness are often at risk for worse health outcomes, including much higher mortality than their younger counterparts.[2] Unfortunately, experts believe this problem has not peaked, and this older population is expected to continue to grow unless action is taken.[3]

California's current Medi-Cal reform effort — known as CalAIM (California Advancing and Innovating Medi-Cal) — offers new opportunities to help the growing number of people experiencing homelessness, including older adults.[4] Specific CalAIM initiatives with the potential to address homelessness include Enhanced Care Management (ECM), Community Supports, the Justice-Involved Initiative, and the institutional long-term care carve-in.[5] These initiatives can empower Medi-Cal managed care plans (MCPs), community-based organizations (CBOs), and long-term care facilities to coordinate activities that address homelessness among Medi-Cal enrollees over age 50, especially when these programs are closely aligned with the existing housing and homelessness systems of care.

Drawing from literature reviews, expert interviews, and examples from other states, this brief provides an overview of California's population of older adults experiencing homelessness, describes CalAIM

## Fast Facts on Older Adult Homelessness

**Older adults are becoming homeless at higher rates than other age groups in California and nationally.**

- Nationally, adults age 50 or older are one of the fastest-growing segments of people experiencing homelessness, and their numbers are expected to triple by 2030.[6]
- California has a high number of older people having their first episode of homelessness. One study of older adults experiencing homelessness in Alameda County found that nearly half of the study participants faced their first episode of homelessness after age 50.[7]
- Between 2017 and 2021, California's population age 55 or older grew by 7%, but the number of people 55 or older who sought homelessness services increased by 84%.[8]

**Older adults experiencing homelessness can have grave health outcomes.**

- Older adults experiencing homelessness often acquire geriatric and medical conditions that lead to cognitive decline and decreased functional abilities at rates on par with housed counterparts who are 20 years older. Older adults who are homeless are also more likely than their younger counterparts to have disabilities that require assistance with activities of daily living.[9]
- People who are homeless after age 50 are 3.5 times more likely to die within four to five years than other adults, and die at a faster rate than the under-50 homeless population.[10]

initiatives that can help address homelessness among older adults with disabilities and/or complex care needs, and highlights the challenges and opportunities for improving services and outcomes for this population.

## What Circumstances Trigger Homelessness for Older People?

It is important to examine the circumstances that may lead to late-life homelessness. While drivers of homelessness are complex across ages, older adults are considered especially susceptible to economic drivers (due to fixed incomes not keeping pace with housing costs) and health-related drivers (due to higher rates of chronic illness and functional impairment). These drivers mean older adults may be especially vulnerable when they experience a loss of employment, new medical condition, or physical disability.[11] Specific triggers include but are not limited to the following:

- **A new disability.** When older adults experience functional decline necessitating help with bathing, dressing, or getting around inside or outside the home, their current housing may no longer be accessible for them. Much of the nation's housing lacks basic accessibility features, such as ramps, grab bars, and wheelchair-accessible doorways, and most shelters for people experiencing homelessness are not equipped to serve people with disabilities.[12]
- **Discharge after a hospital or nursing home stay**. When older adults are discharged from the hospital or a nursing home after a health crisis, they may lose their home due to unpaid rent or loss of housing eligibility during their stay.[13] As a result, these transitions can be a dangerous time for older adults at risk of homelessness.
- **Job loss.** When older adults lose their employment due to retirement, poor health, or age discrimination, they may also lose their ability to afford housing.[14]
- **Rent increases or inflation.** Many older Californians live on fixed incomes. When inflation leads to increased costs in housing or other goods, they may have to choose between paying rent, buying food, or buying medications. Currently, over 65% of single older adult renters in California do not have the income to afford basic expenses; and even among those who own their home with no mortgage, almost 30% cannot afford basic expenses.[15]
- **Loss of a loved one.** Those who experience the death of a family member or separation or divorce from an adult partner resulting in the loss of physical, emotional, or economic support are at increased risk of homelessness.[16]
- **A lifetime of experiencing racism.** Black and Latino/x older adults are disproportionately impacted by housing insecurity and homelessness due to the complex impacts of systemic racism and inequities across sectors of American society, which only compound in old age.[17]
- **Release from incarceration.** Almost 27,000 adults age 50 or older are currently incarcerated in California and are at increased risk of homelessness when released compared with their younger counterparts nationally.[18]

## CalAIM Initiatives That Can Address Late-Life Homelessness

Beginning in 2022, the California Department of Health Care Services (DHCS) initiated several changes to Medi-Cal benefits and services as part of CalAIM that have the potential to address housing insecurity across age groups, including older Medi-Cal enrollees with complex conditions. The following are descriptions of these new opportunities under CalAIM.

## Enhanced Care Management

On January 1, 2022, California launched a new managed care benefit called Enhanced Care Management (ECM). Data from previous initiatives — the Health Homes Program and Whole Person Care Pilot program — showed reduced health care utilization and costs when MCPs provided systematic coordination of services for certain Medi-Cal enrollees who met the criteria for complex conditions and high utilization.[19] MCPs must contract with CBOs and other eligible entities to provide ECM, including but not limited to counties, health care providers (e.g., primary care providers, Federally Qualified Health Centers, hospitals, substance use disorder treatment providers), and population-specific providers (i.e., long-term services and supports [LTSS] providers).[20] The contracted entities must provide comprehensive, whole-person care management that addresses clinical and nonclinical/social needs for certain populations of focus.[21] The initial rollout of ECM in 2022 focused on adults experiencing homelessness and those with a serious mental illness and/or a substance use disorder, and high utilizers of acute care (especially those who were previously receiving care management through the Whole Person Care Pilot program). In 2023, the populations of focus were expanded to include adults at risk for institutionalization and those in skilled nursing facilities transitioning to the community.

## Community Supports

On January 1, 2022, California launched a new optional Medi-Cal managed care service called Community Supports (formerly called In Lieu of Services).[22] These nonmedical supports give MCPs the option to address unmet health-related social needs and health disparities for their enrollees.[23] MCPs can choose from 14 preapproved Community Supports, and (similar to ECM) they must contract with CBOs to provide these supports. Several Community Supports have the potential to improve the lives of people experiencing homelessness, including housing transition navigation services, housing deposits, housing tenancy and sustaining services, short-term post-hospitalization housing, recuperative care (medical respite), nursing facility transition/diversion to assisted living facilities, and community transition services/nursing facility transition to home.

## Medi-Cal Institutional Long-Term Care Carve-In

Effective January 1, 2023, MCPs began covering institutional long-term care statewide in a phased approach by facility type, starting with nursing facilities.[24] This "carve-in" means that MCPs are now paying for and coordinating care and discharge for Medi-Cal nursing home residents, aligning incentives for MCPs to work across long-term care facilities, Community Supports providers, and ECM providers to ensure their institutionalized members can move to home- and community-based settings where appropriate and desired.[25] Given that discharge from a nursing home is a common time for people to lose housing and become homeless, the coordination across facilities, ECM providers, and housing-related Community Supports providers is critically important to prevent homelessness among this population.[26]

## Justice-Involved Initiative

In January 2023, the Centers for Medicare & Medicaid Services approved a first-of-its-kind waiver allowing California to enroll justice-involved individuals in Medi-Cal before they are released from incarceration.[27] This historic approval partly waives the federal Medicaid inmate exclusion policy, allowing transitional care services for Medicaid-eligible adults with chronic medical or behavioral health needs up to 90 days prior to release.[28] This opportunity has the potential to improve health care access and outcomes for people who are incarcerated, who disproportionately experience significant medical, behavioral health, and social needs, yet historically have not been connected to needed services upon reentry to the community. As noted above, California currently has approximately 27,000

people age 50 or older who are incarcerated and are at increased risk of homelessness post-release.[29]

## Five Key Challenges to Addressing Late-Life Homelessness

As MCPs, CalAIM providers, and housing and homelessness stakeholders consider strategies for addressing the unique needs of older adults experiencing homelessness, they are likely to face the five key challenges described below.

### Challenge 1. Affordable and accessible housing is in very short supply in California.

While California has prioritized the development of affordable and accessible housing for older adults with complex care needs or disabilities in recent years (see text box on Community Care Expansion Program), insufficient supply can impede the ability of Community Supports and ECM providers to connect people to housing, especially for those who need accessibility features such as a level entrance, wide doorways, and accessible bathrooms.[30] Some drivers of these challenges are highlighted below.

#### Community Care Expansion Program Grants Support Housing Enhancements

In 2022, grants were awarded to 19 organizations through California's Community Care Expansion (CCE) Program. The CCE grants will provide a total of $570 million for the acquisition, rehabilitation, and construction of adult and senior care facilities serving Supplemental Security Income/State Supplementary Payment and Cash Assistance Program for Immigrants applicants and recipients, as well as other community-based residential care settings, such as permanent supportive housing and recuperative care sites. These and other investments are estimated to provide an additional 55,000 new housing units over the coming years.[31]

- **Medi-Cal dollars cannot be used for rent.** Older adults with no income (who are more likely to be women and immigrants) are at increased risk of homelessness because, while Medi-Cal can pay for various types of supportive services, it cannot currently pay for rent or for room and board in a residential care setting.[32] This means that options such as the Assisted Living Waiver (which uses Medi-Cal dollars to pay for the LTSS provided in a residential care facility, but not for room-and-board fees) can be out of reach for enrollees with no income.
- **Identifying both affordable and accessible housing can be nearly impossible.** While home modifications can be provided through Community Supports, the pool of affordable housing is so limited that the added requirement of being accessible will further reduce the options for older adults who need accessibility features such as ground-level entryways, accessible bathrooms, wide doorways that fit wheelchairs, or lifts.[33]
- **Some housing supports (inside and outside CalAIM) may not be available to people who need personal assistance services.** Many emergency housing options are not accessible for people who need nonmedical personal assistance services — such as bathing, toileting, or dressing. For example, recuperative care/medical respite is not equipped to house people without acute medical needs who do need nonmedical personal assistance services. Additionally, while personal care assistance could be provided to someone living in a homeless shelter through Medi-Cal's In-Home Supportive Services (IHSS) program, the current IHSS provider shortage means it may be very difficult to find a provider to care for an individual living in the shelter system.[34] (See text box on next page for a case example.)

### Case Example: Finding Accessible Housing for Older Adults with Functional Impairments

Mrs. Smith is a Medi-Cal member who lost her low-income housing after falling and fracturing her hip, which required a long stay in a rehabilitation facility. When it was time to be discharged, her hip fracture had mended. However, she was still weak and was using a wheelchair. Mrs. Smith was eligible for Enhanced Care Management and Community Supports housing supports. The Community Supports team attempted to discharge her from the nursing facility into recuperative care/medical respite — but since she didn't have a qualifying medical condition, she wasn't eligible. They then turned to a local homeless shelter, but since she has a functional impairment that causes her to require help getting on and off the toilet, bathing, dressing, and getting into bed, the homeless shelter said they didn't have the capability to meet her needs unless she had a personal care attendant to help her. While she also qualified for a personal care worker through California's IHSS program, she could not find a worker who would come to the homeless shelter to help her due to the workforce shortage.

## Challenge 2. Some Community Supports and Enhanced Care Management providers lack experience serving older adults at the highest risk for homelessness.

Black and Latino/x older adults are disproportionately impacted by housing insecurity and homelessness, due to the complex impacts of systemic racism and inequities across sectors of American society, which only compound in old age. CalAIM's requirement that MCPs contract with CBOs for Community Supports and ECM aims to ensure more culturally competent services for Medi-Cal enrollees. While there has been some success, interviewees reported that more work is needed to ensure that MCPs contract with CBOs that have existing relationships with, and provide culturally responsive services to, certain populations of older adults at higher risk of homelessness, such as (but not limited to) the following groups:

- **Older adults who are people of color.** In Los Angeles County, for example, Black people represent 39% of older adults experiencing homelessness, while comprising only 8% of the total population.[35]
- **LGBTQ older adults.** Older adults who are lesbian, gay, bisexual, transgender, or queer (LGBTQ) face many barriers to access to housing, health care, and social supports.[36] Nationally, sexual and gender minorities, especially those who are Black, experience disproportionately high rates of homelessness.[37]
- **Older justice-involved people of color.** Nationally, Black older adults comprise less than half of all older adults experiencing homelessness but account for 69% of homeless older adults who had been incarcerated or served time in jail.[38]

## Challenge 3. Training and expertise are not yet shared across sectors, including Medi-Cal, aging, disability, and available housing-related services.

As CalAIM drives unprecedented opportunities for increased coordination across complex systems, cross-sector training across agencies and services is needed to support effective collaboration. Cross-sector partners include MCPs; existing Medi-Cal LTSS providers; CBOs that provide Community Supports and ECM; institutional long-term care providers; the homelessness response system; and local, state, and federal housing supports. Each of these systems may not be fully familiar with the benefits and services offered by the others or the logistics of service provision across sectors. For example:

- A Community Supports housing transition navigation service provider may not be aware of other

complementary MCP LTSS benefits such as non-emergency transportation or federal Department of Housing and Urban Development housing rules and opportunities.[39]

- A homeless response provider (e.g., street medicine or homeless shelter) or ECM or Community Supports provider may not have expertise in serving older adults; people with disabilities; or people of different cultures, gender identities, and sexual orientations.[40]
- An MCP may not be aware of the available housing-related providers in its area or the information systems that housing providers use to track and monitor the availability of resources.[41]

## Challenge 4. Misaligned eligibility across CalAIM and non-CalAIM programs can cause gaps in services.

CalAIM has a bold goal of providing care coordination and supports that enhance outcomes by addressing the social drivers of health. New CalAIM programs, however, have a variety of eligibility and service requirements that require a great deal of coordination with existing services and supports. For older adults experiencing homelessness, interviewees noted that some enrollees are receiving services from multiple CalAIM providers for different needs. They also identified several areas where eligibility requirements for Community Supports, ECM, and other programs have misaligned administrative processes that reduce their effectiveness. Examples of some of these misalignments include the following:

- **Graduation requirements.** Some programs have time limitations or "graduation requirements" that do not align well with the typical pace of other complementary services. For example, a key informant reported that effective transitions of older adults experiencing homelessness from the hospital to permanent housing usually take up to 150 days, but transition-related recuperative care provided through Community Supports pays for only 90 days.[42]
- **Gaps in initiating services.** Some programs have a lag between the time someone is assessed and deemed eligible and the time they start receiving services. For instance, a resident leaving a nursing home can be assessed for IHSS once they are housed in the community, but the wait-list for services is often four to six weeks. The MCP can try to fill that gap with Community Supports personal care and homemaker service providers, but this is an optional service, and MCPs in many counties do not yet offer it.[43]
- **Misaligned eligibility.** At times, people may be eligible for one program but not eligible for another program from which they would benefit. For example, interviewees reported that it can be very difficult to prevent homelessness in circumstances in which a Medi-Cal enrollee qualifies for ECM due to high utilization but does not qualify for Community Supports housing supports.[44]

## Challenge 5. Limitations in data collection, sharing, and integration between MCPs and housing-related service providers constrain their ability to deliver comprehensive services for older adults.

Better data collection on demographic characteristics, including race, ethnicity, sexual orientation, and gender identity, could help identify at-risk populations. Obtaining more comprehensive data focused on the older adult population would help MCPs and housing-related service providers better understand their specific needs (e.g., personal care, a more accessible home). Unfortunately, very few intersectional data are available on older adults experiencing homelessness. For example, the federal Department of Housing and Urban Development's *Annual Homelessness Assessment Report* includes statistics by age cohort;

however, the data do not include an age category for older adults, nor are data on race, ethnicity, gender identity, and sexual orientation publicly available.[45]

Barriers to data sharing and integration contribute to the challenges of identifying and serving at-risk populations and understanding the unique needs of older adults experiencing homelessness. Currently data systems do not support the bidirectional exchange of information between MCPs and housing-related service providers. Specifically, interviewees report that interoperability between the data systems used by homeless services providers and MCPs is typically lacking, and while Community Supports housing-related providers are required to share information with MCPs, MCPs are not sharing information back as frequently.[46] These partnerships could be strengthened to provide more holistic information to best support the needs of the person.[47]

## Seven Ideas to Boost CalAIM's Impact on Older Adults Experiencing Homelessness

Despite the challenges described above, CalAIM is offering new ways to support older adults at risk for or experiencing homelessness. As DHCS, MCPs, CBOs, and the homeless response systems work to optimize these opportunities, ideas to improve supports for older adults experiencing homelessness within the CalAIM initiatives focused on LTSS, housing, health-related social needs, and coordination of care are described below.

1. **Support CalAIM readiness among CBOs that are connected to older adults at the highest risk for homelessness and can provide them with culturally responsive care.** For example, the state's Providing Access and Transforming Health (PATH) technical assistance funding could be prioritized to focus on CBOs with expertise in serving populations of older adults at risk for homelessness (e.g., people of color, LGBTQ people, and those with no income).[48]
2. **Ensure that all housing options through CalAIM comply with the Americans with Disabilities Act.**[49] To illustrate this opportunity, DHCS could allow MCPs to use Community Supports home modification dollars (currently limited to changes to an enrollee's home) to improve disability access in post-hospitalization, short-term housing, recuperative care/medical respite, and other housing options.
3. **Encourage increased coordination and cross-pollination across the various complex systems that are engaging on these issues, including Medi-Cal LTSS; Community Supports; Enhanced Care Management; homelessness response systems; and local, county, state, and federal housing providers.** For instance, PATH-funded technical assistance providers could be engaged to educate MCPs, Community Supports providers, ECM providers, the homelessness response system, and housing providers.[50] MCPs could also foster relationships and collaboration across sectors by hosting stakeholder collaborative meetings or colocating ECM and Community Supports providers in housing sites. (See text box on cross-training on next page.)
4. **Develop a crosswalk of program eligibility and graduation requirements for various CalAIM initiatives and other complementary programs to understand and remediate potential gaps that may increase the risk of homelessness for older Medi-Cal enrollees.** For example, a researcher could conduct an analysis to identify opportunities for aligning eligibility and length of services to reduce gaps that increase the risk of homelessness. This sort of analysis would benefit from elevating the lived experiences of older adults at the highest risk for homelessness.

### Cross-Training Across Health Care and Homelessness Sectors

Some examples of efforts to provide training across the aging, disability, and homelessness sectors are highlighted below.

- In **San Diego County**, training is available for staff in the homelessness response system to learn more about how to care for older adults who are homeless.[51]
- **Massachusetts** offers trainings to providers, CBOs, and integrated Medicare-Medicaid plans on topics such as cultural competency, strategies for enhancing care to people experiencing homelessness, and approaches to helping enrollees address social isolation and loneliness. These trainings were developed in coordination with the Department of Housing and Community Development and the Interagency Council on Housing and Homelessness, as well as other departments within the Executive Office of Health and Human Services.[52]
- In **Pennsylvania**, Medicaid managed care plans are required to participate in local housing collaboratives.[53]

5. **Explore options and potential cost savings of using Medi-Cal dollars for room and board for Medi-Cal enrollees with no income.** The state, MCPs, and other stakeholders could explore the cost-effectiveness and outcomes of using Medi-Cal funds to cover room and board in an assisted living facility for members in specific circumstances, for example, those who are inappropriately residing in a skilled nursing facility because they have no income for rent.[54] (See text box on 1115 waivers.)
6. **Initiate ECM and transition-related Community Supports earlier, ideally upon the enrollee's admission into a nursing home or hospital.** If possible, these services would be initiated by CalAIM providers when an enrollee is *first* admitted into a nursing home or hospital, to ensure that providers of housing supports and transition services will have more time to identify and secure affordable and accessible housing before discharge.
7. **Expand the availability of personal assistance providers for those living in homeless shelters and other supportive housing.** To address the difficulty many people experiencing homelessness have securing a personal care provider through IHSS, counties could consider providing contract mode IHSS, where an agency employs direct care workers to provide personal care services to a targeted group of people. MCPs could implement the optional Community Support of personal care/homemaker services and make specific efforts to deploy those services in settings that serve older adults experiencing homelessness.

### Using Section 1115 Demonstration Waivers to Cover Rent and Temporary Housing

Some states are using Section 1115 waivers to explore the cost savings of using Medicaid dollars to cover rent and temporary housing for specific populations. The Centers for Medicare & Medicaid Services announced a demonstration opportunity for states interested in pursuing initiatives to address health-related social needs.[55] Through this new opportunity, several states are now covering housing supports; for example, **Arizona** and **Oregon** cover housing supports, including rent and temporary housing, for up to six months post-transition from certain settings.[56] California hopes to model this approach within Medi-Cal.[57]

## Conclusion

Both in California and across the US, the number of adults becoming newly homeless later in life is growing at a faster rate than other age groups. Several complex systems, including state Medicaid programs, homeless service providers, and the housing sector, will need to coordinate and innovate to address this growing problem. In California, several CalAIM initiatives have the potential to move the needle in addressing the particular needs of older adults in the state who are at risk for or already experiencing homelessness.

### Additional Resources on Homelessness in California

- Ian Costello et al., *Housing-Related Community Supports: A Handbook for Managed Care Plans*, California Health Care Foundation (CHCF), January 20, 2023.
- Erika Siao and Julie Silas, *Breaking Down Silos: How to Share Data to Improve the Health of People Experiencing Homelessness*, CHCF, July 13, 2021.
- *Coalition on Solutions to Homelessness Among Older Adults: Advancing Master Plan Goals: Policy Recommendations* (PDF), Corporation for Supportive Housing, August 2021.

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## About the Foundation

The California Health Care Foundation (CHCF) is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

## Endnotes


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