

Expanding Access to the HIV Enhanced Shelter Allowance and Affordable Housing Protection in the Rest of State Outside NYC

HIV Rental Assistance Pilot Projects—Draft Concept
November 16, 2018

The End AIDS NY 2020 Community Coalition proposes an innovative strategy to incentivize communities outside New York City to implement NYS *Blueprint for Ending the Epidemic* recommendations that call for concrete action to meet non-medical needs to ensure effective HIV care, including access to adequate, stable housing as an evidence-based HIV health intervention (BP8 & BP16).

Background

Safe, stable housing is essential to support effective antiretroviral treatment that sustains optimal health for people with HIV and makes it impossible to transmit HIV to others.¹ Indeed, for New Yorkers with HIV, unstable housing is the single strongest predictor of poor outcomes and health disparities.² For that reason, NYS’s historic *EtE Blueprint for Ending the Epidemic* recommends action to meet non-medical needs to ensure effective HIV care, including access to adequate, stable housing.

Governor Cuomo has fully implemented the EtE housing recommendations in NYC by enacting a 30% affordable housing protection for NYC residents with HIV who rely on Federal disability benefits, and expanding medical eligibility for the existing HIV Enhanced Shelter Allowance (ESA) program and other HIV-specific housing and services to include all persons with HIV infection. In 2016, the City became the first jurisdiction in the world to offer every income-eligible person with HIV a rental subsidy sufficient to afford housing stability and a 30% rent cap affordable housing protection.

Upstate and on Long Island, however, as many 3,700 low-income households living with HIV remain homeless or unstably housed because the 1980’s regulations governing the ESA program sets maximum total household rent at a level (\$480/month for an individual) too low to secure decent housing anywhere in the State, and the 30% rent cap is limited to residents of NYC. Only the NYC local department of social services employs “exception to policy” waivers to provide ESA rental subsidies in line with fair market rents.

Current NYS Budget Language

The NYS FY 2019 Budget included language authorizing local departments of social services across the State to provide enhanced ESA subsidies in line with fair market rents and the 30% rent cap protection. The Budget provisions also provided a mechanism for the NYS Department

¹ Aidala, et al (2016). Housing Status, Medical Care, and Health Outcomes Among People Living With HIV/AIDS: A Systematic Review. *American Journal of Public Health*, 106(1), e1–e23.

² Feller & Agins (2017). Understanding Determinants of Racial and Ethnic Disparities in Viral Load Suppression: A Data Mining Approach. *Journal of the International Association of Providers of AIDS Care*, 16(1): 23-29

of Budget and OTDA to make savings in Medicaid spending on avoidable emergency and inpatient care available to local districts to cover the additional costs of the expanded ESA program and 30% rent cap across the state. However, the budget language left these enhancements to the ESA program optional for each LDSS, and no LDSS has proposed a plan for opting into the program. Coalition members have been told by LDSS Commissioners that they lack the resources required to expand housing options for community members with HIV who remain homeless or unstably housed.

Proposed Pilot Projects

The proposed pilot initiative would incentivize innovative strategies at the local level to employ projected savings in avoidable health spending to support housing investments for homeless and unstably housed persons with HIV. The first step is renewal of the FY 2018 NYS Budget language authorizing OTDA to approve local plans to expand access to the Enhanced Shelter Allowance and 30% rent cap programs. The New York State would then make a maximum of \$5 million in State funding available for up to five \$1 million annual grants to support pilot projects in Local Departments of Social Services (LDSSs) outside New York City. To be eligible for this State funding, proposed pilots must:

- Represent a formal collaboration or partnership among the LDSS; one or more third-party payer(s) such as a health insurance entity or DSRIP PPS; and a community-based HIV services organization:
 - The LDSS to receive applications and administer rental assistance and other public benefits for eligible persons with HIV infection;
 - The third party payer to invest in housing supports for their patients with HIV and track health care utilization and costs;
 - The HIV services organization to assist persons with HIV infection with unmet housing needs to locate housing units and apply for program assistance, to administer rental assistance as appropriate, and make referrals to supportive services as requested/needed.
- Make at least \$1 million in annual funding from the 3rd party payer(s) available as a local match for the requested State funding;
- Build upon the existing HIV Enhanced Shelter Allowance program to provide eligible households living with HIV infection with rental assistance in line with HUD Fair Market Rents, and provide a 30% rent cap affordable housing protection for extremely low-income persons, including those who rely on disability benefits;
- Meet reasonable State reporting requirements to enable assessment of the efficacy and cost-effectiveness of the pilot project.

Each LDSS and its collaborating partners would be free to propose how to structure and administer the program, mechanisms to track outcomes and costs, and arrangements to share expenses and any savings accrued among project partners.

Evidence shows that improved housing status not only improves the health of people with HIV and prevents new infections, but also generates annual savings from avoided emergency and

inpatient care that more than offset the cost of housing.³ Estimates indicate that the proposed investments in housing would generate average offsetting savings in current year health spending of \$7,000 to \$15,000, and each new HIV infection prevented is estimated to save the health care system at least \$450,000 in lifetime treatment costs. These estimates do not even take into account savings from avoided emergency shelter use, jail stays and other areas of public spending to address the crisis of homelessness for this group. Pilot projects will be encouraged to adopt mechanisms for tracking and sharing realized savings among all pilot partners, including the LDSS.

The lack of housing assistance in Upstate New York and on Long Island undermines EtE efforts and both individual and community health. It is time to spend public dollars wisely by investing in housing as health care for homeless and unstably housed New Yorkers with HIV across the State. The proposed pilot projects would provide the opportunity for innovation and development of replicable models, while meeting the immediate needs of New York households living with HIV.

³ See, e.g., Basu, et al. (2012). Comparative Cost Analysis of Housing and Case Management Program for Chronically Ill Homeless Adults Compared to Usual Care. *Health Services Research*, 47(1 Pt 2): 523-543.