

# Community Integration Services: Rapid Cycle Assessment 2023-Q2

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SEPTEMBER 1, 2023

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Prepared for: Med-QUEST Division

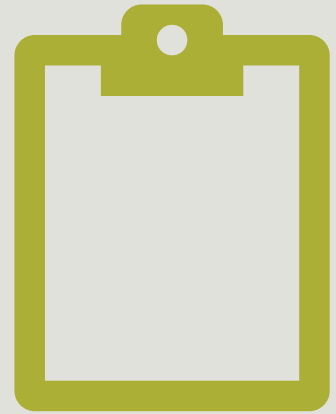


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# Overview

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This brief report represents the 2023 Quarter 2 (Q2) Rapid Cycle Assessment (RCA) for Community Integration Services (CIS). This RCA report intended to examine data submitted by Health Plans (HPs) on July 31, 2023 covering the reporting period April 1, 2023–June 30, 2023. Additionally, these report presents findings from the overall 1115 Waiver Evaluation Report, CIS section, which covers the entire course of the CIS program from 2019 through March 2023.

Data for Q2 included reports submitted by HPs, including both qualitative and quantitative data as well as encounters data. The overall evaluation used data from various data sources, including compiled RCA data, H Code status data from Cognos, Quality measures, "data dumps" from HPs collected in Spring 2023, Homeless Management Information System (HMIS) data, interview data, and homeless service provider data.

The RCA presentation was held over Zoom on September 1<sup>st</sup> at 9am. The next RCA presentation is scheduled for December 1, 2023, at 9am.

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# 2023-Q2 Reporting

Quantitative data reported by HPs showed 1,316 unique members had been assigned any CIS H code during the quarter (Table 1). HPs reported that 243 members received pre-tenancy or tenancy services during the quarter, most of whom were reported to be receiving pre-tenancy ( $n = 178$ ). One hundred members (some of whom were not captured in the HP reports) had non-pended encounters, and 85 members had completed assessments during the quarter. Due to these conflicting data, it was difficult to determine how many members received services during the quarter.

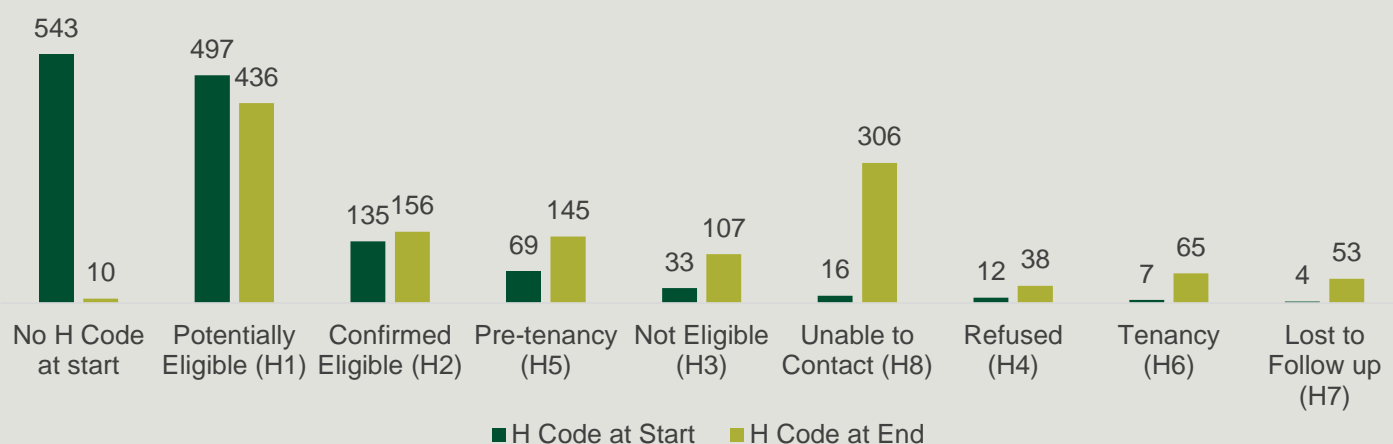
HP reports showed that most members started the quarter with either no H code or in H1, “potentially eligible” (Fig. 1). Most members ended the quarter in H1, “potentially eligible,” and in H8, “unable to contact,” additional evidence for the backlog reported by HPs in the qualitative section of the reports. HPs

reported that obtaining documentation and information required for eligibility as well as staffing limitations contributed to the backlog. They noted that these barriers were higher for finding and confirming eligibility for members on neighboring islands. To address these issues, HPs were using HMIS and internal patient charts, connecting with HSPs regularly, and scheduling face-to-face meetings instead of phone contact.

**Table 1. Number of Members in 2023-Q2**

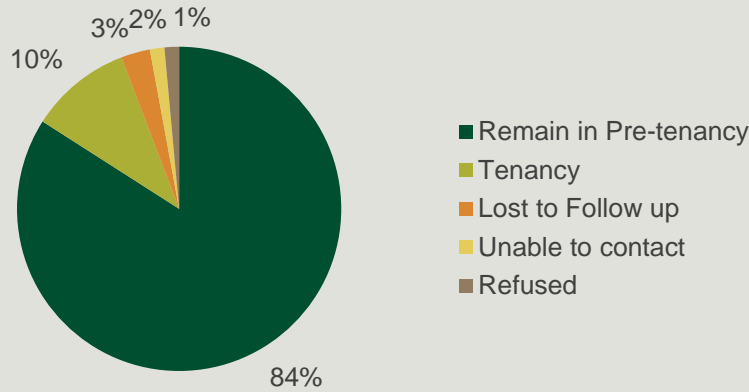
Were Assigned Any H Code	1,316
Received Pre-Tenancy or Tenancy	243
<i>Receiving Pre-tenancy</i>	<i>178</i>
<i>Receiving Tenancy</i>	<i>65</i>
<i>Transitioned from Pre-Tenancy to Tenancy</i>	<i>7</i>
Had Non-pended Encounters	100
Had Completed Assessments	85

**Fig. 1. Number of Members by H Code at Start and End of Quarter**



Of those members HPs reported had received pre-tenancy services at some point during the quarter, the vast majority were still in tenancy at the end of the quarter. Ten percent had moved to tenancy.

**Fig. 2. Percent of Members in Pre-Tenancy in Each H Code at the End of Q2**

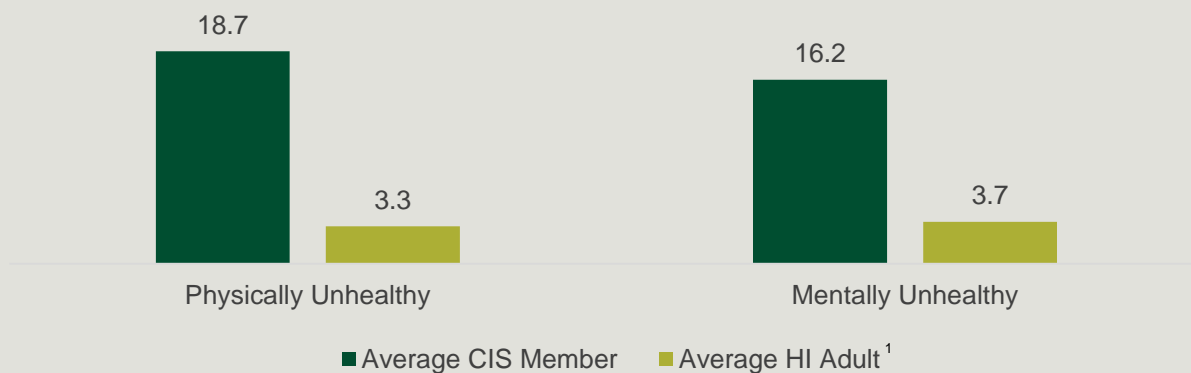


## Q2 Assessment Data

### Member Physical and Mental Health

To assess CIS members’ self-reported physical and mental health, the evaluation team analyzed “Healthy Days” responses from the 85 members who were assessed during the quarter. On average, CIS members reported experiencing 18.7 days out of the last 30 at the time of the assessment that they felt physically unwell. This average is more than five times the number reported by the average adult in Hawai’i. Similarly, CIS assessed member reported feeling unwell mentally for 16.2 days out of 30, while the average adult in HI reported feeling unwell mentally 3.7 days.

**Fig. 3. Average Number of Unhealthy Days Reported in Last 30 Days for 2023-Q2 CIS Assessed Members**

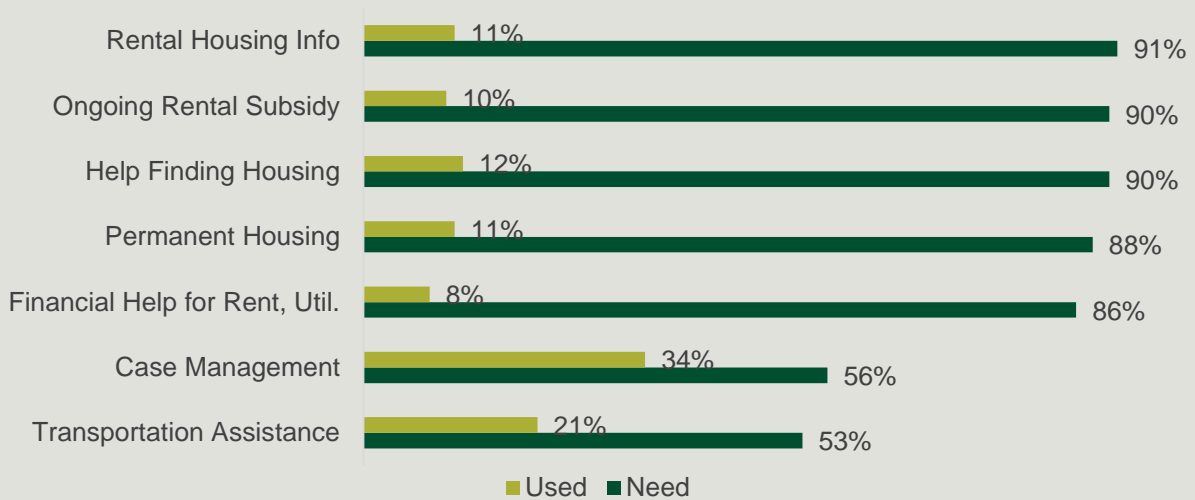


<sup>1</sup>U.S. Centers for Disease Control. (2022). Behavioral Risk Factor Surveillance System (BRFSS) 2022.

## Services Used and Needed

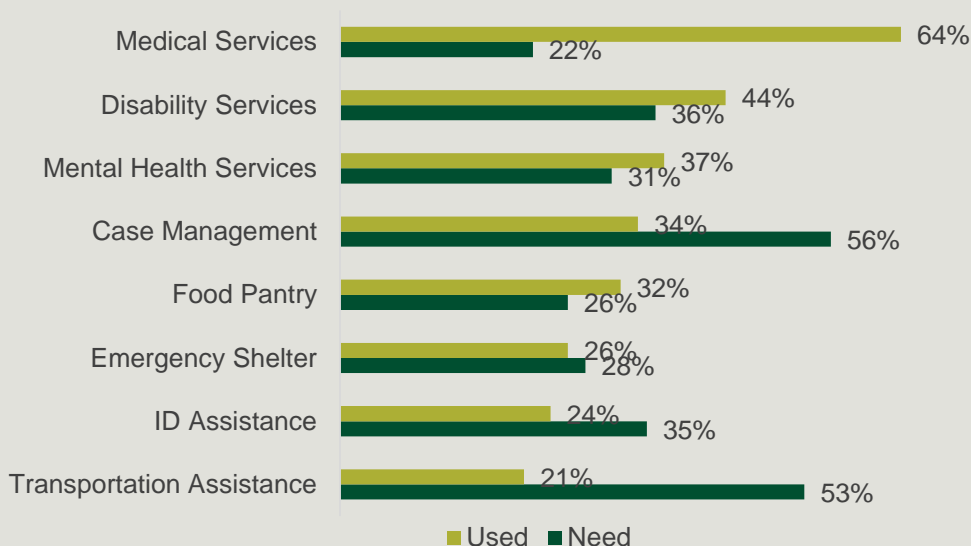
The services reported needed by the largest proportion of the 85 members assessed during the quarter were financial and housing-related services, with 91% of those surveyed reporting needing rental housing information. Another 90% reported needing ongoing rental subsidies and help finding housing, respectively, and 88% reported needing permanent housing. Another 86% reported needing financial assistance for rent and utilities. Over half reported needing case management and transportation assistance.

**Fig. 4. Percentage of Q2 Assessed Members Reporting Needing and Using Each Service by Top 7 Most Frequently NEEDED Services**



The service reported used by largest proportion of the 85 members assessed during the quarter included medical services (64%), followed by disability services (44%), mental health services (37%), case management (34%), and food pantries (32%). Notably, more people reported needing than using case management and transportation assistance, suggesting that CIS providers may need to provide additional supports to address these needs.

**Fig. 5. Percentage of Q2 Assessed Members Reporting Needing and Using Each Service by Top 8 Most Frequently USED Services**

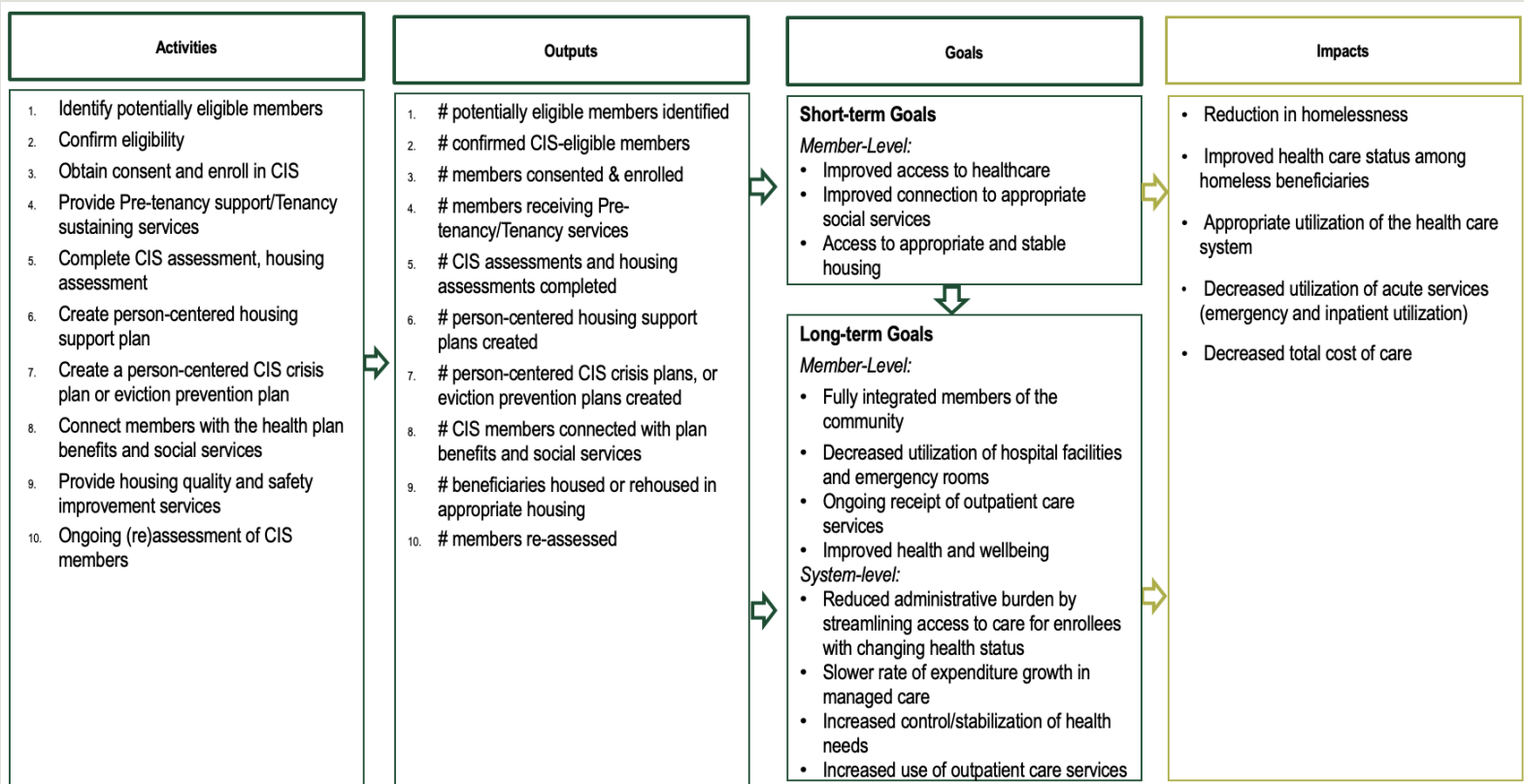


# Overall Evaluation Findings

Each RCA and the overall 1115 Waiver evaluation is grounded in the CIS logic model (Fig. 6), developed by the UH team and MQD in 2020. This logic model details originally intended activities, outputs, goals, and impacts. For this RCA, the evaluation team provided a brief recap of the difference between process evaluation (“what is the program doing?”) and outcome evaluation (“Is what the program doing leading to the intended goals?”). We returned to the overall evaluation questions pertaining to CIS, which at this stage in implementation, focus primarily on process:

1. Is CIS operating as intended?
2. Is CIS reaching the intended population? (e.g., high utilizers of emergency services and high costs, those with physical and mental health needs, homeless or at-risk for homelessness)
3. How are members who received CIS tenancy and pre-tenancy different from those identified for CIS but do not receive services?
4. Do CIS members who receive services achieve housing stability?

**Fig. 6. CIS Logic Model**



# Q1. Is the Program Operating as Intended?

To answer the first evaluation question related to program process, the evaluation team examined outputs associated with each of the 10 program activity identified in the logic model (Fig. 6).

## Activities and Outputs 1—3: Identifying and Enrolling Members

Activities 1-3 and associated outputs primarily concern identifying members, confirming eligibility, obtaining consent. The evaluation team used H Code data to measure these outputs. Data showed that 4,656 members were identified for CIS, with 1,787 being confirmed eligible. However, the number of members who consented was not able to be determined given that no H code exists for consented members who are not yet receiving services (Table 2).

**Table 2. Activities and Outputs 1-4**

Activity	Output	Definition	Number
1. Identify potentially eligible members	1.# potentially eligible members identified	Members with any H Code	4,656
2. Confirm eligibility	2. # confirmed CIS-eligible members	Members ever assigned H5, H6, H2, or H4.	1,787
3. Obtain consent and enroll in CIS	3.# members consented & enrolled	Members ever assigned H5 or H6 + Any H7	Unknown*
4. Provide tenancy and pre-tenancy services	4. # members receiving Pre-tenancy/Tenancy services	Members ever assigned H5 or H6	1,396
		Members with CIS encounters	377
		Members with supportive housing per month encounters	322

## Activity and Output 4: Members Who Received Services

Of all members identified for CIS, 1,396 (30%) presumably received some form of CIS services—tenancy or pre-tenancy—at any time during the evaluation period. The largest number of service recipients ( $n = 1,248$ ; 27% of all members identified) received pre-tenancy services (916 received pre-tenancy only). Ten percent (10%;  $n = 480$ ) received tenancy services (148 received tenancy only; see Table 3). However, determining the number of members who received services becomes more complicated when considering encounters data.

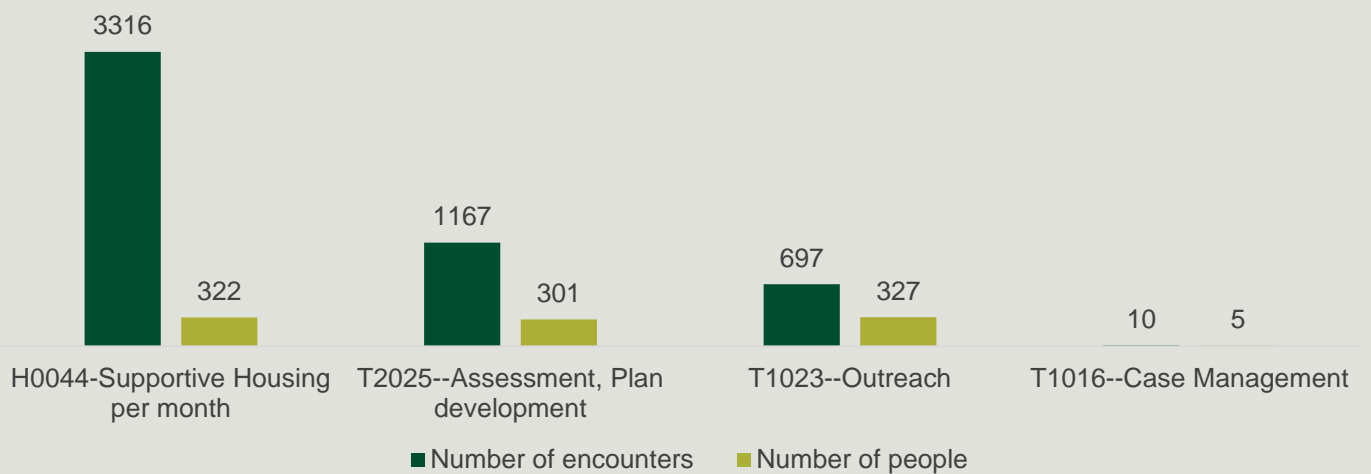
**Table 3. CIS Services Provided**

CIS Members by Status Code	Frequency	Percent
Identified for CIS but did not receive Services	3,260	70.0
Received CIS Services	1,396	30.1
<i>Pre-tenancy Services Only</i>	916	19.7
<i>Tenancy Services Only</i>	148	3.2
<i>Both Tenancy &amp; Pre-tenancy Services</i>	332	7.1
Total	4,656	100.0



The evaluation team also examined CIS-related encounters to understand how many members received services. According to encounter data, 377 unique people had 5,190 CIS-related billable encounters reported during the evaluation period through March 2023. Three hundred twenty-two (322) members had encounters coded as supportive housing per month (3,316 encounters; Fig. 7). This number is substantially lower than the number of members reported in H5 or H6 ( $n = 1,396$ ). For the purposes of this report, we focus primarily on those members reported in H5 or H6 because this data allows for comparison of CIS members to non-CIS Medicaid beneficiaries while recognizing that this number is likely an over-estimate of the number of members who have received CIS. This choice was further justified by our awareness of billing challenges experienced by several HSPs, causing fewer claims to be submitted than services provided, and a substantial proportion of submitted claims to be rejected due to insufficient experience in submitted healthcare claims by HSPs.

**Fig. 7. CIS Billable Encounters, January 2020 through March 2023**



### Activities and Outputs 6-9: Types of Services Provided

The evaluation team examined encounter-tracking codes for CIS tenancy and pre-tenancy supports in order to understand what types of services were provided during the evaluation period (see Table 4). However, these codes did not map directly onto the activities and outputs initially described in the logic model.

**Table 4. Activities and Outputs 6-9**

Activity	Output	Definition	Number
6. Create person-centered housing support plan	6.# person-centered housing support plans created	# people with plan development encounters	218
7. Create person-centered crisis plan or eviction prevention plan	7. # person-centered CIS crisis plans or eviction prevention plans created	Data not tracked	Unknown
8. Connect member with plan benefits and social services	8.# CIS members connected with plan benefits and social services	HP quarterly reports—data too incomplete to determine	Unknown
9. Provide housing quality and safety improvement services	9.# beneficiaries housed or rehoused in appropriate housing	Data not tracked; unclear if service is provided	Unknown

The most frequently reported codes were for case management ( $n = 492$ ) and housing supports ( $n = 400$ ), comprising 48% and 39%, respectively, of all encounter-tracking codes ( $n = 1,026$ ). All other encounter-tracking codes comprised less than 5% of all codes, including the code for supports related to medical re-engagement and care coordination—a key goal of CIS (see introduction and logic model).

**Table 5. CIS Encounter-Procedure Codes, 2019-2023**

CIS Tracking Encounter Procedure Codes	Unique People*	Frequency	Percent
T1016-U1—Case management	41	492	48.0
H0043-U3—Provision of Housing Supports	80	400	39.0
H0043-UB—Re-assessment & plan revision	25	41	4.0
H0043-UC—Other services	14	24	2.3
H0043-U4—Medical re-engagement & care coordination supports	8	19	1.9
H0043-0—Unknown service	16	18	1.8
H0043-UA—Other supports not identified elsewhere	5	15	1.5
H0043-U5—QUEST & other DOH program referral supports	2	10	1.0
H0043-U8—Provision of financial assistance supports	4	5	0.5
H0043-U6—Provision of safety supports	1	1	0.0
H0043-U9—Employment & housing readiness supports	1	1	0.0
H0043-U7—Provision of supports to address social risk factors	0	0	0.0
Total	117	1,026	100.00

Activities and Outputs 5 & 10: Assessments

Finally, the evaluation team examined the number of members who have received assessments—both initial and reassessments—using HP reported assessment data and encounters data.

**Table 6. Activities and Outputs 5 & 10**

Activity	Output	Definition	Number
5. Complete CIS Assessments and Housing Assessments	5.# CIS assessments and housing assessments completed	Assessment data from HP quarterly reports  # people with assessment/re-assessment encounters	209 (72 with complete data)  283
10. Ongoing (re)assessment	10.# members re-assessed	Assessment data from HP quarterly reports  # people with re-assessment encounter	125 (18 have first assessment)  25

Of the 1,396 members who were ever assigned to H5 or H6 (tenancy or pre-tenancy services), HPs reported assessment data on 335 members. Of those 335 members, 228 members (16% of all enrolled members) had first assessment data (see Table 7), and 125 (9% of all enrolled members) had re-assessment data (Table 8). Of those members with first assessment data, only 72 were mostly complete, representing just 5% of all members who were ever enrolled in CIS. The number of members with reported assessments is similar to the number of members with assessment-related encounters, which shows that 599 assessments were conducted with 283 unique members (Table 6).

**Table 7. CIS Enrollees with First Assessments**

CIS Members by First Assessment Data Type	Frequency	Percent
No First Assessment Data	1,168	83.7
First Assessment Data	228	16.3
Mostly Complete	72	5.2
Mostly Incomplete	156	11.2
Total	1,396	100.0

**Table 8 CIS Enrollees with Re-Assessments**

CIS Members by Re-Assessment Data Type	Frequency	Percent
No Re-Assessment Data	1,271	91.1
Re-Assessment Data	125	9.0
With First Assessment	18	1.3
Without First Assessment	107	7.7
Total	1,396	100.0

### Activities and Outputs Summary

Of the 4,656 members with any H Code during the evaluation period, 38% ( $n = 1,787$ ) were confirmed eligible. Of those members confirmed eligible, 78% ( $n = 1,396$ ) moved into tenancy and pre-tenancy services at some point during the evaluation period. However, the number of members with encounters was significantly fewer than the number of members ever assigned to H5 or H6, with housing support encounters for 322 members. Of those members who moved into tenancy and/or pre-tenancy services, 5% ( $n = 72$ ) had a first assessment with completed data, and 1% ( $n = 18$ ) had both a first assessment and a re-assessment. Additionally, 218 members had encounters for developing a person-centered housing support plan. Based on lack of data, the evaluation team was unable to determine if other program activities related to creating crisis or eviction prevention plans, connecting to plan benefits and social services, providing housing or housing improvement services were completed. Additionally, the team was unable to determine how many members of those determined eligible were consented to participate in CIS (See Table 9 for full summary).

### Table 9. Activities and Outputs

Activity	Output	Definition	Number
1. Identify potentially eligible members	1.# potentially eligible members identified	Members with any H Code	4,656
2. Confirm eligibility	2. # confirmed CIS-eligible members	Members ever assigned H5, H6, H2, or H4.	1,787
3. Obtain consent and enroll in CIS	3.# members consented & enrolled	Members ever assigned H5 or H6 + Any H7	Unknown*
4. Provide tenancy and pre-tenancy services	4. # members receiving Pre-tenancy/Tenancy services	Members ever assigned H5 or H6	1,396
		Members with CIS encounters	377
		Members with supportive housing per month encounters	322
5. Complete CIS Assessments and Housing Assessments	5.# CIS assessments and housing assessments completed	Assessment data from HP quarterly reports # people with assessment/re-assessment encounters	209 (72 with complete data) 283
6. Create person-centered housing support plan	6.# person-centered housing support plans created	# people with plan development encounters	218
7. Create person-centered crisis plan or eviction prevention plan	7. # person-centered CIS crisis plans or eviction prevention plans created	Data not tracked	Unknown
8. Connect member with plan benefits and social services	8.# CIS members connected with plan benefits and social services	HP quarterly reports–data too incomplete to determine	Unknown
9. Provide housing quality and safety improvement services	9.# beneficiaries housed or rehoused in appropriate housing	Data not tracked; unclear if service is provided	Unknown
10. Ongoing (re)assessment	10.# members re-assessed	Assessment data from HP quarterly reports	125 (18 have first assessment)
		# people with re-assessment encounters	25

## 2. Is CIS reaching the intended population?

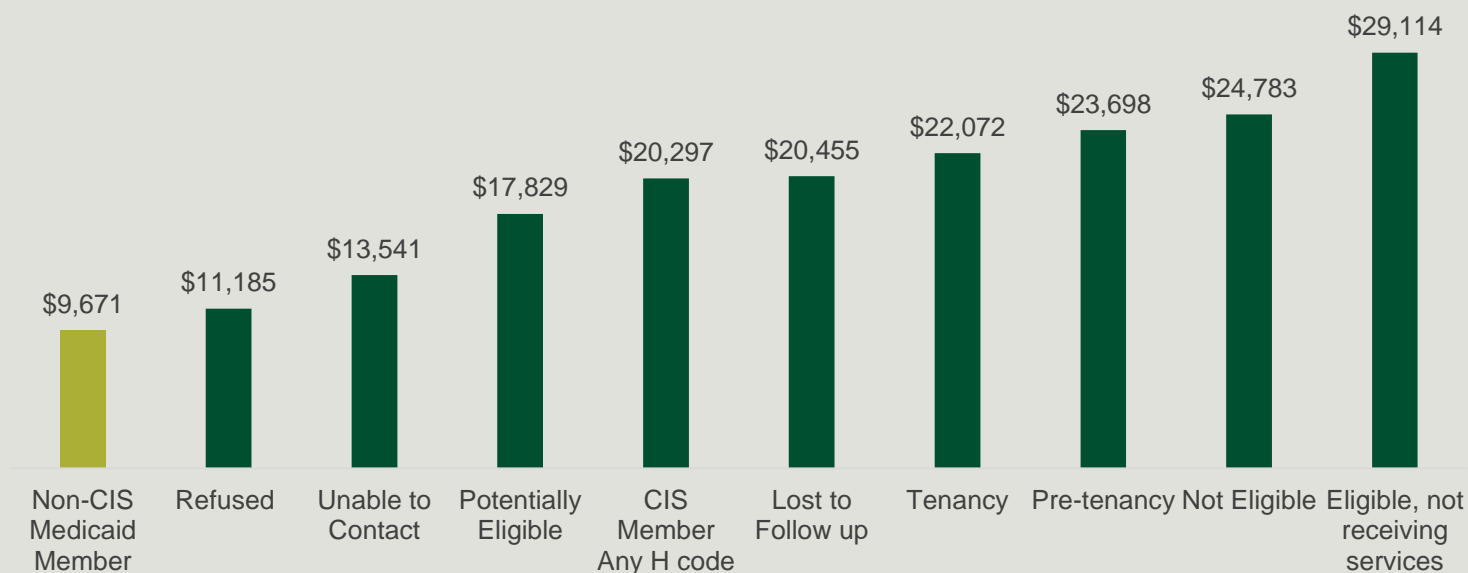
### 3. How are members who received CIS tenancy and pre-tenancy different from those identified for CIS but do not receive services?

CIS aims to provide services to members who are high utilizers of emergency services and high costs, those with physical and mental health needs, and those homeless or at-risk for homelessness. To determine if CIS is reaching the intended population and how those members who received services differed from those who did not, the evaluation team analyzed total cost of care data and average number of annual emergency department visits as well as other characteristics, like race.

#### Annual Total Cost of Care

Examining total cost of care in 2022, the evaluation team found that members identified for CIS tended to have higher costs of care compared to non-CIS Medicaid members (Fig. 8). Among Medicaid members over 18 years-old who received any care in 2022 ( $N = 111,768$ ), the overall total cost of care averaged \$9,671, while the cost of care for CIS members averaged \$20,297. Notably, CIS members whose final H Code in March 2023 was H2 (confirmed eligible but not yet receiving services) had a higher average total cost of care (\$29,114) than any other H code.

Fig. 8. Average Annual Total Cost of Care by CIS Status at Final H Code



## Annual Emergency Department Visits

On average, members identified for CIS had a higher average number of annual ED visits in the year prior to CIS enrollment compared to non-CIS Medicaid recipients. CIS members had an average of 2.35 ED visits per year, which is more than four times the average number of ED visits for non-CIS Medicaid members (0.48; Fig. 9). Enrolled members had higher average number of annual ED visits compared to members identified as potentially eligible for CIS but who did not receive services. For example, members whose final H Code as of March 2023 was H5 (pre-tenancy) had an average of 3.45 ED visits in 2021; those in H6 (tenancy) had 2.55, compared to 2.14 for members who were eligible but did not receive services. Notably, those members identified as potentially eligible but eventually determined ineligible (H3) had an average of 2.19 ED visits, which is still much higher than the average non-CIS Medicaid recipient, suggesting that these members may need additional supports outside of CIS.

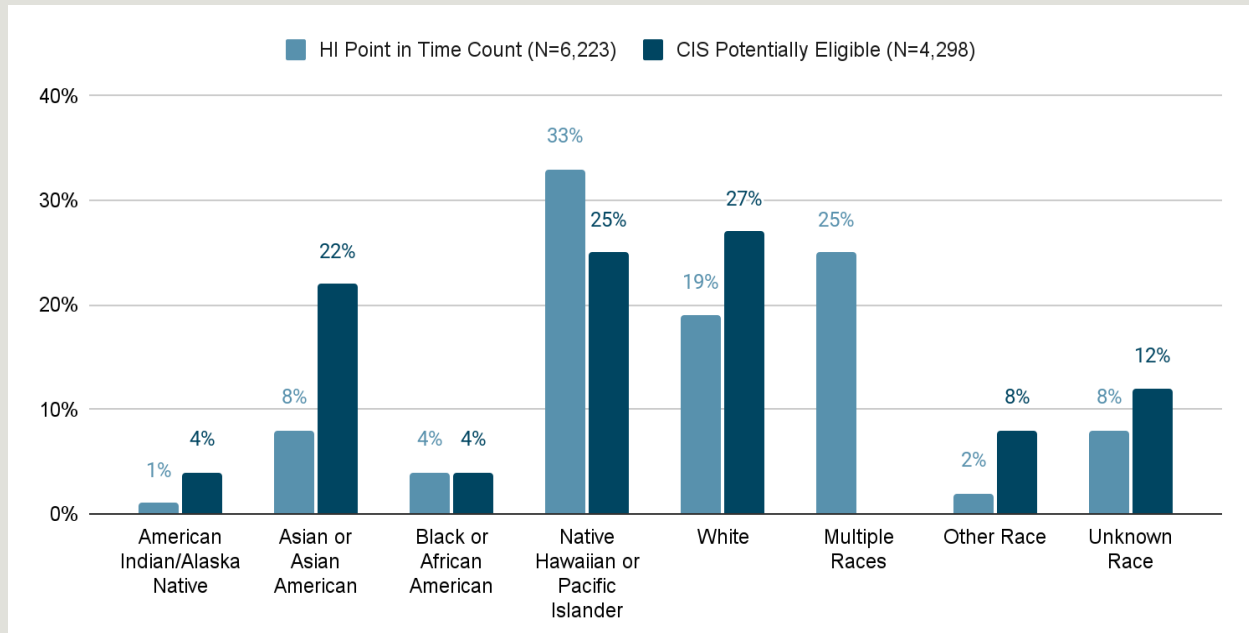
**Fig. 9. Member Average Annual Emergency Department Visits by CIS Status at Final H Code**



## CIS Member Race

When compared to the overall homeless population in the state, individuals identified for CIS (defined as those members who received any H code) from 2019-2023 were disproportionately likely to identify as Asian or Asian American and White. CIS members were less likely to identify as Native Hawaii or Pacific Islander. The evaluation team compared CIS racial breakdown to the racial breakdown of the 2023 Point in Time (PIT) count for the state (Fig. 10). The PIT provides a census of the number of sheltered and unsheltered houseless individuals on a given night in January. CIS members disproportionately identified as Asian, White, American Indian/Alaska Native, and Other Race when compared to the state homeless population. People who identified as NHPI were disproportionately less likely to be CIS members when compared to their representation in the state’s homeless population. This finding suggests that CIS may not be identifying CIS eligible NHPI members.

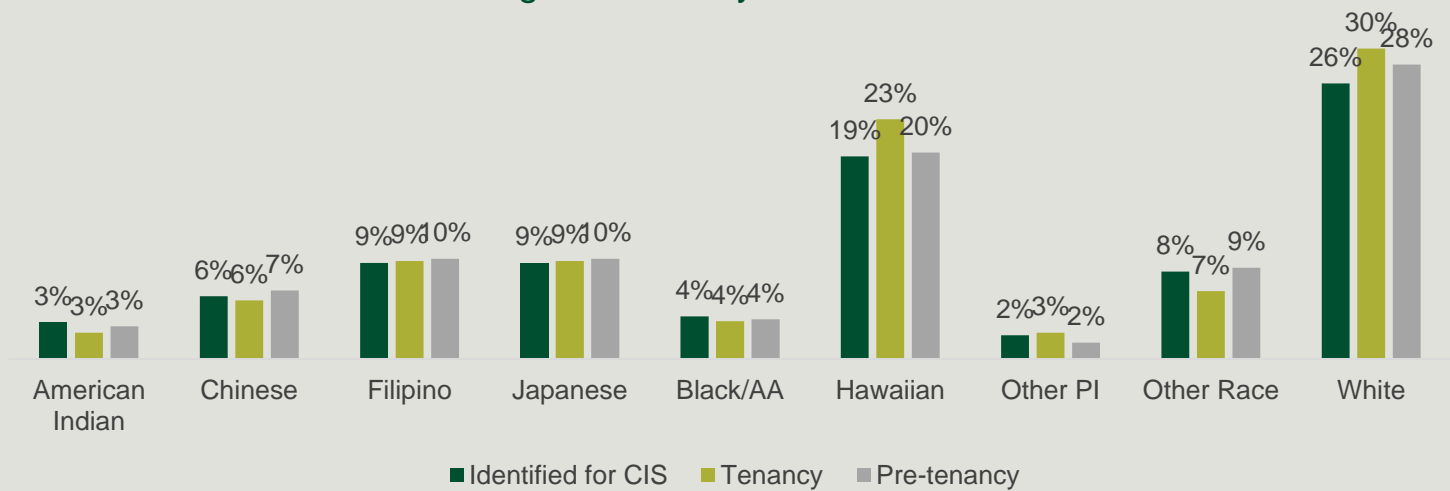
**Fig. 10. Race of CIS Potentially Eligible Members Compared to the 2023 State Point in Time Count**



Note: Point in Time Count race percentages were calculated using data tables available in the appendices of the O’ahu 2023 Point in Time Count Comprehensive Report for Honolulu County & 2023 Bridging The Gap CoC Homeless Point-in-Time Count report for Kaua’i, Hawai’i, and Maui Counties.

The evaluation team also examined racial with regard to members who actually received tenancy or pre-tenancy compared to all CIS members (all identified for services; Fig. 11). Compared to their representation of all CIS members, members who identified as White, Japanese, and Native Hawaiian were more likely to move into tenancy whereas American Indian/Alaska Native, Chinese, Black or African American, Samoan, “other”, and unknown race were less likely to move into tenancy. Compared to their representation of all CIS members, members who identified as White were also more likely to move into pre-tenancy whereas those who identified as Other Pacific Islander, Black or African American, and unknown race were less likely to move into pre-tenancy. These findings suggest that some racial groups are more or less likely to be outreached and to receive services once identified for CIS.

**Fig. 11. Race by CIS Status**



# Do CIS members who receive services achieve housing stability?

Of all members who received pre-tenancy and exited CIS, 36% had a final H Code of H6 “Tenancy” suggesting that they had transitioned to tenancy and achieved housing. However, 52% had a final H Code of H5 “Pre-tenancy” suggesting that the majority exited without ever achieving housing. Of all members who received tenancy services and exited CIS, the vast majority exited while still in H6 “Tenancy”, suggesting that most CIS members who received tenancy services achieved housing stability. However, it is unclear if final H Code represents housing status at CIS exit because H Codes do not capture housing outcomes.

Fig. 12. Pre-tenancy Members who Exited by Final H Code

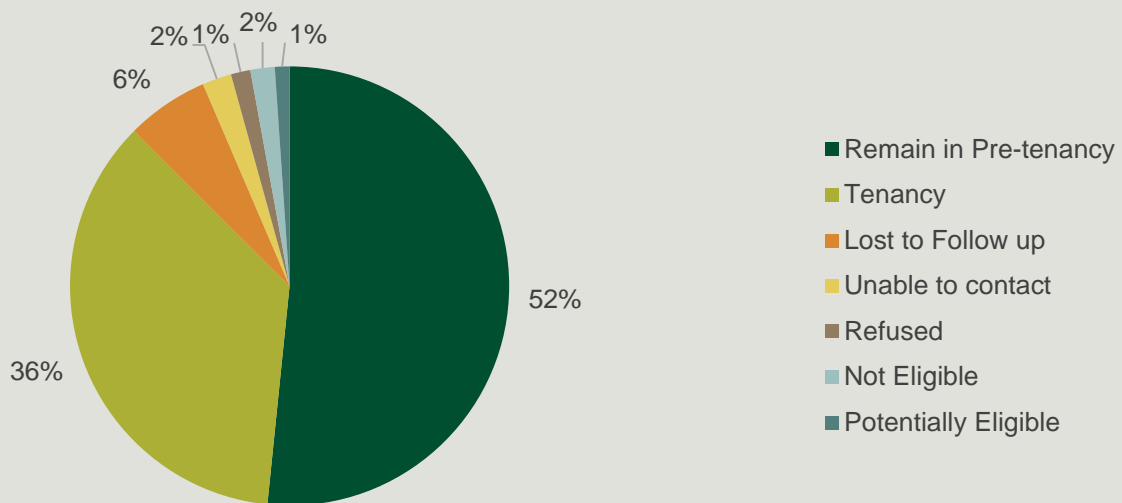
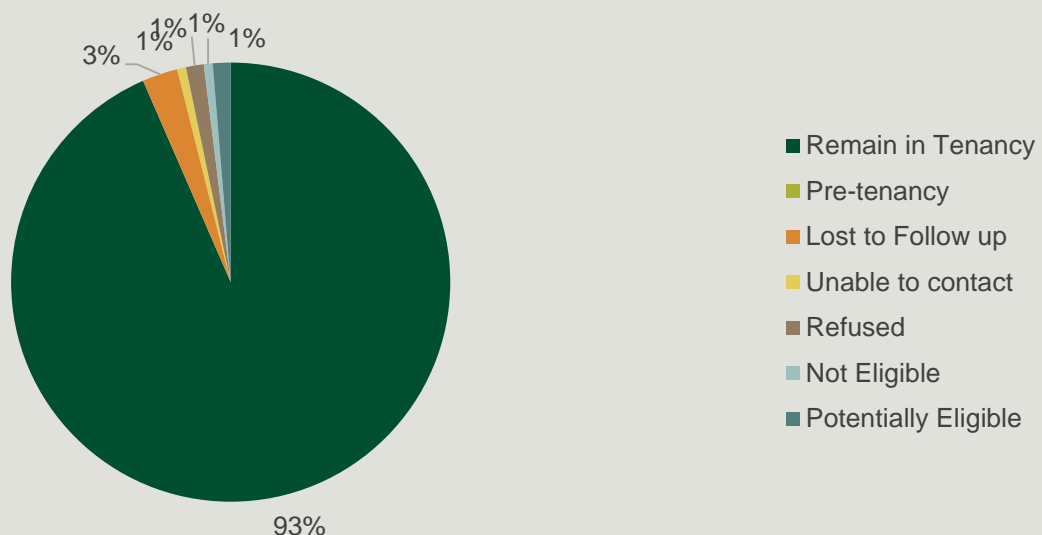


Fig. 13. Tenancy Members who Exited by Final H Code





# Summary & Recommendations

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## Quarter 2 Summary

CIS has made substantial progress in both program implementation and data reporting in the last quarter. HPs are identifying members most in need of services even if HSPs lack capacity to serve all who need services. We recommend that HPs take the opportunity to consider additional ways to support members not yet able to receive CIS while working with HSPs to build their capacity. Additionally, members who were receiving services in Q2 have high average ER visits and unhealthy days per month, representing a good opportunity to work with HSPs to re-engage these members in care. Finally, members are beginning to transition from pre-tenancy to tenancy, suggesting CIS is starting to meet housing goals in 2023-Q2.

## Overall Evaluation Preliminary Findings Summary

Based on preliminary findings for the overall 1115 Waiver Evaluation Report, we return to the CIS-specific evaluation questions to provide a summary and recommendations for MQD and HPs.

### 1. Is CIS operating as intended?

CIS has undergone major and necessary programmatic changes in order to best serve members and adapt to local system needs. How CIS is operating at the member level (how many people have been served and what services they received) is less clear. CIS outcomes and goals assume that people are being housed by the program. However, housing outcomes not directly measured in data. Additionally, some of the outputs (e.g., types of services provided) are not tracked, making it difficult to determine if the program is operating as intended.

**Recommendation:** The evaluation team recommends MQD work with HPs to track intermediate housing goals and outcomes and types of services provided.

### 2. Is CIS reaching the intended population?

Data suggests that HPs are identifying the intended population for CIS. CIS Members have higher average annual emergency department visits and total annual cost of care compared to average Med-QUEST beneficiary. Those who end up in tenancy and pre-tenancy have higher averages still. However, much of those members have yet to receive services due to backlog and lack of HSP capacity. The need for services currently is greater than the available resources, particularly evidenced by the backlog of members in H1, “potentially eligible.”

**Recommendation:** HPs might consider ways to support members who are eligible for CIS but are unable to receive services yet due to lack of HSP capacity.

3. How are members who received CIS tenancy and pre-tenancy different from those identified for CIS but do not receive services?

Members confirmed eligible for CIS but not yet receiving services have the highest average annual total cost of care, higher than those who receive tenancy and pre-tenancy. Even members who are determined to be ineligible have high average risk scores, ED visits, and cost of care compared to the average Medicaid beneficiary. Members identified for CIS who identify as White are disproportionately likely to be identified for CIS & to receive services once identified. NHPI members are disproportionately less likely to be identified for CIS when compared to their overall homeless population.

*Recommendations: The evaluation team suggests HPs specifically outreach NHPI populations and consider the need for more-on-the-ground outreaching of members in hard-to-reach communities. We recommend that MQD review its eligibility criteria with a race equity lens to uncover unintended obstacles for certain groups. Finally, the team recommends MQD consider adding an H codes for consented but not yet receiving services.*

4. Do CIS members who receive services achieve housing stability?

While only a third of members who were in pre-tenancy had transitioned to tenancy at exit, data shows progress towards housing stability. However, it is unclear if this transition actually represents achieving stable housing and whether these members ever received services because of the limited data on housing outcomes. Additionally, the term "Stably Housed" is not defined.

*Recommendations: The evaluation team recommends MQD consider defining "stably housed" and build in ways to track housing outcomes and other short-term goals.*

# References

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