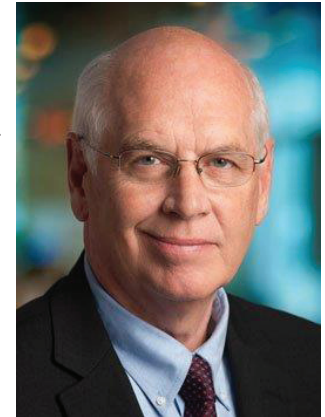


# Affordable Health Care Act - what you need to know when it comes to resident services

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The media reminds us daily that the world of health care is changing rapidly. The Affordable Care Act (ACA) makes health insurance available to millions of Americans. The related expansion of Medicaid in some states, and experimentation with new delivery systems at the state and local levels, are also reshaping the landscape.

For those of us who believe that housing can be a platform to connect residents with the supports they need to flourish, the changing health care environment provides challenges and opportunities.

Perhaps the single most significant challenge is the pace of change. The health care sector is radically different than it was just a few years ago, and is likely to continue to change for some time to come. So, it is important to enter into new business models or operational structures cautiously. On the other hand, it is important to join the conversation now to ensure that the residents of your properties can get the maximum benefit from the changes as they occur.

So, what do you need to do?

Make new friends. Building stronger connections between the health and housing worlds will require that we break out of our silos and develop and nurture new relationships. In expansion states, getting to know your state and county Medicaid directors is especially important. Similarly, building relationships with private Managed Care Organizations (MCOs) is critical. Many MCOs already recognize the impact of high-cost utilizers of the health care system. Many of those clients live in your housing. MCOs are starting to look for partners in the housing world who can stably house clients, and provide an array of critical services (for example, monitoring chronic health problems) that will help them to intervene before a problem requires hospital or other more costly care. At the neighborhood level, Federally Qualified Health Clinics (FQHCs) are also a key health resource for your clients.

Learn the vocabulary: I call this the "CDC problem." For housers, the term CDC immediately invokes thoughts about Community Development Corporations, while for health care entities, the CDC is the Centers for Disease Control. It's easy in the complicated housing finance and health insurance worlds to assume that we are talking about the same thing when we use the same words. Often that's not the case. A failure to understand the nuances of language can be problematic as formal and informal working relationships develop.

Start looking for opportunities: First, you need to better understand the health needs of your residents. Given the data they collect, MCOs can often help with that. With that knowledge, you can begin to craft partnerships that benefit your residents and help MCOs meet ACA requirements. As the ACA rolls out, hospitals will look at their roles very differently. For example, Community Benefit dollars -- roughly the non-profit hospital equivalent of the CRA in the banking world -- have historically been spent primarily on covering the costs of the uninsured. In Medicaid expansion states, the number of uninsured should drop dramatically making possible some reallocation of the Community Benefit funds. You should be part of that conversation.