It is enacted by the General Assembly as follows:

SECTION 1. Title 40 of the General Laws entitled "HUMAN SERVICES" is hereby amended by adding thereto the following chapter:

CHAPTER 23

RHODE ISLAND PATHWAYS PROJECT

40-23-1. Short title.

This chapter shall be known and may be cited as the "Rhode Island pathways project."


(a) For the purposes of this section, and consistent with 42 U.S.C. § 11360(2) et seq., "chronically homeless" means, with respect to an individual or family, that the individual or family:

(1) Is homeless and lives or resides in a place not meant for human habitation, a safe haven, or in an emergency shelter;

(2) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four (4) separate occasions in the last three (3) years; and

(3) Has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of two (2) or more of those conditions.
(b) A person who currently lives or resides in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital or other similar facility, and has resided there for fewer than ninety (90) days shall be considered chronically homeless if such person met all of the requirements described in subsections (a)(1) through (a)(3) of this section prior to entering that facility.

40-23-3. Purpose.

The purpose of this chapter is to require the executive office of health and human services (EOHHS) to conduct a study to assess the impact of using Medicaid funds to provide coverage for the treatment for homelessness.


(a) EOHHS shall conduct a study to assess the impact of using Medicaid funds to provide coverage for the treatment for homelessness, including the costs to provide coverage for the chronically homeless population in the state; provided, that for the purposes of this chapter, "treatment" or "treatment for homelessness" includes:

(1) Behavioral health services, including mental health and substance abuse services;
(2) Case management;
(3) Personal care and personal assistance services;
(4) Home and community-based services; and
(5) Housing support services.

(b) EOHHS shall submit findings and recommendations, including any proposed legislation, to the general assembly no later than January 1, 2024.

40-23-5. Duties and responsibilities.

(a) The executive office of health and human services (EOHHS) will utilize any current Medicaid waiver funds to provide coverage for supportive housing for the chronically homeless population in the state.

(b) In planning for the expansion of supportive housing services provided through Medicaid managed care plans, EOHHS shall consider the following:

(1) Benefit eligibility, including criteria related to:
    (i) Health conditions;
    (ii) Housing status; and
    (iii) Current or potential system costs;
(2) Supportive housing services including, but not limited to:
    (i) Outreach and engagement;
    (ii) Housing search assistance;
(iii) Tenancy rights and responsibilities; education;

(iv) Eviction prevention;

(v) Service plan development;

(vi) Coordination with primary care and health homes;

(vii) Coordination with substance use treatment providers;

(viii) Coordination with mental health providers;

(ix) Coordination of vision and dental providers;

(x) Coordination with hospitals and emergency departments;

(xi) Crisis intervention and critical time intervention;

(xii) Independent living skills coaching; and

(xiii) Linkages to education, job skills training, and employment;

(3) Pursuant to § 40-8-17, EOHHS is directed and authorized to apply for and obtain any
necessary waiver(s), waiver amendment(s) and/or state plan amendment(s) from the Secretary of
the United States Department of Health and Human Services, that will ensure that individuals who
are homeless have access to housing and supportive housing services;

(4) Financing and reinvestment strategies, including:

(i) Health care costs and housing status of current Medicaid beneficiaries;

(ii) The degree to which accurate and up-to-date information on housing status is available
for current Medicaid beneficiaries;

(iii) Health care costs of current residents of supportive housing;

(iv) Health care costs of the Medicaid-expansion population;

(v) Potential impact on costs to other systems, such as jails, long-term care, and treatment
facilities;

(vi) Affordable housing investments that can be leveraged to create new units of supportive
housing; and

(vii) Amount of flexible service dollars available to cover the costs that Medicaid cannot;

(5) Administration of the benefit, including:

(i) The role of managed care;

(ii) The role of supportive housing service providers; and

(iii) Coordination with existing and emerging systems.

(c) EOHHS shall submit a report to the legislature regarding the status of its efforts,
including any proposed legislation, no later than January 1, 2024. The report shall include:

(1) The status of proposed amendment(s) to expand Medicaid waivers pursuant to § 40-8-
1. **17:**

   (2) A description of housing and/or supportive housing services currently being provided to the chronically homeless population in the state;

   (3) An analysis of the effectiveness of providing housing and/or supportive housing services at current levels in the state;

   (4) Estimates of the cost and potential savings of expanding the program(s) to meet the needs of the chronically homeless in the state; and

   (5) Proposed eligibility criteria to qualify for supportive housing services.

SECTION 2. This act shall take effect upon passage.
This act would require the executive office of health and human services (EOHHS) to utilize current Medicaid waiver funds to provide coverage for supporting housing for the homeless and to conduct a study to assess the impact of using Medicaid funds to provide coverage for the treatment of the chronically homeless.

This act would take effect upon passage.