# Homelessness (Narrow Definition)

| Metric Information |
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**Metric description:** The percentage of Medicaid beneficiaries who were homeless in at least one month during the measurement year.

**Metric specification version:** Washington State Department of Social and Health Services, Research and Data Analysis Division, Cross-System Outcome Measures for Adults Enrolled in Medicaid – "Homelessness – Narrow Measure Definition (December 2022, v 3.0)"

These specifications were developed by the Washington State Department of Social and Health Services, in collaboration with Medicaid delivery system stakeholders, as part of the 2013 Engrossed House Bill 1519 (Chapter 320, Laws of 2013) and Second Substitute Senate Bill 5732 (Chapter 338, Laws of 2013) performance measure development process.

**Data collection method:** Administrative only.

**Data source:** The DSHS Economic Services Administration's Automated Client Eligibility System (ACES) is used by caseworkers to record client address and self-reported living arrangements when determining eligibility for cash, food, and medical assistance.

ProviderOne system is used for diagnosis code information.

**Claim status:** No claims used.

**Identification window:** Measurement year.

**Direction of quality improvement:** Lower is better.

**URL of specifications:** View the specifications


| DSRIP Program Summary |
|---|

**Metric utility:** ACH Project P4P ■     ACH High Performance ■     DSRIP statewide accountability □

**ACH Project P4P – Metric results used for achievement value:** Submetric results reported for three age groups: 0-17 years, 18 – 64 years, [1]65+ years. Weighted average of performance for each submetric is used to calculate overall AV; determined by number of Medicaid beneficiaries the ACH has in the denominator of each submetric.

**ACH Project P4P – improvement target methodology:** improvement over self (1.9% improvement over reference baseline performance).

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[1] For DY5 and DY6, the 65+ metric has been consolidated into the 18-64 years of age metric for performance achievement.

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**ACH High Performance – methodology:** HCA will use a Quality Improvement (QI) Model to determine relative high performance among ACHs for the set of High Performance metrics. For more information, see **Error! Reference source not found.**.

**ACH regional attribution:** Residence in the ACH region for 7 out of 12 months in the measurement year.

| DSRIP Metric Details |
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| Eligible Population – ACH Project P4P | |
|---|---|
| Age | All ages. |
| Gender | N/A |
| Minimum Medicaid enrollment | A minimum of 7 months of Medicaid enrollment is required in the measurement year. |
| Allowable gap in Medicaid enrollment | Up to five months in the measurement year (may or may not be continuous). |
| Medicaid enrollment anchor date | December 31 of the measurement year for calendar-year reporting |
| Medicaid benefit and eligibility | Includes Medicaid beneficiaries with comprehensive medical benefits. Excludes beneficiaries that are eligible for both Medicare and Medicaid and beneficiaries with primary insurance other than Medicaid. |

| Eligible Population – ACH High Performance | |
|---|---|
| Age | All ages. |
| Gender | N/A |
| Minimum Medicaid enrollment | A minimum of seven months of Medicaid enrollment in the measurement year. Enrollment does not have to be continuous. |
| Allowable gap in Medicaid enrollment | Up to five months in the measurement year (may or may not be continuous). |
| Medicaid enrollment anchor date | December 31 of the measurement year for calendar-year reporting |
| Medicaid benefit and eligibility | Includes Medicaid beneficiaries with comprehensive medical benefits. Excludes beneficiaries with primary insurance other than Medicaid.<br><br>*Note: for ACH High Performance Incentive calculation, Medicaid beneficiaries that are eligible for both Medicaid and Medicare (duals) are included in the eligible population for the metric.* |

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**Denominator:**

*Data elements required for denominator:* Medicaid beneficiaries who meet the above eligibility criteria.

*Required exclusions for denominator.*
- Eligible population exclusions are listed in the eligible population table above.
- Metric specific exclusions: None.

*Deviations from cited specifications for denominator.*
- None.

**Numerator:**

Beneficiaries must qualify for inclusion in the denominator to be eligible for inclusion in the numerator.

*Data elements required for numerator:* Medicaid beneficiaries who meet the above eligibility criteria with at least one month in the measurement year meeting any of the following criteria:
- ACES living arrangement criterion. One of the following values appears in at least one coverage month in the measurement year: "Homeless without Housing", "Emergency Shelter", "Battered Spouse Shelter"
  OR
- ProviderOne/ACES address criteria. One or more of the following is indicated for at least part of the measurement year:
  - Homelessness is indicated based on the client's address format code
    OR
  - The terms "homeless" appeared at any point in a client's address line text.
  OR
- Diagnosis criterion. ICD-10 diagnosis code Z59.0 appears on at least one encounter line associated with a service date in the measurement year

*Required exclusions for numerator.*
- None

*Deviations from cited specifications for numerator.*
- None

| Version Control |
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**July 2018 release:** The specification was updated to include additional information as requested by stakeholders.

**January 2019 update:** Minor formatting updates were made to the metric specification sheet (updating URL of specification). No substantive changes were made to the specification.

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**August 2022 update**: The numerator criteria has been expanded to include additional methods of identifying homelessness.

**December 2022 update**: The numerator criteria has been expanded to include additional methods of identifying homelessness.