District of Columbia's Housing Supportive Services Benefit Frequently Asked Questions and Answers

Last update: March 2023

The District of Columbia's (DC) Medicaid program includes a 1915i Medicaid State Plan Housing Supportive Services (HSS) benefit that was launched in 2022. Organizations that deliver HSS are entities contracted with the DC Department of Human Services (DHS) for the provision of permanent supportive housing services, who are also enrolled in the DC Medicaid program as an HSS provider. This benefit enables DC to increase its capacity to assist eligible people with disabling health or behavioral health conditions in receiving the support they need to obtain and maintain stable housing in community settings, as an alternative to experiencing homelessness. Federal funding available through this Medicaid benefit also permits DC to use Medicaid monies, instead of local funding, to pay for permanent supportive housing services, and reinvest these local funds into the DC's continued efforts to make homelessness rare, brief and non-recurring.

The information included in this document is a compilation of requests for guidance most frequently received by DHS and DHCF from HSS Providers. Organized by subject matter, the answers provided to these frequently asked questions are accurate as of the 'Last Update' month specified at the top of the page. The most recent updates included in this FAQ document are indicated by an asterisk (*).

GENERAL

1. What are Housing Supportive Services (HSS)?

Housing Supportive Services (HSS) are packaged under a new Medicaid benefit that will become available to eligible DC residents in the summer of 2022. HSS are Home and Community Based Services (HCBS) that are intended to assist eligible people with disabling health or behavioral health conditions in receiving the support they need to obtain and maintain stable housing in community settings, as an alternative to experiencing homelessness. HSS include two types of services:

- Housing Navigation Services, which help a participant plan for, find, and move to housing of their own in the community; and
- Housing Stabilization Services, which help a participant sustain living in their own housing in the community.

2. Who is eligible to receive HSS?

A person is eligible for HSS if they are enrolled in Medicaid and meet the following criteria:

A. Is 18 years of age or older;
B. Needs assistance with getting and maintaining housing as a result of a documented disability or disabling condition, as indicated by a need for assistance in at least one of the following:
    - Mobility;
    - Decision-making
    - Maintaining healthy social relationships;
    - Assistance with at least one basic need such as self-care, money management, bathing, changing clothes, toileting, getting food or preparing meals; or
    - Managing challenging behaviors;

    And

C. Is experiencing housing instability as evidenced by one of the following risk factors:
- Is chronically homeless;
- Is at risk of chronic homelessness; or
- Was recently chronically homeless and for whom providing HSS will prevent a return to homelessness.

3. Who will reimburse HSS Providers for delivering HSS to HSS Participants?
DC's Medicaid program will reimburse HSS Providers for delivering services to HSS Participants. DHS will use local funds to pay qualified service providers for HSS that are delivered to persons who are eligible for HSS but not eligible for enrollment in Medicaid.

4. Is the HSS benefit 'carved' into the DC Medicaid Managed Care Organization (MCO) contracts?
No. DC Medicaid MCOs are not involved in authorizing or paying for HSS. HSS Providers will be reimbursed directly by the District's Medicaid program, not through a DC Medicaid MCO.

5. Does the HSS benefit cover services delivered to persons 17 years or younger?
No; the HSS benefit only pays for HSS delivered to persons 18 years or older that meet the eligibility criteria listed in the response to question #2 above.

However, through the DHS's locally-funded PSH program, DHS will reimburse for services provided to minors in an HSS Participant's household, at a rate of $400 per household, per month.

6. Where can I find more information about the Medicaid HSS benefit?
Information about the Medicaid HSS benefit is available on DHS's website, at https://dhs.dc.gov/service/housing-supportive-services%C2%A0.

ELIGIBILITY

7. Is there a cap on the number of people who can be eligible for the HSS benefit?
No. Federal rules do not allow DC to establish a cap on the number of people who can be eligible for the HSS benefit.

8. How will an individual's eligibility for the Medicaid HSS benefit be determined?
The path to establishing eligibility for HSS differs depending on whether the person was a participant in the Permanent Supportive Housing (PSH) program before the HSS benefit was established in the District.

For individuals who are not participants of the PSH program when determining HSS eligibility, DC's Coordinated Assessment and Housing Placement (CAHP) matching and prioritization process will be used to complete an independent evaluation of an individual's eligibility for PSH. For a person to be eligible for PSH, their score on a standardized tool, combined with other information gathered about the person's functional status, must indicate that they need PSH because of conditions that interfere with or limit their capacity to function in ways that affect housing stability. Currently, the standardized tool used

in the CAHP process is the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT). The assessment score and other available information regarding the person's needs will be reviewed by a panel of CAHP decision-makers.

Next, to determine the person's eligibility for HSS as a Medicaid benefit, the results of the standardized assessment and other available information will be reviewed and verified by staff at the Department of Human Services (DHS) to determine whether the person needs assistance with getting and maintaining housing as a result of a documented disability or disabling condition, as indicated by a need for assistance in at least one of the following:

- Mobility;
- Decision-making;
- Maintaining health social relationships;
- Assistance with at least one basic need such as self-care, money management, bathing, changing clothes, toileting, getting food or preparing meals; or
- Managing challenging behaviors.

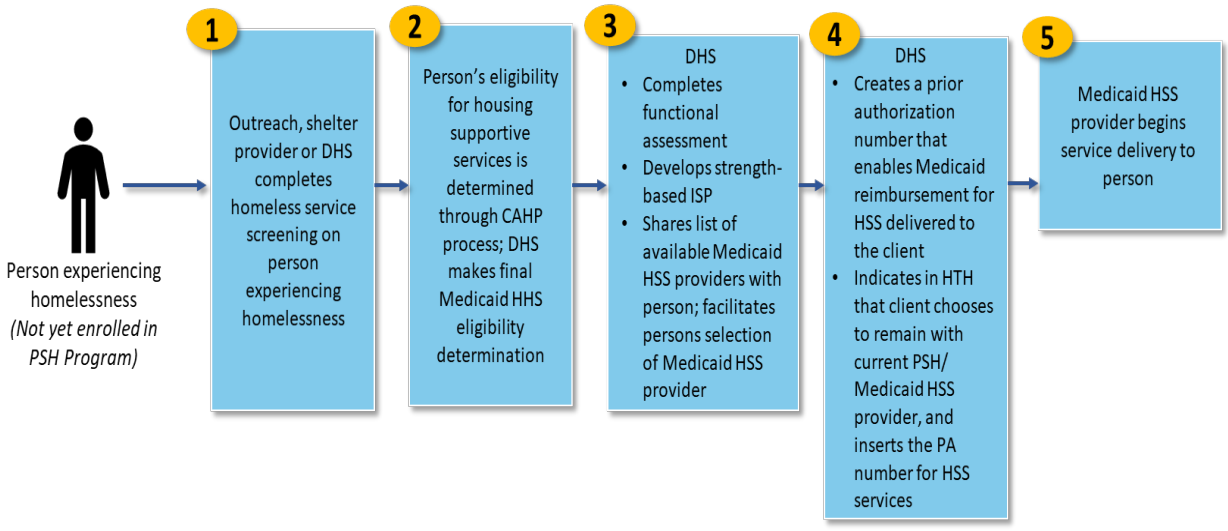

Figure 1: Steps for Persons Experiencing Homelessness (Not yet Enrolled in PSH Program at the Time of the HSS Eligibility Determination Process

For persons who are already living in PSH at the time their eligibility for HSS is being determined, DHS staff will review information about the participant that is available in existing records, including information found in HTH/OCTO, and in the most recent assessments or service plans completed by current service providers. Similar to the process used for individuals that are not participating in PSH during the HSS eligibility determination process, DHS staff use available information to make a determination that the person (1) was recently chronically homeless and for whom providing HSS will prevent a return to homelessness and (2) needs assistance with getting and maintaining housing as a result of a documented disability or disabling condition, as indicated by a need for assistance in at least one of the following:

- Mobility;
- Decision-making;
- Maintaining healthy social relationships;
- Assistance with at least one basic need such as self-care, money management, bathing, changing clothes, toileting, getting food or preparing meals; or
- Managing challenging behaviors.

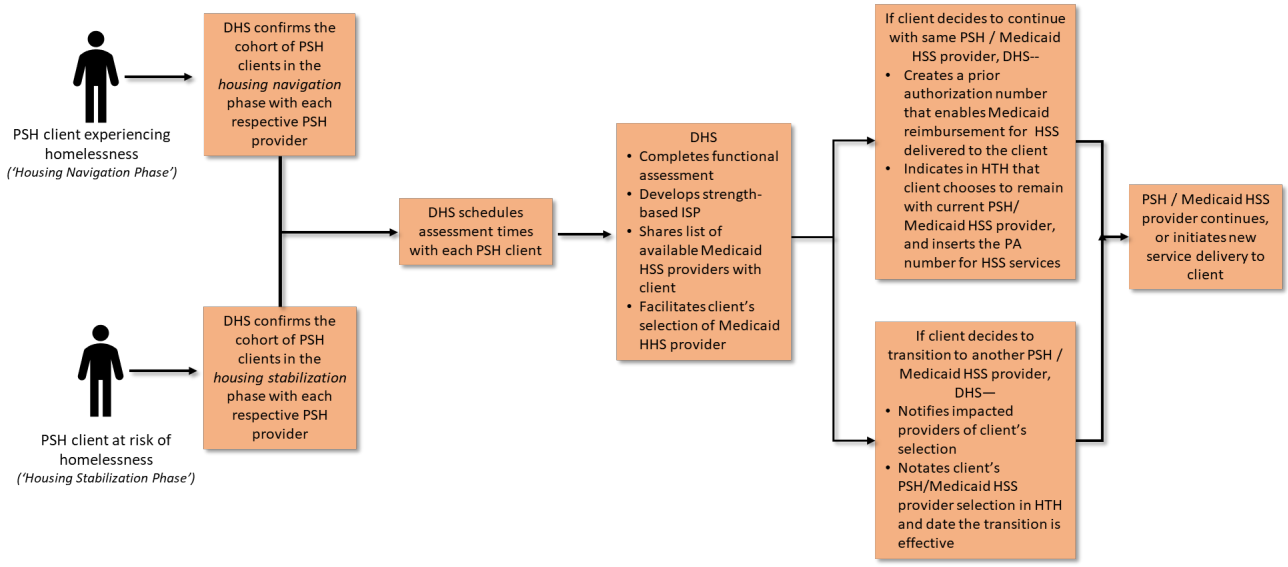

Figure 2:Steps for Persons Already Enrolled in PSH Program During the HSS Eligibility Determination Process

9. **What happens if a person is eligible for HSS but is not enrolled in Medicaid?**
Some people eligible for HSS may not be currently enrolled in Medicaid. A case manager (outreach worker or shelter provider currently assisting the person with the CAHP process) will assist the person in completing the Medicaid enrollment or re-enrollment process as quickly as possible for the person to begin receiving Medicaid-covered HSS.

DHS will use local funds to pay qualified service providers for HSS services that are delivered to persons who are eligible for HSS but not eligible for enrollment in Medicaid.

Current Medicaid enrollment (not solely eligibility) is required for an agency to bill Medicaid for HSS services. Agencies are advised to check enrollment on a monthly basis to ensure no lapse in coverage based on Medicaid enrollment status.

10. **How should HSS Providers confirm a HSS Participant's Medicaid eligibility?**
At the beginning of each calendar month or each engagement with a HSS Participant, HSS Providers may verify the participant's Medicaid eligibility by using the DC Medicaid Web Portal or the Interactive Voice Response System (IVR) system by calling (202) 906-8319. Additional guidance on the IVR system is available at https://www.dc-medicaid.com/dcwebportal/providerSpecificInformation/generalBillingTips

CLIENT SELECTION OF HSS SERVICE PROVIDER

11. **How will people be connected to a service provider after they have been determined eligible to receive HSS?**
Federal rules require that each person will have an independent, "conflict-free" assessment and person-centered service plan for any Medicaid-funded HCBS, including HSS. As part of their care plan, the person will choose the service provider who will deliver their HSS Services. The assessment and development of the individual's person-centered service plan cannot be completed by anyone who works for the same organization that will provide HSS to the person.

To meet this federal requirement, each person who is eligible for the HSS benefit will meet with a DHS staff representative to complete an assessment and develop a person-centered service plan. A person can choose to get support or be accompanied by anyone they choose during the assessment meeting. For example, they can ask the DHS staff to consult with another service provider, a family member, or another person who can share information about their support needs, functional ability, strengths, and preferences.

PROVIDER ENROLLMENT

12. What must entities possess before applying to become a HSS Provider?

To meet HSS Provider Enrollment Requirements, agencies must have the following documents to support their Medicaid provider application.:

- Certification from DHS, as indicated by an executed PSH3 Human Care Agreement
- National Provider Identifier number (NPI), with the taxonomy code: *251B00000X Case Management*
- DC Business license
- Liability insurance ($1M Individual; $3M Aggregate)
- W-9 Form
- Tax ID
- Disclosure of Ownership form (if the entity is a For Profit firm)

13. What is the process to enroll as a HSS Provider?

Information about provider enrollment, including instructions on How to Enroll in DC Medicaid Using the DC Provider Screening and Enrollment Web Portal, is located at www.dcpdms.com.

Entities that have secured the items listed in #12 above may submit an application to become a Medicaid HSS provider by creating an account in the DC Provider Data Management System at www.dcpdms.com.

HSS PARTCIPANT SELECTION OF HSS PROVIDER

14. Are HSS Providers required to deliver services to any HSS Participant regardless of how the individual would be defined within the District's Homeless Continuum of Care (i.e. 'Individual', ' Family' or 'Youth')?

It is the goal of the DC Medicaid program and DHS to ensure that all HSS Providers have the capacity to serve eligible HSS Participants – regardless of the complexity of a Participant's needs (e.g. familial status, behavioral health condition, etc.). Federal regulation on person-centered planning requires that choices are offered to HSS participants regarding the services and supports the individual receives and from whom [45CFR 441.725(a)(6)]. All HSS Participants will receive a description of each available HSS Provider for them to choose from that highlights which providers have the amenities most aligned to the housing strengths/barriers and goals identified during the HSS participant's person-centered assessment. For example, HSS Participants that identify child-focused support as a barrier to housing tenancy, will receive information on available HSS Providers with history and expertise delivering services to families.

All participants in the program have the right to select an available HSS Provider based on their needs and preferences. DHS will support a HSS Participant's right to select their HSS Provider. In cases where a HSS Participant insists on receiving HSS from a Provider that does not have a history in addressing the types of strengths/barriers and goals identified during the HSS Participant's person-centered assessment, DHS will partner with the Provider to ensure the Participant's housing tenancy needs are met.

15. What information will DHS give HSS Participants to inform their HSS Provider selection?

DHS will provide each HSS Participant a list of HSS Providers who are able to serve additional HSS Participants, along with each provider's specialty (if applicable). Information provided to the HSS Participant includes:

A. Name, location, and contact info for the provider;
B. How long the provider has been qualified as a DHS PSH provider;
C. Additional information regarding each provider's capacity to address a person's support needs, including whether they are accepting new persons, services available in other languages, accommodations or expertise in addressing specific types of disabilities or needs, and information about other relevant services and supports that may be offered by the provider or community partners.

16. What happens when a HSS Participant wants to change their HSS Provider?

An HSS Participant may request a change in who their HSS Provider is during their annual re-evaluation. They will make this request verbally or in writing to the DHS staff completing the annual re-evaluation.

In instances where a HSS Participant makes a request to change their HSS Provider mid-year, DHS will review the request and documentation regarding their needs and preferences. If the participant would still like to change their HSS Provider after consultation with DHS, DHS will assist the participant with selecting a new provider, notify the person's current and newly selected HSS Provider of the participant's request, and notate the change in provider and transition date in HTH. DHS will also host a case conference between the existing and new HSS providers to review the participant's transition plan.

17. Is the process to change their HSS Provider different for HSS Participants participating in a project-based PSH program vs. a scattered-site PSH program?

Slightly, if a HSS Participant is currently participating in a project-based PSH program, they may choose to move to another project-based PSH program with the onsite HSS Provider of their choosing, if a housing unit is available in another program, or request to transition a PSH tenant-based rent subsidy, with a choice of available HSS service providers.

REIMBURSEMENT & BILLING

18. What is the payment structure for the HSS benefit?

The District's Medicaid program reimburses HSS Providers for the delivery of HSS to persons enrolled in the DC Medicaid HSS benefit, using a per member, per month (PMPM) payment structure.

19. What services are reimbursed through the Medicaid HSS benefit?

HSS Provider may receive reimbursement for delivering the following services to HSS Participants:

- *Housing Navigation Services*, which help a participant plan for, find, and move to housing of their own in the community: Per member, per month reimbursement for delivering services at a minimum frequency of once a week within the month. At least two of these services shall be delivered face-to-face with the client. Other contacts may be made by telephone, email, text or

another electronic format. And

- *Housing Stabilization Services*, which help a participant sustain living in their own housing in the community: Per member, per month reimbursement for delivering services at a minimum frequency of twice a month. At least one of these services shall be delivered face-to-face with the client. Other contacts may be made by telephone, email, text or another electronic format.

20. How do HSS Providers submit claims for Medicaid reimbursement?

Each HSS provider chooses their own claim submission pathway. The pathways are:

- WINASAP , free software that is available for download, developed and supported by DHCF contractor, Conduent. DHS expects that this will be the most common claim submission pathway for HSS providers.(Note: A modem and dedicated phone line is needed to use this software.)
- An Electronic Health Record (E.H.R) or a billing system of the HSS provider's choosing. The system must have the capacity to submit, via FTP, 837 batch files to DHCF.
- A third-party biller, that submits FTP 837 batch files to DHCF on behalf of the HSS provider.
- Medicaid Web Portal (www.dc-medicaid.com), is a web-based option for claim submission in lieu of submitting paper claims.
- Paper Claims submission- Paper claims submission is strongly discouraged.

21. Can a HSS Provider receive reimbursement for delivering both Housing Navigation and Housing Stabilization services to a HSS Participant in the same month?

No. Housing Navigation and Housing Stabilization may not be reimbursed within the same calendar month.

22. Can an HSS Provider bill if a person is in an institutional setting (e.g. hospital, skilled rehabilitation site, nursing facility, jail) during the month?

Yes. A HSS Provider may be reimbursed for HSS delivered to a HSS Participant that is in an institutional setting during the month, if the minimum monthly threshold of contacts with a HSS Participant is met and all HSS are delivered at either the HSS Provider's service site, the HSS Participant's home or another place in a community setting.

23. How many Medicaid claims may a HSS Provider submit monthly?

HSS Providers should submit one claim per month to receive Medicaid reimbursement for a HSS Participant.

24. Can HSS Providers bill anytime during the month, after HSS Participant engagement threshold is met?

Yes. After the minimum monthly threshold of contacts with a HSS Participant is met, the HSS Provider may submit a claim for Medicaid reimbursement for that month.

25. Is prior authorization (PA) required before HSS Providers may seek reimbursement for delivering HSS?

Yes. Before a HSS Provider may deliver and be reimbursed for HSS, the Provider must have an PA number. Prior authorization is granted by DHS staff, who also generate a PA number and refer individuals

requiring services to the HSS Provider of the individual's choice. HSS Providers will receive the required PA number from DHS via DHS's web-based case note system, Housing the Homeless (HTH). HSS Providers will need each HSS Participant's current PA number to submit an acceptable claim for Medicaid reimbursement.

All HSS Providers are required to document services delivered to HSS Participants and store other required documentation listed in their PSH3 Human Care Agreement in HTH.

26. How long is a HSS prior authorization (PA) number active?

A PA number for Housing Navigation Services is active for up to 6 months or 24 Units Of Service (UOS) from the date of the HSS participant's initially completed HSS conflict-free assessment. If a participant has not obtained housing after 6 months, additional months of services may be provided subject to approval by DHS.

A PA number for Housing Stabilization Services is active for up to 12 months or 24 UOS from the date of the HSS Participant's completed HSS conflict-free assessment or when the HSS Provider notifies DHS that an individual has shifted from Housing Navigation to Housing Stabilization due to lease signing or moving into the unit.

27. * How will HSS Providers receive prior authorization (PA)numbers?

DHS's web-based case note platform, HTH, includes a '*Prior Authorization Number'* field. HSS Providers should retrieve each participant's PA number from this field and include it in claims submitted for Medicaid reimbursement.

28. Is a prior authorization number (PA)required for each Medicaid claim submitted?

Yes. A PA number must be included on any HSS claim submitted for Medicaid reimbursement.

29. How will HSS Providers receive reimbursement for services delivered to minors in the HSS Participant's home?

DHS will reimburse HSS Providers for the provision of adjunct services that facilitate the provision of HSS and promote the housing stability of the HSS Participant on a monthly basis.
The reimbursement rates for each type of service are detailed below or in the HSS Provider's PSH3 HCA:

- Services provided to minors in an HSS Participant's household, at a rate of $400 per household, per month;
- Utility assistance;
- Financial assistance; and
- Staff onboarding.

30. Where can HSS Providers find additional information on how to submit claims for Medicaid reimbursement?

Additional information for HSS Providers on how to bill Medicaid for HSS can be found in the *HSS Tip Sheet- Provider Enrollment and Billing*, located on DHS's website.

31. * In instances when Medicaid reimbursement is denied for a HSS claim because the client was not enrolled in the DC Medicaid program during the month that the HSS was delivered, how should a HSS Provider adjust its invoice to DHS to ensure these services are reimbursed using local funds?

Before delivering HSS, each HSS Provider must may verify the participant's Medicaid eligibility by using the DC Medicaid Web Portal or the Interactive Voice Response System (IVR) system by calling (202) 906-8319. Additional guidance on the IVR system is available at https://www.dc-medicaid.com/dcwebportal/providerSpecificInformation/generalBillingTips

If the participant is enrolled in the DC Medicaid program, HSS Providers shall seek reimbursement from Medicaid. For clients that are not enrolled in the DC Medicaid program during the month that the services are delivered, Provider shall seek reimbursement by submitting an invoice to DHS.

In the case where an HSS Provider submits an HSS claim for Medicaid reimbursement and receives a denial notice because the participant was not enrolled in Medicaid during the month that the HSS was delivered, the HSS Provider shall schedule the participant's Conflict Free Assessment with DHS (if needed) and update their invoice to DHS for the month (if already submitted). All invoices, including those updated to reflect participants that were not enrolled in Medicaid for the month in which HSS were delivered, should be sent to the HSS Provider's Contract Administrator.

32. * In cases when a HSS participant's housing status changes mid-month, triggering their HSS status to transition from 'Housing Navigation' to 'Housing Stabilization' or vice versa, how should HSS Providers notify DHS to ensure this change is reflected in HTH and the accurate frequency of engagement with the participant is considered for reimbursement?

HSS Providers should notify their DHS Program Monitor in instances when a participant's information in HTH should be updated--- including, but not limited to, cases when:

- a participant's authorization for HSS should be moved from 'Housing Navigation' to 'Housing Stabilization' (or vice versa),
- the participant loses Medicaid enrollment, or
- the participant elects to receive HSS from another HSS Provider.

Once notified, the DHS Program Monitor will respond back to the HSS Provider within twenty-four (24) hours or the next business day with a clear timeline on when updates will be made in HTH.

Requested changes to a participant's 'Housing Navigation' or 'Housing Stabilization' status in HTH may be honored if the HSS provider notifies their DHS Program Monitor of this request before the fifteenth (15th) day of the calendar month. If this requirement is met, the DHS Program Monitor may create a new PA code that specifies the participant's updated HSS status. If the HSS Provider delivers HSS at the minimum

threshold required to be reimbursed, and the participant was enrolled in Medicaid at the time that the HSS were delivered, the HSS Provider shall submit a claim to Medicaid for reimbursement.

PROVIDER CAPACITY SUPPORTS

33. Is training available to help PSH Providers prepare for their transition to Medicaid billing?

Yes. PSH providers under contract with DHS, that seek assistance becoming and operating as a HSS Provider have access to technical assistance delivered by the Corporation for Supportive Housing. The technical assistance includes:

- *Provider Self*-assessment & Interviews, to explore and pinpoint current PSH provider resources, knowledge base, and approaches to making the transition to Medicaid-funded services under the new HSS benefit;
- *Medicaid Academy*, a 6-week series of 2-hour trainings to support agencies make the administrative shifts needed to successfully bill and receive Medicaid reimbursement for the delivery of housing supportive services; and
- *One-on-One and Group Coaching*, where PSH providers gain a deeper understanding of how Medicaid and the HSS benefit works in DC; receive detailed templates, tools and support to develop or re-configure internal work flows to bill Medicaid for HSS; and connect to a network of peers to support continued success in billing for and receiving Medicaid reimbursement for the delivery of HSS.

All training materials and literature are posted on DHS's website.

DATA AND REPORTING SYSTEMS

34. *Are there reports in the DHS database Housing the Homeless (HTH) where HSS Providers can look up which participants have a completed conflict-free assessment(s) and prior authorization (PA) code(s)?

Yes, there are reports in HTH that convey the status of conflict-free assessments and PA codes for each participant on a HSS Provider's caseload.

These reports are:

- Clients Who Have Completed CFAs. This report lists each participant with a completed conflict-free assessment (CFA), that DHS is in the process of creating a PA code for. This report also identifies any participant with a completed conflict free assessment that is not enrolled or ineligible for enrollment in the DC Medicaid program.
- Complete PA Codes by Provider. This report lists each participant with a completed conflict-free assessment(s), whether they are in the 'Housing Navigation' or 'Housing Stabilization' phase, and each participant's PA code(s).

HSS Providers shall contact their DHS Program Monitor with questions related to a participant's conflict-free assessment or PA code. Once notified, the DHS Program Monitor will respond back to the HSS Provider within twenty-four (24) hours or the next business day with a clear timeline on when updates will be made in HTH.

HIPAA COMPLIANCE

35. * Are HSS Providers required to comply with HIPAA standards?

Yes, and technical assistance is available to help providers meet HIPAA standards.

Per the Medicaid Director Letter (MDL #22-05), issued on December 14, 2022, all entities enrolled in the DC Medicaid program must comply with the data privacy standards required by the Health Insurance Portability and Accountability Act (HIPAA). This requirement applies to HSS Providers.

HIPAA standards are created to ensure that individual's protected health information is properly secured, while allowing for the use of limited protected health information that may be needed for service coordination.

Support is available to providers that are new to the Medicaid program, including HSS Providers, to help them meet HIPAA standards within their first year of participation in the Medicaid program. This support is provided as part of the HCBS Digital Health Technical Assistance program.

For more information on the Digital Health TA program, please contact:
Eduarda Koch | Health IT Project Manager
Department of Health Care Finance
Eduarda.Koch@dc.gov | 202-673-3561