

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY AND PROPOSED RULEMAKING

The Director of the Department of Human Services (Department), pursuant to the authority set forth in Section 31 of the Homeless Services Reform Act of 2005, effective October 22, 2005 (D.C. Law 16-35; D.C. Official Code § 4-756.02 (2016 Repl.)), and Mayor's Order 2006-20, dated February 13, 2006, gives notice of the Department's adoption, on an emergency basis, of the following new Chapter 74 (Housing Supportive Services and Provider Certification Standards) and to amend Chapter 25 (Shelter and Supportive Housing for Individuals and Families) of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations (DCMR), and of the intent to take final rulemaking action to adopt these proposed rules in not less than thirty (30) days after the date of publication of this notice in the *District of Columbia Register*.

These emergency and proposed rules establish standards to administer the new 1915(i) State Plan Home and Community-Based Services (HCBS) Housing Supportive Services (HSS) benefit and conditions of participation for entities delivering these services. HSS are services that focus on helping District Medicaid individuals who are homeless or at risk of homelessness find and maintain permanent housing in the community, build independent living and tenancy skills, and connect them to community resources. The benefit will be targeted to people with disabilities or complex health needs, who often experience significant barriers to accessing care and housing.

The Department will operate the new HSS benefit in conjunction with the Department of Health Care Finance (DHCF). DHCF has proposed adoption of corresponding rules in Chapter 103 (Medicaid Reimbursement for Housing Supportive Services) of Title 29 (Public Welfare) of the DCMR. These rules establish HSS eligibility, enrollment procedures, provider requirements, provider certification procedures, and rates for provider reimbursement under the District's Medicaid program. In addition, for the purpose of maintaining uniform housing-related supportive services standards between HSS and Permanent Supportive Housing (PSH) programs, these rules also establish reimbursement rates for PSH services in Chapter 25.

Emergency action is necessary to promote the immediate preservation of the health, safety, and welfare of District residents who are at risk of experiencing homelessness, by establishing the services and a reimbursement rate to be included in the contracts the Department will execute with each entity that seeks designation as a DC Medicaid HSS provider, before the HSS benefit begins in July 2022.

The emergency rules were adopted on March 2, 2022, went into effect at that time, and shall remain in effect for not longer than one hundred and twenty (120) days from the adoption date (i.e., until June 30, 2022) unless superseded by publication of a Notice of Final Rulemaking in the *District of Columbia Register*.

A new Chapter 74, HOUSING SUPPORTIVE SERVICES AND PROVIDER CERTIFICATION STANDARDS, of Title 29 DCMR, is added to read as follows:

**CHAPTER 74 HOUSING SUPPORTIVE SERVICES AND PROVIDER
CERTIFICATION STANDARDS**

7400 GENERAL PROVISIONS

- 7400.1 The mission of the Department of Human Services (Department) is to empower every District resident to reach their full potential by providing meaningful connections to work opportunities, economic assistance and supportive services. The Economic Security Administration is the Administration within the Department that is responsible for making eligibility determinations for federally and locally funded public assistance programs in the District, including Medicaid, the Supplemental Nutrition Assistance Program, and the Temporary Assistance for Needy Families program. The Family Services Administration is the Administration within the Department that is responsible for providing homeless services such as shelter and homelessness prevention, to meet the needs of vulnerable adults and families to help reduce risk and promote self- sufficiency.
- 7400.2 The purpose of this Chapter is to establish the Housing Supportive Services (HSS) benefit, including eligibility criteria, service standards, HSS provider certification requirements, and which services shall be reimbursed through Medicaid.
- 7400.3 HSS are Medicaid-reimbursable activities that include a range of flexible housing-related services and supports for adults at risk of or experiencing chronic homelessness and who have a disability or disabling condition that interferes with or limits their capacity to maintain housing stability.
- 7400.4 Permanent supportive housing (PSH) programs provide services similar to HSS but are funded through the District’s local budget for adults who are ineligible for Medicaid enrollment. PSH services are also available to children and youth residing in the home of an adult who is receiving the HSS benefit.
- 7400.5 As provided in this Chapter, an individual is eligible to receive services through the HSS benefit if they are eligible for the District’s PSH program and enrolled in the District’s Medicaid program.
- 7400.6 An HSS Provider may also provide PSH services. Services and supports that do not qualify for HSS Medicaid reimbursement as described in this Chapter but that qualify as PSH services will generally be eligible for reimbursement by the Department through the PSH program, pursuant to the PSH program rules.
- 7400.7 The HSS benefit described in this Chapter has been designed to comply with requirements established in federal home and community-based services regulations (42 CFR § 441.710) and clarified by informational bulletins published

by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), Center for Medicaid and CHIP Services.

7400.8 Each Department-certified HSS provider shall meet and adhere to the terms and conditions of its PSH Human Care Agreement (HCA) with the Department.

7401 ELIGIBLE CONSUMERS

7401.1 To be determined eligible for HSS, an individual shall:

- (a) Be eighteen (18) years of age or older;
- (b) Be enrolled in Medicaid or meet the criteria described at § 7404.1;
- (c) Be a resident of the District as defined in section 2(32) of the Homeless Services Reform Act of 2005, as amended (D.C. Official Code §4-751.01(32));
- (d) Have a documented disability or disabling condition;
- (e) Be experiencing housing instability as evidenced by one of the following risk factors:
 - (1) Chronic homelessness;
 - (2) At risk of chronic homelessness; or
 - (3) History of chronic homelessness and for whom providing HSS will prevent a return to homelessness; and
- (f) Be determined eligible for PSH services through the District's Coordinated Assessment Housing Placement system.

7401.2 An individual who is seventeen (17) years old or younger who lives in the household of an adult participating in the HSS benefit may qualify for PSH services.

7401.3 An HSS Provider shall not receive Medicaid reimbursement under this Chapter for supportive services provided to an individual that does not meet the eligibility requirements set forth in subsection 7401.1.

7401.4 For individuals seeking enrollment in the District's Medicaid program or whose Medicaid coverage has lapsed:

- (a) There is an eligibility grace period of ninety (90) calendar days from the date of first service for new enrollees, or from the date of eligibility

expiration for enrollees who have a lapse in Medicaid coverage, until the date the Department's ESA makes an eligibility or renewal determination;

- (b) If the individual appeals a denial of eligibility or renewal by the Department, the Director of the Department (Director) may extend the ninety (90) calendar day eligibility grace period until the appeal has been exhausted. The ninety (90) calendar day eligibility grace period may also be extended at the discretion of the Director for other good cause shown;
- (c) Upon expiration of the eligibility grace period, HSS provided to the individual are no longer reimbursable by Medicaid; and
- (d) Nothing in this section alters the District's timely-filing requirements for claim submissions described at 29 DCMR § 900.

7402 HSS – GENERAL

7402.1 HSS are wrap-around services rendered by Department-certified HSS Providers to eligible individuals who require home and community-based services to assist with achieving and maintaining housing.

7402.2 HSS shall assist an individual in mitigating their barriers to securing and maintaining housing and support the individual in achieving their housing-related goals.

7402.3 HSS are activities that:

- (a) Support an individual's preparation to secure housing, known as Housing Navigation; and
- (b) Assist with an individual's tenancy in housing, known as Housing Stabilization.

7402.4 HSS shall be undertaken as a partnership between the HSS Provider, the individual, and, as appropriate, other providers and agencies.

7402.5 HSS providers are entities certified in compliance with the standards set forth in this Chapter.

7402.6 As set forth at 42 CFR § 441.700 to § 441.745, an individual participating or seeking enrollment in the HSS benefit shall receive a conflict-free assessment of their functional needs and service plan development. The person that completes the assessment and develops the service plan with the individual shall not be employed by the same organization that will deliver HSS to the individual.

7402.7 As further set forth at 42 CFR § 441.725(a)(6), individuals that receive HSS have the right to choose their HSS provider.

7402.8 HSS coverage limitations are set forth in § 7405. Coverage for any HSS is contingent on whether all the following criteria are met:

- (a) The service shall be delivered to or on behalf of a person that meets HSS eligibility criteria for HHS, as described at § 7401;
- (b) The service shall be delivered through a Department-certified HSS provider;
- (c) The service shall be rendered pursuant to the applicable service-specific standards set forth in this Chapter; and
- (d) The service shall be delivered in accordance with an approved individual service plan.

7402.9 The service-specific standards described in this Chapter apply to the HSS offered by each HSS provider and reimbursed by the District in accordance with this Chapter.

7403 HOUSING NAVIGATION SERVICES

7403.1 Housing Navigation Services help an individual plan for, find, and move to housing of their own in the community

7403.2 Housing Navigation Services include assisting the individual to:

- (a) Obtain key documents needed for the housing application process;
- (b) Complete the housing application process, including following up with key partners (such as landlords and government agencies) to ensure receipt and processing of documents;
- (c) Complete the housing search process, including helping the individual identify neighborhood and unit needs and preferences, potential barriers (to avoid applying for units for which they will be screened out), helping identify possible units, and assisting the individual to view units as needed;
- (d) Identify resources to cover expenses such as security deposit, moving costs, furnishings, adaptive aids, environmental modifications, moving costs and other one-time expenses not covered by Medicaid;
- (e) Coordinate a unit inspection with the DC Housing Authority and the housing provider or landlord to ensure a unit is safe and ready for habitation;

- (f) Arrange for and support the details of the move;
- (g) Develop a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized; and
- (h) Complete an application for a Home Health Aide, if needed.

7404 HOUSING STABILIZATION SERVICES

7404.1 After the individual has executed a rental lease agreement with the landlord of a housing unit, and moved into that unit, the individual enters the Housing Stabilization phase.

7404.2 Housing Stabilization Services help an individual sustain living in their own housing in the community. They include assisting the individual to:

- (a) Identify and build on strengths that are important to maintain housing in the community;
- (b) Obtain early identification of and intervention for behaviors that may jeopardize housing;
- (c) Obtain education and training on the roles, rights and responsibilities of the tenant and landlord;
- (d) Develop and maintain key relationships with the individual’s landlord, with a goal of fostering successful tenancy;
- (e) Resolve disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action;
- (f) Prepare a household budget;
- (g) Enroll and obtain public benefits for which the individual is eligible for (e.g., SNAP benefits, Veterans Affairs benefits, etc.);
- (h) Identify and leverage natural community supports (e.g., family, friends, recreational clubs, support groups, etc.);
- (i) Learn independent living skills and activities of daily living (e.g., cooking, housekeeping, basic finances, shopping, etc.);
- (j) Navigate the District’s housing voucher recertification process;

- (k) Review, update and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers;
- (l) Advocate for and access community resources to prevent eviction; and
- (m) Help re-locate to another housing unit, if warranted.

7404.3 Housing Stabilization Services also include assisting an individual to:

- (a) Identify and access available community resources (e.g., food, toiletries, household supplies, or transportation assistance);
- (b) Identify and leverage natural community supports (e.g., family, friends, recreational clubs, or support groups);
- (c) Connect to employment, education, volunteering, and/or other community programming and resources (e.g., recreation centers, public libraries, recreational clubs, or support groups) to help prevent social isolation;
- (d) Identify and leverage family, friends and other natural community supports that support the individual's tenancy; and
- (e) Access somatic health, mental health, and substance use services, including assistance with:
 - (1) Scheduling appointments, writing directions, or scheduling transportation; and
 - (2) Following up post appointment to ensure the individual understands their services and when their next appointments are scheduled.

7405 CONSUMER ENROLLMENT INTO HSS

7405.1 The process used to enroll individuals into the HSS benefit shall:

- (a) Effectively engage and offer support to individuals with disabilities or disabling conditions experiencing chronic homelessness, who often experience significant barriers to accessing care and housing;
- (b) Align with the District's Coordinated Assessment and Housing Placement (CAHP) system for housing assistance for people experiencing homelessness; and
- (c) Meet federal requirements related to Medicaid home and community-based services (HCBS), set forth at 42 CFR § 441.710 (as may be amended).

7405.2 Enrollment into the Medicaid HSS benefit will follow two (2) distinct processes depending on whether the individual to be enrolled is a participant in the PSH program before or after the HSS benefit was established in the District.

7406 INDIVIDUAL ENROLLMENT INTO HSS FOR PERSONS MATCHED TO PSH PROGRAM AFTER HSS BENEFIT IMPLEMENTATION

7406.1 The Department will deploy an HSS enrollment process for individuals determined eligible for the PSH program through the CAHP system after the implementation of the HSS benefit.

7406.2 This HSS benefit enrollment process for individuals shall follow the process described at § 7406.3 through § 7406.17.

7406.3 The individual shall first undergo homeless services screening, which is the process to determine an individual's eligibility to receive HSS. The process begins with a homeless services provider, as defined at § 2(30) of the Act, or the Department, engaging individuals who are either experiencing homelessness or at risk of homelessness.

7406.4 The provider or the Department shall use a standardized screening tool, approved by the Department, to interview an individual and evaluate whether the individual meets the individual eligibility criteria described at § 7401. The screening tool used to inform an HSS eligibility determination shall consider an individual's evidence of needs related to HCBS aimed to assist with achieving and maintaining housing, with questions in certain domains, including:

- (a) Housing and homelessness, including duration of current or recent episodes of homelessness;
- (b) Risks, including recent utilization of hospital emergency department or inpatient care, crisis services, self-harm or exposure to violence, or risks of exploitation;
- (c) Socialization and daily functioning, including the need for money management or assistance with self-care, lack of meaningful daily activities, and unhealthy or abusive relationships that are a factor resulting in homelessness; and
- (d) Health and wellness, including chronic health conditions, physical disabilities that limit access to housing or ability to live independently, problematic drinking or drug use, mental health disorders or cognitive impairments, and co-occurring health, mental health and substance use disorders.

- 7406.5 After the provider or the Department completes the homeless services screening, the results of the evaluation shall be reviewed, as well as additional information obtained from the individual or his or her current service providers, to make a preliminary eligibility determination for HSS.
- 7406.6 Responses to questions within each of the assessment domains listed at § 7406.4 are scored to provide a total cumulative measure of risk/vulnerability. This cumulative score, in addition to any other information gathered about the individual's physical and behavioral health conditions or disabilities or needs related to daily functioning and self-care, will be factored into the preliminary eligibility determination.
- 7406.7 After a preliminary eligibility determination is made, the Department will verify that the determination of the individual's eligibility for the HSS benefit has been completed and make a final eligibility determination based on results of the standardized screening tool and additional information gathered through the CAHP system.
- 7406.8 After the evaluation and final determination of eligibility for HSS is complete, the Department shall refer the individual to CAHP for placement with a PSH provider.
- 7406.9 The Department will assess and develop a person-centered service plan with an individual determined eligible for the HSS benefit using a standardized assessment tool approved by the Department. The Department will conduct face-to-face assessments in a range of settings, including locations where people who are experiencing homelessness are staying or accessing services, or they may conduct assessments using telehealth (e.g., telephone or video meeting) to ensure this process can be completed as safely and quickly as possible, and to minimize disruption for the individual.
- 7406.10 In addition to conducting the assessment, the Department may also meet with the individual's current service provider(s), or other persons who have been identified by the individual and may review existing records or information records to draw valid conclusions about their support needs.
- 7406.11 The Department and the individual, in consultation with others chosen by the individual, will develop a person-centered service plan that reflects their needs, preferences, and strengths. This plan may be updated or revised by the individual and their HSS provider, as needed.
- 7406.12 At least annually, the Department will meet with the HSS individual to conduct an assessment and update their person-centered service plan.
- 7406.13 After a person-centered service plan has been developed for the individual, the Department will provide a list of available Department-certified HSS providers to the individual and assist the individual in selecting an HSS provider.

- 7406.14 Information offered for each HSS provider shall include:
- (a) Name, location, and contact information for the HSS provider;
 - (b) Length of time that the entity has been certified as an HSS provider; and
 - (c) Additional information regarding the HSS provider's capacity to address client support needs, including 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 HSS provider or its community partners.
- 7406.15 A individual may request to change their HSS provider during their annual re-evaluation, verbally or in writing, to Department staff completing the annual re-evaluation.
- 7406.16 When an individual asks to change their HSS provider mid-year, the Department will review the request and documentation regarding the individual's needs and preferences and attempt to mediate.
- 7406.17 If the individual would still like to change their HSS provider after consultation with the Department, the Department will assist the individual with selecting a new HSS provider, notify the individual's current and newly selected HSS providers of the individual's request, and notate who the new HSS provider will be and when the re-assignment to the new HSS provider will be effective in the Department's case note system. The Department will also host a case conference between the existing and new HSS providers to review the individual's transition plan.
- 7406.18 After the individual selects their HSS provider, the Department will formally assign the selected HSS provider to the individual by updating the individual's profile in the Department's case note system. This pairing shall prompt the HSS provider to begin efforts to engage the individual and begin the provision of HSS.
- 7407 INDIVIDUAL ENROLLMENT INTO HSS FOR PERSONS MATCHED TO PSH PROGRAM BEFORE HSS BENEFIT IMPLEMENTATION**
- 7407.1 The Department will deploy an HSS enrollment process for individuals determined eligible for the PSH program through the CAHP system prior to the start of the HSS benefit. This section applies to individuals who are receiving services from a PSH Provider.
- 7407.2 This HSS benefit enrollment shall include the steps described at § 7407.3 through § 7407.14.

- 7407.3 The Department shall confirm the individual is receiving PSH services. The Department shall compile a list of all individuals enrolled in the PSH program (PSH Program Participant List). This list shall indicate the PSH Provider and Medicaid enrollment status for each individual included.
- 7407.4 The Department shall update and finalize the PSH Program Participant List with information presented by the PSH Provider, through correspondence with each PSH Provider included on this list.
- 7407.5 After the PSH Program Participant list is confirmed, the Department shall assess each PSH consumer. The Department will contact each consumer on the PSH Program Participant List to select a time to conduct a functional assessment. The Department may request assistance from the consumer's PSH Provider and other trusted supportive entities to engage and confirm a time for the assessment.
- 7407.6 The Department shall establish a mechanism to conduct assessments with PSH consumers outside of standard business hours or on a limited ad hoc basis to accommodate PSH consumers that are only available to meet in the evenings or on weekends, or in instances when pre-scheduling an assessment time is challenging.
- 7407.7 After a time for conducting the functional assessment and person-centered service plan has been determined, the Department shall:
- (a) Jointly complete a face-to-face functional assessment with the PSH consumer;
 - (b) Provide information to the PSH consumer to facilitate their choice of HSS Provider; and
 - (c) Update the PSH consumer's existing person-centered service plan.
- 7407.8 When needed, the Department will work closely with the PSH consumer's PSH Provider and other trusted entities to complete the complete the person-centered service plan.
- 7407.9 The Department may use telehealth (e.g., telephone or video meeting) to meet with the PSH consumer, and with the PSH consumer's consent, this may include their current service provider or a trusted support person.
- 7407.10 After the Department completes the functional assessment with the PSH consumer and updates the PSH consumer's person-centered service plan, as needed, the PSH consumer may receive HSS services and be considered an HSS individual.
- 7407.11 The Department shall support the HSS individual's choice to continue to receive services from their existing PSH provider, if that entity is also a HSS provider, or to select a new HSS provider. The Department shall provide HSS individuals with

a list of providers certified to provide HSS. Information offered for each HSS provider shall include:

- (a) Name, location, and contact info for the HSS provider;
- (b) Length of time that the entity has been certified as a HSS provider; and
- (c) Information regarding each HSS provider's capacity to address consumer's support needs, including 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 HSS Provider or its community partners.

7407.12 If the HSS individual selects an HSS provider that is also the current PSH provider, the Department shall confirm that that the HSS individual is linked to the HSS provider in the Department's case note system.

7407.13 If the HSS individual selects an HSS provider that is not the current PSH provider, the Department shall notify the HSS individual's current PSH provider and newly selected HSS provider of the choice made, confirm the individual's transition plan with their current PSH provider and new HSS provider, and then notate the individual's chosen HSS provider and transition date in the Department's case note system.

7407.14 If the HSS individual chooses to receive services from an HSS provider that is different than their current provider, the current provider shall develop a transition plan that supports the individual's successful transition to the new HSS provider.

7407.15 An HSS individual's transition date from one HSS provider to another HSS provider shall be the first day of the month following the date in which the individual's request to transition is received by the Department.

7407.16 The HSS provider shall continue to deliver services to the HSS individual, if the HSS provider was already previously delivering services to the individual as a PSH provider. If the HSS provider has no immediate historical relationship with the HSS individual as a PSH provider, the HSS provider shall initiate services to their newly enrolled HSS individual.

7408 INDIVIDUAL SERVICE PLAN DEVELOPMENT

7408.1 As part of the HSS benefit enrollment process described at §§ 7406 and 7407, the Department shall develop an Individual Service Plan (ISP) for, and in collaboration with, the individual, using a person-centric, strengths-based approach.

7408.2 The ISP shall:

- (a) Reflect priorities important to the individual;
- (b) Consider the individual's beliefs, values, and cultural norms in how, what, and by whom HSS are to be provided;
- (c) List appropriate and measurable goals and objectives related to the individual's desired housing-related outcomes;
- (d) Describe recommended service interventions that will address the individual's needs; and
- (e) Serve as written guidance the individual may use in moving toward housing stability.

7408.3 The ISP shall include the following elements:

- (a) Overall goal statement that captures the individual's short- and long-term goals for the future, ideally written in first-person language. This shall include the individual's self-identified housing-related goals;
- (b) List or statement of individual or family strengths that support goal(s) accomplishment. These include abilities, talents, accomplishments, and resources;
- (c) List or statement of barriers that pose obstacles to the individual's or family's ability to accomplish the stated goal(s). These include symptoms, functional impairments, lack of resources, consequences of behavioral health issues, and other challenges; and
- (d) Statement of objectives that identify the short-term individual or family changes in behavior, function, or status that can help overcome the identified barriers to housing stability. Objective statements describe outcomes that are measurable and include individualized target dates to be accomplished within the scope of the plan.

7409 HSS PROVIDER REQUIREMENTS - GENERAL

7409.1 Each HSS provider shall:

- (a) Comply with all related federal and local confidentiality laws;
- (b) Comply with all provisions of the Homeless Services Reform Act of 2005 (HSRA or Act), as amended, D.C. Law 16-35; D.C. Official Code § 4-756.02 (2016 Repl.) and corresponding regulations;

- (c) Have and maintain a PSH Human Care Agreement (HCA) with the Department and comply with the requirements stated in their PSH HCA;
- (d) Enroll and maintain enrollment in the District's Medicaid program as an HSS provider:
- (e) Enroll eligible individuals into the Medicaid benefit and maintain monthly enrollment of all individuals;
- (f) Submit all requested program and financial information to the Department for evaluation and auditing purposes; and
- (g) Provide clinical management for its enrolled individuals.

7409.2 Each HSS provider shall satisfy the minimum staffing requirements set forth in this section and § 7411.

7409.3 Each HSS provider shall comply with the certification standards described in this Chapter.

7409.4 Each HSS provider shall provide to the District information that the District determines is reasonably necessary to:

- (a) Monitor and evaluate the HSS provider's compliance with the terms of its HCA with the Department and Medicaid Provider Agreement, including: conducting claims audits, Medicaid compliance reviews, quality reviews, and any other program integrity function to ensure the quality, effectiveness and efficiency of services and ensuring the accuracy of claims submitted for reimbursement under this agreement; and
- (b) Verify the costs of services required in the HCA, including all administrative, direct, and indirect costs.

7409.5 Each HSS provider shall have an annual audit by an independent certified public accountant or a certified public accounting firm in accordance with generally accepted auditing standards. The resulting financial audit report shall be consistent with formats recommended by the American Institute of Public Accountants. The HSS provider shall submit a copy of their financial audit report to the Department within one hundred and twenty (120) calendar days after the end of the provider's fiscal year.

7409.6 Each HSS provider shall document all notes describing individual engagement activities in the Department's web-based case note platform. All case notes shall be documented using the Data Assessment and Plan (DAP) format unless otherwise indicated by the Department.

7409.7 Each HSS provider shall document each activity provided in each individual's record in the Department's web-based case note platform to include, at minimum:

- (a) A description of the specific activity rendered and whether it should be categorized as supporting the consumer's Housing Navigation or Housing Stabilization;
- (b) The date and time the service(s) were rendered;
- (c) The HSS provider staff member who provided the services;
- (d) The setting in which the service(s) were rendered; and
- (e) The individual's person-centered plan of care provisions related to the service(s) provided.

7409.8 Each HSS Provider shall have the capacity to receive and review information from the District's Health Information Exchange (DC HIE) that states, at minimum, the dates and times individuals on the HSS provider's caseload are admitted to a hospital, discharged from a hospital or transferred between departments within a hospital. Information that the HSS provider receives from the DC HIE will be emailed to the provider in a CSV (comma-separated values) format, such as Microsoft Excel, or uploaded to the provider's electronic health record system (as applicable).

7409.9 Each HSS provider shall report any suspicion of abuse, neglect, self-neglect, and/or exploitation of individuals to the Adult Protective Services Hotline. The HSS provider shall also notify the Department in writing no later than the next business day following the suspicion.

7410 HSS PROVIDER REQUIREMENTS – ISP IMPLEMENTATION

7410.1 The HSS provider shall monitor the individual's progress towards meeting their ISP goals. The ISP shall be reviewed with the individual, as needed or at a minimum frequency defined in the HSS provider's HCA with the Department.

7410.2 The HSS provider shall make person-centered and strengths-based updates to an individual's ISP as needed. Updates shall be made regarding the individual's needs and shall reflect priorities important to the individual. Any updates establish or further already established appropriate and measurable goals and objectives, desired outcomes, and recommended service interventions that will address the individual's needs and assist the individual in moving toward self-sufficiency and housing stability.

7410.3 The HSS provider shall make referrals to and partner with other agencies, as necessary and appropriate, to support individual's supportive needs, including

behavioral health (e.g., mental health, substance abuse), educational, technical and trade supports, parenting skills and support, legal, financial, family and child support, early intervention, and senior and disability supports.

7410.4 The HSS provider shall establish referral and follow-up procedures to confirm and track participation in all referrals made to other agencies. Documentation of referrals made, and referral confirmation shall be documented in the Department's case note system.

7410.5 The HSS provider shall document in the individual's record, existing in the Department's case note system, whether an individual's court-appointed guardian, family, or significant others participated in the development of the ISP.

7410.6 In situations where the individual does not demonstrate the capacity to sign or does not sign their ISP, the reasons the individual does not sign shall be recorded in the individual's record, existing in the Department's case note system, including each date when obtaining a signature was attempted.

7411 HSS PROVIDER REQUIREMENTS - PERSONNEL

7411.1 The HSS provider shall employ the key personnel described in this Chapter, all of whom shall meet the described requirements listed in the HSS provider's HCA with the Department.

7411.2 Key personnel include persons that fill the following positions:

- (a) Program Director (or equivalent);
- (b) Case Manager Supervisor; and
- (c) Case Manager (or equivalent).

7411.3 General responsibilities of the Program Director (or equivalent) shall include:

- (a) Facilitate mediation with individuals and case managers;
- (b) Develop tracking systems to allow for accurate reporting;
- (c) Identify training needs and assist with training staff;
- (d) Participate in monthly District/Provider meetings;
- (e) Collaborate with the Department in the development and maintenance of inter- and intra-agency relationships in support of the continuum of services to individuals;

- (f) Act as a liaison with landlords and other community organizations to build relationships and to promote the success of PSH Program;
- (g) Maintain knowledge regarding community resources for marginalized communities;
- (h) Ensure their Agency is following all District policies and procedures related to homeless service programming;
- (i) Coordinate and conduct intake meetings/trainings with new program staff to explain the HSS benefit ;
- (j) Develop and implement quality control and quality improvement strategies;
- (k) Review applicable databases (e.g., the Department’s web-based case note platform and the Homeless Management Information System (HMIS)) for data quality and completeness; and
- (l) Conduct monitoring of program performance on a regular basis.

7411.4 General responsibilities of the Case Manager Supervisor shall include, but not be limited to:

- (a) Provide clinical oversight;
- (b) Monitor and track case manager engagement with individuals;
- (c) Review case notes through the lens of quality of information captured and accuracy of case notes, clinical lenses;
- (d) Review, evaluate, and approve participant case plans for quality and effectiveness;
- (e) Meet individually with case managers to plan and review cases, discuss engagement strategies and evaluates the effectiveness of the case manager and services;
- (f) Review and approve all notices issued to individuals for accuracy and completion;
- (g) Engage in case conferences with the Department to discuss cases that may need to include more intensive case management or transfers; and
- (h) Meet requirements included in the provider’s HCA with the Department.

7411.5 General responsibilities of the Case Manager shall include:

- (a) Serve as the case manager and service coordinator for assigned individuals;
- (b) Build rapport with the individual;
- (c) Assess the individual's strengths, needs, and preferences;
- (d) Assist the individual in specifying and articulating their goals and developing their plan to reach them;
- (e) Meet with the individual, including engaging with the individual in the home setting;
- (f) Develop and support the individual in achieving the goals included in their ISP;
- (g) Facilitate and ensure connection to needed community services and work in collaboration with community agencies to ensure effective communication and individual engagement;
- (h) Connect assigned individuals to, and ensure their engagement in, needed supportive services that will address barriers and challenges they face;
- (i) Track individuals engagement/participation in supportive services, workforce development, employment training;
- (j) Complete all required case notes, housing stabilization plans, documents, files, and assigned reports related to individual/case activity;
- (k) Develop and maintain individual individual's records/files that comply with all federal laws, requirements established in this Chapter and standards set forth in the HSS provider's HCA with the Department;
- (l) Complete comprehensive monthly budgets with individuals;
- (m) Input individual data and program activities into designated software database as assigned;
- (n) Prepare and issue all Notices to individuals (i.e., Exit, Termination, Extension Notices);
- (o) Enter individual housing information into HMIS and the Department's web-based case note platform; and
- (p) Fulfill requirements included in the provider's HCA with the Department.

- 7411.6 If more than one person employed by the HSS provider will be performing case management tasks, the HSS provider shall identify a primary case manager responsible for coordinating and documenting the service delivery for the individual and document the rationale.
- 7411.7 The HSS provider shall fill a vacant key personnel position within sixty (60) business days of vacancy, or within the timeframe established in the provider's HCA with the Department, whichever is shorter.
- 7411.8 The Department reserves the right to review the resumes of the HSS provider's staff upon request.
- 7411.9 The Department will monitor compliance with the staffing requirements for all staff through periodic audits and reserves the right to change or remove any HSS provider or sub-provider staff based on qualifications of personnel not meeting the requirements.
- 7411.10 The Department reserves the right to change or remove any HSS provider or sub-provider staff based on unsatisfactory performance at no additional cost to the District.
- 7411.11 Each HSS provider's key personnel shall comply with training requirements established in its HCA with the Department.

7412 HSS PROVIDER REQUIREMENTS – HOUSING NAVIGATION SERVICES

- 7412.1 When delivering Housing Navigation Services, the HSS provider shall:
- (a) Initiate and sustain engagement with the individual that facilitates the creation of rapport with the individual; and
 - (b) Leverage its rapport with the individual to provide Housing Navigation Services geared toward supporting the individual's lease-up to a housing unit.
- 7412.2 The HSS provider shall use multiple approaches to contact and engage with the individual. In-person and telephonic outreach attempts should be made at varying times of day, at varying locations where the individual is known to sometimes be found and shall be proactive in nature.
- 7412.3 In addition to the document requirements listed in this Chapter, documentation of outreach attempts shall clearly note type of attempt, and information or notes left behind for the individual. Examples of outreach attempts include:

- (a) Attempting to locate the individual through outreach conducted via a Homeless Outreach Provider Team, State Opioid Response Team, or the DC Department of Behavioral Health Critical Response Team;
- (b) Traveling to the site/location listed on the individual's most current District-approved standardized screening tool or listed in HMIS;
- (c) Visiting area homeless shelter(s) to locate the individual; and
- (d) Attempting to locate the individual by attending a CAHP meeting attended by other homeless services providers who may have information about the individual.

7412.4 While the individual is in the Housing Navigation phase, the HSS provider shall engage with the individual at the frequency established in the HSS provider's HCA, but at least one time per week, with a minimum of two (2) face-to-face contacts each month.

7412.5 The HSS provider must document each Housing Navigation engagement with the individual. The documentation shall describe, at minimum, the date and time of the engagement, and include the individual's housing barrier(s) addressed (lack of vital documents, criminal history, poor credit, or past evictions). The Department may require additional documentation for each engagement with the individual.

7412.6 The HSS provider shall ensure case managers build rapport with the individuals and their landlords during Housing Navigation.

7412.7 In addition to the required minimal face-to-face frequency of engagement with individuals in the Housing Navigation phase, the HSS provider may maintain connection with the individual via email, text, telephone, video phone or other secure methods depending on the individual's preference.

7413 HSS PROVIDER REQUIREMENTS – HOUSING STABLIZATION SERVICES

7413.1 After the individual has executed a rental lease agreement with the landlord of a housing unit, and moved into that unit, the individual enters the Housing Stabilization phase.

7413.2 The HSS provider shall ensure continuity and effectiveness of service delivery. The HSS provider shall have regular contact with individuals.

7413.3 The HSS provider shall have a minimum of two (2) contacts with an individual per month, where at least one of these contacts shall be face-to-face with the individual. The other contact may be accomplished through other interactive methods.

Examples include email, text, telephone, video phone, or other secure methods, depending on the individual's preference, needs, and abilities.

7413.4 The provider shall exert concerted and deliberate efforts to meet with the individual face-to-face in their home. The home environment is a critical factor in the individual's housing stability, particularly in the areas of physical and behavioral health status, economic security, self-sufficiency, and compliance with lease requirements.

7413.5 The HSS provider must document each Housing Stabilization engagement with the individual. The documentation shall describe, at minimum, the date and time of the engagement and outline goals, meeting purpose, and service(s) provided.

7413.6 The HSS provider shall take the lead to schedule all meetings with the individual at a mutually agreeable time that does not conflict with an individual's work schedule, medical appointments, school events, or other appointments that are part of their ISP.

7414 HSS PROVIDER QUALIFICATIONS

7414.1 The HSS provider shall be established as a legally recognized entity in the District of Columbia and qualified to conduct business in the District. A certificate of good standing and valid basic business license, both issued by the District of Columbia Department of Consumer and Regulatory Affairs, shall be evidence of qualification to conduct business.

7414.2 The HSS provider shall:

- (a) Have a governing body with oversight responsibility for administrative and programmatic policy development, monitoring and implementation;
- (b) Comply with all applicable Federal and District laws and regulations;
- (c) Hire personnel with the qualifications necessary to provide HSS and to meet the needs of its enrolled consumers, as described at § 7411;
- (d) Ensure that independently licensed qualified practitioners are available to provide appropriate and adequate supervision of all clinical activities; and
- (e) Employ qualified practitioners that meet all professional requirements as defined by the applicable licensing, certification, and registration laws and regulations of the District or the jurisdiction where services are delivered.

7414.3 The HSS provider shall comply with the cost survey and program integrity audits set forth in Chapter 103 of Title 29 DCMR.

- 7414.4 The HSS provider shall obtain background check documents for all persons employed by the HSS provider, including subcontracted staff or any volunteers with direct contact with program individuals, and submit these documents to the Department.
- 7414.5 Background check documents for all HSS provider personnel must be current, within two (2) years of submission date, and include:
- (a) A current government issued photo Identification (ID) (e.g., driver's license, state issued ID, or passport)
 - (b) Evidence of each staff member's licensure, certification, or registration, as applicable and as required by the job being performed;
 - (c) For non-licensed staff, evidence of completion of an appropriate degree, appropriate training program, or appropriate credentials (e.g., an academic transcript or a copy of degree);
 - (d) Evidence of all required criminal background checks, and for all staff members, application of the criminal background check requirements contained in the HSS Provider's HCA with the Department;
 - (e) Evidence of quarterly checks that no individual is excluded from participation in a federally funded health care program as listed on the Department of Health and Human Services' "List of Excluded Individuals/Entities," the General Services Administration's "Excluded Parties List System," or any similar succeeding governmental list; and
 - (f) Evidence of completion of all communicable disease testing required by the Department and District laws and regulations.
- 7414.6 The HSS provider shall conduct each required screening for all staff at the frequency required by District law and regulations or by the Department, whichever is most stringent.
- 7414.7 The Department must clear each person employed by the HSS provider, including subcontracted staff or any volunteers with direct contact with program individuals, for fitness before beginning work or having contact with individuals.
- 7414.8 The HSS provider shall ensure that any applicant for a compensated position and candidates for unsupervised volunteer positions complete the required criminal background screening before any such applicant or candidate may be offered a compensated position or an unsupervised volunteer position with the HSS Provider.
- 7414.9 The HSS provider must provide the Department the process by which an applicant for employment, including subcontractors or any volunteers with direct contact

with program individuals, shall declare any present or past events that might raise liability or risk management concerns, such as malpractice actions, insurance cancellations, criminal convictions, Medicare/Medicaid sanctions, and ethical violations.

- 7414.10 The HSS provider shall ensure all employees are not adversely affected by alcohol, illegal drugs, or legal drug use during work hours. The HSS provider shall have an active drug-free workplace policy and shall utilize drug testing to ensure that each job applicant, employee, and unsupervised volunteer are not under the influence of drugs or alcohol while working with program individuals.
- 7414.11 The HSS provider shall complete a suitability screening for each employee as outlined in its HCA with the Department.
- 7414.12 The HSS provider shall establish and adhere to policies and procedures responding to individual grievances and incorporate this information into its HSS Program Rules as described in section 18 of the Act.
- 7414.13 The HSS provider shall establish uniform procedures for employees to file grievances, in writing, to the provider (including requests for case manager reassignments) and shall post these procedures in applicable paperwork, administrative offices, and in the facilities used to provide services. The procedures for filing grievances shall be a part of the provider's employee handbook shall be approved by the District.
- 7414.14 The HSS provider shall have a written plan for staff development and organizational onboarding, approved by the Department, which reflects the training and performance improvement needs of all employees working in that program.
- 7414.15 The HSS provider shall establish and adhere to policies and procedures for record documentation, security, and confidentiality of individual and family information; clinical records retention, maintenance, purging and destruction; disclosure of individual and family information; and informed consent that comply with applicable Federal and District laws and regulations.
- 7414.16 The HSS provider shall have the necessary operational capacity to submit claims for Medicaid-reimbursable HSS and invoices for locally-reimbursed PSH services, document information on services provided, and track payments received. This operational capacity shall include the ability to:
- (a) Verify eligibility for Medicaid and other third-party payers;
 - (b) Document HSS provided by Department-certified HSS provider staff and sub-Provider;

(c) Submit claims and invoices, and relevant documentation of HSS on a timely basis in compliance with applicable requirements of the Department and DHCF; and

(d) Track payments for all provided HSS.

7414.17 The HSS provider shall comply with requirements of the District of Columbia Language Access Act of 2004, as amended, D.C. Official Code § 2-1931, *et seq.*

7414.18 The HSS provider shall also comply with requirements listed in Section 1557 of the Patient Protection and Affordable Care Act, as amended, 42 U.S.C. § 18116(a).

7414.19 The HSS provider shall comply with applicable provisions of the Americans with Disabilities Act of 1990, 42 U.S.C. § 12101, *et seq.*, in all business locations.

7414.20 The HSS provider shall utilize a TeleTYpe (TTY) telecommunications line (or an equivalent) to enhance the HSS provider's ability to respond to service requests and needs of individuals and potential individuals. HSS provider staff shall be trained in the use of such communication devices as part of the annual language access training.

7414.21 The HSS provider shall establish and adhere to anti-discrimination policies and procedures relative to hiring, promotion, and provision of services to individuals that comply with applicable Federal and District laws and regulations (Anti-Discrimination Policy).

7414.22 The HSS provider shall have established by-laws or other legal documentation regulating the conduct of its internal financial affairs. This documentation shall clearly identify the individual(s) that are legally responsible for making financial decisions for the HSS provider and the scope of such decision-making authority. The HSS provider shall:

(a) Maintain an accounting system that conforms to generally accepted accounting principles, provides for adequate internal controls, permits the development of an annual budget, an audit of all income received, and an audit of all expenditures disbursed by the HSS provider in the provision of services;

(b) Have an internal process for the development of interim and annual financial statements that compares actual income and expenditures with budgeted amounts, accounts receivable, and accounts payable information; and

(c) Operate in accordance with an annual budget established by its governing authority.

7414.23 The HSS provider shall establish and adhere to policies and procedures governing the retention, maintenance, purging and destruction of its business records, that:

- (a) Comply with applicable Federal and District laws and regulations;
- (b) Require the HSS provider to maintain all business records pertaining to costs, payments received and made, and services provided to individuals for a period of ten (10) years or until all audits are completed, whichever is longer; and
- (c) Require the HSS provider to allow the Department, DHCF, the District's Inspector General, HHS, the Comptroller General of the United States, or any of their authorized representatives to review the HSS provider's business records, including client clinical and financial records.

7414.24 The HSS Provider, at its expense, shall:

- (a) Obtain at least the minimum insurance coverage required by its HCA; and
- (b) Make evidence of its insurance coverage available to the Department upon request.

7414.25 The HSS provider shall operate according to all applicable Federal and District laws and regulations relating to fraud, waste, and abuse in health care, the provision of mental health services, and the Medicaid program. An HSS provider's failure to report potential or suspected fraud, waste or abuse may result in sanctions, cancellation of contract, or exclusion from participation as an HSS provider. The HSS provider shall:

- (a) Cooperate and assist any District or Federal agency charged with the duty of identifying, investigating, or prosecuting suspected fraud, waste or abuse;
- (b) Provide the Department with regular access to the HSS provider's medical and billing records, including electronic medical records, within twenty-four (24) hours of a Departmental request, or immediately in the case of emergency;
- (c) Be responsible for promptly reporting suspected fraud, waste, or abuse to the Department, taking prompt corrective actions consistent with the terms of any contract or subcontract with the Department, and cooperating with DHCF or other governmental investigations; and
- (d) Ensure that none of its practitioners have been excluded from participation as a Medicaid or Medicare provider. If a practitioner is determined to be

excluded by CMS, the HSS provider shall notify the Department immediately.

- 7414.26 The HSS provider shall ensure that sufficient resources (*e.g.*, personnel, hardware, or software) are available to support the operations of computerized systems for collection, analysis, and reporting of information, along with claims submission.
- 7414.27 The HSS provider shall have the capability to submit accurate claims, number of engagement with each individual on a monthly basis, and other submissions as necessary directly to the Department.
- 7414.28 The HSS provider does not normally need a individual's detailed health information, such as diagnosis or specific services received, or full access to medical records (particularly for behavioral health conditions or sensitive information like HIV status). However, the HSS provider shall have a clearly defined protocol to prevent inappropriate information sharing that might violate the Health Insurance and Portability and Accountability Act of 1996 (P.L. 104-191), as amended (HIPAA) or Section 543 of the Public Health Service Act (P.L. 102-321).

7415 HSS PROVIDER CERTIFICATION PROCESS

- 7415.1 The Department shall use its HCA contracting process to certify each entity as an HSS provider.
- 7415.2 The Department shall utilize the certification process to thoroughly evaluate the applicant's capacity to provide high quality HSS in accordance with these regulations and the needs of the District's Continuum of Care.
- 7415.3 No person or entity shall provide HSS unless certified by the Department.
- 7415.4 Certification shall remain in effect until it expires, is renewed, or is revoked.
- 7415.5 Certification shall be considered terminated if the HSS provider is no longer party to a PSH HCA with the Department.
- 7415.6 Certification is not transferable to any other organization.
- 7415.7 Nothing in this Chapter shall be interpreted to mean that certification is a right or an entitlement. Certification as an HSS provider depends upon the Department's assessment of the need for additional HSS providers and availability of funds. An entity that applies for certification during an open application period as published in the District of Columbia Register may appeal the denial of certification under this subsection by utilizing the procedures contained in 27 DCMR § 3. The Department shall not accept any applications for which a notice of moratorium is published in the District of Columbia Register.

7415.8 The HSS provider shall notify the Department in writing thirty (30) calendar days prior to implementing any of the following operational changes, including all aspects of the operations materially affected by the changes:

- (a) A proposed change in the name or ownership of an HSS provider owned by an individual, partnership, or association, or in the legal or beneficial ownership of ten percent (10%) or more of the stock of a corporation that owns or operates the HSS provider;
- (b) A change in affiliation or referral arrangements;
- (c) A proposed change in the location of the provider's headquarter location;
- (d) The proposed addition or deletion of services, which is anything that would alter or disrupt services where the consumer would be impacted by the change, or any change that would affect compliance with this Chapter;
- (e) A change in the required staff qualifications for employment;
- (f) A change in the staff filling positions required by this Chapter;
- (g) A proposed change in organizational structure; or
- (h) A proposed change in the population served.

7415.9 The HSS provider shall forward to the Department within thirty (30) calendar days all inspection reports conducted by an oversight body and all corresponding corrective actions taken regarding cited deficiencies.

7415.10 The HSS provider shall immediately report to the Department any criminal allegations involving provider staff.

7415.11 In order to maintain certification, a HSS provider shall:

- (a) Participate in activities supporting the successful implementation of the HSS program, including:
 - (1) Trainings to foster professional competency and development of best practices related to person-centered planning, chronic disease self-management, and related topics;
 - (2) Continuous quality improvement tasks, monitoring and performance reporting;
 - (3) District-wide initiatives to support the exchange of health information; and

- (4) Evaluations required by CMS, DHCF or the Department;
- (b) Maintain compliance with all requirements set forth in this Chapter; and
- (c) Maintain compliance with all terms and conditions set forth in the HSS provider's HCA with the Department and its DC Medicaid provider agreement including all modifications, as well as with all applicable federal and District laws.

7416 DENIAL OF CERTIFICATION OR DECERTIFICATION PROCESS

7416.1 Only an organization with an executed PSH HCA with the Department may be considered certified by the Department to deliver HSS.

7416.2 An organization that is not awarded a PSH HCA with the Department, or is unable to maintain a PSH HCA with the Department, and thus becomes decertified as an HSS provider, may protest the Department's decision through the following steps:

- (a) Submit written correspondence to the Department to convey its intent to protest the Department's decision, and
- (b) Request that the District of Columbia Contract Appeals Board hear the case to determine whether the Department's decision should be upheld or reversed, in accordance with Chapters 1, 2, 3 and 4 of Title 27 DCMR, as amended.

7417 HSS PROVIDER DISCONTINUATION OF SERVICES, PROVIDER CLOSURES, AND CONTINUITY OF INDIVIDUAL CARE

7417.1 An HSS provider shall provide written notification to the Department at least ninety (90) calendar days prior to its impending closure, or immediately upon knowledge of an impending closure. This notification shall include plans for continuity of care and preservation of individual records.

7417.2 The Department shall review the continuity of care plan and make recommendations to the HSS provider as needed. The plan should include provision for the referral and transfer of individuals.

7417.3 The HSS provider shall incorporate all Department recommendations necessary to ensure a safe and orderly transfer of care.

7417.4 Closure of an HSS provider does not absolve an HSS provider from its legal responsibilities regarding the preservation and the storage of individual records as described at § 7414.21 of these regulations and all applicable Federal and District laws and regulations. The HSS provider shall take all necessary and appropriate

measures to ensure individual records are preserved, maintained, and made available to individuals upon request after closure of a provider or discontinuation of the applicable service.

7417.5 A HSS provider shall be responsible for the execution of its continuity of care plan in coordination with the Department.

7418 INDIVIDUAL PROTECTIONS

7418.1 Medicaid individuals are entitled to Notice and Appeal rights pursuant to 29 DCMR § 9508 in cases of intended adverse action, such as an action to deny, discontinue, terminate, or change the manner or form of Medicaid-funded HSS.

7418.2 The HSS provider shall establish and adhere to a consumer rights policy that aligns with Section 9 of the Act.

7418.3 The HSS Provider shall establish and adhere to policies and procedures governing the release of information about individuals, which comply with applicable Federal and District laws and regulations.

7419 QUALITY ASSURANCE AND IMPROVEMENT

7419.1 The HSS provider shall submit to the Department a quality improvement plan that describes how the provider will ensure and measure for each individual:

- (a) Timely access to and availability of services; and
- (b) Adequacy, appropriateness, and quality of care, including treatment and prevention of acute and chronic conditions.

7419.2 The HSS provider's quality improvement plan shall describe its protocols to:

- (a) Closely monitor individuals with severe housing stability barriers and children and youth within a individual's household with complex service needs;
- (b) Coordinate of individual services with behavioral health providers; and
- (c) Collect and respond to individual satisfaction with services delivered by the Provider.

7419.3 The HSS provider's quality improvement plan shall be approved by the Department annually.

7420 REIMBURSEMENT

- 7420.1 Effective April 1, 2022, the District shall establish a per member per month (PMPM) rate to reimburse HSS providers for the provision of HSS delivered to individuals enrolled in the DC Medicaid program using a PMPM payment structure. The PMPM rate shall be determined in accordance with 29 DCMR § 103.3.
- 7420.2 The HSS PMPM reimbursement rate shall be seven hundred and fifty-five dollars and twenty-one cents (\$755.21). Upon the launch of the HSS benefit, this rate, and any amendments to this rate, will be published on the DHCF website at www.dc-medicaid.com and in accordance with 29 DCMR § 988.4.
- 7420.3 The Department shall reimburse HSS providers, using a PMPM payment structure, for the provision of PSH services to individuals that are not eligible for enrollment in the District Medicaid HSS program, or that temporarily lose their Medicaid enrollment status. The PMPM rate paid by the Department shall equal the rate described above at §7420.2 and in accordance with 29 DCMR § 988.4.
- 7420.4 The Department shall reimburse HSS providers for the provision of adjunct services that facilitate the provision of HSS and promote the housing stability of adult individuals on a monthly basis. The reimbursement rates for each type of service are detailed below or in the Department’s HCA with the HSS provider:
- (a) Services provided to minors in an adult individual’s household, at a rate of four hundred dollars (\$400) per household, per month;
 - (b) Utility assistance;
 - (c) Financial assistance; and
 - (d) Staff onboarding.
- 7420.5 To be eligible for a PMPM payment for PSH services for an individual receiving Housing Navigation Services, a PSH provider shall deliver any service listed at § 7403 of this Chapter at a minimum frequency of once a week within the month. At least two (2) of these services shall be delivered face-to-face with the client. The other contacts may be made by telephone, email, text, or another electronic format.
- 7420.6 To be eligible for a PMPM payment for PSH services for an individual receiving Housing Stabilization Services, a PSH provider shall deliver any service listed at § 7404 of this Chapter at a minimum frequency of twice a month. At least one of these services shall be delivered face-to-face with the client. The other contact may be made by telephone, email, text, or another electronic format.

- 7420.7 To receive a PMPM payment for PSH services delivered to minors in the eligible individual's household, the HSS provider shall provide services at the scope and frequency described in the HSS provider's HCA with the Department.
- 7420.8 For individuals not eligible for reimbursement through the District's Medicaid program, each HSS Provider shall submit a monthly invoice to the Department for reimbursement within thirty (30) days of the date of service or of the date a Medicaid claim is denied for the same date of service.
- 7420.9 Reimbursement to an HSS provider for the provision of HSS to individuals participating in the DC Medicaid HSS benefit shall be in accordance with 29 DCMR § 103.
- 7420.10 An HSS provider's submission of an invoice to the Department for PSH delivered to an adult individual will serve as the HSS provider's attestation that avenues for Medicaid reimbursement for the services have been exhausted, and that the HSS provider has followed all necessary procedures and policies for supporting the individual's initial and continued enrollment in the District's Medicaid program.
- 7420.11 An HSS provider shall not submit an invoice to the Department for a Medicaid claim that is not submitted or denied because the submission was unacceptable or untimely.
- 7420.12 An HSS provider shall be eligible to receive one PMPM rate for HSS services provided to an adult individual, and, if applicable, one additional PMPM rate for PSH services provided to minors within the adult individual's household.
- 7420.13 Any claim submitted to Medicaid for reimbursement or invoice submitted to DHS for reimbursement for program services shall be supported by written documentation in the individual's record in the Department's case note system, according to the standards described in this Chapter.

7421 NON-REIMBURSABLE SERVICES

- 7421.1 The following services are not covered as HSS:
- (a) Room and board residential costs;
 - (b) Inpatient hospital services, including hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, and institutions for mental diseases;
 - (c) Prescription drug costs;
 - (d) Transportation services;

- (e) Financial deposits;
- (f) Food;
- (g) Furnishings;
- (h) Utilities;
- (i) Moving expenses;
- (j) Rent;
- (k) Educational, vocational, and job training services;
- (l) Services rendered by parents or other family members;
- (m) Social or recreational services;
- (n) Services that are not provided and documented in accordance with these certification standards; and
- (o) Services furnished to persons other than the consumer when those services are not directed primarily to the well-being and benefit of the individual.

7499 DEFINITIONS

7499.1 The terms in this Chapter shall have the definitions set forth in section 2 of the Act.

7499.2 In addition, the following terms in this Chapter shall have the meaning ascribed:

Act – The Homeless Services Reform Act of 2005, effective October 22, 2005 (D.C. Law 16-35; D.C. Official Code § 4-751.01, *et seq.*), as amended.

Assessment – A clinical evaluation performed by a qualified group or individual of the consumer’s physical, mental, behavioral, social, and emotional health. It considers the consumer’s s perception of self and ability to function socially at home and in the community, and relevant historical data as it impacts the quality of the consumer’s life.

Case Management – A set of services and interventions focused on assisting HSS individuals to obtain and retain permanent housing, move toward the greatest degree of self-sufficiency, and are based on the consumer’s goals and preferences outlined in their ISP. These services include coordination of and assisting consumers to access financial assistance, tenancy support, social services, health care services, and other resources available in the community.

Case Note – A chronological record of the delivery of services and support to head of households and their dependent and/or minor children. Case notes also provide the necessary documentation to support claims to funding sources, and provide a single place for case managers, social workers, supervisors and colleagues, state and federal auditors and others with appropriate access to read about recent case activity.

Certification – The written authorization from the Department rendering an entity eligible to provide HSS.

Certification Standards – The minimum requirements established by the Department in this Chapter that a provider shall satisfy to obtain and maintain certification to provide HSS and receive reimbursement from the District for HSS.

Collateral Contact – An individual involved in the individual’s care. This individual may be a family member, guardian, healthcare professional or person (e.g., landlord/property manager, lawyer) who is a knowledgeable source of information about the individual’s situation and serves to support or corroborate information provided by the individual. The individual contributes a direct and an exclusive benefit for the individual.

Consumer – An individual client as defined in section 2(7) of the Act.

Coordinated Assessment and Housing Placement (CAHP) System – The District’s “centralized or coordinated assessment system” as defined in section 2(6A) of the Act, also referred to as coordinated entry or coordinated intake, and further defined in publicly available CAHP governance guidance.

Data Assessment Plan – The comprehensive case note standard of Data Assessment Plan. Data is the subjective and objective information about the individual’s goals and progress made toward them. The Assessment is a written by the individual’s case manager and describes their observations about the individual’s interactions with family members, the individual’s motivation to move toward their goals and the tone, affect and demeanor of the individual, along with how the individual is maintaining their housing unit. The Plan describes the measurable objectives the individual will be working on until the next visit. The Plan also notes when the next engagement with the individual is scheduled.

Department – The District of Columbia Department of Human Services or any successor organizational unit (in whole or in part).

Department of Health Care Finance – The District of Columbia state Medicaid agency.

Director – The Director of the Department.

Disability – As defined at 42 U.S.C. § 416(i).

Disabling Condition – An injury, substance use disorder, mental health condition, or illness, as diagnosed by a qualified health professional, that is expected to cause an extended or long-term incapacitation but does not meet the definition of disability in, as defined at 42 U.S.C. § 416(i).

Governing Authority – The designated individuals or body legally responsible for conducting the affairs of the HSS Provider.

Grievance – A description by any individual of his or her dissatisfaction with an HSS provider, including the denial or abuse of any consumer right or protection provided by applicable Federal and District laws and regulations.

Homeless Management Information System – The District’s information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

Homeless Outreach Provider Team – An organization contracted by the Department to engage individuals who are living on the streets and are experiencing homelessness. Outreach efforts connect vulnerable individuals to housing resources within the Coordinated Entry System

Household – A home dwelling and its occupants.

Housing Navigation – Using a Housing First approach, Housing Navigation assistance offered by the Provider is designed to identify and secure housing for consumers as quickly as possible, by implementing activities such as: active recruitment and retaining of landlords and housing managers willing to rent to consumers (who may otherwise fail to pass typical tenant screening criteria); housing unit search and identification; helping consumers gather documents needed for housing placement; completing the housing and subsidy application process; and moving and securing basic housing needs. The Housing Navigation assistance offered by the PSHP Provider to all consumers, needs to be consistent with the consumer’s needs and preferences (within the limits of their income combined with available subsidy), taking into consideration safety and access to transportation, connection to health care, treatment, school, daycare and support systems, and employment opportunities.

Housing Stabilization – Services and actions designed to help households at risk of becoming homeless to keep housing.

Housing Supportive Services – Housing-related activities and services that support a person’s ability to prepare for and transition to housing, and services that support a person in continuing successful tenancy in their housing unit.

Housing Unit – A single room occupancy room/facility, individual apartment, townhome, or single-family home utilized to house consumers in HSS. Housing units for families have separate cooking facilities and other basic necessities to enable families to prepare and consume meals; bathroom facilities for the use of the family; and separate sleeping quarters for adults and minor children in accordance with the occupancy standards of Title 14 of the DCMR. Housing units can be project-based or tenant-based.

HSS Provider – The individual, organization, or corporation, public or private, that provides HSS services, meets the qualifications set forth in this Chapter and seeks reimbursement for providing those services under the Medicaid program. An HSS provider is a provider as defined under section 2(30) of the Act and an HSS agency as defined at 29 DCMR 10399.

Human Care Agreement – A written agreement for the procurement of education or special education, health, human, or social services pursuant to D.C. Official Code § 2–354.06, to be provided directly to persons who are disabled, disadvantaged, displaced, elderly, indigent, mentally or physically ill, unemployed, or minors in the custody of the District of Columbia.

Individual – A person eligible to receive HSS as set forth in this Chapter.

Individual Service Plan – A written agreement between the individual and the HSS provider describing the results of the person-centered planning process addressing the strengths, preferences, needs and dreams as described by the person. The plan consists of time-specific goals and objectives designed to promote self-sufficiency and attainment of permanent housing. These goals and objectives are based on the consumer’s assessed needs, desires, strengths, resources, and limitations.

Key Personnel – The essential staff required to implement and execute the scope of work in the HSS Provider’s Human Care Agreement.

Linkage – When a Provider connects or joins a consumer with a needed service or support. This could include, but is not limited to, communicating on behalf of the consumer to the service, providing the consumer contact information

or completing needed applications or paperwork. The Provider must first ensure the service or support is current and viable.

Medicaid – The medical assistance program approved by federal Centers for Medicare and Medicaid Services and administered by DHCF, which enables the District to receive Federal financial assistance for its medical assistance program and other purposes as permitted by law.

Organizational Onboarding – The mechanism through which new employees acquire the necessary knowledge, skills, and behaviors to become effective performers. It begins with recruitment and includes a series of events, one of which is employee orientation, which helps new employees understand performance expectations and contribute to the success of the organization.

Outreach and Engagement – Describes the processes used to find/locate a consumer, establish contact with them (outreach) and build a long-lasting, trusting connection with the individual services Provider (engagement). Outreach and engagement practices are targeted, proactive, and client-centered, with particular attention given to finding and engaging with persons in crisis, who may be initially reluctant to accept assistance.

Quality Control – An HSS Provider’s internal system for monitoring and improving delivery of services and internal operations.

Self-Sufficiency – The ability to provide for one’s own social and economic needs with little to no assistance from others.

Supplemental Nutrition Assistance Program – Formerly known as the Food Stamp program, SNAP provides food-purchasing assistance to District residents with low- or no-income.

Supportive Services – An array of medical, behavioral health, substance use, educational, social services, employment, life skills, and financial services aimed at enabling housing placement, housing stability, health, wellness, community integration, self-sufficiency, and the improved quality of life of an individual.

Amend Chapter 25, SHELTER AND SUPPORTIVE HOUSING FOR INDIVIDUALS AND FAMILIES, of Title 29 DCMR, to include the following:

2574 REIMBURSEMENT FOR PSH SUPPORTIVE SERVICES

2574.1 The Department shall reimburse PSH providers, using per member per month (PMPM) rate structure, for the provision of PSH services to adult participants that are not eligible for enrollment in the District’s Medicaid Housing Supportive Services (HSS) program, or that temporarily lose their DC Medicaid enrollment

status. The PMPM rate paid by the Department shall equal the rate described at 29 DCMR § 7420.2.

2574.2 The Department shall also reimburse PSH providers for the provision of adjunct services that facilitate the provision of PSH and promote the housing stability of adult participants on a monthly basis. The reimbursement rates for each type of service are detailed below or in the Department's HCA with the PSH provider:

- (a) Services provided to minors in an adult participant's household, at a rate of \$400.00 per household, per month;
- (b) Utility assistance;
- (c) Financial assistance; and
- (d) Staff onboarding.

2574.3 In order to be eligible for a PMPM payment for PSH services, a PSH provider shall deliver a minimum of two (2) PSH services to an eligible adult client within a month.

2574.4 To receive a monthly household payment for PSH services delivered to minors in the adult individual's household, the HSS provider shall provide services at the scope and frequency described in the HSS provider's HCA with the Department.

2574.5 The following services are not covered as PSH services:

- (a) Room and board residential costs;
- (b) Inpatient hospital services, including hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, and institutions for mental diseases;
- (c) Prescription drug costs;
- (d) Transportation services;
- (e) Educational, vocational, and job training services;
- (f) Services rendered by parents or other family members;
- (g) Social or recreational services;
- (h) Services that are not provided and documented in accordance with these certification standards; and

- (i) Services furnished to persons other than the client or client's household members when those services are not directed primarily to the well-being and benefit of the individual.

All persons who desire to comment on these proposed rules should submit their comments in writing to the Department of Human Services, 64 New York Avenue, N.E., 6th Floor, Washington, D.C. 20002, Attn: Dena Hasan, or by email to dena.hasan@dc.gov. All comments must be received by the Department no later than thirty (30) days after publication of this notice in the *District of Columbia Register*. Copies of these rules and related information may be obtained by writing to the above address, or by calling the Department of Human Services at (202) 671-4200.