

# District of Columbia's Housing Supportive Services Benefit Tip Sheet – Provider Enrollment & Billing

## August 2022

The District of Columbia's (DC) Department of Human Services (DHS) and Department of Health Care Finance (DHCF) have collaborated to create a new Housing Supportive Services (HSS) Medicaid program for the District. Organizations that deliver HSS are entities contracted with DHS for the provision of permanent supportive housing services, who are also enrolled in the DC Medicaid program as an HSS provider. This benefit will enable 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 new Medicaid benefit will also permit DC to use Medicaid monies, instead of local funding, to pay for permanent supportive housing services, and reinvest these local funds into the District's continued efforts to make homelessness rare, brief and non-recurring. This brief offers some essential policy decisions from DHS and DHCF that current or soon-to-come HSS providers will need to implement the HSS program in a fiscally and operationally sustainable manner.

### **DC Medicaid Provider Type:** *Housing Supportive Services (HSS)*

**Reimbursement Methodology:** HSS providers are reimbursed on a per member, per month (PMPM) basis of \$755.21, as of program start up in 2022. Any amendments to this rate, will be published on the DHCF website at [www.dc-medicaid.com](http://www.dc-medicaid.com). HSS providers have requirements regarding how often and how (face-to-face or remote) they see HSS participants in order to qualify for the monthly payment. HSS providers can only bill one of the two service categories for any given calendar month.

The HSS benefit includes two phases of services depending upon whether the individual served is currently housed or receiving services to obtain housing, including:

- ❖ *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

### **Reimbursable Service Categories**

Both *Housing Navigation Services* and *Housing Stabilization Services* have billing threshold requirements for how often and how (face-to-face or remote) that HSS providers are in contact with the individual being served. If threshold requirements are not met in a calendar month, then the HSS provider should NOT submit a claim to Medicaid for that month. Billing threshold requirements differ depending upon service category and are described below.

*Housing Navigation Services* require providers to have contact with the individual served 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. If providers meet this contact threshold, then they are permitted to bill for that month.

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*Housing Stabilization Services*: requires providers to have contact with the individual served 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.

Housing Navigation and Housing Stabilization may not be reimbursed within the same calendar month.

Providers are required to enroll in DC Medicaid as an HSS provider. To meet **HSS Provider Enrollment Requirements**, agencies must have the following documents to support their Medicaid provider application.

- ❖ Certification from DHS, indicated by an executed Permanent Supporting Housing (PSH3) Human Care Agreement
- ❖ NPI number with taxonomy code: *251B00000X Case Management*
- ❖ DC business license
- ❖ Liability insurance (\$1M Individual; \$3M Aggregate)
- ❖ W-9 Form
- ❖ Tax ID
- ❖ Disclosure of ownership and control form if the entity is a For Profit firm

Entities that have secured the items listed above may submit an application to become a Medicaid HSS provider by creating an account in the [DC Provider Data Management System](#). DHCF supports provider enrollment and the guide on [How to Enroll in DC Medicaid Using the DC Provider Screening and Enrollment Web Portal](#), is located at [www.dcpdms.com](http://www.dcpdms.com).

The HSS benefit requires **Prior Authorization (PA)** before a provider may deliver and be reimbursed for HSS. Prior authorization is done by DHS staff, who will also 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 notes system, Housing the Homeless (HTH). 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.

**Housing Navigation Services** are authorized for up to six 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 six months, additional months of services may be provided, subject to DHS approval. HSS providers are required to document in HTH all provider contacts with the HSS participant, and list at least four of them on each monthly claim submitted for Medicaid reimbursement when the HSS participant is in the Housing Navigation phase. HSS providers should not submit claims if the provider has not met the monthly threshold contact requirement. DHCF will only pay the monthly payment rate to a HSS provider if the monthly threshold of required contacts with the HSS participant is met. For *Housing Navigation Services*, the minimum is *of four client contacts per month X six months, which is how the 24 UOS is derived*.

**Housing Stabilization Services** are authorized for up to 12 months or 24 Units Of Service (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. HSS providers are required to document in HTH all provider contacts with the HSS

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participant, and list at least two of them on each monthly claim submitted for Medicaid reimbursement while the HSS participant is in the Housing Stabilization phase. HSS providers should not submit claims if the provider has not met the monthly threshold contact requirement. DHCF will only pay the monthly payment rate to a HSS provider if the monthly threshold of required contacts with the HSS participant is met. For *Housing Stabilization Services*, the *minimum of two client contacts per month X 12 months which is how the 24 units is derived.*

Providers will need to include the PA number on all submitted claims for Medicaid reimbursement to ensure successful processing of claims and payment.

*After the initial PA for Housing Stabilization Services, a new PA number will be issued annually aligned with DHS's annual re-assessment of the HSS participant to confirm the need for continued enrollment in the HSS benefit.*

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](http://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.

*Note: DHS is determining options to re-configure DHS's web-based case note system (HTH) to also facilitate Medicaid billing. If the reconfiguration is feasible, HSS providers will be able to export data in the billing format required for uploading into DHCF's web portal as required for claims submission, billing and payment.*

All claims submitted for Medicaid reimbursement must include the following **Claim Components**. The numbers (#) below reference the information required in the [CMS 1500 form](#).

- ❖ #21. Diagnosis or Nature of Illness or Injury: Enter the ICD-10 code [Z59.9](#) (*Problem related to housing and economic circumstances, unspecified*)
- ❖ #23. Prior authorization-Enter the prior authorization number listed for the HSS client in HTH.
- ❖ #24A. Date(s) of Services
  - For Housing Navigation, at least four lines should be populated to meet to reimbursement threshold of a service delivered at a minimum frequency of once per week within the

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- month being billed. The 'FROM' and 'TO' dates should be the same in MMDDYY format with one day per line.
- For Housing Stabilization, at least two lines should be populated to meet to reimbursement threshold of a service delivered at a minimum frequency of twice a month, within the month being billed. The 'FROM' and 'TO' dates should be the same in MMDDYY format with one day per line.
- ❖ #24B. Place of Service: Enter '99'
- ❖ #24D. Procedures, Services, or Supplies: Enter either of the two HSS procedure and modifier codes.

Service Description	Procedure Code and Modifier
Housing Navigation	H0044 U1
Housing Stabilization	H0044 U2

- ❖ #24E. Diagnosis Pointer: Enter '1'
- ❖ #24F. \$ Charges:
  - For HSS participants in Housing Navigation phase, enter one-fourth of the total PMPM rate for each of the four lines that must be populated to indicate meeting the monthly contract threshold of four contacts. For example, one-fourth of a monthly PMPM of \$755.21 would be \$188.80.
  - For HSS participants in Housing Stabilization phase, enter one-half of the total PMPM rate for each of the two lines that must be populated to indicate meeting the monthly contract threshold of two contacts. For example, one-half of a monthly PMPM of \$755.21 would be \$377.61.
- ❖ #24G. Days or Units: HSS provide shall enter '1'.
- ❖ #24J. Rendering Provider ID.#: HSS providers shall enter their HSS NPI on the same claim.
- ❖ #28. Total Charge. Enter the total of all lines indicated in 24F. Sum should not exceed the PMPM reimbursement rate for HSS. 755.21. (Note: Any amendments to this rate, will be published on the DHCF website at [www.dc-medicaid.com](http://www.dc-medicaid.com).)
- ❖ #33A. Billing NPI. Enter HSS provider's NPI.
- ❖ #33B. Taxonomy. Enter the taxonomy code associated with the NPI.

**Checking Participant Enrollment in Medicaid:** HSS providers may use the [DC Medicaid Web Portal](#) or the [Interactive Voice Response System](#) to confirm Medicaid enrollment.

**Important to note:**

- ❖ HSS can be billed within same date of service as institutional Medicaid funded service such as inpatient hospital or nursing home.
- ❖ Persons who are incarcerated commonly have their Medicaid enrollment suspended. When this occurs HSS providers cannot bill for times when a HSS participant's Medicaid benefits are suspended.
- ❖ Only one HSS procedure code can be paid per month.
- ❖ Only one HSS provider can be paid per month for a HSS participant.