

1915(i) Policy

Housing Supports 510-08-65-20

Service Title: Housing Supports Service

Service Definition (Scope)

Housing supports help individuals' access and maintain stable housing in the community. Services are flexible, individually tailored, and involve collaboration between service providers, property managers, and tenants to engage in housing, preserve tenancy, and resolve crisis situations that may arise. Housing support services include pre-tenancy and tenancy.

A member's need for initial and continued services will be formally evaluated during the WHODAS 2.0 functional needs assessment as part of the initial and annual reevaluation.

The determination of the need for housing services must be identified through the person-centered planning process, and the care coordinator must document the need for the service to support the member's identified goals in the person-centered plan of care. The member's progress toward their goals is discussed at each 1915(i) person-centered plan of care meeting and documented in the POC. Members presenting with the following needs should be considered for 1915(i) housing support services:

- is experiencing homelessness,
- is at risk of becoming homeless,
- is living in a higher level of care than is required, or
- is at risk for living in an institution or other segregated setting.

The care coordinator will ensure the POC reflects both short and long-term goals for maintaining and securing housing supports. In addition, prevention and early intervention strategies must be included in the POC in the event housing is jeopardized. The provider must provide a monthly update to the care coordinator.

Housing services can be provided through many different service models. Some of these models may include Permanent Support Housing (PSH) for individuals with a behavioral health condition experiencing chronic homelessness. Services may be offered in conjunction with Assertive Community-based Treatment (ACT) models, Family Assertive Community Treatment (FACT), Integrated Dual Diagnosis Treatment (IDDT), or with other treatment/therapeutic models that help an individual with stabilizing and accessing the greater community.

Pre-Tenancy services provide individuals the support that is needed to secure housing. Pre-tenancy services are available only to the individual living in the community and may not be billed when an individual is concurrently receiving tenancy support services.

Pre-tenancy services include:

- Supporting with applying for benefits to afford housing (e.g., housing assistance, SSI, SSDI, TANF, SNAP, LIHEAP, etc.).
- Assisting with the housing search process and identifying and securing housing of their choice.
- Assisting with the housing application process including securing required documentation (e.g., Social Security card, birth certificate, prior rental history).
- Helping with understanding and negotiating a lease.
- Helping identify resources to cover expenses including the security deposit, moving costs, and other one-time expenses (e.g., furnishings, adaptive aids, environmental modifications).
- Services provided in pre-tenancy supports may not duplicate the services provided in community transition supports or in care coordination.

Tenancy services assist individuals with sustaining tenancy. Tenancy supports may not be billed when an individual is concurrently receiving pre-tenancy support services.

Tenancy services include:

- Assisting with achieving housing support outcomes as identified in the person-centered plan.
- Providing training and education on the role, rights, and responsibilities of the tenant and the landlord.
- Coaching on how to develop and maintain relationships with landlords and property managers.
- Supporting with applying for benefits to afford their housing including securing new/renewing existing benefits.
- Skills training on financial literacy (e.g., developing a monthly budget).
- Assisting with resolving disputes between landlord and/or other tenants to reduce the risk of eviction or other adverse action.
- Assistance with the housing recertification process.
- Skills training on how to maintain a safe and healthy living environment (e.g., training on how to use appliances, how to handle repairs and faulty equipment within the home, how to cook meals, how to do laundry, how to clean in the home). Skills training should be provided onsite in the individual's home.
- Coordinating and linking individuals to services and service providers in the community that would assist an individual with sustaining housing.

Enrolled Medicaid 1915(i) providers are required to provide the whole scope of service rather than only portions of the service. For example, a 1915(i) Housing Support provider must offer both pre-tenancy supports and tenancy supports rather than just one or the other. The activities contained in the service description is what CMS allows reimbursement for. The following are examples of what is not reimbursable to the provider:

- Services provided not included in the service description including associated costs incurred for providing the service, for example, checking a member's eligibility.
- *Client not present.* The client must always be present with the provider for reimbursement to occur.
- *Services provided to a non-eligible member.* Providers are responsible for confirming member eligibility prior to delivering each service.
- *Services provided by a non-qualified provider.* Group providers are responsible for ensuring their group and affiliated individual providers meet all qualifications.
- Services provided to a member not meeting the specific requirements of the service, such as age.
- Services provided without a valid service authorization.
- Non-valid claims.

Service Limits

Services are available to individuals six months prior to their 18th birthday.

There is a daily maximum of 8 hours (32 units) for this service.

Pre-tenancy supports are limited to 78 hours (312 units) per 3-month authorization period for an annual maximum of 156 hours per calendar year.

Tenancy supports are limited to 78 hours (312 units) per 6-month authorization period for an annual maximum of 156 hours per calendar year.

Service authorization requests exceeding the maximum limit which are deemed necessary to prevent the member's imminent institutionalization, hospitalization, or out of home/out of community placement will be reviewed by the NDDHHS. All requests to exceed limits must initiate with the care coordinator.

Service Duplication

1915(i) services cannot be provided to an individual at the same time as another service that is the same in nature and scope regardless of source including Federal, state, local, and private entities. For the client to be authorized for 1915(i) Housing Support services, the care coordinator must first verify that services are not duplicated.

At this time, the State has identified no duplication between this service offered in the 1915(i) and any services offered in the State's HCBS 1915(c) Waivers.

See the 1915(i) Service Duplication Policy.

Conflict of Interest

See 1915(i) Conflict of Interest Standards Policy.

Remote Support

Remote support may be utilized for up to 25% of all services provided in a calendar month.

See the 1915(i) Remote Support Service Delivery Policy for requirements.

Provider Qualifications

Provider Type: Group

North Dakota Medicaid 1915(i) enrolled group provider of Housing Support Services.

Licensing: None

A group provider of this service must meet all of the following:

1. Have a North Dakota Medicaid provider agreement and attest to the following:
 - individual practitioners meet the required qualifications
 - services will be provided within their scope of practice
 - individual practitioners will have the required competencies identified in the service scope
 - agency conducts training in accordance with state policies and procedures
 - agency adheres to all 1915(i) policies and procedures including, but not limited to, participant rights, abuse, neglect, exploitation, use of restraints, and reporting procedures are written and available for NDDHHS review upon request
 - agency availability, or the identification of another resource, 24 hours a day, 7 days a week to clients in need of emergency services.
 - Providers must have a policy stating how they will meet this requirement with the goal of keeping the client in their home and community and provide alternatives to prevent inappropriate use of emergency rooms, inpatient psychiatric placement, incarceration, institutional placements, or other more restrictive, non-home and community-based placements. Provider agencies will ensure the individuals they serve have access to emergency services twenty-four (24) hours a day, seven (7) days a week. The provider and individual will develop a Risk/Safety/Emergency/Crisis plan during the Person-Centered Plan of Care process ensuring the individual has access to 24-7 emergency coordination services either directly by the provider, or through the use of natural supports and/or resources available within their community. Member of the North Dakota Continuum of Care (NDCOC)

Provider Type: Individual

The individual practitioner providing the service must:

1. Be at least 18 years or age; and
2. Be employed by an enrolled ND Medicaid provider or enrolled billing group of this service; and
3. Meet one of the following criteria:
 - High school diploma or GED and at least:
 - Two years of work experience providing direct client service; or
 - Associate degree from an accredited college or university.

Certification: Individual practitioners must meet the following:

1. Mental Health First Aid Training for Youth and/or Mental Health First Aid Training for Adults *depending on scope of services/targeted population.

*Which version of the Mental Health First Aid Training required is determined by the higher percentage of the adult or child population being served by the individual provider. If an individual provider is serving 60% children and 40% adults, the child version is required. Individual providers who currently have Mental Health First Aid training at the time of enrollment have a waiver period of 6 months to obtain the required version.

Supervisor Requirements

Supervisors of staff providing housing support services must meet the requirements of an individual providing services and have two or more years of experience in providing direct client services to individuals experiencing homelessness.

Verification of Provider Qualifications

Provider Type: ND Medicaid enrolled agency provider of Housing Support Services

Entity Responsible for Verification: Medical Services Provider Enrollment

Frequency of Verification: Provider will complete an "Attestation" as part of the provider agreement process upon enrollment and at revalidation. Providers are required to revalidate their enrollments at least once every five (5) years.

Service Delivery Method: Provider Managed

Payment Rate

The client must be present to bill for this service.

Housing Support is a 15-minute rate. The rates are published on the Department's website.

<https://www.hhs.nd.gov/medicaid-provider-information/medicaid-provider-fee-schedules>

Quality Assurance

See the 1915(i) Quality Assurance Policy.

Medical Records Requirements including Documentation Guidelines, Signatures, Confidentiality, and Availability of Records

See the 1915(i) Medical Records Policy.

Person Centered Service Delivery

Housing support service delivery must be person-centered.

Agencies must have records available for NDDHHS review documenting that individual providers have knowledge of and competency in the following:

- o Person-Centered Plan Implementation

See the 1915(i) Person- Centered Care Policy.

Person-Centered Plan of Care

See the 1915(i) Plan of Care Policy.

HCBS Settings Rule Compliance Verification

Settings must be compliant with the HCBS Settings Rule.

See the 1915(i) HCBS Settings Rule Policy.

Service Authorizations

All 1915(i) services must receive prior authorization.

The Housing Support Service consists of 2 components: Pre-Tenancy Supports and Tenancy Supports

Pre-Tenancy Supports Component

Pre-tenancy supports are limited to 78 hours per 3-month authorization period for a maximum of 156 hours per year. Pre-Tenancy and Tenancy cannot be authorized during the same authorization period.

The Housing provider will submit a service authorization request for the initial 3 month period up to the 78 hour limit, and attach the POC, using the standard service authorization process. (Please write "Pre-Tenancy" on the POC and Service Authorization request.) If the member continues to have a need for the Pre-Tenancy component past the initial 3 month period, a new service authorization request is needed every three months, not to exceed 78 hours per the 3-month period, until the maximum 156 hour annual limit is reached. The following process will be used for all subsequent 3 month authorization period(s):

1. The housing provider's monthly progress report to the care coordinator will recommend an additional 3-month authorization period and up to an additional 78 hours.
2. The care coordinator, member, and housing provider will discuss as part of the person-centered planning process, and the POC updated to reflect the additional 3 month service period request.
3. The care coordinator provides the updated POC to the housing provider who proceeds to submit the new service authorization with the attached updated POC. (Please write "Pre-Tenancy" on the POC and Service Authorization request.)
4. This process can be repeated every three months until the maximum 156 hour annual limit is reached.

Tenancy Supports Component

Tenancy supports are limited to 78 hours per 6-month authorization period for a maximum of 156 hours per year. Pre-Tenancy and Tenancy cannot be authorized during the same authorization period.

The housing provider will submit a service authorization request for the initial 6 month period up to the 78 hour limit, and attach the POC. (Please write "Tenancy" on the POC and Service Authorization request.)

If the member continues to have a need for the Tenancy supports component past the initial 6 month period, a new service authorization request is needed, not to exceed the maximum 156 hour annual limit. The following process will be used for subsequent 6 month authorization periods:

1. The housing provider's monthly progress report to the care coordinator will recommend an additional 6-month authorization period and up to an additional 78 hours.

2. The care coordinator, member, and housing provider will discuss as part of the person-centered planning process, and the POC updated to reflect the additional 6 month service period request.
3. The care coordinator provides the updated POC to the housing provider who proceeds to submit the new service authorization with the attached updated POC. (Please write "Tenancy" on the POC and Service Authorization request.)

See the 1915(i) Service Authorization Policy.

Claims

See the 1915(i) Claims Policy.