Welcome! We’ll Begin Shortly
You are muted to reduce background noise

Select here to unmute
Select here to share your video
Select here to open the chat
Your training TEAM

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Where are you located?

Click the **Pencil Icon** (top-left), then the **Arrow** and **click on the map** to drop an arrow on your location.

Then, turn off your Arrow by clicking on the **Arrow** again.

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The final word on all things Housing Support/ 1915(i) is

State Web Site for the 1915(i)

Intro to the 1915(i) for Providers

State Trainings on implementing the 1915(i)
The Medicaid 1915(i) State Plan Amendment for HCBS Behavioral Health Services includes:

- Care Coordination
- Training and Supports for Unpaid Caregivers
- Peer Support
- Family Peer Support
- Respite
- Non-Medical Transportation
- Community Transition Services
- Benefits Planning Services
- Supported Education
- Pre-Vocational Training
- Supported Employment
The Medicaid 1915(i) State Plan Amendment for HCBS BH services includes **HOUSING SUPPORTS**
Poll: Are you tracking any insurance information for the people you serve

1. USING THE TOOLBAR
   Open the toolbar on the left side of the screen. Select the Squiggle/Wavy Line.

2. SELECT YOUR CHOICE
   Select the arrow, then select your choice below on the screen. Select the arrow again to turn off.

Which tenants are insured/not insured

Are you tracking, do they have Traditional Medicaid or Medicaid Expansion
Medicaid Basics and Current Landscape

Medicaid Reimbursement Opportunities under Housing Support Services
WHY did the state do this?

- Potential for SCALE

- FISCAL
  - Federal Financial Participation or FFP

- Intensifying Services Needs of participants

- We all know that lack of stable housing makes good health harder to achieve and increases health care costs
Why does my agency want to do this?

- Fiscal sustainability for services models
- Likely future supportive housing development and growth in projects and units will be aligned with this funding
- My residents’ services needs are growing and my services budget is not.
- Ability to bring in more specialized and intensive services to persons with a higher level of need
Medicaid (or Medical Assistance) History

Authorized under Section XIX of the Social Security Act of 1965

Began As Health Insurance for: Low-Income Pregnant Women and Children

Counterpart for Medicare

Evolved over the last 50+ decades
Who oversees Medicaid funding?


→ State Medicaid Agency - DHS Medical Services Division

→ If a person is Medicaid Eligible solely because of a low income, then Sanford Health Plan is their Managed Care Organization.
Populations Served

Pregnant Women and Children

Other populations including
- Medicaid Expansion
- Foster Youth
- Dual Eligibles - persons with Medicaid and Medicare

Source: https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/
Populations

Traditional

Expansion

North Dakota | Human Services

Sanford Health Plan
Eligible VS Enrolled

Eligible

Enrolled
Enrolling as an...

Individuals

Community based services agencies

DHS on Accessing 1915(i) services

DHS Provider Enrollment Process

DHS Provider Enrollment Checklist
DHS Medicaid Program Provider Agreement
# Three Parts of the Puzzle for Supportive Housing Providers

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Benefits</th>
<th>Provider Billing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the person I want to assist Medicaid eligible? Medicaid Enrolled? What is required to get them enrolled?</td>
<td>What benefits are they eligible for? What services are offered in my State’s Medicaid Plan?</td>
<td>Is my agency Licensed or Credentialed to provide this service? Is my agency “In Network for the local Managed Care Organization?</td>
</tr>
</tbody>
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Long Term Services and Supports (LTSS)

Nursing Homes

Home and Community Based Services (HCBS)
For Housing Support Services Eligibility

- Traditional Medicaid or Medicaid Expansion up to 150% of FPL
- Qualified Behavioral Health Diagnosis
- WHODAS Score of 50 or higher
- 6 months prior to a person’s 18th Birthday
- Homeless, At Risk of Homelessness or living in a higher LOC than is required or at risk of institutionalization

https://www.behavioralhealth.nd.gov/1915i/snapshot
Medical Assistance/ Medicaid Eligibility Determination

→ Check to see if the person is already enrolled via the AVRS system for persons who are Traditional Medicaid. If not, eligible here, then check Sanford Health Plan to see if they are Medicaid Expansion Enrolled
  • Providers cannot use these sites, till they are Medicaid Enrolled providers.

→ Apply on line at https://www.nd.gov/dhs/services/medicalserv/medicaid/apply.html
  • Persons who are above 150% may be categorically eligible for Medicaid BUT NOT eligible for the 1915(i) services. DHS chart on FPL and the 1915(i)

→ Find your local Human Services Zones at https://www.nd.gov/dhs/locations/countysocialserv/
  • For some Zones, the Medicaid Eligibility worker and the 1915(i) Eligibility are the same and for other Zones they are different workers
1915(i) Services Eligibility Determination

→ Find your local Human Services Zones at https://www.nd.gov/dhs/locations/countysocialserv/
  • You need to For some Zones, the Medicaid Eligibility worker and the 1915(i) Eligibility are the same and for other Zones they are different workers

→ WHODAS
  • DHS on Completing the WHODAS
  • Completed by an independent practioner
  • An independent agent providing verification of completion of the WHODAS User Agreement and Trainings #1 and Training #2 on the administration and scoring of the WHODAS 2.0.
  • Sign the user agreement
  • WHODAS Training Manual

→ Qualifying Behavioral Health Diagnosis
  • SFN 741- must have the right ICD-10 code
  • Any clinician licensed to provide a diagnosis in ND
Where do I find a care coordination provider?

→ **DHS enrolled providers**
  - For Care Coordination Providers
  - For Community Transition Providers
  - For all other 1915(i) services
  - For Housing Support Providers
Care Coordination Services

- Care Coordinator develops a Person Centered Plan of Care (POC) based on the WHODAS

- Care Coordinator completes a Request for Service Provider form and sends to each provider identified on the POC

- Care Coordinator submits the POC and a Service Authorization Request via the state’s Medicaid Management Information System or MMIS for those who are Traditional Medicaid and to Sanford for those who are Medicaid Expansion. DHS training on this process
Home and Community Based Services: the Path to Services

Non Care Coordination Service Delivery

- Service agency received the referral from the care coordination agency
- Service Agency submits a Service Authorization Request to the state, via MMIS
  - DHS training on this topic
- Services delivered according to the Plan of Care
- Service delivery documented
- Claim submitted to either the state or Sanford. All claim documentation must include the Service Authorization number.
- Provider Paid by the state or Sanford for Service Delivery
Streamlined Enrollment

→ States can require enrollment every two years. ND requires every year.
→ Most of the process is now on line.
→ Links between government systems.
→ Enrollment protections
→ Advocate to limit administrative burden for those you serve.
Federal-State Partnership

- Federal Oversight and Structure
- Significant State Flexibility
- Each State is required to have a State Medicaid plan that outlines how Medicaid works in that state.
Essential Health Benefits - Per ACA

Inpatient/ Hospital Based Services
- Emergency Services (Trips to the emergency room)
- Hospitalization (Treatment in the hospital for inpatient care)
- Maternity and newborn care

Outpatient Services
- Ambulatory patient services
- Mental health services and addiction treatment.
- Prescription drugs
- Rehabilitative services and devices
- Laboratory services
- Preventive services
- Pediatric services

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Optional Benefits

Diagnostic Services

- Intermediate care facilities for those with developmental disabilities
- Eye exams and glasses
- Transportation
- Rehab and physical therapy

Clinic Services

- Prescribed drugs and prosthetic devices
- Nursing facility services for children under 21
- Home and community based services
- Case Management
ND’s 1915(i) benefit including Housing Support

→ State's 1915(i) web site

→ Process
  • Provider enrollment
    • DHS Provider Enrollment Training
  • Resident enrollment
    • DHS guidance on enrollment
  • Maintaining eligibility and enrollment
  • Billing
    • DHS on Billing and Claims
    • DHS on submitting claims to MMIS for those you serve on Traditional Medicaid
      • Sanford site on Billing will be posted soon.
Redetermination of service needed annually:
a) for Medicaid
b) For 1915(i) services

Redetermination of Provider Enrollment done every 5 years

- Provider Enrollment
- Individual Medical Assistance Eligibility Determination
- Person Centered Plan Developed by Care Coordinators
- Service Delivery

RENEWAL PROCESS
Questions or Comments?
Administrative Models for Billing

- **SH Provider Bills**
  - Requires significant up front cost and likely changes in IT, staff, policy and procedures etc.
  - Maintains accountability

- **SH provider partners with another agency for Service Delivery**
  - Limited up front changes
  - Less clear accountability

- **SH Provider submits paperwork to another agency who submits claims**
  - Some up front changes
  - Fee charged for process, decreases revenue for the agency.
  - Staff changes still likely.
Services Budget Tool

This budget planning tool is intended to provide communities and organizations with a framework for understanding and planning for service costs in supportive housing. There are 5 drivers that will impact program budget planning:

1. Target populations to be served in supportive housing
2. Services Staffing Model (ACT, ICM, TSS, CTI)
3. Housing Model (site-based or scattered site)
4. Start Up Costs
5. Revenue Structure & Reimbursement Restrictions

Introduction and Quick Links

- User Guide & Tutorials
- Training on Staffing Models, Approaches and Services Funding
- References & Resources

https://cshcloud.egnyte.com/fl/KibC8XSZTs#folder-link/
Billing Partnerships

Community Health Centers
- Expanding due to ACA
- Incentives to increase # of patients

Behavioral Health Clinics
- Integrating care for patients
- Case management and housing experience

Hospitals
- Reduce re-admissions
- Must address community health needs

Third Party Billing
- Private company whose role is the administrative functions of billing
TA Team’s next steps

1:1 calls with agencies-
Does your agency want to deliver services or do you want to partner for services

Develop separate cohorts for service delivery providers and partners

Depending upon size of the groups, develop TA activities and resources to assist
QUESTIONS
THANK YOU

Please join us again for one of our many course offerings.
Visit www.csh.or/training