



**Implementation of Medicaid State Plan
Rehabilitative and Tenancy Support Services (SPA #20-0005)
November 30, 2022**

Frequently Asked Questions

Questions Updated 4, 5, 6, 7

Questions Added 35, 36, 37, 38

Background

Q1 What are Medicaid State Plan Rehabilitative and Tenancy Support Services? How could they benefit OMH funded supportive housing programs?

The Center for Medicare and Medicaid Services approved State Plan Amendment (SPA) 20-0005 to allow the State to obtain Medicaid reimbursement for Rehabilitative and Tenancy Support Services, including psychosocial rehabilitation, and other tenancy preservation services provided in contracted supportive housing units. Providers that participate in this program will be eligible to receive OMH State Aid contract increases to support the provision and recording of these services.

Q2 Why is OMH implementing Medicaid State Plan Rehabilitative and Tenancy Support Services?

OMH has a longstanding commitment funded by State contractual resources to fund supportive housing, including the provision of rehabilitative services and tenancy supports, to help individuals live successfully in the community. The State addition of SPA 20-0005 in New York's State Medicaid Plan allows for Medicaid billing for eligible services in State funded/contracted supportive housing units. This reimbursement will enable OMH to make additional investments in these programs to ensure a robust funding model for service provision.

Q3 What specific services are considered Medicaid State Plan Rehabilitative and Tenancy Support Services?

The State Plan defines tenancy supports in two major categories: 1) community integration skill-building services and 2) stabilization services. Community integration skill-building services include direct training and supports to assist individuals with community integration, including community resource coordination, treatment planning, and rehabilitative independent living skills training to help individuals obtain housing. Stabilization services include direct services and supports to assist individuals living in a community setting, including tenancy support planning, rehabilitative independent living skills training, community resources coordination, and crisis planning and intervention to help individuals remain in housing.

OMH's Supportive Housing Guidelines describe in detail the array of rehabilitative and tenancy supports in supportive housing settings. These guidelines will be reissued to clarify which services are eligible for Medicaid reimbursement.

Funding

Q4 What is the benefit to a provider for participating?

If a provider participates and reports monthly rehabilitative and tenancy support services data, OMH will permanently increase the State Aid contract amounts for Downstate (New York City, Nassau, Suffolk, Westchester, Putnam, and Rockland) by \$1,200 per unit annually and Upstate by \$600 per unit annually. OMH is planning to start implementation shortly with voluntary participation and CAIRS reporting on services starting January 1, 2023. OMH will be amending direct contracts and county state aid letter funding to provide for full payment of these increases upfront for January 2023 implementation to cover start-up costs and permanent quarterly contract increases starting April 1, 2023 based on continued participation with the submission of monthly services data.

Q5 Will providers get any start-up funds to cover the staff time and any cost required for implementation?

Yes, OMH will provide a full year of funding increases on January 1, 2022 to help cover any start-up costs, including technology and system improvements and staff training for the new reporting requirements.

Q6 Will eligibility for contract increases depend upon the number of billable services provided and reported?

No, all providers who participate in the program and report required information on a monthly basis will be eligible to receive the contractual start-up resources

and permanent funding increases for all of the funded units the provider identifies for participation. There is no financial incentive for a provider to change service delivery in supportive housing or change the number of non-Medicaid eligible residents in the units they identify for participation. OMH will apply the same contractual funding increase for all participating provider units regardless of whether the individuals or services included in the provider's required reports are eligible for Medicaid. OMH will determine if services are eligible and pursue appropriate billing in order to preserve and continue to invest in these needed programs.

Participation

Q7 Will all providers of OMH supportive housing units be required to participate?

No, participation in this program is voluntary. Each provider should evaluate the additional workload associated with program participation and consider this opportunity for enhanced contractual resources and make the determination for their agency whether or not to participate in the program.

Providers must fill out, sign, and return the 'SH SPA Attestation on Participation' by November 30, 2022, and report service data in CAIRS for services provided beginning in January 2023. If providers choose to wait and evaluate the opportunity further, OMH anticipates additional opt-in phases in 2024 allowing providers to participate in subsequent fiscal years.

Q8 Can a provider choose to participate for a portion of their supportive housing portfolio or implement in a phased approach?

Yes, OMH will allow providers to choose participation for a subset of their contracted programs or plan for a phased implementation. Accordingly, the provider must identify and notify OMH of the specific housing programs and contracts that will be participating. OMH will enhance contractual resources for the subset of the supportive housing programs participating in the program and for which the provider submits the required monthly service reporting.

Providers may not choose to opt in a subset of units within a given program. Providers may choose only some of their programs for participation, but the participating programs must report on all units in the program.

Q9 Can a provider decide to withdraw from participation?

Yes, if a provider decides that they no longer want to participate, the provider can withdraw from the program by notifying OMH in writing at omh.sh@omh.ny.gov. Providers that withdraw from the program will no longer be eligible to receive the enhanced contractual resources.

Program Requirements

Q10 What housing programs are eligible to participate?

All Supportive Housing and Supportive-Single Room Occupancy (SP-SRO) units under contract with OMH or Local Government Unit, as the State's designee (with the exception of ESSHI) are eligible to participate. At this time, ESSHI units are not eligible for participation. OMH will consider adding ESSHI programs to the initiative in the future.

Community Residence-Single Room Occupancy (CR-SRO) units are also eligible to participate.

Q11 Why are OMH's Supportive Housing Guidelines being updated?

The OMH Supportive Housing Guidelines have been reissued for consistency with the language in the approved State Plan Amendment. The changes focus on defining billable services and outlining the process for reporting. The latest guidelines were released September 30, 2022 and can be found on the OMH webpage at

<https://omh.ny.gov/omhweb/adults/supportedhousing/supportedhousingguidelines.html>.

Q12 What are the program requirements for participation?

In addition to notifying OMH of the provider's intent to participate by November 30, 2022, there are four primary requirements as follows:

- Medicaid Program Enrollment: Providers will be required to enroll in the Medicaid program as a participating provider. About 80% of current supportive housing providers are already enrolled in the Medicaid program. New providers will have to complete the enrollment process with the Department of Health at <https://www.emedny.org/info/providerenrollment/>.
- LPHA Recommendation for Services: Providers are responsible for ensuring an assessment is completed by a Licensed Practitioner of the Healing Arts (LPHA) for each individual enrolled in participating programs to determine eligibility for services.

- Monthly Reporting: Providers will be required to follow the OMH Supportive Housing Guidelines and submit monthly service provision data for consumers to enable OMH to prepare a Medicaid claim.
- Support Plans, Service Recording and Maintenance of Records: Consistent with existing supportive housing requirements, providers are required to create and maintain individualized service plans and document the provision of services. All documentation should be consistent with the OMH Supportive Housing Guidelines. Providers are required to maintain services records and produce such records upon request by OMH or DOH.

In addition, providers are required to continue submission of timely, annual Consolidated Fiscal Reports (CFRs) pursuant to OMH requirements.

Q13 How will monthly service data be reported to OMH? Will there be opportunities for electronic submission?

Providers will be required to follow the OMH Supportive Housing Guidelines and submit monthly service provision data for consumers to enable OMH to prepare a Medicaid claim. The service reporting will be completed electronically using the Children and Adult Integrated Reporting System (CAIRS). All services provided to consumers must be reported, regardless of whether or not the service is billable. OMH will make the determination of whether a reported service is billable consistent with Medicaid rules, and the State will be directly billing for allowable services.

Q14 Will OMH provide training to help participating providers understand and comply with program requirements?

Yes, OMH will conduct training for all participating providers and offer technical assistance to implement this program. Training will be provided to educate staff on the Medicaid-billable services and the CAIRS reporting requirements for these services. OMH will also provide ongoing technical assistance as needed with regards to program requirements and CAIRS reporting.

Q15 What will be the qualifications of staff delivering Rehabilitative and Tenancy Support Services?

Rehabilitative and Tenancy Support Services may be provided by licensed or unlicensed staff.

Licensed practitioners include those licensed by the New York State Department of Education and include licensed social workers (LMSW and LCSW), licensed

mental health counselors, nurses (RNs or LPNs), physicians assistants, nurse practitioners, medical doctors, and licensed psychologists or psychiatrists.

Unlicensed staff must be at least 18 years of age with at least a high school or equivalent diploma. Unlicensed staff must be supervised by individuals with the following qualifications: licensed professionals; individuals with a master's degree in social work, bachelor's degree in social work or other health or human services field; or individuals with a minimum of one year experience providing direct services in medical, mental health, addiction, or developmental disability programs.

Additionally, provider staff must not be excluded or debarred from participation in Federal health insurance programs.

Medicaid Billing/Audit Liability:

Q16 Will providers be required to submit claims for Rehabilitative and Tenancy Support Services? Will the provider be required to verify Medicaid eligibility of individuals served?

Providers will not bill Medicaid directly for Rehabilitative and Tenancy Support Services or verify the Medicaid eligibility of individuals served. The State will submit Medicaid claims for all eligible services based on reporting by the providers. The State will utilize and verify information submitted in CAIRS and Medicaid eligibility data to bill for eligible services. Providers will receive an enhancement to their State contracts for the units that opt into the Rehabilitative and Tenancy Support Service provision and will be obligated to report on a monthly basis.

Q17 Will a provider be subject to Medicaid audit risk for the provision of Rehabilitative and Tenancy Support Services?

No, because the State will be submitting the claims, the State will assume responsibility for any audit risk and financial exposure for Medicaid audits and disallowances for these services. OMH will not pursue any retroactive disallowances for contract payments to providers, however, OMH expects providers to respond to any requests for information and assist OMH in responding to audits.

OMH will continue to conduct regular audits of State Aid contracts for housing programs and providers are required to fully comply with all OMH contract requirements and Supportive Housing Guidelines regardless of whether or not a provider participates in this program.

Q18 What should a provider do if through their quality assurance activities they discover a mistake in their reporting of service level data to the state?

Providers will be required to resubmit any relevant participant and service level detail in order to correct a reporting discrepancy or mistake made in CAIRS. Resubmissions to correct any errors in reporting will assist the State in preparing revisions to any previously processed or pending Medicaid claims for the provision of services.

Licensed Practitioner of the Healing Arts (LPHA) Recommendation

Q19 For whom does the LPHA recommendation need to be completed?

A LPHA Recommendation should be completed for all residents enrolled in participating programs who either have or are applying for Medicaid.

Q20 When does the LPHA recommendation need to be completed?

The LPHA recommendation should be completed for all individuals identified in Q19 when a program opts to participate in Rehabilitative and Tenancy Support Services. The recommendation should also be completed whenever a new resident is enrolled in a participating program. Renewals of the LPHA recommendation should be completed every three years.

Q21 Who can complete a LPHA recommendation?

For the purposes of making a recommendation for Rehabilitative and Tenancy Support Services, the minimum qualifications for an LPHA are:

- Doctor (MD/DO)
- Physician's Assistant
- Nurse Practitioner
- Registered Nurse
- Licensed Mental Health Counselor
- Licensed Marriage and Family Therapist
- Licensed Creative Arts Therapist
- Licensed Psychologist
- Licensed Psychoanalyst
- Licensed Clinical Social Worker
- Licensed Master Social Worker, under the supervision of an LCSW, licensed psychologist, or psychiatrist

The LPHA may be employed by the provider, or by an outside entity.

Q22 Is there a standardized template and assessment process for completion of the LPHA recommendation?

There is a standardized template that must be utilized to document eligibility for Rehabilitative and Tenancy Support Services. The template can be found on the OMH website at

https://omh.ny.gov/omhweb/adults/supportedhousing/lpha_recommendation_form.pdf .

The recommendation form must be kept on file in the resident's housing record.

There is no standardized assessment process or tool necessary to complete the recommendation; the recommendation is based on clinical discretion. The LPHA should review any documentation that demonstrates whether the services could assist an individual in establishing or maintaining housing stability. These documents could include, but are not limited to psychiatric evaluation, psychosocial history, current residential service plan and progress notes, etc. (Note: this list is not intended to imply that an LPHA must review all of these documents). Face-to-face or virtual assessment of the individual may also be used to determine medical necessity for these services.

Q23 What resources are available for providers who do not have LPHAs available to complete the recommendation?

OMH has identified Behavioral Health Care Collaboratives (commonly referred to as BHCCs or BH IPAs) with whom housing providers may contract for the completion of LPHA recommendations for residents. Providers may utilize this resource if they do not have the capacity to complete recommendations internally or do not wish to take on this responsibility. OMH has developed a secure portal for the transfer of PHI between housing providers and BHCCs to support the completion of these recommendations.

More information will be provided in subsequent trainings regarding how to access this resource.

Q24 Will providers be reimbursed for completing the LPHA recommendation?

Providers will be reimbursed \$90 for the completion of each LPHA recommendation.

In instances where providers are utilizing BHCCs to complete the recommendations, the provider will be paid directly and will then reimburse the BHCC. It is expected that the BHCCs will be reimbursed at the full rate identified by OMH.

Service Delivery/Record Keeping:

Q25 What record keeping will be required by providers that participate?

OMH expects that providers maintain service plans, progress notes, service records and current roster data in CAIRS, as is currently required by the OMH Supportive Housing Guidelines. Providers are required to document completion of the LPHA recommendation for services in CAIRS and maintain the recommendation form in the housing record. Providers will also be required to report service level data on a monthly basis indicating which Rehabilitative and Tenancy Support Services or other non-billable services were provided to residents. Providers will be required to submit this information in CAIRS within 30 days after the end of the month in which services were provided.

Q26 Is there a set amount of time that will be required for delivering Rehabilitative and Tenancy Support Service?

No, there are no minimum frequency or service duration standards for the provision of Rehabilitative and Tenancy Support Services. The provider will be responsible for reporting any services provided to each recipient in CAIRS each month.

Q27 Will the reporting in CAIRS be able to interact with existing EHRs?

At this time, CAIRS does not have the capability to directly connect and accept electronic data feeds from provider EHRs to satisfy the reporting, however, OMH will explore this capability in the future. CAIRS has been modified with new screens for participating providers to report service level data for all services.

Q28 Will providers be required to report service level detail for all residents or just those that are Medicaid eligible?

Providers will be required to report service level detail (billable or otherwise) for all residents enrolled in programs for which the provider has opted to participate. The State will be responsible for verifying status of Medicaid enrollment and preparing the Medicaid claim.

Q29 The current OMH Supportive Housing Guidelines require one face-to-face visit per month. Will providers need to increase the number of visits to generate billable services?

No. As previously stated, reporting regarding services delivered will enable the State to bill for eligible services, which many providers are already providing to residents that need them. OMH is not requiring providers to increase the number

of visits to generate Medicaid claims. If the service a participating provider delivers does not meet the definition of Rehabilitative and Tenancy Support Services during a single face-to-face visit, the State will not penalize the provider.

Q30 Does a face-to-face visit require staff be on-site in the home or can services be provided via telehealth?

Employees of Medicaid enrolled provider agencies who are authorized to provide in-person services are also authorized to provide services utilizing telehealth, including audio-only telehealth modalities, consistent with OMH guidance. However, pursuant to the Supportive Housing Guidelines, providers are still required to conduct one in-person service with residents monthly. Additional Services may be provided utilizing telehealth, and such services must be recorded in CAIRS for Medicaid billing purposes.

Q31 If a resident is also receiving ACT, HCBS/CORE, or Health Home Care Coordination Services, can providers provide Rehabilitative and Tenancy Support Services on the same day or during the same month?

Yes. There is no duplication of services for ACT, HCBS/CORE or Health Home Care coordination. SPA 20-0005 covers rehabilitation and tenancy support services designed to help Medicaid enrollees transition and maintain independence in supportive housing settings.

Q32 Who makes the determination if a service is billable? Who makes the determination that a client is eligible?

Providers are only required to accurately report the services provided to residents pursuant to the OMH Supportive Housing Guidelines and reporting definitions in CAIRS. The State will use this data to verify whether the recipient is enrolled in Medicaid and prepare the Medicaid claim for eligible services.

Q33 If a provider delivers more than one billable service in a month, will they be reporting both services?

Yes, participating providers are required to report all services provided to residents.

Q34 Should providers report services provided to residents that are dually eligible Medicaid and Medicare beneficiaries?

Yes, dually eligible Medicaid and Medicare beneficiaries may receive Rehabilitative and Tenancy Support Services.

Additional Questions:

Q 35 Will OMH provide start-up costs and permanent contract increases for vacant units? How about funding increases for additional beds a provider may operate ('float beds') beyond the contracted units?

OMH will provide increases for all participating contracted units including beds that may turnover and be temporarily vacant consistent with the minimum occupancy standards in the Supportive Housing Guidelines. The funding increases are limited to contracted beds, however, providers are allowed to use the funds to enhance any capacity including 'float beds' that may be supported with this funding.

Q36 Will OMH be scheduling technical assistance and training on CAIRS reporting for participating agencies?

Yes, OMH will offer training on the services that fall under Rehabilitative and Tenancy Support Services and on imputing monthly service data and LPHA recommendations in CAIRS. Trainings will be offered December 8th from 1-2pm and December 19 from 9:30-10:30am and can be found at <https://omh.ny.gov/omhweb/adults/supportedhousing/supportedhousingguidelines.html>

OMH will make additional sessions available in January 2023 if there is sufficient demand.

Questions regarding CAIRS reporting or requests for additional technical assistance can be directed to the supportive housing mailbox at: OMH.SH@omh.ny.gov

Q37 Should providers obtain a consent to release information from the client if they are utilizing a BH IPA or other outside entity to complete the LPHA recommendation?

It depends. Records containing individually identifiable information regarding service recipients maintained by supportive housing providers are subject to federal and state confidentiality protections, including HIPAA and Mental Hygiene Law (MHL) Section 33.13. HIPAA permits such information to be disclosed to third parties, including BH IPAs or other entities for treatment purposes without

consent. MHL section 33.13(d) also permits such information to be disclosed to other facilities licensed by OMH for treatment purposes without consent.

However, if the entity proposed to perform the assessment is not licensed by OMH, a supportive housing provider may still disclose confidential mental hygiene clinical information to other third parties with which the supportive housing provider has contracted for purposes of performing the LPHA recommendation, where the contract includes the terms of a HIPAA business associate agreement and also requires the entity to maintain confidentiality as required by the MHL. Where these contracts are in place, consent is not required for the disclosure.

Note that the information disclosed to either OMH licensed or other third parties must be the minimum information necessary for the purposes for which it is disclosed.

Q38 Can we use the agency's NPI number on the LPHA recommendation form?

No, LPHAs must have their own NPI number. The application for an NPI number can be found here: <https://nppes.cms.hhs.gov/#/>