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Home Stabilization Information for Providers
Frequently Asked Questions

1. *Can provider agencies work exclusively with existing clients, or will they have to work with anyone who chooses them as a provider?*

   Agencies can not refuse service to anyone, provided that they have the capacity and expertise to work with an individual.

2. *Can temporary and transitional housing programs, specifically Substance Abuse Recovery Houses, become enrolled providers? If so, can they utilize the Home Find component only?*

   Any agency who would meet the Certification Standards to be a Home Stabilization Provider is encouraged to apply. If an agency already has a program focused on housing preservation or placement, they would not qualify. Also, transitional living settings are not a permittable housing goal for the Home Find services of Home Stabilization, only a permanent placement is an allowable goal. Individuals living in a transitional setting would only qualify for the Home Find services.

3. *Once an organization is certified as provider, are there any limitations/restrictions for billing the time/effort of staff, supported by grants or other soft money, when they provide housing stabilization service?*

   No, provided that they are abiding by the Medicaid rules on supplanting.

4. *What are the requirements for monthly contact with a client, in terms of program compliance and billing?*

   The minimum standard for agencies working with individuals will be 60 minutes per month, either through direct service or collateral work. There must be at least one face to face visit per month as well.

*This is a "Living Document" and will be updated with program changes, information, and further questions **

A. *<u>During the COVID-19 crisis are face to face contacts still mandatory?</u>*

No. Tele-health phone calls can be used in place of face to face visits during the state of emergency. Once that is lifted per the RI Department of Health, face-to- face meetings will once again be required.

5. *<u>Can the education experience requirement be adjusted in certain circumstances? For example, could a Community Health Worker, without an Associate's Degree, but having 1-2 years related experience, be allowed to work on a Home Stabilization team?</u>*

No. The 1115 waiver which authorizes Home Stabilization Services through CMS established minimum requirements for Home Stabilization staff. It reads as follows:
"***Education (minimum)-*** *1-year case management experience, or Bachelors Degree in a related field and field experience.* ***Experience (minimum)-*** *Bachelor's Degree in a human/social services field; may also be an Associate's Degree in a relevant field, with field experience.* ***Skills (preferred)-*** *Knowledge of principles, methods, and procedures of services included under Home Stabilization Services meant to support the client's ability to obtain and maintain residence in independent community settings."*

6. *<u>Will an individual's enrollment on an ACT Team preclude them from participating in Home Stabilization?</u>*

No. Although the last installment of Home Stabilization did prohibit IHH/ACT participants, they will no longer be excluded. The housing assistance work done in Home Stabilization is considered a higher level of a specific service than IHH/ACT can provide.

7. *<u>What is the rate for Home Stabilization payment?</u>*

The current monthly rate per individual will be $145.84.

8. *<u>Within the Certification Standards document: Pg. 5- development of Home stabilization service plan. Will EOHHS be providing a template for this plan</u>?*

EOHHS does not plan on providing a template but does describe the necessary components of the service plan within the certification standards. But we are available for assistance with specific application questions and may be able to provide sample tools and assessments.

9. *<u>What is the state approved data collection and reporting system?</u>*

EOHHS expects Home Stabilization providers to have a system in place to support member record keeping, data collection, and reporting. This can include an Electronic Health Record (EHR), the Homeless Management Information System (HMIS), or another similar system. EOHHS has chosen not to prescribe the system or type of system in recognition that different service provider types with varying levels of technical infrastructure may apply to be a Home Stabilization provider. Interested providers should describe their system within the certification application.

10. *How will other home stabilization providers know if a consumer is already receiving home stabilization services and with what provider?*

    When an agency puts in a request for Prior Authorization, the client will be flagged as someone already receiving Home Stabilization services.

11. *Would a beneficiary still qualify for Home Stabilization services if they are already receiving n HCBS waiver or similar program?*

    Anyone who is a Medicaid beneficiary and meets eligibility criteria for Home Stabilization can receive Home Stabilization services, no matter what other services they receive, except in cases where these funds would supplant, nor supplement, an existing program. Since Home Stabilization is a Medicaid benefit for qualified beneficiaries, enrollment in another program will in no way exclude eligibility for Home Stabilization. EOHHS expects Home Stabilization providers and HCBS providers to coordinate care on behalf of members who are receiving services under the HCBS waiver.

12. *What is the age limit to receive Home Stabilization Services?*

    There is no age limit. This means youth transitioning from DCYF care, and similar programs, could be eligible for services.

13. *How long with the DXC billing and certification trainings take?*

    DXC will contact agencies soon after becoming accepted as providers. The training itself, according to DXC, will take 1 ½ - 2 hours.

14. *Can an agency which already provides a member case management services also provide the same individual Home Stabilization services? Can the same worker provide both services?*

    There are no rules prohibiting an agency, or even singular worker, from servicing an individual case management and Home Stabilization services. However, the State will pay close attention to documentation which clearly delineates the program being provided and billed for per, per contact, in subsequent program audits. A singular visit should not bill for both programs.