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Home Stabilization Information for Providers
Frequently Asked Questions

1. *Can provider agencies work exclusively with their own existing clients, or are they required 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 solely focused on housing preservation or placement, they will not qualify. Also, transitional living settings are not a permittable housing goal for the Home Find services of Home Stabilization. Only a permanent housing placement is an allowable goal. Individuals living in a transitional setting qualify for the Home Find services but do not qualify for Home Tenancy Support.

3. *What are the best practices for agencies receiving grant, and other soft monies, in addition to Medicaid dollars? How can agencies ensure that a program audit won't cause issues of supplanting, or jeopardize either source of funding?*

   When establishing a Home Stabilization program, clear lines delineating what specifically each funding source will cover is essential. Documenting this by both agency financial reports and in actual case files, if appropriate, will ensure clean audits individually and cross programs.

   - For related information, see Questions #6 and #14.

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 is 60 minutes of contact per month, either through direct service or collateral work. There must be at least one face-to-face visit per month as well.

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

No. Tele-health phone calls or video contact may be used in place of face-to-face visits during the state of emergency. However, on June 13, 2022, the RI Executive Office of Health and Human Services issued Transmittal #22-03 advising agencies to begin face-to-face visits again whenever possible. Also, currently the CDC's Public Health Emergency is set to end on January 11, 2023. at this time face-to-face visits will again become mandatory.

5. *Can the education experience requirement be adjusted in certain circumstances? For example, could a Community Health Worker, without an associate degree who has 1-2 years related experience be allowed to work on a Home Stabilization team?*

Not currently. 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 Bachelor's Degree in a related field and field experience.* ***Experience (minimum)-*** *Bachelor's Degree in a human/social services field; may also be an associate 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. *Will an individual's enrollment on an ACT Team preclude them from participating in Home Stabilization?*

No. Although the previous version of Home Stabilization did prohibit IHH/ACT participants, these members will no longer be excluded. The housing services provided in Home Stabilization are considered a higher level of a specific service than IHH/ACT can provide. However, because staff working on an IHH/ACT team are required to work 35 hours weekly solely on the IHH/ACT team, an IHH/ACT client's Home Stabilization staff person can't be their IHH/ACT case manager. The HSS Team needs to be woven into the organization's structure as its own program. Another example of this would be the Opioid Treatment Program Health Home, which functions the same way as an IHH program, but is provided by recovery clinics.

7. *What is the rate for Home Stabilization payment?*

The current monthly rate per qualified individual is $331.84.

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

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

9. *What is the state approved data collection and reporting system?*

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 Home Stabilization providers. 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 submits 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 an 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, not 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 do the DXC billing and certification trainings take?*

    Following becoming a certified Home Stabilization provider, you will be instructed to contact a representative from our billing agent, Gainwell Technologies. The training, according to Gainwell, takes 1 ½ - 2 hours.

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

    There are no rules prohibiting an agency, or even a single worker, from providing an individual with both case management and Home Stabilization services. However, documentation must clearly delineate the program/service being provided and billed for each contact. Program audits will review this information. A single visit may not be billed for both services?

    - *The exception to this rule is for beneficiaries receiving IHH/ACT Behavioral Health care. (See Question# 6).*

15. *Can a provider bill for Home Stabilization if the beneficiary receives Medicaid through another plan, such as, Neighborhood Health Plan, United Healthcare, Tufts Health Plan, Medicare, etc.?*

    Yes. Home Stabilization is a "carved out" benefit. This means that if a beneficiary has a form of Medicaid and qualifies for the benefit, Home Stabilization services provided to the person may be billed directly through Medicaid, regardless of any other insurance plan coverage.

16. *How long does enrollment as a Home Stabilization provider last?*

    Three years. At that point you will receive notice of your need for renewal your provider status.