



COLORADO

Department of Health Care
Policy & Financing

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Transitioning to sustainable supportive housing services through Medicaid

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The ARPA-funded [Statewide Supportive Housing Expansion \(SWSHE\)](#) grant project ends September 30, 2024. HCPF is assisting the SWSHE grant participants with enrolling as Medicaid providers to ensure access to sustainable funding for supportive services following the end of the grant. Frequently asked questions regarding this transition to Medicaid reimbursement include:

What supportive services are reimbursable by Medicaid?

- Most services delivered in a supportive housing context are reimbursable through Colorado's 1915(b)3 waiver. This 1915(b)3 policy waives certain restrictions and allows Medicaid to cover non-medical services for members with a behavioral health diagnosis, or in cases where the diagnosis has been deferred. This includes: case management, outreach, housing navigation, leasing navigation, move-in and orientation assistance, skill building, peer services, assistance renewing leases, and assistance renewing vouchers.

How will supportive housing providers bill for support services?

- There are two all-inclusive supported housing codes: H0043 (supportive housing, daily rate) and H0044 (supportive housing, monthly rate). Effective October 2024, these codes will include the services outlined above. Providers will complete claim forms and submit to Managed Care Entities (MCEs) for reimbursement. Colorado's Managed Care Entities include seven Regional Accountable Entities (RAEs) and two Managed Care Organizations (MCOs).

Who can bill Medicaid for the revised supportive housing services package as of Oct 1, 2024?

- To seek reimbursement for this package of covered services through the codes described below, agencies must secure a letter from the Colorado Department of Local Affairs' Division of Housing (DOLA/DOH) which identifies their agency as a supportive housing provider overseeing an allocation of supportive housing resources/vouchers. Such entities are qualified to enroll in Medicaid within the Supportive Housing Provider Type and contract with one or more Managed Care Entities (MCEs).



How are reimbursement rates determined?

- HCPF provides a set amount to Managed Care Entities to cover provision of all behavioral health services provided under the Capitated Behavioral Health Benefit. MCEs are responsible to determine, based on member needs in the region, how best to spend the money, considering factors such as number of members using particular services and number of providers available. As part of contracting, MCEs negotiate rates with each provider.
- HCPF is updating the supported housing codes (H0043 & H0044) to include the full package of services relevant to supportive housing. HCPF will be setting a benchmark rate to guide MCEs in understanding the state's perspective that factors what similarities and differences exist in Colorado as compared to other states offering similar benefits.

What is the provider type for supportive housing agencies?

- Supportive housing agencies, that participated in the SWSHE pilot project and only deliver non-clinical supportive services, will enroll with Medicaid through a new provider type / specialty type being created for supportive housing providers that is aimed to be effective July 1, 2024.
- Agencies that are already enrolled with Medicaid or who intend to employ a licensed clinician and deliver clinical services (in addition to supportive services) will have their provider type reviewed with HCPF on a case by case basis.

How long does it usually take to enroll as a Medicaid provider and contract with MCE(s)?

- Agencies should anticipate it taking approximately 60 days to complete these two processes.

What are the infrastructure requirements to be a Medicaid provider?

- Agencies must obtain appropriate insurance, establish policies & procedures, and contract with or employ a licensed clinician to provide clinical supervision for unlicensed professionals.
- **Do housing providers need to purchase a billing system in order to bill Medicaid?**
 - No, housing providers do not need to purchase a billing system. A third party billing company may be used.
- **Do supportive housing providers need to employ a full-time clinician?**
 - No, housing providers do not need to employ a full-time clinician. Housing providers may contract with a licensed clinician for limited hours of clinical supervision.
- **Do housing providers need to use an Electronic Health Record (EHR)?**
 - No, housing providers do not need to purchase an EHR. HMIS may be used for documentation.
- **What are the requirements for insurance? Do we have to insure the licensed clinicians individually or do we just need to carry the insurance as an organization?**
 - Providers are required to hold General Liability Insurance. Organizations are responsible to cover employees only, so if you employ the clinician you cover them. If you contract with a clinician, you can have them provide their own insurance.
- **What types of unlicensed service providers (ie. professional staff) can deliver billable supportive services?**



- Unlicensed service providers allowed to deliver Supported Housing service codes include Bachelor's level, CAS, CAT, clinical intern, Peer Specialist, Unlicensed Master's Level, and QMAP. More details on service provider requirements can be found in Appendix J of the [State Behavioral Health Services Billing Manual](#).
- In consideration of stakeholder feedback, HCPF is exploring the role of case managers, and requirements for serving as a provider in this role.
- **Is clinical supervision required if our housing team is not providing clinical services?**
 - Yes, clinical oversight is required for all billed services.
- **What are the education, certification, and lived experience requirements for Peer Specialists?**
 - Peer Specialists do not need to hold a Bachelor's degree. COPA-endorsed certification is not required, except in the case of employment by a Recovery Support Services Organization (RSSO). Any type of relevant lived experience is allowed.

What activities have SWSHE grantees indicated using grant funding for that are not reimbursable through current Medicaid authorities?

- One-time transition and moving costs (e.g., security deposits, application and inspection fees, utilities activation fees and payment in arrears, movers)
- Furniture and other household furnishings
- Community events
- Damage/repairs/maintenance

What are the benefits of being a Health First Colorado behavioral health network provider?

- **No Deductible or Co-Pays** - Health First Colorado members do not have to meet a deductible. This means Health First Colorado reimburses providers from the outset of services.
- **Rapid Payment** - Depending on services claimed, the average provider payment timeline is between three and 14 days, with 99% of claims paid within 30 days.
- **Limited Prior Authorization Requirements** - Providers have no prior authorization requirements for most outpatient services, including psychotherapy.
- **Robust Coverage** - Health First Colorado has one of the most robust behavioral health benefit packages of any state, often paying comparable or higher rates and covering more services than commercial payers. We also reimburse [pre-licensure candidates](#) and [peers](#).
- **No Service Limits** - Health First Colorado does not have limits on the number of services provided to our members, as long as the services are medically necessary.
- **Administrative Support** - Health First Colorado providers have access to administrative and network supports, data analytics, technology, and care coordination services through the [regional accountable entities \(RAEs\)](#).

For more information contact

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