



**Office of
Mental Health**

Supportive Housing Updates

**Implementation of Medicaid State Plan Rehabilitative and
Tenancy support Services (SPA #20-0005)**

Office of Financial Management

Overview - Roll Out of SH SPA 20-005

- State Plan Amendment (SPA) 20-0005 permits the State to pursue Medicaid reimbursement for Rehabilitative and Tenancy Support Services provided in OMH funded supportive housing programs.
- Eligible OMH supportive housing providers that choose to participate in this program will be eligible to receive enhanced OMH State Aid to further support the provision and recording of these services.

Overview - Roll Out of SH SPA 20-005

- OMH strongly encourages all providers to consider participating for further contract enhancements.
- The 2022-23 Budget included \$15M for upfront investments with contract increases flowing instantly -- \$1,200 per unit for downstate programs and \$600 per unit for upstate programs with a January 1, 2023 effective date.
- OMH will require notification of intent to participate and good faith effort to start working on this (e.g., reporting services in CAIRS, a plan for LPHA recommendations and provider enrollment in Medicaid - if needed)

Overview - Roll Out of SH SPA 20-005

- We plan to explain all the recently issued materials to help you and your agency make an informed decision including:
 - Latest details included in the FAQs
 - CAIRS reporting and LPHA recommendations
 - Next steps
- OMH will also be conducting a SH SPA Implementation Webinar on November 7th from 9-10:30 am for all eligible providers

Frequently Asked Questions

- Background
- Funding
- Participation
- Program Requirements
- Medicaid Billing / audit Liability
- Licensed Practitioner of the Healing Arts (LPHA)
Recommendation
- Service Delivery and Record Keeping

Background

- **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.

Background (continued)

- **Why is OMH implementing Medicaid State Plane 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.

Background (continued)

- **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 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.
- 2) 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.

Background (continued)

- **What specific services are considered Medicaid State Plan Rehabilitative and Tenancy Support Services (continued)?**

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

- **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. These funding increases will be scheduled for implementation immediately following the initial submission of monthly services data and will continue permanently based on continued participation. OMH is planning to start implementation shortly with voluntary participation and CAIRS reporting on services starting January 1, 2023.

Funding (continued)

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

OMH will provide a full year of funding increases in the initial six-month implementation period to help cover any start-up costs, including technology and system improvements and staff training for the new reporting requirements.

Funding (continued)

- **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 funding increase for all of the 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

- **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 2023 allowing providers to participate in subsequent quarters.

Participation (continued)

- **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.

Participation (continued)

- **Can a provider decide to withdraw from participation?**

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.

Program Requirements

- **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.

Program Requirements (continued)

- **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 Plane 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>

Program Requirements (continued)

- **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/>.

Program Requirements (continued)

- **What are the program requirements for participation (continued)?**
 - 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.

Program Requirements (continued)

- **What are the program requirements for participation (continued)?**
 - 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.

Program Requirements (continued)

- **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.

Program Requirements (continued)

- **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.

Program Requirements (continued)

- **What will be the qualifications of staff delivering Rehabilitative and Tenancy Support Services (continued)?**

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.

Program Requirements (continued)

- **What will be the qualifications of staff delivering Rehabilitative and Tenancy Support Services (continued)?**

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

- **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.

Medicaid Billing / Audit Liability (continued)

- **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.

Medicaid Billing / Audit Liability (continued)

- **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

- **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.

- **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.

Licensed Practitioner of the Healing Arts (LPHA) Recommendation (continued)

- **Who can complete an LPHA recommendation?**

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

- | | |
|--|---|
| <ul style="list-style-type: none">• Doctor (MD/DO)• Physician's Assistant• Nurse Practitioner• Registered Nurse• Licensed Mental Health Counselor• Licensed Marriage and Family Therapist | <ul style="list-style-type: none">• 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.

Licensed Practitioner of the Healing Arts (LPHA) Recommendation (continued)

- **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

Licensed Practitioner of the Healing Arts (LPHA) Recommendation (continued)

- **Is there a standardized template and assessment process for completion of the LPHA recommendation continued?**

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.

Licensed Practitioner of the Healing Arts (LPHA) Recommendation (continued)

- **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.

Licensed Practitioner of the Healing Arts (LPHA) Recommendation (continued)

- **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:

- **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.

Service Delivery / Record Keeping (continued)

- **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.

Service Delivery / Record Keeping (continued)

- **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.

Service Delivery / Record Keeping (continued)

- **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.

Service Delivery / Record Keeping (continued)

- **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.

Service Delivery / Record Keeping (continued)

- **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.

Service Delivery / Record Keeping (continued)

- **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.

Service Delivery / Record Keeping (continued)

- **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.

Service Delivery / Record Keeping (continued)

- **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.

- **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.

Supportive Housing CAIRS Service Reporting

Community Integration and Tenancy Stabilization Services

called Rehabilitative and Tenancy Support Services

Focus on reducing the disabling symptoms of behavioral health, medical, or developmental conditions that jeopardize an individual's ability to live in the community.

Category 1: Community Integration Skill-Building Services

Services that support individuals who are transitioning into housing and establishing community integration

Category 2: Stabilization Services

Services intended for individuals already residing in Supportive Housing to assist them to remain stably housed



Rehabilitative and Tenancy Support Services

Community Integration Needs Assessment: Identifying an individual's strengths, preferences, and barriers to maintaining housing stability and community integration.

Treatment Planning: Individualized support planning, based on the Community Integration Needs Assessment. Identifies providers or services outside of the housing program that will assist with housing stability and maintaining community integration.

Tenancy Support Planning: Individualized support planning with individuals to review, update, and modify the existing support plan. This service is available to individuals established in a Supportive Housing program, and is consistent with the support plan review process outlined in Section VI above.



Rehabilitative and Tenancy Support Services *Cont.*

Rehabilitative Independent Living Skills Training: Psychosocial rehabilitation and skills training to help Residents develop and maintain skills necessary to live successfully in the community. Examples: accessing needed services and community resources, understanding rights and responsibilities as tenants, etc.

Community Resources Coordination: Providing assistance to individuals with establishing a household, becoming acquainted with the local community, and linking to services. Includes advocacy and linkage with community resources to stabilize community integration when community tenure is, or may potentially become, jeopardized.



Rehabilitative and Tenancy Support Services *Cont.*

Crisis Planning: Support planning for individuals well before a crisis, or after a crisis has occurred. These services are designed to help individuals and their collaterals effectively recognize, manage, plan for, and prevent the escalation of psychiatric and/or substance use symptoms or other factors so that housing stability is not jeopardized. Specific interventions that fall under this definition include but are not limited to:

- assessment to determine the need for further evaluation and/or supports;
- safety planning;
- engagement with Resident's identified supports;
- connection to supports and services identified in the safety plan;
- advocacy and linkage to resources to prevent escalation; and
- debriefing following a crisis episode.



Rehabilitative and Tenancy Support Services *Cont.*

Crisis Intervention: Urgent and temporary support to individuals who are experiencing, or are at imminent risk of experiencing, a crisis. These services aim to interrupt and/or ameliorate acute distress and associated behaviors that threaten a Resident's housing stability, and restore them to a pre-crisis level of functioning. Crisis Intervention services may include:

- assessing the crisis and facilitating resolution and de-escalation;
- providing support for utilization of a safety plan;
- ensuring safety for the Resident and others;
- engaging collaterals; providing linkage to resources needed for de-escalation and restoration such as a crisis stabilization center, residential crisis respite, or helpline.



Service Requirements

- Services are individualized and provided face-to-face (including telehealth where appropriate)
- Tailored to the individual. Based on resident need and desire to participate
- No requirement that all residents in participating programs receive Rehabilitative and Tenancy Support Services



Service Duplication

Not duplicative with other Medicaid-funded rehabilitative services when recipients require services to address symptoms or improve functional impairments impacting domains other than housing stability, or a higher intensity level of services than those Supportive Housing Providers can provide. If appropriate, individuals receiving RTS may also receive:

- Mental Health Outpatient Treatment and Rehabilitative Services (formerly “Clinic Treatment”)
- Assertive Community Treatment (ACT)
- Personalized Recovery Oriented Services (PROS)
- Behavioral Health Home and Community Based Services (BH HCBS)
- Community Oriented Recovery and Empowerment (CORE)

Requires coordination between Housing Providers and other service providers to maximize the individual’s rehabilitation and restoration of functional abilities.



Authorization

Completed by a Licensed Practitioner of the Healing Arts (LPHA)

- Based on clinical determination that the services could benefit an individual to establish or maintain housing stability
- Completed prior to billing for services,
- Renewed every three years. New authorization obtained 1 month prior to expiry.
- Documentation – Template form and CAIRS



CAIRS Reporting

For programs that opt-in:

- ALL services (not just Medicaid-billable services) must be documented in CAIRS
- Reporting occurs on a monthly basis
- Service documentation should be completed within 15 days of the end of the month



Start-Up		Data Entry	Data Transfer	Administration	Reports	Help	Logoff
Client's first name <input type="text"/>		<div style="border: 1px solid black; padding: 2px;"> Client Search Community Residence/TFH Report Tenancy Services </div>		Client Search		Last name <input type="text"/>	
DOB <input type="text"/>					SSN <input type="text"/>		
Client ID <input type="text"/>		Medicaid ID <input type="text"/>				Client Master ID <input type="text"/>	
<input type="checkbox"/> Search Client Master		<input type="checkbox"/> Search AKA Names					
Episode ID <input type="text"/>		Agency <input type="text"/>					
Help	Add New Client	View Referral List	View Current Roster	Exit	Select	Search	Clear
View Service Utilization		Client(s) Found:					
Last Name	First Name	MI	Birth Date	Sex	Age	Race	Hispanic



| Start-Up

| Data Entry

| Data Transfer

| Administration

| Reports

| Help

| Logoff

Program Selection

Agency name Facility name
 Program unit Program type

Program Type Selection (Choose the program type you wish to work with)

Supported Housing Community Services Supported/Single Room Occupancy (SRO)

Program Unit Selection (Choose the program unit you wish to work with)

	Agency	Facility	Unit
<input type="radio"/>	18780 - ACMH, Inc.	7062 - ACMH, Inc.	640 - ACMH - SH/PC Long Stay Creedmoor PC Queens - Comm. Svcs
<input type="radio"/>	18780 - ACMH, Inc.	7062 - ACMH, Inc.	637 - ACMH - SH/PC Long Stay Manhattan PC New York - Comm. Svcs
<input type="radio"/>	18780 - ACMH, Inc.	7062 - ACMH, Inc.	633 - ACMH - SH/PC Long Stay New York - Comm. Svcs
<input type="radio"/>	18780 - ACMH, Inc.	7062 - ACMH, Inc.	632 - ACMH - SH/PC Long Stay Queens - Comm. Svcs
<input type="radio"/>	18780 - ACMH, Inc.	7062 - ACMH, Inc.	638 - ACMH - Supported Apartments 638 New York - Comm. Svcs



Start-Up	Data Entry	Data Transfer	Administration	Reports	Help	Logoff
CAIRS Supported Housing Tenancy Services Data Entry						
Agency name	Mental Health Assoc/Columbia-Greene Cos., Inc	Facility name	Mental Health Assoc/Columbia-Greene Cos., Inc			
Program unit	Greenport Garden SP/SRO	Program type	Supported/Single Room Occupancy (SRO)			
Roster as of Date: 10/14/2022 X ...						
Select Recipient to Add Tenancy Service:						
First Name	<input type="text"/>	Last Name	<input type="text"/>			
Tenancy Service Date	<input type="text"/> ...	Tenancy Service	<input type="text"/> v	Billable	<input type="checkbox"/>	
<input type="button" value="Client Service Tab"/> <input type="button" value="Search for Recipient"/> <input type="button" value="Save Service"/> <input type="button" value="Exit"/> <input type="button" value="Clear"/>						
Client(s) Found: 0						
Recipient Name	Recipient CIN	Admission Date	Discharge Date	Tenancy Service Claimed	Date of Service	Billable
No matching records						
						<input type="button" value="Previous"/> <input type="button" value="Next"/>



Start-Up		Data Entry		Data Transfer		Administration		Reports		Help		Logoff											
CAIRS Supported Housing Tenancy Services Data Entry																							
Agency name				Mental Health Assoc/Columbia-Greene Cos., Inc				Facility name				Mental Health Assoc/Columbia-Greene Cos., Inc											
Program unit				Greenport Garden SP/SRO				Program type				Supported/Single Room Occupancy (SRO)											
Roster as of Date:												10/14/2022		...									
Select Recipient to Add Tenancy Service:																							
First Name				Last Name				Tenancy Service				Tenancy Service											
Tenancy Service Date				...				Client Service Tab				Search for											
Client(s) Found: 0																							
<table border="1"> <thead> <tr> <th>Recipient Name</th> <th>Recipient CIN</th> <th>Admission Date</th> <th>Discharge Date</th> <th>Tenancy Service</th> </tr> </thead> <tbody> <tr> <td colspan="5" style="text-align: center;">No matching records</td> </tr> </tbody> </table>														Recipient Name	Recipient CIN	Admission Date	Discharge Date	Tenancy Service	No matching records				
Recipient Name	Recipient CIN	Admission Date	Discharge Date	Tenancy Service																			
No matching records																							
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**Office of
Mental Health**

Supportive Housing LPHA Recommendation BHCC/BH IPA Revenue Opportunity

Supportive Housing Provider Role

- Supportive housing providers without in-house LPHAs will need a source for LPHA recommendations.
- Use secure portal, RedCap, to transfer an individual's records to the BHCC/BH IPA completing the LPHA recommendation.
 - Consent form included in this process.
- Document receipt of LPHA recommendation in Child and Adult Integrated Reporting System (CAIRS).
- Work with BHCC/ BH IPAs to determine invoicing and payment processes.

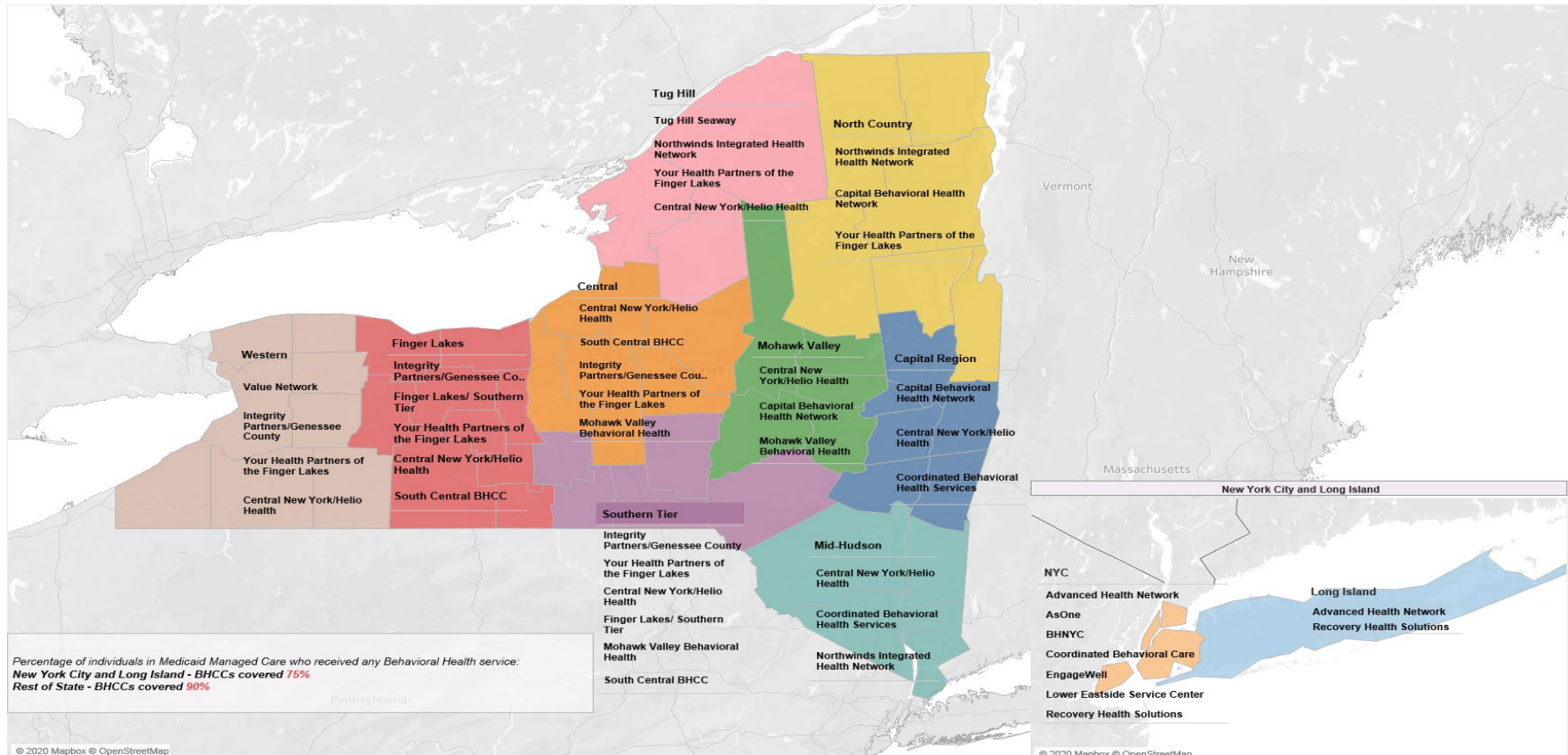


BHCC/ BH IPA Role

- Using the RedCap portal, Supportive Housing Providers will refer to participating BH IPAs to complete supportive housing LPHA recommendations.
- BH IPAs can accept or decline the referral.
- If declined, the housing provider can refer to another BH IPAs
- If accepted, the BH IPA and partner providers will complete the LPHA recommendation and return via RedCap.

NYS Medicaid Behavioral Health Value-Based Payment Readiness Program: BHCC County Coverage of Network Provider

Updated Jul. 2020



Housing Provider File Submission

Please ensure the accuracy of the patient name and birth date before submitting the form. When you submit the form, the BH IPA you selected will receive an email notifying them to review the client information and documents that you have uploaded.

Please enter your housing provider e-mail address
* must provide value

Please confirm your housing provider e-mail address
* must provide value

E-mail Verification

Please choose a BH IPA. We encourage you to select a provider from your region.

Housing Provider File Submission

https://rc-1.nyspi.org/surveys/?s=4NCHPWW48LPYMTFY

Please choose a BH IPA. We encourage you to select a provider from your region.

Your request will be sent to ____.

Enter the resident's first name
** must provide value*

Enter the resident's middle initial

Enter the resident's last name
** must provide value*

Enter the resident's date of birth M-D-Y
** must provide value*

Select a document to upload [Upload file](#)
** must provide value*

Select a document to upload [Upload file](#)

Select a document to upload [Upload file](#)

Close survey

Your request has been submitted. If the IPA requires additional documentation they will contact you with the email you provided.

Thank you

i You may return to this survey in the future to modify your responses by navigating to the survey URL and entering the code below.

Return Code: A1M8-823

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