

## Section 2 – Medicaid and General Fund Reimbursement

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### FSH Case Rate:

Effective October 2016, AHS began to draw down federal financial participation (FFP) through the Medicaid program for eligible FSH services. These are for Medicaid-eligible beneficiaries through the targeted case management service category under the Medicaid State Plan. The current case rate of \$505 per member per month supports sustainable programs when paired with a base grant. FSH providers have an annual billing cap. OEO's monitoring will consist of onsite and desktop review of financial records, client records, and performance reports. All FSH providers will follow (see Appendix D), which include a documentation of household eligibility, services rendered, and family outcomes. (\$505 case rate effective 9.1.23)

### Services And Activities Ineligible For Reimbursement As Case Management Services:

Medicaid reimbursement is not available as case management services or activities that do not comport with the definition of Medicaid case management. Nor is Medicaid reimbursement available as case management when any of the following conditions exist:

1. Provision of direct services are not eligible for Medicaid reimbursement.
2. Case management activities are an integral component of another covered Medicaid service.
3. The case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including, but not limited to, services under parole and probation programs, public guardianship programs, special education programs, child welfare/child protective services, and foster care programs.
4. The activities are integral to the administration of foster care programs.
5. The activities, for which an individual may be eligible, are integral to the administration of another non-medical program, such as a guardianship, child welfare/child protective services, parole, probation, or special education program except for case management that is included in an individualized education program or individualized family service plan consistent with section 1903(c) of the Act.

### FSH Provider Enrollment with Medicaid:

FSH Providers are required to enroll as a Vermont Medicaid Provider. In accordance with Section 6401 of the Affordable Care Act of 2010 (ACA). All enrolled and newly enrolling providers will be subject to federal screening requirements.

Gainwell Technologies is the fiscal agent for the Vermont Medicaid Program and processes provider enrollment applications. Green Mountain Care (VT Medicaid) enrollment & revalidation instructions can be found at:

<http://www.vtmedicaid.com/assets/provEnroll/GrnMtnCareEnrollInst.pdf>

FSH Providers that are currently enrolled as a Medicaid provider for another program will need to re-enroll as a Family Supportive Housing Provider and obtain a new provider identification number for FSH billing. The average processing time is 15-45 days. FSH Providers should notify OEO immediately if their FSH provider identification number changes.

### To Enroll, Re-enroll or Revalidate in Vermont Medicaid

In order to enroll, re-enroll or revalidate, please visit the [Provider Management Module](#).

To begin a new enrollment or to re-enroll, click Menu (the icon with three lines) on the top left-hand corner of the screen. Select Provider Enrollment and then New Enrollment.

At this time, there two options. The first option is to click start on the right-hand side and begin a new application. Start an Enrollment Pre-checklist to see everything needed prior to starting the enrollment application. To generate a pre-check list, answer these 5 questions first.

1. Enrollment Type
2. Provider Type
3. Specialty
4. Tax ID type
5. Medicare participation

Once complete, click start and provide an email and create a password. Click register in the right-hand corner.

**Registration**

Register below to be assigned a unique enrollment tracking number. Be sure to write down your password. An email confirmation will be sent with the tracking number. If you don't submit your enrollment right away, you can use this tracking number and password to resume your enrollment application later.

Required Fields (★)

★ Email  ★ Confirm Email

★ Password  ★ Confirm Password

Provider Reference

PREVIOUS REGISTER

A pop up will show a tracking number; this number will also be emailed. It is recommended to write this number down as a reference.

**REGISTRATION COMPLETE**

Your tracking number is **5801068581**.

An email will be generated and sent to your email address **mar\*\*\*\*\*@gainwelltechnologies.com** with further instructions.

You can now continue with your enrollment application.

OK

Now select the Enrollment Type, Provide type and the effective date. Once all of the information is entered on the screen, click save and continue. (Once saved this information cannot be changed).

- Enrollment Type: Select **Atypical** unless your organization has an existing National Provider Identifier (**NPI**)
- Provider Type: **T47** (FAMILY SUPPORTIVE HOUSING)

Next move to the second tab of the application which is specialties. Click the create new tab and complete all the information.

- Make Primary: Please select this box
- Specialty: S53-Family Supportive Housing
- Taxonomy: 251B00000X- Case Management
- Effective Date: this should match the effective day selected on the first tab.

Once that information is completed click SAVE.

New Specialty

Required Fields ( \* )

☒ Make Primary

\* Specialty

S53-Family Supportive Housing

\* Taxonomy

251B00000X - Case Management

\* Effective Date

07/05/2024

CANCEL

SAVE

Click SAVE and continue in the bottom right-hand corner.

At this point there are 11 remaining tabs to complete. On the following tabs click SAVE AND CONTINUE unless any Associations and/or Provider type (hospital affiliations/Practice affiliations) need to be added.

Family Supportive Housing Test

PROGRESS

1 General Information

2 Specialties

3 Service Location

4 Addresses

5 Organization

6 Associations

7 Credentials

8 Provider Type

9 Other

10 EFT

11 Disclosures

12 Attachments

13 Agreement / Submit

CANCEL

PREVIOUS

SAVE AND CONTINUE

## Things to Note:

Notification to revalidate should be received between 45 and 90 days prior to the expiration of the enrollment with all necessary information and next steps. Once this notification is received, visit the Provider Management Module homepage. Click Menu on the top Right-hand corner of the screen. Select Provider Enrollment and then Resume/Revalidate Enrollment.

Resources:

Provider Enrollment Manual: [Vermont Medicaid Provider Manual \(vtmedicaid.com\)](https://www.vtmedicaid.com/provider-enrollment-manual)

Monthly Webinar Trainings: [Vermont Medicaid Portal \(vtmedicaid.com\)](https://www.vtmedicaid.com/webinar-trainings)

For more information and instructions on using the Provider Management Module, please click [here](#).

If you are unable to complete the online application, contact the Gainwell Enrollment Department at [vtproviderenrollment@gainwelltechnologies.com](mailto:vtproviderenrollment@gainwelltechnologies.com) for assistance.

### FSH Provider Billing:

The current FSH Provider Case Rate is set at \$505 Per Member Per Month with an annual cap per provider.

FSH Billing Code: **T2023**  
FSH Diagnosis Code: **Z599**

The FSH Provider will submit one claim per family per month, utilizing the Medicaid beneficiary's Medicaid ID number. This ID number must be obtained from the family by the FSH service coordinator and filed with the case file.

Medicaid claims can be submitted on paper by completing the CMS 1500 Form for Medicaid Billing (Appendix E)

### Allowable FSH Provider Activities Using Medicaid Funds:

1. FSH Housing Transition Services.
2. Targeted Case Management

### Allowable FSH Activities Using General Funds:

1. Provision of direct services, including financial empowerment services
2. Tenancy Risk Pool / Housing Mitigation Funds
3. Limited assistance to families who are not currently enrolled in Medicaid (if approved by OEO)
4. Start-up costs (if approved by OEO)
5. Training (if approved by OEO)

Electronic claim filing facilitates faster claim processing and payment. FSH Providers can apply for a Transaction Services Account for electronic claims submission capabilities. The application and required forms can be found at <http://www.vtmedicaid.com/#/hipaaTools>. (see Appendix Q)