

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 \$400 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 [FSH recordkeeping requirements](#), which include a documentation of household eligibility, services rendered, and family outcomes.

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.

DXC Technology (formally Hewlett Packard Enterprise) is the fiscal agent for the Vermont Medicaid Program and processes provider enrollment applications. Green Mountain Care 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 will need to re-enroll as a Family Supportive Housing Provider and obtain a new provider identification number. This process can take up to 3-months.

FSH Provider Billing:

The current FSH Provider Case Rate is set at \$400 Per Member Per Month with an annual cap per provider.

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](#) or electronically via the Vermont Medicaid Portal <https://www.vtmedicaid.com/secure/logon.do>.

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>.

Allowable Fsh Provider Activities Using Medicaid Funds:

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

Allowable FSH Activities With General Fund Floor Grant:

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)