

ForwardHealth **UPDATE**

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NEW BENEFIT FOR HOUSING SUPPORT SERVICES

Housing Support Services Overview

Beginning February 1, 2025, the Wisconsin Department of Health Services (DHS) will cover housing support services for BadgerCare Plus and Medicaid members who are experiencing or are at risk of homelessness. The new housing support benefit covers four services to help eligible members find and keep stable housing:

- Housing consultation
- Transition supports
- Sustaining supports
- Relocation supports

Under the authority of 2019 Wisconsin Act 76, ForwardHealth will reimburse Medicaid-enrolled Continuum of Care (CoC) member agencies and Wisconsin Tribal nations that provide the services listed above for eligible members. These agencies will first need to enroll with

AFFECTED PROGRAMS

BadgerCare Plus, Children's Long-Term Support, Family Care, Family Care Partnership, IRIS, Medicaid

TO

Advanced Practice Nurse Prescribers With Psychiatric Specialty, Community Support Programs, Comprehensive Community Service Providers, Crisis Intervention Providers, Intensive In-Home Mental Health and Substance Abuse Treatment Services for Children Providers, Master's-Level Psychotherapists, Outpatient Mental Health Clinics, Outpatient Substance Abuse Clinics, Psychologists, Qualified Treatment Trainees, Residential Substance Use Disorder Treatment Providers, Substance Abuse Counselors, Supportive Housing Agency Providers, HMOs and Other Managed Care Programs

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Wisconsin Medicaid on the ForwardHealth Portal (the Portal) as supportive housing agency providers.

This ForwardHealth Update includes information about how to enroll with Wisconsin Medicaid, the requirements for supportive housing agencies, how to submit prior authorization (PA) requests, and how to submit claims:

- [Provider Enrollment](#)
- [Covered Housing Support Services](#)
- [Member Eligibility](#)
- [Requesting Approval for Housing Support Services](#)
- [Claims and Reimbursement](#)
- [Annual Quality Review](#)
- [Resources](#)
- [Record Retention](#)
- [Information Regarding Managed Care](#)

Provider Enrollment

Supportive housing agencies must enroll with Wisconsin Medicaid to be reimbursed for services provided to Medicaid or BadgerCare Plus members.

Two types of agencies can enroll to receive reimbursement for providing Medicaid members with housing support services:

- CoC member agencies associated with a U.S. Department of Housing and Urban Development (HUD)-recognized CoC lead agency
- Agencies affiliated with Wisconsin Tribal nations

Staff who provide housing support services must have:

- A Bachelor's degree from an accredited college or university or equivalent related experience or training, including lived experience.
- Appropriate knowledge and experience with local community resources.
- Competency to assess the member's needs and knowledge of the resources available to meet those needs.
- Training in Homeless Management Information System (HMIS) data entry processes or HMIS-comparable databases used by domestic violence providers.
- Training in evidence-based models of care for interviewing and engagement (for example, motivational interviewing, cultural humility, or trauma-informed care).

Wisconsin Medicaid policy and billing information is available for providers in the [ForwardHealth Online Handbook](#). ForwardHealth will add a service

QUICK LINKS

- [ForwardHealth Online Handbook](#)
- [Trainings](#) page
- [User Guides](#) page
- [Resources for Supportive Housing Agency Providers](#) page

Note: This page will be updated as resources become available.

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area about Housing Support Services under the BadgerCare Plus and Medicaid program that will be available after publication of this Update. The Online Handbook is updated when new policy changes go into effect. A secure ForwardHealth Provider Portal account is not required to access this information. More information can be found in the ForwardHealth Online Handbook Online Handbook topic [#4459](#).

Wisconsin Medicaid Enrollment Process

Beginning January 15, 2025, supportive housing agencies can enroll with Wisconsin Medicaid. ForwardHealth assigns these supportive housing agencies a moderate risk level for both enrollment and revalidation, and they will be subject to screening requirements. Information on provider risk level classification and screening requirements can be found on the [Risk Level Classification by Provider Type](#) enrollment page of the Portal.

Both new and existing Medicaid-enrolled providers must begin new applications to enroll as supportive housing agencies.

To enroll:

1. Access the [Portal](#).
2. Click **Become a Provider** on the left side of the Portal homepage. The Provider Enrollment Information homepage will display.
3. Click [Start or Continue Your Enrollment Application](#) on the upper left side of the Provider Enrollment Information homepage.
4. Click [Medicaid/Border Status Provider Enrollment Application](#) in the To Start a New Medicaid Enrollment box.
5. Read the instructions, then click **Next**.
6. Enter or select the applicable information, and click **Next** to continue.
7. Select **Supportive Housing Agency** in the Provider Type panel.
8. Continue through the application until it is complete.
9. Click **Submit**.

For tracking purposes, ForwardHealth encourages supportive housing agencies to note their application tracking number.

Supportive housing agencies have 10 business days to complete their application. If it is not completed within 10 business days, the supportive housing agency will need to start the application process over.

Note: The DHS Office of the Inspector General (OIG) will complete a site visit to the organization's practice location(s) before enrollment can be completed.

CALL TO ACTION

CoC member agencies and Wisconsin Tribal nations will be able to enroll as Medicaid supportive housing agency providers. Providers must enroll in Wisconsin Medicaid to receive reimbursement.

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Notice of Enrollment Decision

ForwardHealth will notify the supportive housing agency of their enrollment status within 60 days after receiving the complete enrollment application:

- If approved, ForwardHealth will enroll the supportive housing agency as a Wisconsin Medicaid provider.
- If denied, ForwardHealth will give the supportive housing agency the reason(s) for the denial in writing.

ForwardHealth sends a welcome letter to new Medicaid-enrolled providers. The welcome letter includes a copy of the provider agreement and important program participation details, such as effective dates and their assigned provider type and specialty. Supportive housing agencies should save this letter so they can use this information when conducting business with Wisconsin Medicaid.

Revalidation

ForwardHealth requires all enrolled supportive housing agencies to revalidate their enrollment information every three years to continue participating in Wisconsin Medicaid.

Supportive housing agencies must update their enrollment information and sign the Wisconsin Medicaid Provider Agreement and Acknowledgement of Terms of Participation during the revalidation process, which is completed through a secure Provider Portal account. OIG will also conduct a site visit before revalidation can be completed.

ForwardHealth will mail a Provider Revalidation Notice to enrolled supportive housing agencies when it is time for them to revalidate. The Provider Revalidation Notice specifies the supportive housing agency's revalidation date, which is when supportive housing agencies may begin their revalidation.

Supportive housing agencies have 30 days from their revalidation date to submit their revalidation application.

The Provider Revalidation Notice will be mailed to the practice address on file for supportive housing agencies. These agencies should keep this address up to date in the Portal to make sure they get timely notification of the need to revalidate. Supportive housing agencies may [check their revalidation date](#) at any time on the Portal.

Supportive housing agencies who do not submit their revalidation application by the deadline will have their Wisconsin Medicaid enrollment and

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participation end. If the supportive housing agency wishes to re-enroll, they must complete a re-enrollment application and undergo additional screening. ForwardHealth will **not** backdate a supportive housing agency's enrollment to cover gaps that occur when the revalidation deadline is missed.

Establishing a Portal Account

Once the supportive housing agency is enrolled in Wisconsin Medicaid, they are encouraged to establish a Portal account. Establishing a Portal account allows supportive housing agencies to keep information current with Wisconsin Medicaid. Supportive housing agencies may update their information, check a member's eligibility, and submit claims on the Portal. To request Portal access and the necessary PIN:

1. Access the [Portal](#), and click the Providers icon.
2. Click **Request Portal Access** in the Quick Links box to display the Request Portal Access page.
3. Enter the provider's National Provider Identifier (NPI) in the NPI Number field in the NPI Information section.
4. Click **Search**. The ForwardHealth Enrollment for Requested NPI section will auto-populate with the provider's information that ForwardHealth has on file. If the NPI is not found, the page will refresh and will not be populated with the provider's information.
5. Click the appropriate row from the ForwardHealth Enrollment for the Requested NPI section. The Selected NPI section will auto-populate with the selected information.
6. Enter the provider's Social Security number (SSN) or Tax Identification Number (TIN) in the SSN or TIN field in the Selected NPI section.
7. Click **Submit**. If the request is successful, a confirmation page will be displayed.

After a supportive housing agency successfully requests Portal access, ForwardHealth will mail a letter with a PIN to the agency. Supportive housing agencies must have a PIN to access the Portal.

The letter will also include a portion of the provider's Login ID, which is a supportive housing agency's NPI or Provider ID. For security purposes, the Login ID only shows digits three–six of the ID. Supportive housing agencies should not share their login information with anyone except appropriate staff. ForwardHealth recommends that supportive housing agencies change their login information when their staff changes.



UPCOMING TRAININGS

- Housing Support Services Training Module: Policy
- Housing Support Services Training Module: Enrollment
- Housing Support Services Training Module: Prior Authorization and Prior Authorization Amendment
- Housing Support Services Training Module: Claims

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Refer to the [ForwardHealth Provider Portal Account User Guide, P-00952](#), for more information on creating a secure Portal account.

Covered Housing Support Services

The new housing support benefit covers four services to help eligible members find and keep stable housing:

- Housing consultation
- Transition supports
- Sustaining supports
- Relocation supports

Housing Consultation

Housing consultation is the process of identifying a member's needs and finding options to meet those needs through a person-centered plan. This includes:

- Performing a personalized screening that identifies the member's preferences for, and barriers to, housing, including accessibility and affordability.
- Identifying other needs related to accessing Medicaid and non-Medicaid services (social, educational, or other services, regardless of funding source), including referrals to these services and supports. (Note: Supportive housing agencies may refer any eligible member to the coordinated entry process to make sure the member has access to the additional housing supports and services they need.)
- Collaboratively developing a person-centered plan based on the identified needs. The supportive housing agency cannot bill for consultation services until the person-centered plan is complete. (Note: In the event the member changes providers within a year, they may choose to review their plan and request that the new supportive housing agency complete a new one. The member may also choose to continue to use their existing plan and existing goals. The member's choice should be documented. The supportive housing agency should obtain appropriate releases of information when necessary.)

Development and Maintenance of the Person-Centered Plan

The member will have the opportunity to select their supportive housing agency to align with 1915(i) freedom of choice requirements. Using the information gathered during the housing consultation service described above, the supportive housing agency will work with the member to develop

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a person-centered plan. This person-centered plan will first identify the member's needs and then find services to address those needs. The supportive housing agency performs these key steps to develop and maintain the plan:

- Create a person-centered plan for transition, sustaining, and relocation housing support services that meet the member's needs as identified during their screening. Members will have freedom to choose which supportive housing agency they work with for transition, sustaining, and relocation services.
- Identify other needed services and supports, and support access to these needed services through proper referrals.
- Help the member select a professional to provide transition, sustaining, and relocation services as needed.

Note: Centers for Medicare & Medicaid Services 1915(i) requirements necessitate that the professional who completes the member's person-centered plan during consultation must be different than the professional who delivers the transition, sustaining, and relocation services. The member is allowed to receive consultation services from one staff person and receive transition, sustaining, or relocation services from a different staff person at the same supportive housing agency. The use of separate professionals must be documented in the member's plan.

- Have the member sign the 1915(i) Housing Support Services Health and Welfare Affirmation, F-03278 (02/2025).
- Review the member's person-centered plan every 12 months, when the member's needs change, or at the member's request.

Resources for developing a person-centered plan are available on the [PCP: Wisconsin's Model](#) page of the DHS website. Supportive housing agencies are encouraged to use and share these resources with members to help them actively participate in creating their own plan.

Transition Supports

Transition supports are different kinds of assistance provided to members in preparing for and transitioning to housing. Examples of transition supports that supportive housing agencies can offer are listed below:

- Supportive housing agencies can assist with and provide education about the housing search by:
 - Searching for available housing.
 - Identifying the adequacy and availability of transportation.

NEW FORMS

- 1915(i) Housing Support Services Eligibility Evaluation and Needs Assessment, F-03274 (02/2025)
- 1915(i) Housing Support Services Health and Welfare Affirmation, F-03278 (02/2025)

Note: Forms can be found on the [Forms](#) page of the Portal.

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- Completing the application for housing assistance and for the residence.
- Gathering documentation for rental applications.
- Supportive housing agencies can help with rental requirements by:
 - Reaching out to landlords and property managers on behalf of the member.
 - Reviewing a lease or rental agreement to ensure it is consistent with the housing support plan.
 - Assisting and coaching the member on landlord outreach.
 - Reviewing leases or rental agreements.
- Supportive housing agencies can help assure safe housing by conducting an inspection that:
 - Verifies the housing units are safe, ready for move-in, and meet the Habitability Standards under 24 C.F.R. § 576.403.
 - Assesses potential health risks to ensure the living environment will not adversely affect the member's health.
 - Confirms the housing units meet the federal home and community-based services requirements per 42 C.F.R. § 441.710(a)1-2.
- Supportive housing agencies can connect the member to community-based resources that help with activities. This includes securing required documents and fees needed to apply for housing and making reasonable accommodation requests to a housing provider related to the member's disability.

Sustaining Supports

Sustaining supports are types of assistance provided after a member is housed to help them maintain housing stability and achieve the goals identified in their housing support plan. These are some examples of sustaining supports that supportive housing agencies can offer:

- Identify what kind of early prevention measures or interventions could address behaviors or occurrences that put housing at risk (for example, lease violation or hospitalization) and implement those interventions if housing is in jeopardy.
- Reduce the risk of eviction by helping the member develop skills to resolve conflicts, including:
 - Coaching, role-playing, and communication strategies to resolve disputes with landlords and neighbors.
 - Communicating with landlords and neighbors to reduce the risk of eviction.

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- Addressing behaviors or occurrences that put housing at risk, such as lease violations or hospitalizations.
- Providing ongoing support with activities related to household management, such as financial organizing or creating a schedule for chores.
- Provide education on the role, rights, and responsibilities of the tenant and landlord.
- Connect the member to community resources to maintain housing stability.
- Help the member develop independent living skills through skills coaching and financial counseling.
- Provide ongoing, person-centered coordination to connect members with resources in line with their plan.

Relocation Supports

Relocation supports help members with housing-related expenses when they are transitioning to private residences from these provider-operated settings:

- Overnight or day homeless shelters
- Medically monitored residential substance use disorder treatment or transitional treatment facilities certified in Wisconsin
- Recovery residences
- Inpatient hospitals
- Warming shelters or extreme heat cooling centers
- Domestic violence shelters

These expenses are for basic living arrangements and needs, including:

- Security deposit
- Utility activation fees, including electric, gas, internet, sewage, and phone
- Health and safety services, such as pest eradication or a one-time cleaning prior to occupancy
- Basic home furnishings, including furniture, window coverings, food preparation items, and bed or bath linens

Noncovered expenses include:

- Rent or mortgage
- Household appliances
- Items intended for purely recreational purposes
- Food
- Moving costs

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Even if members are not eligible for relocation supports due to not leaving a provider-operated setting, they can still be eligible for housing consultation, transition supports, and sustaining supports.

Member Eligibility

Member enrollment may begin through referrals supportive housing agencies receive through community partners, existing coordinated entry prioritization lists, or self-referrals. Referral sources may include homeless shelters, HMOs, federally qualified health centers, hospitals, and other providers and community organizations.

To be eligible for housing support services, the member must:

- Be 18 years of age or older.
- Be currently enrolled in Wisconsin Medicaid.
- Be experiencing homelessness as [defined by HUD categories](#):
 - Category 1: Literally Homeless
 - Category 2: Imminent Risk of Becoming Homeless
 - Category 3: Homeless Under Other Federal Statutes
 - Category 4: Fleeing or Attempting to Flee Domestic Violence

Note: Confirmation for any of the above can include third-party verification, supportive housing agency observation, or self-certification.

- Have a concern or issue regarding their mental health and/or substance use.
- Have an income that does not exceed 150% of the Federal Poverty Level.
- Need assistance with at least two instrumental activities of daily living due to the member's homelessness, substance use need, and/or mental health need:
 - Coordinating health care needs or services
 - Coordinating transportation
 - Maintaining housing stability
 - Making decisions
 - Managing behavioral health symptoms
 - Managing finances
 - Managing medication
 - Managing substance use-related needs

Exceptions for 1915(c) Members

Generally, 1915(c) members (Children's Long-Term Support [CLTS], Family Care, Family Care Partnership, Program of All-Inclusive Care for the Elderly,

DATES TO REMEMBER

- Provider enrollment revalidation: Every three years
- Member eligibility re-evaluation and PA submission: Every 12 months
- Member person-centered plan review: Every 12 months

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and IRIS [Include, Respect, I Self-Direct]) are excluded from receiving the housing support services as part of the state plan 1915(i) benefit. Members in these programs should access their 1915(c) housing waiver benefit to receive services.

ForwardHealth allows CLTS members to participate in housing support services with a valid exception identified on a PA request when:

- They are aging out of the CLTS program.
- They are aging out of foster care.

Requesting Approval for Housing Support Services

ForwardHealth requires approval in advance for members to receive housing support services through a PA request. Once approved, the PA is valid for one year. Supportive housing agencies must submit a new PA request for members every 12 months to determine a member's eligibility for housing support services, either through the Portal or on paper using the 1915(i) Housing Support Services Eligibility Evaluation and Needs Assessment form, F-03274 (02/2025). **If the PA expires, ForwardHealth will deny payment.**

More information about submitting PA requests can be found in the upcoming Housing Support Services Training Module: Prior Authorization and Prior Authorization Amendment on the [Trainings](#) page of the Portal.

Wisconsin Medicaid determines eligibility of the individual for the supportive housing benefit based on the information submitted in the PA request. PA requests submitted through the Portal will be immediately approved, denied, or routed for manual review based on the information submitted and the member eligibility criteria.

Once an initial PA request is approved, the member would use the same PA for the entire year. The PA approval still applies even if the member chooses a different supportive housing agency. **To be flexible for the supportive housing community, any subsequent supportive housing agencies can bill for covered services under the member's initial PA without submitting a new one.**

Eligibility Evaluation and Needs Assessment

When submitting the housing support services PA request by fax or mail, ForwardHealth requires that supportive housing agencies submit two forms with the PA:

- 1915(i) Housing Support Services Eligibility Evaluation and Needs Assessment form

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- Prior Authorization Request Form (PA/RF), F-11018 (05/2013)

Information collected in these forms is required for ForwardHealth to:

- Determine the member's eligibility for housing support services.
- Record the member's needs assessment.
- Capture information needed for the authorization of services.

Supportive housing agencies may save or print these forms to gather the required information when meeting with the member. The forms should be maintained in the member's file, and supportive housing agencies should save a copy of each form for their records.

Supportive housing agencies may submit these forms to ForwardHealth by mail or fax at the addresses or phone numbers listed on the forms. The forms will be available on the [Forms](#) page of the Portal after publication of this Update. More information and instructions for completing the PA/RF will be available on February 3, 2025, in the Online Handbook Housing Support Services service area.

If the supportive housing agency submits a PA request electronically on the Portal, ForwardHealth will prompt the supportive housing agency to enter the information captured on the 1915(i) Housing Support Services Eligibility Evaluation and Needs Assessment form. ForwardHealth will generate a completed electronic version of the form for record-keeping and electronically submit the PA request.

Portal submission is preferred to avoid a potential delay in members receiving services.

Annual Re-Evaluation

Members' eligibility for housing support services must be re-evaluated every year through the PA request process. The annual re-evaluation should take place on or no more than 14 days before the anniversary of the member's original approval date. If a member no longer meets the eligibility criteria, that member would no longer receive housing support services. If a member meets the eligibility criteria after being disenrolled, the supportive housing agency should submit a new PA request. The new PA request must be approved for new payments to be issued after the original PA expires.

DID YOU KNOW?

Supportive housing agencies are encouraged to submit a member's PA request through their secure Provider Portal account.

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PA Amendments

Supportive housing agencies can submit a PA amendment request for a member who needs continued services that surpass the standard limits for housing support services found in the [Attachment](#) to this Update.

Only the supportive housing agency that received the approved PA may submit the PA amendment. Any subsequent supportive housing agency that did not submit the initial PA will need to submit their own initial PA to request any future amendments.

Upon approval, the PA amendment will re-authorize all consultation, transitioning, and sustaining services granted on the initial PA.

Note: The authorized end dates will not be extended on the PA since a new PA is needed every year.

For consultation, transitioning, and sustaining services, ForwardHealth will allow supportive housing agencies to request **two PA amendments per PA** by submitting either:

- A completed PA amendment request online through the Portal. (This is the preferred method.)
- A completed Prior Authorization Amendment Request form, F11042 (07/2012), by fax or mail.

Any additional PA amendment requests in the year will require the member's person-centered plan to be submitted for review.

For relocation services, PA amendment requests can only be authorized if the member has returned to homelessness, as defined by any of the four HUD categories. Any PA amendments for relocation services would need additional documentation for review (for example, an eviction notice, lease termination, or letters from both the provider and landlord).

PA Status Inquiries

Supportive housing agencies may use the 10-digit PA number received after submitting a PA request to find out the status of a PA request through one of the following methods:

- Log in to the Portal and go to the Prior Authorization page.
- Access WiCall at 800-947-3544.
- Call Provider Services at 800-947-9627.

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Both the supportive housing agency that submitted the initial PA request and any subsequent supportive housing agencies that work with the member are able to access the status of a PA request and how many days and units are left on the PA. Refer to the [Decisions](#) chapter of the Physician service area for more general information on PA status and decisions.

Denied Prior Authorization

If a PA request is denied or modified by ForwardHealth, the member will receive a notification letter that the PA request submitted by their supportive housing agency is denied. To appeal this decision, the member may file an appeal within 45 days of the date on the letter. Only a member or authorized person acting on behalf of the member may file an appeal with the Wisconsin Division of Hearings and Appeals.

To file an appeal, members may complete and submit a [Request for Fair Hearing](#) form. On the form, members should check the boxes to indicate Medical Assistance, Application Denied, and Prior Authorization and note the appeal is for housing support services.

Providers cannot file appeals, but they are encouraged to remain in contact with members during the appeal process. Supportive housing agencies may offer the member information necessary to file an appeal and help present their case during a fair hearing.

Refer to the Appeals topic [#432](#) for more information.

Claims and Reimbursement

To receive payment for covered services, supportive housing agencies must bill ForwardHealth for covered services on a professional claim using one of these options:

- An 837 Health Care Claim: Professional transaction
- A 1500 Health Insurance Claim Form
- Direct Data Entry on the Portal

ForwardHealth only reimburses for medically necessary services as defined under Wis. Admin. Code § [DHS 101.03\(96m\)](#). ForwardHealth may deny or recoup payment if a service does not meet Medicaid requirements.

Claims for dates of service on and after February 1, 2025, must include diagnosis codes, place of service codes, Healthcare Common Procedure Coding System procedure codes, and modifiers, as appropriate. Refer to the

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[Attachment](#) to this Update for reimbursable codes. This benefit is reimbursed fee for service only and there will be no cost settlement.

Supportive housing agencies may refer to the Claims section of the Housing Support Services service area in the Online Handbook, available February 3, 2025, for more information on submitting claims and billing requirements. In addition, more information about submitting claims can be found in the upcoming Housing Support Services Training Module: Claims.

Annual Quality Review

The External Quality Review Organization (EQRO) will conduct a required, annual quality review of housing support providers. The EQRO will give information to supportive housing agencies on how to plan for the review and what is needed.

Resources

Supportive housing agencies are encouraged to use the following resources to help them succeed in doing business with ForwardHealth.

User Guides and Instruction Sheets

[Portal user guides and instruction sheets](#) give step-by-step instructions on how to work through various functional areas of the Portal. Refer to the ForwardHealth user guides for information on verifying member enrollment; submitting electronic claims, adjustments, and PA requests; and viewing other reports and data.

Updates and Online Handbook

Updates are the first sources of provider information and announce the latest information on policy and coverage changes.

Changes to policy information are typically included in the [Online Handbook](#) jointly with published Updates. The Online Handbook will have more information about the addition of the supportive housing agency benefit after coverage of the benefit begins.

Portal Messaging and Email Subscription

ForwardHealth sends Portal account messaging and email subscription messaging to notify providers of newly released Updates.

REMINDER

The professional completing a member's person-centered plan during consultation must be different than the professional delivering the transition, sustaining, and relocation services.

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Providers who have established a Portal account will automatically receive notifications from ForwardHealth in their Portal Messages inbox.

Providers and other interested parties may also [register](#) to receive email subscription notifications. Refer to the [ForwardHealth Portal Email Subscription User Guide, P-00954](#), for instructions on how to sign up for email subscriptions.

Provider Services

For questions about enrollment and policy, providers should call Provider Services. Provider Services is organized to include program-specific and service-specific assistance to providers. Providers may contact Provider Services at 800-947-9627.

Additionally, WiCall is an automated voice response system that allows direct access to enrollment information for providers. Providers can reach WiCall at 800-947-3544, and press “1” to begin.

Record Retention

Providers are required to retain documentation, including medical and financial records, for no less than five years from the date of payment. The exception is rural health clinics, which are required to retain records for a minimum of six years from the date of payment.

According to Wis. Admin. Code § [DHS 106.02\(9\)\(d\)](#), providers are required to retain all evidence of billing information.

Ending participation as a provider does not end a provider’s responsibility to retain and provide access to fully maintained records unless an alternative arrangement of record retention and maintenance has been established.

Maintaining Confidentiality of Records

Ending participation in Wisconsin Medicaid does not end a provider’s responsibility to protect the confidentiality of health care and related records containing protected health information (PHI).

Providers who no longer participate in Wisconsin Medicaid are responsible for ensuring that they and their business associates and partners continue to comply with all federal and state laws regarding protecting the confidentiality of members’ PHI. To avoid penalties once record retention requirements expire, providers must securely destroy records so that they cannot be reconstructed, according to federal and state regulations. Refer

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to Confidentiality and Proper Disposal of Records topic #[200](#) for more information on the proper disposal of records.

All Wisconsin Medicaid providers and their business associates or partners who cease practice or go out of business should ensure that they have policies and procedures in place to protect all health care and related records from any unauthorized disclosure and use.

Availability of Records to Authorized Personnel

DHS has the right to inspect, review, audit, and reproduce provider records in compliance with Wis. Admin. Code § [DHS 106.02\(9\)\(e\)](#). DHS periodically requests provider records for compliance audits to match information against ForwardHealth's information on paid claims, PA requests, and enrollment. These records include medical, clinical, and financial documents. Providers are obligated to ensure that the records are released to an authorized DHS staff member(s).

Wisconsin Medicaid reimburses providers \$0.06 per page for the cost of reproducing records requested by DHS to conduct a compliance audit. DHS will send a letter of request for records to a provider when records are required.

Reimbursement is not made for other reproduction costs included in the provider agreement between DHS and a provider, such as reproduction costs for submitting PA requests and claims.

Documentation Retention

Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § [DHS 106.02\(9\)](#). Providers are required to produce or submit documentation, or both, to DHS upon request. Per Wis. Stat. § [49.45\(3\)\(f\)](#), providers of services shall maintain records as required by DHS for verification of provider claims for reimbursement. DHS may audit such records to verify the actual provision of services and the appropriateness and accuracy of claims. DHS may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in denial of submitted claims, recoupment of paid claims, application of intermediate sanctions, or termination from the Medicaid program.

IN THE KNOW

Stay current by [signing up](#) for ForwardHealth's email subscription service. Select from a list of service areas to receive policy, training, and benefit information specific to those areas.

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Information Regarding Managed Care

This Update applies to housing support services that members receive on a fee-for-service basis. Supportive housing agencies should engage with managed care organizations, including HMOs, to coordinate care for managed care members.

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The ForwardHealth Update is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

ATTACHMENT

Claims and Reimbursement

This table lists the procedure code, modifier, required diagnosis codes, and service limit for each housing support service. For current rates, providers should refer to the [maximum allowable fee schedules](#).

SERVICE	CODE / MODIFIER	REQUIRED INTERNATIONAL CLASSIFICATION OF DISEASES, 10TH REVISION, DIAGNOSES	LIMIT
Consultation	T2024	Z59.01 (Sheltered Homelessness) or Z59.02 (Unsheltered Homelessness)	One per year unless there is a change in condition or request to update the person-centered plan
Transition	H0043 / U1	Z59.01 (Sheltered Homelessness) or Z59.02 (Unsheltered Homelessness)	150 hours (600 units) annually
Sustaining	H0043 / U2	Z59.812 (Housing instability, housed, homelessness in past 12 months)	150 hours (600 units) annually
Relocation—Security Deposit	T5999 / U3	Z59.01 (Sheltered Homelessness)	\$2,000 annually across all relocation services (The U3 modifier may only be billed once per PA.)
Relocation—Utility Activation	T5999 / U4	Z59.01 (Sheltered Homelessness)	\$2,000 annually across all relocation services
Relocation—Health and Safety	T5999 / U5	Z59.01 (Sheltered Homelessness)	\$2,000 annually across all relocation services
Relocation—Basic Home Furnishings	T5999 / U6	Z59.01 (Sheltered Homelessness)	\$2,000 annually across all relocation services

Note: The supportive housing agency cannot bill for the **consultation service** until the person-centered plan is completed.

The information provided in this ForwardHealth Update is published in accordance with section 6m(1g) of the 2019 Wisconsin Act 76 and section 1915(i) of the Social Security Act.