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DMS Administrator's Memo 2021-03

To: Subscribers of the DCTS Information Memo Series Email Distribution List

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Comprehensive Community Services for Individuals Enrolled in Medicaid Facing Homelessness

This memo was jointly developed by the Division of Care and Treatment Services and the Division of Medicaid Services.

The Department of Health Services has been notified that Medicaid members who are eligible for Comprehensive Community Services (CCS) and are experiencing homelessness (are living in a place not meant for human habitation or are in temporary living situations such as shelters) are not being enrolled into CCS programs due to their homelessness situation. Therefore, the intent of this memo is to provide county agencies enrolled as Medicaid providers and offering services through the CCS program clarification regarding requirements under federal Medicaid regulations that prohibit the denial of Medicaid services based on a member's living or sleeping situation.

This memo will address individuals enrolled in Medicaid that qualify for the CCS program. The CCS program is authorized as a psychosocial rehabilitation benefit within Wisconsin's Medicaid State Plan for people with mental health and/or substance use disorders to provide a flexible array of individualized, community-based, psychosocial rehabilitation services authorized by a mental health professional.

Federal Medicaid requirements

State Medicaid programs are a federal-state partnership between state Medicaid programs and the Centers for Medicare and Medicaid Services in which states receive federal match money for administering federally approved Medicaid benefits. The requirements of this federal-state partnership are outlined in the Medicaid State Plan. The State Plan often details information regarding the scope, duration, provider qualifications, and place of service that benefits are authorized to be delivered.

As mentioned the CCS program is authorized in Attachment 3.1-A, Supplement 1, 13.d ‘Rehabilitative Services’ in Wisconsin’s State Plan. Per the State Plan: “A member who is eligible for psychosocial rehabilitation services has a need for comprehensive behavioral health services beyond what is offered by outpatient behavioral health services. Eligible members are impaired in the basic areas of everyday functioning and may have varying degrees of need and acuity throughout their recovery. All members must be assessed by the psychosocial rehabilitation program to determine their needs.”

The state assures within the State Plan that all services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual in accordance with section 1902(a)(10)(A)(i) of the Social Security Act. This generally requires that State Plan services be available on a statewide basis, unless a state has a federal waiver of that requirement for a specific service.

All enrolled Medicaid providers receiving Medicaid reimbursement, regardless of the benefit, must adhere to the State Plan in order for Medicaid programs to remain in compliance with federal requirements. As mentioned, if states want to limit a benefit’s scope, then states are obligated to submit a federal Medicaid request to waive certain requirements of the State Plan benefit, such as geographic location (living situation including homelessness) of a member. Wisconsin does not have such a waiver to limit the CCS Medicaid benefit’s scope and therefore where a member is living or sleeping cannot be used as a factor for denying enrollment into CCS.

Wisconsin Medicaid Requirements

Counties enrolled as Wisconsin Medicaid providers that receive reimbursement for the CCS program from Medicaid are required to adhere to federal Medicaid regulations. Therefore, a county cannot deny enrollment into a CCS program and provision of services based on a Medicaid member’s living situation or location at the time of initial or ongoing contact. This includes members whom do not have stable housing. If a Medicaid member qualifies for the services provided under a CCS program, consents to receive services, and presents to any county offering the CCS program, that county (Medicaid provider) is required by federal law to provide those services.

Members may be admitted into a county’s CCS program while experiencing homelessness and waiting to be placed into permanent housing. If that member secures housing and it is in a county different from the origin county currently covering CCS for the member, then the origin county and the new county that the member has secured housing in should collaboratively decide, with the member, if CCS program enrollment should be transferred to the member’s new county.

Assistance

If you have questions or are seeking additional information regarding psychosocial rehabilitation access for Medicaid members needing these services, please contact [DHS CCS program staff](#).