

Steve Sisolak
Governor

Richard Whitley, MS
Director



**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

DIVISION OF HEALTH CARE FINANCING AND POLICY

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Suzanne Bierman,
JD MPH
Administrator

Nevada Medicaid Managed Care: A Proposal for Housing Supports as In Lieu of Services

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I. Introduction

According to the National Alliance to End Homelessness, Nevada has the tenth highest homeless rate in the country.¹ Based on information reported by individuals on their Medicaid applications, more than 50,000 Nevadans enrolled in Medicaid face (or have faced) homelessness in addition to poverty. People without housing experience more health problems than the rest of the population, such as higher rates of infectious disease (e.g., HIV infection), substance use disorder, mental illness, hypertension, diabetes, and asthma.² Homelessness can also exacerbate existing chronic health conditions due to a lack of access to primary and preventive care in addition to poor living conditions.³

The homeless population is also more likely to seek care in the emergency department (ED) and be hospitalized than the general population.⁴ Among states in the Western region of the United States, which includes Nevada, the rate of ED visits among the homeless population was the highest during 2015-2018, with individuals without housing seeking care in the ED 6-to-7 times more than those with housing.

By assisting Medicaid recipients with efforts to secure housing or avoid homelessness, Nevada Medicaid seeks to improve health outcomes and lower health care costs for this population, an overwhelming majority of whom receive services through the state's managed care program. This includes reducing avoidable hospital readmissions and preventing the inappropriate use of the ED by this population for basic medical care and behavioral health services.

For example, a study of the cost of homelessness to the New Jersey Medicaid program found that Medicaid spending for a recipient without housing was 10% to 27% (i.e., \$1,362 to \$5,727) more costly than spending for a recipient with housing. Hospital inpatient and ED utilization also accounted for at least three quarters of the excess spending in Medicaid on the homeless population.⁵ It also includes various short-term housing and community transition supports provided to high-risk members who are transitioning to the community from a hospital, nursing facility, correctional facility, or other institutional setting.

Figure 1: What is an In Lieu Of Service (ILOS)?

If approved by the state and federal government, ILOS are services or settings that Medicaid managed care plans may offer in place of services or settings covered under the Nevada Medicaid State Plan. They must be determined to be a medically appropriate, cost-effective alternative to a State Plan Covered Service.

ILOS are optional for managed care plans to offer and for members to utilize. Managed care plans may not require members to use an ILOS instead of a service or setting listed in the Medicaid State Plan.

ILOS are designed to substitute for and potentially decrease utilization of a range of more costly covered Medicaid benefits, such as hospital care, nursing facility care, and ED use while improving quality of life.

Medicaid managed care plans may utilize Medicaid dollars to pay for these services, whereas they would be paid for outside the capitation payment with profits as value-added benefits.

¹ National Alliance to End Homelessness, State of Homelessness: 2022 Edition, available at: <https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness/>

² CDC, Housing as a Public Health Law Issue: Selected Resources, website available at: <https://www.cdc.gov/php/publications/topic/resources/resources-homelessness.html>; American Psychological Association, Overview of Health & Homelessness, available from CDC at: <https://www.apa.org/pi/ses/resources/publications/homelessness-health.pdf>

³ *Id.*

⁴ See CDC, Morbidity & Mortality Weekly Report: Quick Stats: Rate of Emergency Department (ED) Visit by Homeless Status and Geographic Region as reported by the National Center for Health Statistics, Vol. 69, Dec. 18, 2020, available at: <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6950a8-H.pdf>; American Psychological Association, Overview of Health & Homelessness, available from CDC at: <https://www.apa.org/pi/ses/resources/publications/homelessness-health.pdf>

⁵ Cantor JC, Chakravarty S, Nova J, Kelly T, Delia D, Tiderington E, Brown RW. Medicaid Utilization and Spending among Homeless Adults in New Jersey: Implications for Medicaid-Funded Tenancy Support Services. *Milbank Q.* 2020 Mar;98(1):106-130. doi: 10.1111/1468-0009.12446. Epub 2020 Jan 22. PMID: 31967354; PMCID: PMC7077786.

For all these reasons, Nevada Medicaid seeks federal guidance and assistance on how to offer the housing supports and services as described herein as “in lieu of services” via its contracts with managed care plans and in accordance with federal law and any necessary federal authorities (e.g., contract amendments and/or waivers). Such coverage as explained in figure 1 would permit managed care plans to use their Medicaid capitation payments to fund these services if they choose to offer these supports and services to their members. Nevada Medicaid expects each of its four MCOs to utilize these services as ILOS given their current efforts to provide some of these supports today to a limited number of their members as value-added benefits (paid for with their own profits) in addition to the contract’s new focus on the homeless population as part of its case management benefit.

Nevada Medicaid also intends to continue its effort to identify workable federal authorities (e.g., waiver and/or State Plan) to offer similar housing supports and services to the remaining homeless population that receives services through the state’s historical fee-for-service program.

II. The Target Population

To be determined eligible for one of the new housing supports benefits as in lieu of services in Nevada’s Medicaid managed care program, the Medicaid recipient must be: (1) experiencing homelessness; or (2) at risk of experiencing homelessness as defined under [24 CFR 91.5](#) and have at least one or more of the following conditions or circumstances described below.⁶

1. Has a Serious Mental Illness (SMI) designation or in need of behavioral health services and/or substance use treatment;
2. Is at high risk of repeated avoidable emergency department visits or crisis utilization;
3. Is pregnant or has delivered a live birth within the last 60 days;
4. Has a chronic health condition and/or co-occurring conditions;⁷
5. Is at high risk of homelessness due to being discharged from a correctional or medical facility;
6. Is at high risk of institutionalization without housing supports; or
7. Is transitioning from an institutional setting to a home- or community-based setting and is at high risk of homelessness without housing supports.

Nevada’s Managed Care Organizations (MCOs) can: (1) utilize their case management teams or (2) other qualified providers under contract with MCO to screen and assess members to determine eligibility for the new ILOS housing supports. When utilizing the MCO’s case management team, a referral for ILOS housing supports to a qualified housing supports provider must be signed by a licensed case manager and determined to be medically necessary and cost effective as defined by the MCO and approved by the Division. For referrals from other contracted providers, a prior authorization request must be sent to the MCO for review and approval by a licensed case manager and determined to be medically necessary and cost effective as defined by the MCO and approved by the Division.

III. The New ILOS Benefits

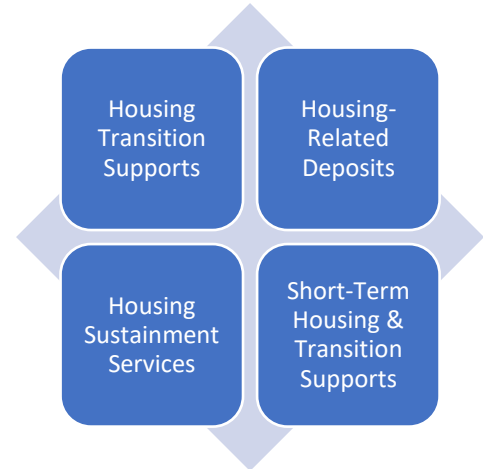
ILOS are services or settings that Medicaid managed care plans may offer in place of services or settings covered under the Nevada Medicaid State Plan and that are a medically appropriate, cost-effective alternative to a State Plan Covered Service. ILOS are optional for managed care plans to offer and for members to utilize. Managed care plans may not require members to use an ILOS instead of a service or setting listed in the Medicaid State Plan. ILOS are designed to substitute for and potentially decrease utilization of a range of more costly covered Medicaid benefits, such as hospital care, nursing facility care, and ED use while improving quality of life.

⁶ This definition for homeless encompasses HUD categories 1, 2, 3 and 4 as defined by federal guidance, see [HUD-Homeless-Rule.pdf](#).

⁷ Chronic health condition may include physical health conditions or behavioral health conditions, including mental health and substance use disorders.

Nevada Medicaid seeks to add four new benefits as ILOS for its managed care program that are critical to addressing homelessness and, therefore, improving outcomes and lowering the high costs associated with this population. These new benefits include:

- **Housing Transition Supports** to assist Medicaid recipients with securing housing;
- **Housing-Related Deposits** to assist Medicaid recipients with identifying, securing, and/or financing one-time services and modifications necessary for establishing a household;
- **Housing Sustainment Services** to support Medicaid recipients in sustaining safe and stable tenancy once housing is secured; and
- **Short-Term Housing & Transition Supports** to support Medicaid recipients without a residence who have high medical or behavioral health needs with continuing their care or treatment as they transition into the community from an inpatient, correctional, or institutional/residential setting.



A. Housing Transition Supports

Housing transition supports are defined as services that assist Medicaid members with efforts to secure housing. The service components covered by this new benefit include:

- Conducting a tenant screening and housing assessment of member's preferences and barriers related to successful tenancy
- Developing individualized housing support plan
- Searching for housing and presenting options
- Assisting in securing housing, including completion of housing applications and securing required documentation
- Assisting with benefits advocacy, including assistance with obtaining identification and documentation for SSI eligibility and supporting application process.
- Identifying and securing available resources to assist with subsidizing rent
- Identifying and securing resources to cover moving expenses, such as security deposit, moving costs, adaptive aids, environmental modifications, moving costs, and other onetime expenses
- Assisting with requests for reasonable accommodation, if necessary
- Landlord education and engagement
- Ensuring that the living environment is safe and ready for move-in
- Communicating and advocating on behalf of the member and landlords
- Assisting in arranging for and supporting the details of the move
- Establishing procedures and contracts to retain housing, including developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized
- Identifying, coordinating, securing, or funding non-emergency, non-medical transportation to assist Members' mobility to ensure reasonable accommodations and access to housing options prior to transition and on move in day
- Identifying, coordinating, securing, or funding environmental modifications to install necessary accommodations for accessibility

Members may require and access only a subset of the service components listed above.

Benefit Limitations

Housing transition services must be identified as reasonable and necessary in the member's individualized housing support plan based on the benefit eligibility criteria listed above. Service duration can be as long as needed. Housing

transition services shall supplement and not supplant services received by members through other State, local, or federally funded programs.

These services must be identified as reasonable and necessary in the member's individualized housing support plan. MCOs must ensure coordination occurs with local entities so that available options for room and board or rental payments are also coordinated with housing services and supports. Housing transition services do not include the provision of room and board or payment of rental costs.

Alternative State Plan Benefit/Setting

The proposed alternative State Plan benefit or setting for this new ILOS benefit include the more costly benefits and services that this population will utilize in lieu of housing supports.

- Emergency room services (including behavioral health services provided in ER setting)
- Emergency medical transportation
- Skilled Nursing Facility (SNF) services
- Residential Treatment Center Services
- Inpatient room admissions & length of stay
- Psychiatric admissions
- NICU services
- Crisis Intervention Services

Qualified Providers

Providers must have demonstrated experience and expertise with providing these unique housing-related supports and services in a culturally and linguistically appropriate manner. This list is provided as an example of the types of providers MCOs may choose to contract with, but it is not an exhaustive list of providers who may offer the services.

These providers may include:

- Community-based organizations providing services for individuals experiencing homelessness
- County agencies
- Behavioral health, mental health or substance use disorder treatment providers, including county behavioral health agencies, behavioral health outpatient treatment (PT 14), rehabilitative mental health service provider (PT 14), Substance Abuse Agency Model (SAAM) provider (PT 17)
- Certified Community Behavioral Health Centers (CCBHCs)
- Social services agencies
- Hospitals with programs for individuals experiencing homelessness
- Affordable housing providers
- Supportive housing providers
- Legal aid entities providing services for individuals experiencing homelessness
- Federally qualified health centers
- Rural health clinics

Nevada Medicaid managed care network providers that have a state-level enrollment pathway must enroll in the Nevada Medicaid to receive reimbursement. If there is no state-level enrollment pathway in Medicaid (e.g., community-based organizations), MCOs must have a process for vetting the provider, which may extend to individuals employed by or delivering services on behalf of the provider, to ensure it can meet the capabilities and standards required to be a provider of housing supports. This includes ensuring appropriate licenses, background checks, and other standards have been met with respect to safe, quality providers.

B. Housing Related Deposits

Housing-related deposits are defined as assistance provided to a Medicaid recipient to help identify, secure, and/or finance one-time services and modifications necessary for establishing a household. The service components covered by this new benefit include:

- Security deposits needed to obtain a lease on an apartment or home
- Setting up fees or deposits for utilities or service access and utility arrearages
- The cost of first month of utilities
- The cost of the first and last month of rent
- Services necessary to protect member's health and safety, such as pest eradication and one-time cleaning
- Goods designed to preserve a member's health and safety upon moving into the home, such as an air conditioner or heater, and medically necessary services and equipment not already covered by Nevada Medicaid State Plan.

Members may require and access only a subset of the service components listed above.

Benefit Limitations

Services paid for under this benefit must not include the provision of room and board or payment of ongoing rental costs beyond the first and last month's coverage as noted above. Housing-related deposits are available once in an individual's lifetime and can only be approved on additional time with documentation as to conditions have changed to show why covering these services a second time will be more successful. MCOs may place limits on the amounts provided as housing-related deposits that are necessary to ensure the benefit is cost-effective.

MCOs are expected to make a good faith effort to review information available to them to determine if individual has previously received services. These services must be identified as reasonable and necessary in the member's individualized housing support plan and made available only when the Member is unable to meet such expense. Individuals must also receive housing transition services (at a minimum, the associated tenant screening, housing assessment and individualized housing support plan) in conjunction with this service.

Housing-related deposits supports supplement and not supplant services received by the member through other State, local, or federally funded programs. Nothing prohibits the MCO from contracting these services to a third-party provider as needed to ensure members have access to these services.

Qualified Providers

The qualified provider that is coordinating a member's housing transition services, or the managed care plan case manager or care coordinator may coordinate these services and pay for them directly (e.g., to the landlord, utility company, pest control company, etc.) or subcontract the services with a qualified provider. See list and requirement for qualified providers of housing transition services above for this benefit.

C. Housing Sustainment Supports

Housing sustainment supports are defined as services provided to Medicaid recipients to assist with sustaining safe and stable tenancy once housing is secured. The service components covered under this new ILOS benefit include:

- Conducting assessment of needs and developing a housing sustainment plan with the recipient
- Providing early identification and intervention for behaviors that may jeopardize housing, such as late rental payment, hoarding, substance use, and other lease violations
- Education and training on the role, rights, and responsibilities of the tenant and landlord
- Coordination with the landlord and case management provider to address identified issues that could impact housing stability
- Coaching on developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy

- Assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action including developing a repayment plan or identifying funding in situations in which the Member owes back rent or payment for damage to the unit
- Advocacy and linkage with community resources to prevent eviction when housing is or may potentially become jeopardized
- Assisting with benefits advocacy, including assistance with obtaining identification and documentation for SSI eligibility and supporting the SSI application process. Such service can be subcontracted out to retain needed specialized skillset
- Coordinating with the tenant to review, update and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers
- Health and safety visits, including unit habitability inspections (not housing quality inspections)
- Providing independent living and life skills including assistance with and training on budgeting, including financial literacy and connection to community resources

Members may require and access only a subset of the service components listed above.

Benefit Limitations

Services must not include the provision of room and board or payment of rental costs. The services provided under this benefit should be based on the member's individualized assessment of needs and documented in the individualized housing support plan for the member.

These services are available from the initiation of services through the time when the individual's housing support plan determines they are no longer needed. They are only available for a single duration in the individual's lifetime and can be approved one additional time with documentation as to what conditions have changed to demonstrate why providing these services would be more successful on the second attempt.

MCOs are expected to make a good faith effort to review information available to them to determine if individual has previously received services. Service duration can be as long as necessary. These services must be identified as reasonable and necessary in the individual's individualized housing support plan and made available only when the enrollee is unable to successfully maintain longer-term housing without such assistance.

Many individuals will have also received housing transition services (at a minimum, the associated tenant screening, housing assessment, and individualized housing support plan) in conjunction with this service, but it is not a prerequisite for eligibility for this benefit.

The services provided under this benefit shall supplement and not supplant services received by the beneficiary through other State, local, or federally-funded programs, in accordance with the STCs and federal and state guidance.

Qualified Providers

Providers must have demonstrated experience and expertise with providing these unique housing-related supports and services in a culturally and linguistically appropriate manner. This list is provided as an example of the types of providers MCOs may choose to contract with, but it is not an exhaustive list of providers who may offer the services.

These providers may include:

- Community-based organizations providing services for individuals experiencing homelessness
- County agencies
- Behavioral health, mental health or substance use disorder treatment providers, including county behavioral health agencies, behavioral health outpatient treatment (PT 14), rehabilitative mental health service provider (PT 14), Substance Abuse Agency Model (SAAM) provider (PT 17)
- Certified Community Behavioral Health Centers (CCBHCs)
- Social services agencies

- Hospitals with programs for individuals experiencing homelessness
- Affordable housing providers
- Supportive housing providers
- Legal aid entities providing services for individuals experiencing homelessness
- Federally qualified health centers
- Rural health clinics

Nevada Medicaid managed care network providers that have a state-level enrollment pathway must enroll in the Nevada Medicaid to receive reimbursement. If there is no state-level enrollment pathway in Medicaid (e.g., community-based organizations), MCOs must have a process for vetting the provider, which may extend to individuals employed by or delivering services on behalf of the provider, to ensure it can meet the capabilities and standards required to be a provider of housing supports. This includes ensuring appropriate licenses, background checks, and other standards have been met with respect to safe, quality providers.

If the managed care plan case manager or care coordinator is providing the service, that individual must have demonstrated experiencing working with individuals experiencing homelessness or with the provision of housing-related services and supports to vulnerable populations. MCOs should coordinate with county homelessness entities to provide these services.

D. Short-Term Housing & Community Transition Supports

Short-term housing and community transition supports are defined as services provided to members who 1) are without a residence and 2) who have high medical or behavioral health needs, or who have recently delivered a live birth, to support the continuation of their care as they transition back into the community from a hospital, correctional, or an institutional/residential setting.

- Short-Term Post-Hospitalization Housing provides members who do not have a residence and who have high medical or behavioral health needs with the opportunity to continue their medical/psychiatric/substance use disorder recovery immediately after exiting an inpatient hospital (either acute or psychiatric or Chemical Dependency and Recovery hospital), residential substance use disorder treatment or recovery facility, residential mental health treatment facility, correctional facility, nursing facility, or recuperative care and avoid further utilization of State plan services)
- Short-term Recuperative Care, also referred to as medical respite care, is short-term residential care for individuals who no longer require hospitalization, but still need to heal from an injury or illness (including behavioral health conditions) and whose condition would be exacerbated by an unstable living environment
- Adult Clubhouse Services are evidence-based models of psychiatric rehabilitation, one-stop places that help people with serious behavioral health disorders by providing peer support, access to services, employment, housing and educational opportunities, socialization, and recreation in safe, restorative, and structured setting
- Re-entry transition and short-term housing supports for justice-involved population
- Meals delivered to member at home immediately following discharge from a hospital, nursing facility, or other care facility when members are most vulnerable to readmission
- Medically tailored meals provided to members at home that meet the unique dietary needs of those with chronic diseases
- Medically supportive food and nutrition services and education, including medically tailored groceries, healthy food vouchers, food pharmacies, cooking classes

Members may require and access only a subset of the service components listed above.

Benefit Limitations

Services must not include the provision of room and board or payment of rental costs without necessary medical and recuperative care as further to be defined by state. Services must be determined to be medically necessary and cost effective by the MCO.

Short-Term Post-Hospitalization services, specifically, are available once in an individual's lifetime and are not to exceed a duration of six (6) months (but may be authorized for a shorter period based on individual needs). MCOs are expected to make a good faith effort to review information available to them to determine if individual has previously received this service. The service is only available if enrollee is unable to meet such an expense.

Short-term recuperative care/medical respite is an allowable service if it is 1) necessary to achieve or maintain medical stability and prevent hospital admission or readmission, which may require behavioral health interventions; 2) not more than 90 days in continuous duration; and 3) does not include funding for building modification or building rehabilitation. At a minimum, this service must include interim housing with a bed and meals and monitoring of the member's ongoing medical or behavioral health condition. This service may also include: (1) limited or short-term assistance with activities of daily living; (2) coordination of transportation to post-discharge appointments; (3) connection to any other on-going services an individual may require including mental health and substance use disorder services; and (4) support in accessing benefits and housing.

For services related to nutrition and meal delivery, MCOs must limit these services to two (2) meals per day and/or medically supportive food and nutrition services for up to 12 weeks, or longer if medically necessary and determined to still be cost effective by MCO and state. Meals that are eligible for or reimbursed by alternate programs are not eligible. Meals are not covered to respond solely to food insecurities.

Short-term housing and community transition supports shall supplement and not supplant services received by the member through other State, local, or federally funded programs.

Qualified Providers

Providers must have demonstrated experience and expertise with providing these unique housing-related supports and services in a culturally and linguistically appropriate manner. This list is provided as an example of the types of providers MCOs may choose to contract with, but it is not an exhaustive list of providers who may offer the services.

Providers of short-term post-hospitalization housing may include:

- Interim housing facilities with additional on-site support
- Shelter beds with additional on-site support
- Converted homes with additional on-site support
- County directly operated or contracted recuperative care facilities
- Supportive Housing providers
- County agencies
- Hospitals
- Social service agencies
- Providers of services for individuals experiencing homelessness

Providers of recuperative care may include:

- Interim housing facilities with additional on-site support
- Shelter beds with additional on-site support
- Converted homes with additional on-site support
- County directly operated or contracted recuperative care facilities

Providers of adult clubhouse services may include:

- Provider of adult clubhouse services accredited by Clubhouse International

Providers of short-term housing supports and community transition services for justice involved population may include:

- Vocational services agencies
- Providers of services for individuals experiencing homelessness
- Life skills training and education providers

- CCBHCs
- County agencies
- Mental health or substance use disorder treatment providers, including county behavioral health agencies
- Supportive housing providers
- Federally qualified health centers
- Rural health clinics
- Community-based organizations providing services for individuals experiencing homelessness
- Legal aid entities providing services related to preventing homelessness

Providers of meal or nutrition-related services as community transition supports may include:

- Home delivered meal providers, including community-based organizations
- Nutritional Education Service providers
- Meals on Wheels Providers
- Medically Supportive Food & Nutrition Providers

Nevada Medicaid managed care network providers that have a state-level enrollment pathway must enroll in the Nevada Medicaid to receive reimbursement. If there is no state-level enrollment pathway in Medicaid (e.g., community-based organizations), MCOs must have a process for vetting the provider, which may extend to individuals employed by or delivering services on behalf of the provider, to ensure it can meet the capabilities and standards required to be a provider of housing supports. This includes ensuring appropriate licenses, background checks, and other standards have been met with respect to safe, quality providers.

IV. Alternative State Plan Service Crosswalk

The below chart summarizes potential state plan services or settings that each of the proposed ILOS housing supports could be substituted for in the state’s Medicaid managed care program. ILOS housing supports may represent an immediate substitute for a State Plan-covered service/setting or a substitute for a State Plan-covered service/setting over a longer timeframe.

ILOS Housing Supports Benefit	Alternative State Plan Service
1. Housing Transition Services	Emergency Department Services Emergency Medical Transportation Hospital Inpatient Services (admissions & stays) Hospital Outpatient Services Skilled Nursing Facility (SNF) Services Residential Treatment Center Services

Alternative State Plan Benefit/Setting

The proposed alternative State Plan benefit or setting for this new ILOS benefit include the more costly benefits and services that this population will utilize in lieu of housing supports.

- Emergency room services (including behavioral health services provided in ER setting)
- Emergency medical transportation
- Skilled Nursing Facility (SNF) services
- Residential Treatment Center Services
- Inpatient room admissions & length of stay
- Psychiatric admissions
- NICU services
- Crisis Intervention Services

V. Proposed Billing Codes

MCOs must use the codes listed in the table to report ILOS housing supports. The codes and modifier must be used to ensure that the service is captured as a ILOS housing support. MCOs may utilize alternative payment approaches (i.e., monthly payments or per member per month payments) with qualified providers for ILOS housing supports. However, MCOs still must report encounters to DHCFP as a per diem for every service rendered by that provider, using the codes and modifiers below. MCOs may use the per diem or per 15 minutes codes for ILOS housing supports for services that have both options available for billing. Specific limits on billing are outlined per service/benefit above.

Service/Code Description	Code + Modifier
Case Management for Homelessness	
Program intake and screening	T1023 + UX –modifier to indicate screening for ILOS housing support benefit by care manager
Housing Transition Services	
Supported Housing; per diem	H0043 + UX – modifier to indicate ILOS housing transition services
Comprehensive Community Support Services; per 15 minutes	H2015 + UX – modifier to indicate ILOS housing transition services
Comprehensive Community Support Services; per diem	H2016 + UX – modifier to indicate ILOS housing transition services
Housing-Related Deposits	
Supported housing, per month. Requires deposit amounts to be reported on the encounter.	H0044 +UX - modifier used to differentiate housing deposits from Short-Term Post-Hospitalization Housing.
Housing Sustainment Services	
Support brokerage, self-directed; per diem	T2051 – UX – modifier to indicate ILOS housing sustainment service
Support brokerage, self-directed; per 15 minutes	T2041 – UX – modifier to indicate ILOS housing sustainment service
Financial management, self-directed; per 15 minutes	T2040 – UX – modifier to indicate ILOS housing sustainment service
Financial management, self-directed; per diem	T2050 – UX – modifier to indicate ILOS housing sustainment service
Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	T1028 – UX – modifier to indicate ILOS housing sustainment service
Short-Term Housing & Transition Supports	
Supported housing; per diem.	H0043 + UX – modifier to differentiate short-term housing services from housing transition services.
Supported housing; per month.	H0044 + UX - modifier used to differentiate short-term housing services from housing deposits.
Residential care, not otherwise specified (NOS), waiver; per diem.	T2033 + UX – modifier used to indicate short-term recuperative care.
Community transition; per service. Requires billed amount(s) to be reported on the encounter.	T2038 + UK - modifier used to indicate short-term transition supports.
Skills training and development; per diem	H2038 + UX – modifier used to indicate short-term transition supports.