SHG ADVISORS
Strategic High-Impact Guidance for Social Change

LIFT ACADEMY
Learning Initiative for Fighting Homelessness Together

The Intersection of Medicaid and Homelessness

July 23rd 2025

Housekeeping

LIFT ACADEMY
Learning Initiative for Fighting Homelessness Together

You are
muted upon entry.

Add your questions
to the chat box.

This is
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Today's Schedule

LIFT ACADEMY
Learning Initiative for Fighting Homelessness Together

- Welcome!
- History of Medicaid Policy
- Engaging with Medicaid
  - Examples
- Q&A
- Coming Up

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Overview of LIFT Academy

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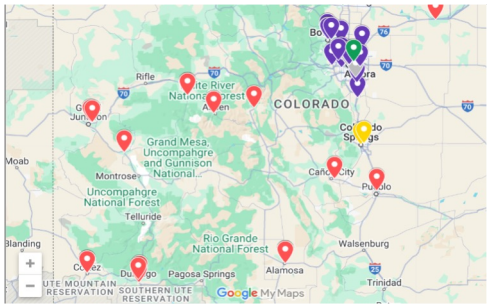
The LIFT Academy

LIFT ACADEMY
Learning Initiative for Fighting Homelessness Together

- **What**
  - 16-month program geared toward long-term homelessness transformation in participant organization communities

  - Through in-person convenings augmented by virtual learning circles, assemblies, and optional one-on-one transformational assistance

- **Who**
  - Open to all 64 Transformational Homelessness Response (THR) recipients across Colorado



  - Individuals and team representing recipient projects

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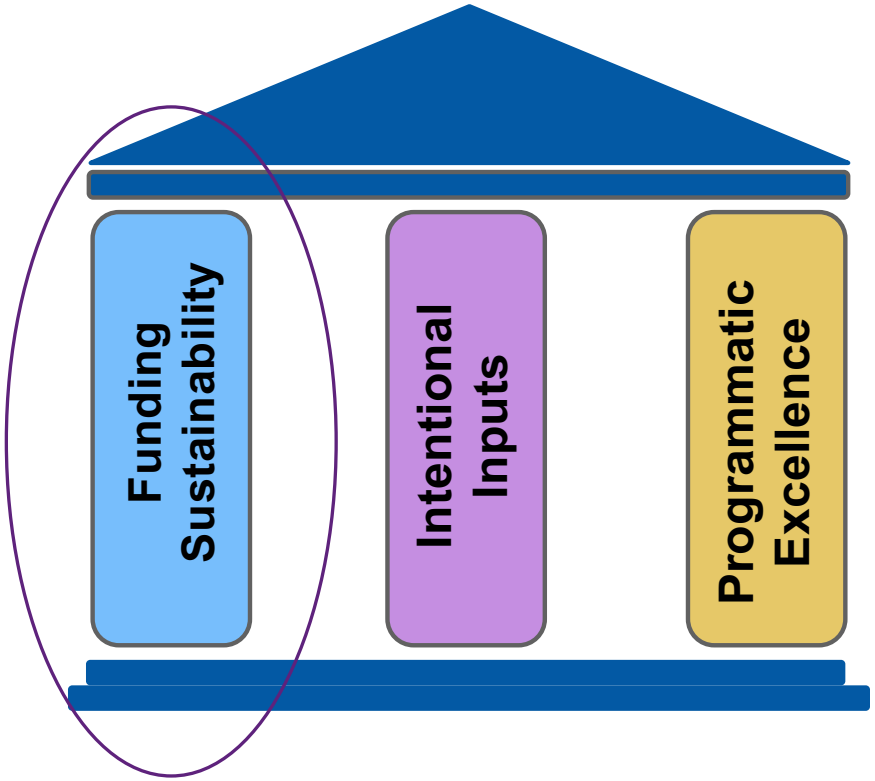
The LIFT Framework is supported by 3 pillars



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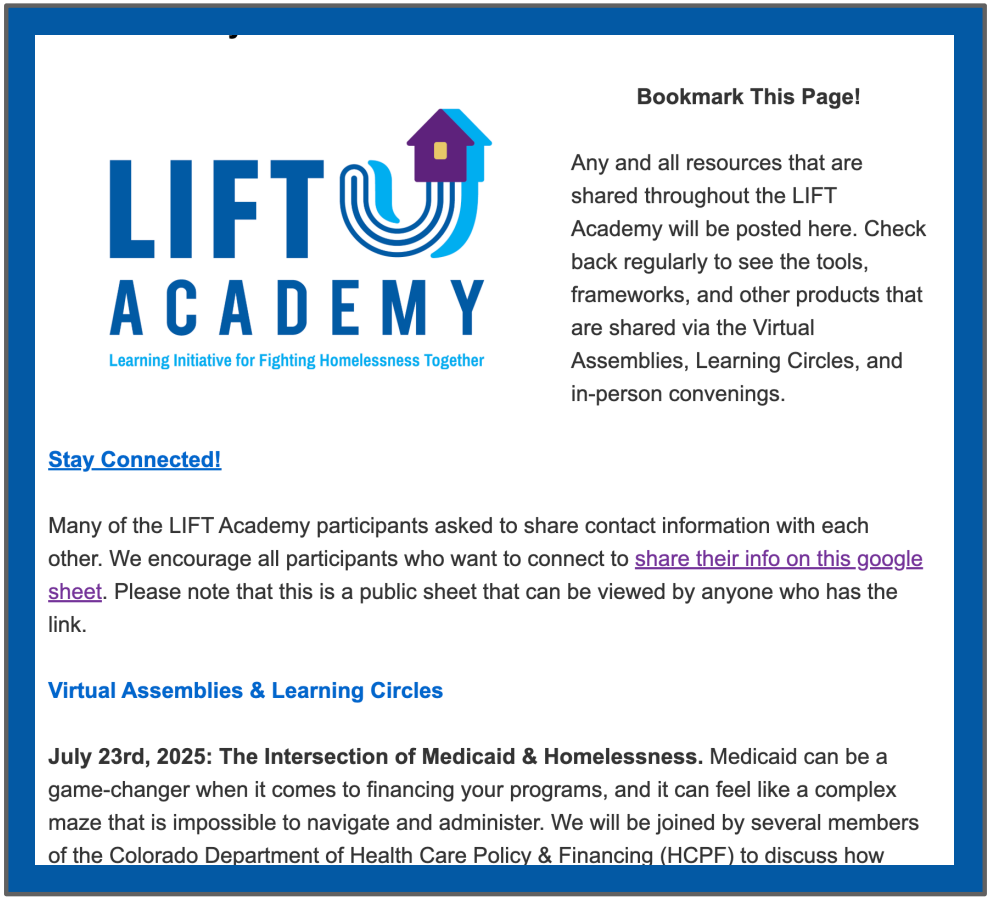
The LIFT Academy Resource Page

https://shgadvisors.com/lift-academy-resources/



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Bookmark This Page!

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Stay Connected!

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Virtual Assemblies & Learning Circles

July 23rd, 2025: The Intersection of Medicaid & Homelessness. Medicaid can be a game-changer when it comes to financing your programs, and it can feel like a complex maze that is impossible to navigate and administer. We will be joined by several members of the Colorado Department of Health Care Policy & Financing (HCPF) to discuss how

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The Intersection of Medicaid & Homelessness

The Department of Health Care Policy and Financing (HCPF)

July 2025

Brief Policy History

Colorado: Modernizing Medicaid Coverage with a Focus on Health Related Social Needs and Behavioral Health

Medicaid Historical Limits and Expansions

Only very wealthy or very poor get BH care, mostly in institutions

1900s - 1950s

Anti-psychotics & de-institutionalization Medicaid created

1950-1965

Emergency Medical Treatment and Active Labor Act 1995

Medicaid expands through ACA, New Waivers 2010 ->

Historically, criminal justice, ER and law enforcement used as alternatives to providing comprehensive support for unhoused or very ill folks.

Why Medicaid Matters in BH Transformation

- Behavioral health wasn't covered by insurance, only available to those wealthy enough to pay out of pocket
- Limited access and often the "safety net" was paid for through philanthropy, grants, or courts; no crisis care
- Limited oversight and funding led to poor quality care
- Services available were not sustainable, or equitable

- Advocates, patients, providers, elected officials, community folks fought for decades to get Medicaid coverage and got it.
- Our benefit and coverage keeps expanding because of the advocates, people fighting for progress
- Leveraging federal funds
- With commercial and public coverage, higher standards for quality and accountability

Medicaid Coverage for HRSN and Related Services

2021 - HCPF pays for peer and recovery services

2021 - Federal Relief funds (ARPA)

- SWSHE pilot program
- Peers in Housing

2023 - CMS authorizes coverage of HRSN

- HB 24-1322 directs HCPF to apply for HRSN

2025 - HCPF approved for coverage for HRSN

Level Setting Basics to Remember About Medicaid

Learn More:

https://hcpf.colorado.gov/behavioral-health

Coverage Across BH Care Continuum

Wraparound & Support Services

- Screening, Brief Intervention, Referral to Treatment (SBIRT)
- Care management, peer services
- Outreach, case management
- Pre-tenancy, tenancy housing supports

Outpatient Treatment and Supports

- Medication-Assisted Treatment (MAT)
- Individual, family & group therapy
- High Intensity Outpatient
- Care coordination and navigation from RAE
- Mobile & walk-in crisis care
- Transportation for appointments

Inpatient, Hospital, and Residential

- Withdrawal management
- Inpatient care
- Residential SUD & MH
- Overdose reversal (Narcan), Rx and hospital
- Overdose services and MAT in the ER

Grant Based Model

Benefits

- Flexibility, flexibility, flexibility
- Documentation can be centralized to one position, often grant-funded.
- No-cost extensions
- Adjustable budgets

Challenges

- Always working to get the next grant
- Not a sustainable funding source
- Limited/capped funding
- Grant-specific restrictions on spending/funding
- Fitting your program for the grant

VS

Medicaid Based Model

Benefits

- Sustainable funding
- Serves all members
- Supports a growth model
- No funding cap
- Oversight ensures that all services provided to vulnerable populations are high quality

Challenges

- Administratively burdensome
- Strict requirements, less flexible
- Based on volume/encounters

Medicaid Coverage: Federal-State-County Program

- **Federal partnership:** can encourage, mandate, or restrict coverage of certain eligibility groups, services, and providers; mandate policy changes. CMS provides a match from 50-90% for every state dollar.
- **State supervised:** every state Medicaid program different
  - Flexibility in which populations and services to cover, how to deliver care, and provider reimbursement
  - Waivers (1915b, 1115) and State Plan approved by CMS
- **County administered (Colorado)**
  - Counties are delegated eligibility and enrollment; process applications and renewals; perform ongoing case maintenance

Foundational Medicaid Policies

- Medicaid providers must be enrolled with HCPF
- Payment policies must be applied equally, based on provider type
- Providers must be licensed or supervised by licensed practitioners
  - Peers and case managers practice under supervision of a treatment provider
  - Housing providers are certified by DOLA
- Almost all BH providers must be contracted with RAEs
- All services must be medically necessary

Colorado's Medicaid Program

Fee for Service

- Physical Health benefits are paid Fee for Service
- Volume based system, limited flexibility
- Bill HCPF directly

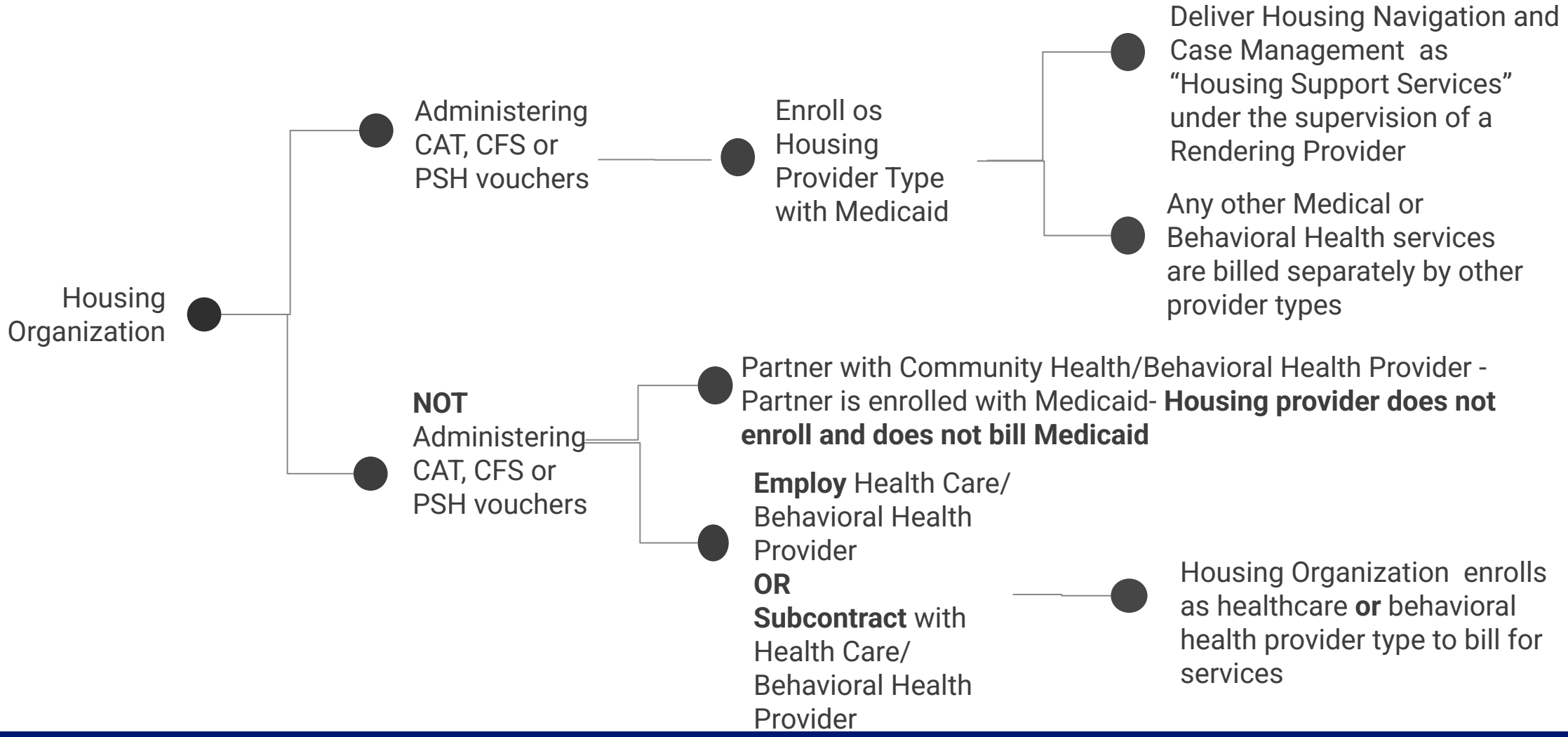
Managed Care

- Most Behavioral Health care is paid through the ACC
- Includes set (aka capitated) budget, allows for flexibility
- Providers contract with and bill the RAES

Moving BOTH programs toward more value-based programs

Housing Providers Becoming Medicaid Providers

Does Enrolling with Medicaid Make Sense for My Housing Organization?



Pathways to Engage With Medicaid

- Partner with a Medicaid Provider
- Employ a Clinician & Enroll as a Medicaid Provider
- Subcontract with a Clinician & Enroll as a Medicaid Provider

Partner With a Medicaid Provider

Partner with a Medicaid provider who delivers services & handles their own billing and compliance responsibilities

- Easiest and least administratively burdensome pathway
- Define roles, responsibilities, and scope of services in a written agreement
- Disclose partnership and what information may be shared with clients

Employ a Clinician and Enroll as a Medicaid Provider

Become a Medicaid Enrolled Provider

- Deliver and bill for services
- This pathway offers the most control and flexibility
- Examples of Provider Type Enrollment Options:
  - Supportive Housing Provider (PT 89/208)
  - Behavioral Health Provider Group (PT 77)
  - Clinic - Practitioner (PT 16)

Enroll with Medicaid and Subcontract with a Licensed Provider

Medicaid Enrolled Organization subcontracts with licensed service providers

- Licensed providers serve as “rendering providers”
  - Deliver services
  - Provide oversight for unlicensed providers who may also deliver services
- Most administratively complex pathway
  - Requires strong contracts, credentialing and oversight
  - Organization bills for services licensed provider delivers and oversees

Becoming a Behavioral Health Medicaid Provider

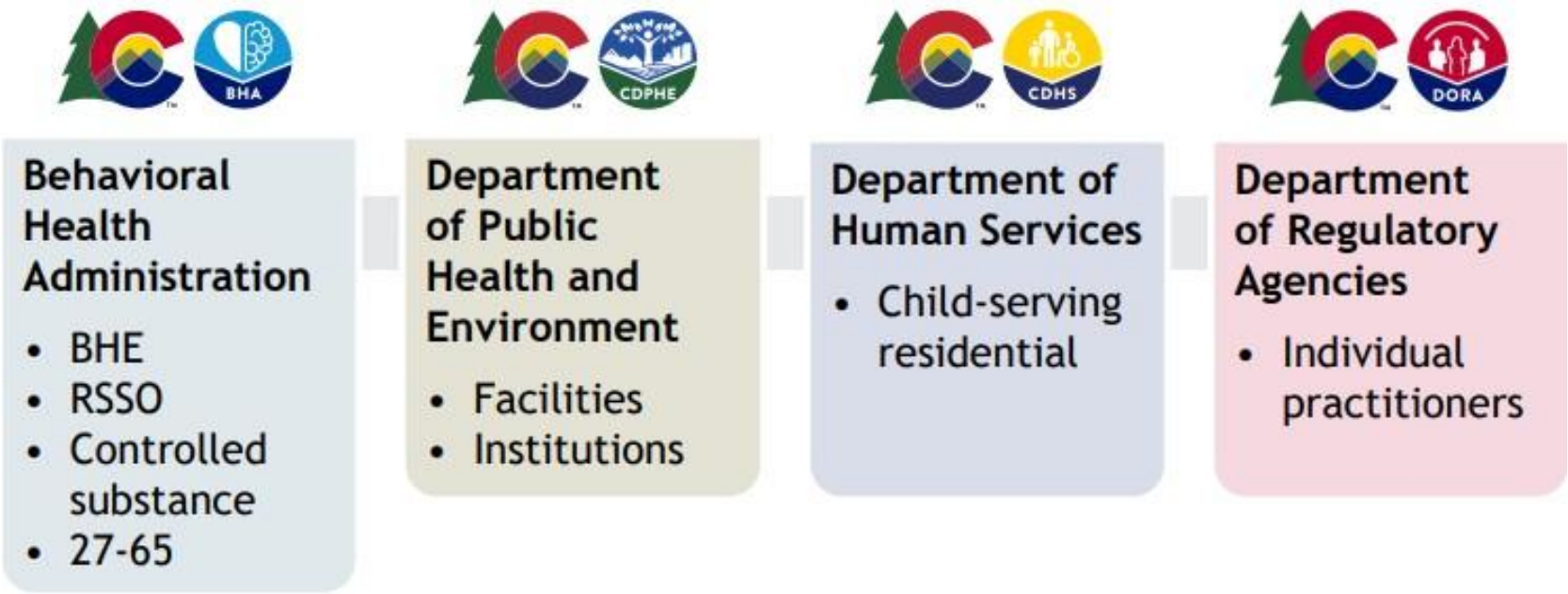
There are three steps to becoming a Medicaid Behavioral Health Provider:

1 - Obtain a License from the Behavioral Health Administration (BHA) if applicable

2 - Enroll with Medicaid through the Provider Web Portal

3 - Contract & Credential with Regional Accountable Entities (RAEs)

Step 1 - Obtain a License



Step 2 - Enroll with Medicaid

[Find Your Provider Type](#)

[Provider Enrollment Resources](#)

Step 3 - Contract & Credential

- Select one or more Regional Accountable Entities (RAE)
- Reach out to the RAE to see if the provider services you offer are needed in that RAE network

  ACC Provider Resources RAE Contact Information

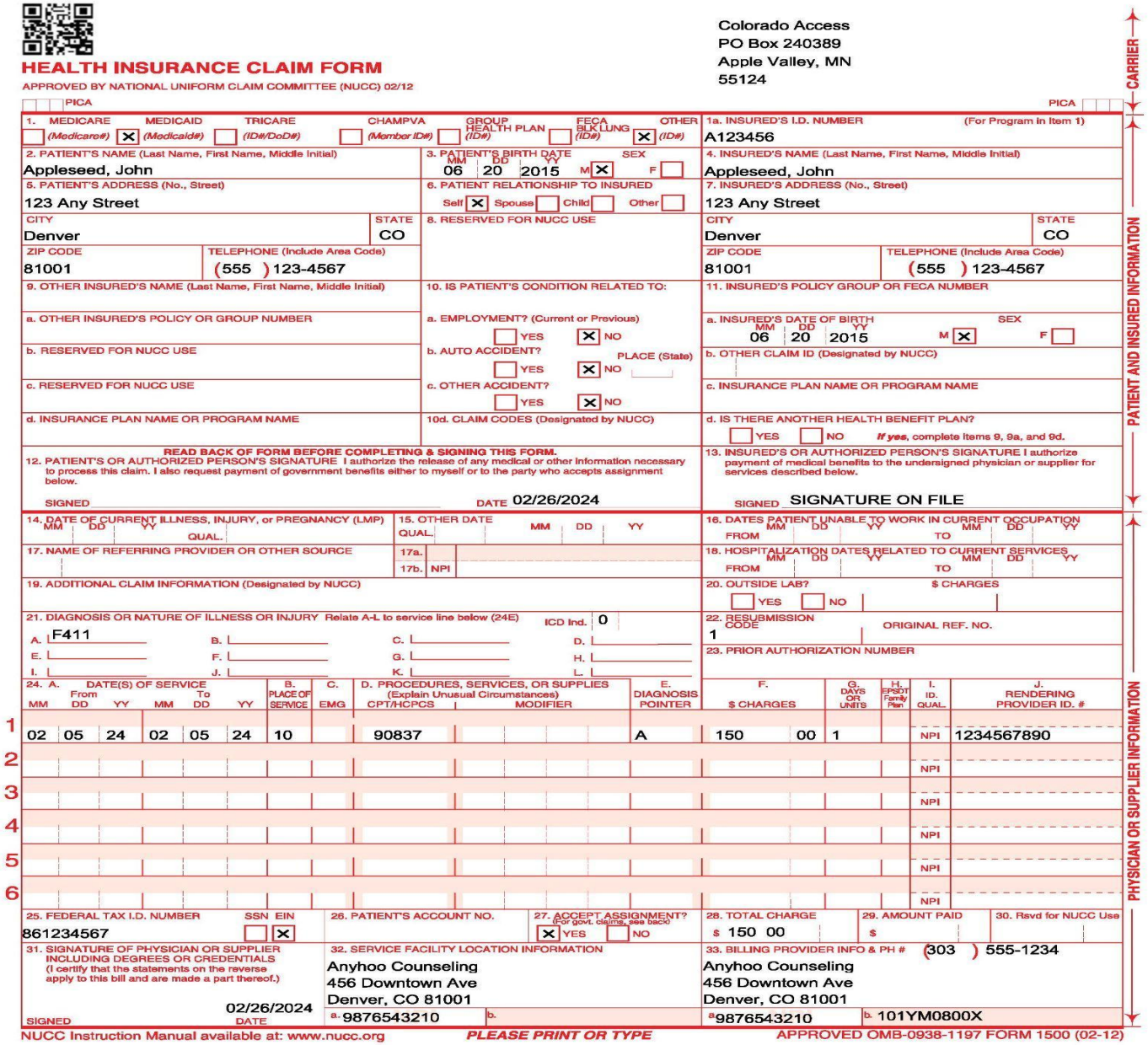
- Complete contracting and credentialing

How Medicaid Billing Works

How Billing Medicaid Works

- Complete and submit claim forms through Fee For Service (FFS) if
  - Enrolled as a Supportive Housing Provider (PT 89/208) and billing for housing support services including case management and housing navigation
  - Enrolled as a healthcare provider delivering healthcare services through employees or a subcontracted organization
- Complete and submit claim forms through the member's RAE if
  - Enrolled as a behavioral health provider delivering behavioral health services (mental health and/or SUD) through employees or a subcontracted organization

Bill for Services Through the CMS 1500 Claim Form



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

Colorado Access
PO Box 240389
Apple Valley, MN
55124

PICA

1. MEDICARE (Medicare#) | MEDICAID [X] (Medicaid#) | TRICARE (ID#/DoD#) | CHAMPVA (Member ID#) | GROUP HEALTH PLAN (ID#) | FECA BLK LUNG (ID#) | OTHER [X] (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): A123456

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Appleseed, John

3. PATIENT'S BIRTH DATE: 06 20 2015 SEX: M [X] F

4. INSURED'S NAME (Last Name, First Name, Middle Initial): Appleseed, John

5. PATIENT'S ADDRESS (No., Street): 123 Any Street

6. PATIENT RELATIONSHIP TO INSURED: Self [X] Spouse Child Other

7. INSURED'S ADDRESS (No., Street): 123 Any Street

CITY: Denver STATE: CO

8. RESERVED FOR NUCC USE

CITY: Denver STATE: CO

ZIP CODE: 81001 TELEPHONE (Include Area Code): (555) 123-4567

ZIP CODE: 81001 TELEPHONE (Include Area Code): (555) 123-4567

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO [X]

a. INSURED'S DATE OF BIRTH: 06 20 2015 SEX: M [X] F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO [X] PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO [X]

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes*, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED _____ DATE 02/26/2024

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0

A. F411 B. C. D.

E. F. G. H.

I. J. K. L.

22. RESUBMISSION CODE 1 ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	02	05	24	02	05	24	10		90837		A	150 00	1		NPI	1234567890
2															NPI	
3															NPI	
4															NPI	
5															NPI	
6															NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN: 861234567 [X]

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) [X] YES NO

28. TOTAL CHARGE $ 150 00

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED 02/26/2024 DATE

32. SERVICE FACILITY LOCATION INFORMATION
Anyhoo Counseling
456 Downtown Ave
Denver, CO 81001
a. 9876543210 b.

33. BILLING PROVIDER INFO & PH # (303) 555-1234
Anyhoo Counseling
456 Downtown Ave
Denver, CO 81001
a. 9876543210 b. 101YM0800X

NUCC Instruction Manual available at: www.nucc.org *PLEASE PRINT OR TYPE* APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

PATIENT AND INSURED INFORMATION

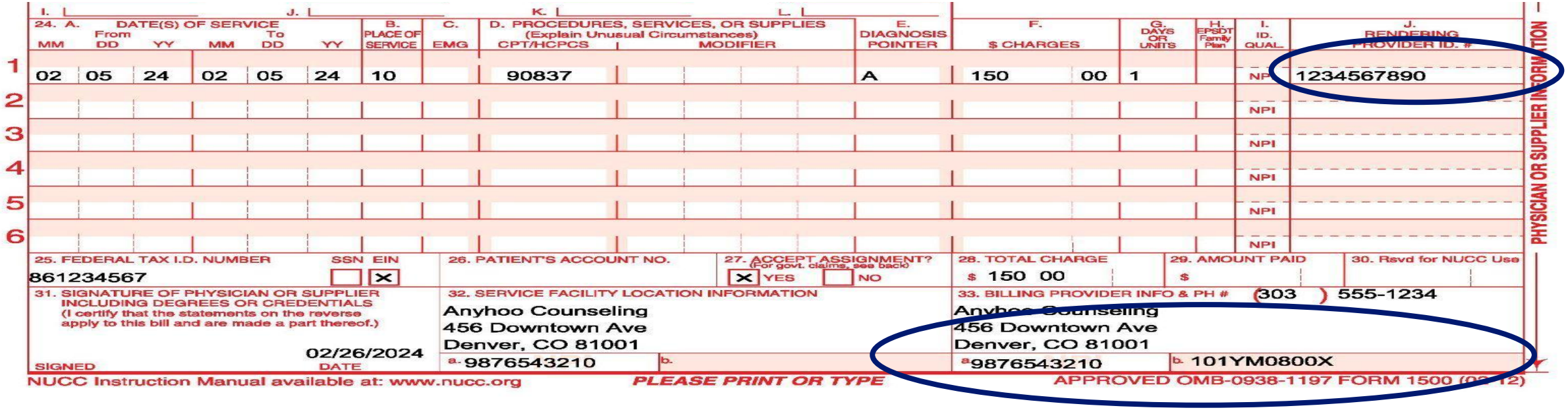
PHYSICIAN OR SUPPLIER INFORMATION

Every Claim Asks 5 Questions

- WHO is receiving the care
- WHO is billing for the care (billing provider)
- WHO is rendering or supervising care (rendering provider)
- WHAT service is being provided (benefit)
- WHERE is it being provided (place of service)

What Information is Included on the 1500 Claim Form?

The next part of the form has information related to the services delivered and the Rendering Provider, and the bottom of the form has information about the Billing Provider.



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2															NPI	
3															NPI	
4															NPI	
5															NPI	
6															NPI	

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861234567		X		X YES NO	$ 150 00	$	

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PHYSICIAN OR SUPPLIER INFORMATION

Scenarios

1. “Bertha” is not a Medicaid member. You help apply for Medicaid through Peak Pro. Is the time spent assisting Bertha with getting enrolled billable to Medicaid?

2. “Bernie” confirms being a Medicaid member. You help them complete an HMIS application seeking PSH. Is this a billable service?

3. “Burt” is approved for a PSH voucher and you meet with him weekly to complete applications and find housing. Is this a billable service?

Additional Resources

- Colorado Behavioral Health System Provider Map
- HCPF Behavioral Health webpage
  - Supportive Housing Office Hours
  - Supportive Housing Webpage
- HCPF Provider Enrollment webpage
  - Enrollment Best Practices
  - Provider Enrollment Manual
  - Common Reasons Enrollment Applications Are Returned to Providers

Questions?

Contact Info

The Department of Health Care Policy and Financing

Behavioral Health Initiatives and Coverage (BHIC) Office

hcpf_bhbenefits@state.co.us

https://hcpf.colorado.gov/behavioral-health

Thank you!

Please take a few minutes to share your thoughts on today's Virtual Assembly.

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https://www.surveymonkey.com/r/LIFTAcademyVA1

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Coming Up

- **From Today:**
  - Slides and Recording posted on LIFT Academy Resource Page

- **Going Forward:**
  - Learning Circles
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