

REMOTE SUPPORT

If a person only wants remote support, can I just provide all services remotely?

No. Housing Stabilization Services are medical Medicaid services and some of them must be provided in person.

Is there an exception to offer more indirect support?

Most of the services should be provided directly with the person. However, there are times when indirect service will be more active in a person's housing search which is fine. For Example:

- A provider meets with the person when they first start working with them to develop a housing services plan about what they are seeking, their needs in housing, and to identify any additional support services the person may need (this is the agency plan, not the HFPCP to get on services); this will all be considered direct service.
- Then the provider begins house hunting, contacting landlords, completing housing applications, etc., on the person's behalf- during this period there may be much more indirect service than direct services. During this time however, the provider should still be connecting back with the person with updates on applications and touring potential housing options which will help balance the direct service.
- When a person moves into or is living in their home receiving sustaining support, the majority of the services will likely be direct services, but the provider may still be connecting with the landlord and others to problem solve or support rent payment.

Does email with the person receiving HSS count as remote support?

No. CMS does not allow email as a form of remote support. Time spent emailing a person receiving services should be documented and counted as indirect service.