



Provider Application

Kentucky Supportive Housing Medicaid Academy

The due date for applications has been extended to **Friday, December 29, 2017**. Applications should be submitted electronically to Thomas Beatty at Thomas.Beatty@ky.gov.

Section 1: Contact Information

Name of Organization/Agency

City/Region Represented:

Primary Contact Name:

Primary Contact's Role at Agency:

Address:

Work Phone:

Cell Phone:

Email:

Section 2: Agency Mission, Activities and Target Populations Served

Please briefly describe the following:

1. Agency history and mission (up to 200 words):
2. What populations do you currently to serve? Do you intend to expand to other populations for supportive housing tenancy support services or case management?
3. Agency's experience with affordable/supportive housing service provision:
4. How many tenants do you currently serve in supportive housing?
5. Agency's experience working with special needs populations including individuals/families that are experiencing homelessness, living with disabilities, mental illness and/or substance use disorders:
6. Please describe any current or recent health-related programs/initiatives in which your agency/organization is actively involved. Include specific linkages/ interagency agreements with health centers, hospitals, or other key service agencies.

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Section 3: Fundamental Elements of Quality Supportive Housing

Please indicate whether the statements in this section are true for your supportive housing project/program by selecting “Yes” or “No”. You must select “Yes” or “No” for all statements and provide additional comments where indicated. Comment boxes marked “Optional” should be filled out only if applicable and/or if you would like to provide additional information.

1	Targeted Tenancy	Yes	No
1a	The project is housing vulnerable tenant households* who earn less than 30% of the Area Median Income.		
1ai	Please briefly describe the vulnerable population(s) your project serves:		
1b	Does the project currently house tenants with mental health challenges?		
1c	How many tenants have been housed in the project for 1 year (12 months) or more?	Write number:	

* Vulnerable tenant households include, but are not limited to, those households whose heads are formerly homeless or were inappropriately staying in or cycling through institutions. The vulnerable tenant households may also have multiple barriers to employment and housing stability, including mental illness, substance use, and/or other disabling or chronic health conditions.

2	Physical Housing Unit	Yes	No
2a	Based on the household composition, there are an adequate number of bedrooms.		
2b	Sharing of bedrooms by non-related, single, adult tenants is not required.		
2bi	(Optional) If any non-related adults are sharing, please provide an explanation about the circumstances. If applicable, describe how tenants are given a choice about whether and with whom to share a room.		
2c	The housing unit provides adequate living space for essential daily activities, such as cooking, eating, sleeping and studying.		

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2d	The project meets or exceeds HUD's Housing Quality Standards and complies with local housing standards. ¹		
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3	Affordability	Yes	No
3a	Tenant households pay 30% or less of their income toward housing expenses.		
3ai	(Optional) If tenant households are paying more than 30% of their income toward housing expenses please explain the circumstances that make this necessary. If applicable, describe how you ensure that tenants never pay more than 50% of their income toward housing expenses.		

4	Coordination Among Key Partners	Yes	No
4a	Supportive services and property/housing management staff connect at least once a month to discuss their roles, the coordination of their efforts, any current issues, and to address gaps in services and operations.		
4ai	(Optional) You may provide additional comments in this section if necessary to explain the coordination that occurs among key partners.		

5	Access to Housing	Yes	No
5a	The project minimizes barriers to entry to ensure that its targeted tenants can quickly and easily access the supportive housing.		
5ai	Please explain how you minimize barriers to entry in the supportive housing project including the use of the Housing First model if applicable.		

¹ HUD's Housing Quality Standards can be found here:
<http://www.hud.gov/offices/adm/hudclips/guidebooks/7420.10G/7420g10GUID.pdf>

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6	Leases and Tenant Rights	Yes	No
6a	All supportive housing tenants are provided with leases or subleases identical to non-supportive housing tenants.		
6b	The initial term of a lease or sublease is at least one year.		
6bi	(Optional) If the initial term of the lease or sublease is less than year, please explain the rationale for the shorter lease term and describe the process for tenants to renew their leases.		
6c	The lease does not have service participation requirements (as long as lease terms are met).		
6d	The program does not place limits on the length of tenancy.		

7	Delivering Voluntary Services	Yes	No
7a	Participation in services is voluntary, meaning that tenants can choose whether to participate and select the services they prefer.		
7ai	(Optional) If participation in services is not voluntary, please explain why and how services are required. If applicable, include an explanation of plans to transition to a voluntary services model.		

Section 4: Current Funding Sources and Medicaid

1. Please briefly describe how your supportive housing services are currently funded and how Medicaid does/does not currently fit into this model.
2. Please describe agency experience submitting documentation of services rendered, including if you document services electronically.
3. Please describe what you would like to specifically learn from participating in the Medicaid Academy.
4. Please describe your organization’s anticipated resource, capacity or other gaps that may need to be overcome in order to incorporate Medicaid into your agency’s

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financing structure.

5. Please list the specific staff members/titles and email addresses who will attend these Academy sessions (up to 4 staff per agency). It is recommended that your team include at least one member of your senior leadership, one middle manager who supervises front line supportive housing service staff, a member of your finance or development department, and a staff member overseeing Quality Improvement.

- a. Team Member #1
 - i. Name
 - ii. Email address
 - iii. Role at agency
- b. Team Member #2
 - i. Name
 - ii. Email address
 - iii. Role at agency
- c. Team Member #3
 - i. Name
 - ii. Email address
 - iii. Role at agency
- d. Team Member #4
 - i. Name
 - ii. Email address
 - iii. Role at agency

6. What services do you currently provide? Check all that apply.

- Supportive Housing Tenant Services
- Case Management/Intensive Case Management
- Individualized Service Planning/Individualized Recovery Planning/Treatment Planning
- Referral Coordination/ Care Coordination
- Behavioral health recovery services (Substance Use Disorder Treatment/ Co-Occurring Disorder Treatment)
- Assertive Community Treatment
- Community Transition Services
- Non-Medical Transportation
- Mental Health therapy and counseling

7. Is your agency currently reimbursed by Medicaid for any services?

8. Has your agency billed Medicaid in the past?

9. Do you currently contract with a Managed Care Organization (MCO) to provide services?
 - a. If yes, which MCO and what type of services do you provide?

10. Have you discussed becoming a Medicaid biller with your Board of Directors? If so, what direction have they provided? If not, when do you anticipate doing so?

Please check all that apply:

- All team members have Board approval to participate in the Kentucky Supportive Housing Medicaid Academy.
- All team members have Board approval and support to pursue Medicaid reimbursement of supportive housing services.
- Team members commit to attending all sessions, completing assignments, and have allocated resources for travel, accommodations, and staff time.

Section 5: Signatures

I hereby certify that the information above is true and accurate.

Signature: _____

Date: _____

Printed Name: _____

Title: _____