

WISCONSIN MEDICAID AND BADGERCARE PLUS 1915(i) HOUSING SUPPORT SERVICES ELIGIBILITY EVALUATION AND NEEDS ASSESSMENT INSTRUCTIONS

Wisconsin Medicaid and BadgerCare Plus requires certain information to enable Medicaid to authorize and pay for services provided to eligible members.

ForwardHealth members are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. Per Wis. Admin. Code § DHS 104.02[4], this information should include information concerning eligibility status, accurate name, address, and member ID number.

Under Wis. Stat. § 49.45(4), personally identifiable information about Medicaid applicants and members is confidential and is only used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of payment for the service.

Information collected in the 1915(i) Housing Support Services Eligibility Evaluation and Needs Assessment form, F-03274, is required for ForwardHealth to make a determination of the member's eligibility for 1915(i) housing support services, to record the member's needs assessment, and to capture information needed for the authorization of services. Providers may save or print this form to gather the required information when meeting with the member to complete the 1915(i) Housing Support Services Eligibility Evaluation and Needs Assessment form.

Providers may submit the 1915(i) Housing Support Services Eligibility Evaluation and Needs Assessment form either electronically or on paper. Once the provider meets with the member to gather the required information on the form, the provider will need to submit the PA request either electronically on the [ForwardHealth Portal](#) or on paper by fax or mail.

When the provider is submitting a PA request electronically on the Portal, ForwardHealth will prompt the provider to enter the information captured on the 1915(i) Housing Support Services Eligibility Evaluation and Needs Assessment form. ForwardHealth will generate a completed electronic version of the form for record-keeping and electronically submit the PA form.

Providers who are not able to submit the 1915(i) Housing Support Services Eligibility Evaluation and Needs Assessment form online may submit the paper form by fax or mail. When submitting by fax or mail, providers are required to submit two forms: the 1915(i) Housing Support Services Eligibility Evaluation and Needs Assessment form and the Prior Authorization Request Form (PA/RF), F-11018. Instructions for completing the PA/RF can be found in the Prior Authorization Request Form Completion Instructions for Housing Services topic (#23697) of the ForwardHealth Online Handbook.

Providers should submit both completed forms to ForwardHealth by fax at 608-221-8616 or by mail to the following address:

ForwardHealth
Prior Authorization
Ste 88
313 Blettner Blvd
Madison WI 53784

ForwardHealth will not accept other versions of this form. If submitting via fax or mail, type or print clearly.

Providers should retain copies of the completed forms for their records.

SECTION I – SUPPORTIVE HOUSING AGENCY INFORMATION

Element 1: Name – Supportive Housing Agency

Enter the supportive housing agency's name.

Element 2: Name – Supportive Housing Agency Staff Member

Enter the name of the staff member who is filling out the form.

Element 3: Address – Supportive Housing Agency (Street, City, State, Zip+4 Code)

Enter the supportive housing agency's address, including the street, city, state, and zip+4 code.

Element 4: Phone Number – Supportive Housing Agency or Staff Member

Enter the phone number for the supportive housing agency or staff member.

Element 5: Email – Supportive Housing Agency or Staff Member

Enter the email address for the supportive housing agency or the staff member.

SECTION II – MEMBER INFORMATION

Element 6: Name – Member (Last Name, First Name, Middle Initial)

Enter the member's name.

Element 7: Member Medicaid ID or Social Security Number

Enter the member's Medicaid ID if known or their Social Security number if their Medicaid ID is not known.

Element 8: Date of Birth – Member (Member must be 18 or older.)

Enter the member's date of birth. The member must be 18 years old or older to be eligible for 1915(i) Housing Support Services.

Element 9

Check the appropriate box to indicate whether this is an initial assessment or a reassessment. Members must be reassessed for eligibility annually based on their initial assessment date.

SECTION III – MEMBER ELIGIBILITY AND NEEDS ASSESSMENT INFORMATION

Element 10

To be eligible for housing support services, the member must meet the criteria for one of the United States Department of Housing and Urban Development (HUD) four categories of homelessness as defined under 42 U.S.C. § 11302. Check the box next to the category the member qualifies under. If none of the criteria apply, check the box that indicates they do not meet the criteria for any of the HUD-defined categories of homelessness.

Note: Documentation and record-keeping requirements of homelessness must align with the definitions outlined in 42 U.S.C. § 11302. As with other homeless assistance programs, documentation may include third-party verification, staff observation, or self-certification.

Element 11

To be eligible for housing support services, the member must have an identified behavioral health need. Check the boxes next to all needs that apply. If none of the categories apply, check the box that indicates they have no behavioral health need identified.

Element 12

To be eligible for housing services, the member must need assistance with at least two instrumental activities of daily living (IADLs). Check all areas that the member needs assistance with. If none of the categories apply, check the box that indicates they do not need assistance with any IADLs.

SECTION IV – MEMBER ELIGIBILITY FOR RELOCATION SUPPORTS

Element 13

Check the appropriate box to indicate whether or not the member will be leaving a provider-operated setting.

SECTION V – MEMBER STRENGTHS AND NEEDS

Element 14

Check the appropriate boxes to indicate which activities the member needs help with to find and sustain housing. This question is intended for completion of the member assessment and is not used to determine eligibility.

Element 15

Record the member's description of their own strengths and resources. This question is intended for completion of the member assessment and is not used to determine eligibility.

SECTION VI – SIGNATURE

Element 16: Signature – Supportive Housing Agency Staff Member

A supportive housing agency staff member is required to sign this form.

Element 17: Date Signed

Enter the date the form was signed.