

People experiencing homelessness have disproportionately high rates of acute and chronic disease and behavioral health conditions and are high utilizers of all components of the health care system. In an era of growing focus on social determinants of health, value-based reimbursements based on risk factors, population health, and better health outcomes, more accurate data on this population is needed to inform clinical and financial decisions.

Emerging health care financing models require much more sophisticated actuarial calculations than previous payment arrangements, often taking into account risk factors such as homelessness. Homelessness also has direct implications for clinical treatment decisions and integrated care models¹ and should be noted in individual patient records. This policy brief provides a rationale for using the ICD-10-CM code for homelessness, outlines the challenges to maximizing this code, and offers strategies to consider to ensure health care providers ask about homelessness and record patients' housing status. This data is highly relevant to clinicians and administrators at health centers, hospitals, state Medicaid systems, Medicaid managed care organizations, and public health departments.

The Z59.0 Code in ICD-10-CM

The Centers for Medicare and Medicaid Services (CMS) and the CDC's National Center for Health Statistics (NCHS) have developed official guidelines for coding and reporting of ICD-10-CM data, with a specific chapter dedicated to the factors influencing health status and contact with health services (all Z codes).^{2,3} The ICD-10-CM code for homelessness is Z59.0. The guidelines mentioned above specify that Z codes can be used in any health care setting and "may be used as either a first-listed (principal diagnosis code in the inpatient setting) or secondary code, depending on the circumstances of the encounter."⁴ These guidelines also indicate that while Z codes indicate a reason for an encounter, they are not procedure codes, which are required to describe any procedure performed. Of the 16 categories of Z codes, the guidelines include the Z59.0 code under "Miscellaneous Z codes," where some codes identify the reason for the encounter, and others are used to provide "useful information on circumstances that may affect a patient's care and treatment."⁵

**ICD-10-CM:
Z59.0 =
Homelessness**

Some providers, hospitals and/or managed care plans have developed alternative coding systems to indicate homelessness, such as adding a "no fixed address" option in address fields, or inserting "flags" into the system for frequent users who may be homeless. Without coding systems in place, institutions are often forced to use proxy measures to retroactively assess trends related to the health of patients experiencing homelessness such as searching in the address field for "none" or for known addresses of homeless shelters or other venues where people who are homeless receive services in the community. While this method is not comprehensive, it can be a starting point for further discussion about the needs of this population.

Consistent use of the ICD-10-CM code Z59.0, however, can increase opportunities to compare data across systems and raise providers' attention to a high-risk acuity factor as patients (and their medical records) move within and across systems. For health centers, standardizing data coding and reporting helps document patient complexity compared to other providers, and can help demonstrate the value of the health center model of care by showing good outcomes for a complex patient population. Regular coding also helps ensure providers are not penalized for serving a high-needs, complex population.

Asking about Homelessness

The Health Resources and Services Administration (HRSA), which funds the health center program [including Health Care for the Homeless (HCH) grantees], noted in 1999 guidance that “a recognition of the instability of an individual’s living arrangements is critical to the definition of homelessness.”⁶ While there is no requirement for all health centers to ask about housing status, HCH grantees are required to report annually on the numbers of patients who stay in six types of housing categories: homeless shelters, transitional programs, doubled up, on the street, other, and unknown.⁷ In HCH settings, conducting a more thorough screening for housing status may have the added benefit of ensuring eligibility for services, especially when the capacity for new patients may be limited.

Current “asking” practices: Directly asking “Are you homeless?” does not effectively identify homelessness. People without homes may not identify themselves as “homeless” due to stigma, shame, or the thought that a temporary and tenuous living arrangement is “home.” When asked for an address, people without homes of their own often provide one that belongs to a friend, relative, shelter, or church, or is a previous residence. Places where people stay might change daily as individuals and families move between shelter, street, and/or temporary stays with friends or family. It is also possible that bad experiences seeking health care in the past will prevent someone from self-disclosing homelessness for fear of being treated poorly.

There is no common or required methodology for asking about housing status in health care settings, and different organizations have adopted various practices to determine homelessness. These usually involve a short series of questions or multiple-choice questions about the patient’s current living situation. Appendix A includes examples of screening tools used to make housing-related inquiries. These examples represent tools used by several institutions:

- **HCH grantees:** Questions from the intake forms of seven HCH projects that ask detailed questions about living situations.
- **Health centers:** A tool called *Protocol for Responding to and Assessing Patients’ Assets, Risks and Experiences* (PRAPARE), is being developed by the **National Association of Community Health Centers** as a standardized risk assessment tool and Electronic Health Record (EHR) templates that will document social determinants of health in health center settings with the intent to improve care and demonstrate the value of health center services.⁸ The PRAPARE tool is intended to be used across the general health center program, but the questions may be tailored to local needs and patient populations. It contains two questions related to housing status and housing stability that automatically link to the appropriate ICD-10 Z59 codes related to housing circumstances in the EHR templates.
- **Veterans:** The U.S. Department of Veterans Affairs’ National Center on Homelessness Among Veterans, in collaboration with the VA National Clinical Reminders Committee, has developed and implemented a two-question screen for homelessness and risk of homelessness.⁹
- **Hospital:** Yale New Haven Hospital in Connecticut incorporates three housing-related questions into a patient screening tool to help identify needs and assist with adequate discharge planning.
- **Mainstream programs:** The U.S. Department of Health and Human Services (HHS) developed a guide for assessing housing status to help state Temporary Assistance for Needy Families (TANF) agencies recognize how to better identify and serve families who are homeless (or at risk of homelessness).¹⁰

ICD-10-CM Z Series:

Factors influencing health status & contact with health services

Z55-Z65 Series: Persons with potential health hazards related to socioeconomic & psychosocial circumstances

Z59 Series: Problems related to housing & economic circumstances

Challenges to asking: From a provider perspective, there are a few challenges to consider regarding asking about housing status. An additional screening tool may be difficult to incorporate amid the trend to capture a growing number of other social concerns (e.g., intimate partner violence, behavioral health screenings, and veteran status) while still ensuring prompt access to care. Staff asking these questions may be frustrated that there is little they can do to help if patients ask for assistance with their housing in response to the issue being raised. Providers with many complex patients may prioritize their limited time in securing authorizations for services and other documentation rather than focus on coding. Finally, while some providers may be interested in documenting a full range of codes to describe patient conditions, it may be left off claims that go to the insurer if it is not required for billing.

Ask & Code Strategies to Consider

In determining whether and how to inquire about housing status—and enter code Z59.0 when appropriate—provider organizations should consider the following strategies:

- **Add fields to health records:** Add a “no fixed address” or “homeless” option in the electronic health record (EHR) address area that is formatted in a searchable way (e.g., not an open text field), ensuring that this field has been integrated with the practice management system. Add homelessness to the patient “problem list” and enter the Z59.0 code after other relevant clinical information, even if it does not currently impact reimbursement.
- **Assess utility of homeless data:** Organizations should assess their need for and potential use of information about homelessness, for reasons that could include assessing community need, individual patient care, population-based health initiatives, and financial reimbursements. Discuss with state Medicaid, managed care plan partners or public health officials how the code can be linked to quality of care initiatives and cost or service utilization analyses; or whether this code can help further gauge needs, identify patients in need of additional outreach or case management,¹¹ document acuity or risk factors, and substantiate investments in supportive housing and/or medical respite care. Consider how this code can augment factors that impact alternative payment methodologies, especially to demonstrate higher risk factors and justify adequate payment to cover more complex care interventions. Reporting requirements for different funding streams may mean that more detailed screening/coding is needed, as for federally funded HCH projects, which must report on distinct types of living arrangements.
- **Implement formal procedure for asking and coding:** Determine where screening for housing status is best incorporated into the process without hindering access to care, and ensure some action follows from a positive screen (e.g., flagging the condition for medical providers, or triggering referrals to case managers or social workers). In hospital settings where codes are entered by a coding department, clinicians should include a note in the patient’s electronic record indicating homeless status in order to prompt coding.
- **Train staff:** Stigma around homelessness exists even among highly trained medical professionals, who may need to be reminded to treat homelessness as a barrier to the recovery and future good health of their patients. Train staff members how to ask questions about housing status and sensitively respond to the answer using the basic elements of trauma-informed care.¹² Provide continuing education sessions on the link between homelessness and health describing circumstances that contribute to poor health and high use of health care services, and how to inform care plans and other services based on the day-to-day realities of their homeless patients. Continuous trainings and reminders can help reinforce positive engagement with homeless patients and consistent use of coding strategies.

Implement formal procedures for asking about housing status and coding Z59.0 for homelessness

Current Initiatives

Many initiatives focused on addressing the social determinants of health for people who are homeless are being implemented by private and public entities at local, state and national levels. These initiatives look different in each community but they often rely on partnerships between health and housing providers to help people access the services needed and regain stability. Establishing and sustaining effective programs relies on good data in order to demonstrate impact and make the case for additional financial and political support. Such initiatives include:

- **Supportive Housing:** decent, safe, affordable, and community-based housing that provides tenants with the rights of tenancy and links to voluntary and flexible supports and services.¹³
- **Medical Respite Care:** acute and post-acute medical care for homeless persons who are too ill or frail to recover from a physical illness or injury on the streets or in a shelter but are not ill enough to be in a hospital.¹⁴
- **“Superutilizer”/Frequent User Initiatives:** targeted outreach and services delivered to homeless patients who frequently use hospital emergency services. Services are aimed to engage patients in regular primary care, improve patient navigation skills, and access housing and other resources that support individualized self-management goals.¹⁵
- **Health Homes:** a Medicaid State Plan Option that provides a comprehensive system of care coordination for Medicaid recipients with chronic conditions. Health home providers integrate and coordinate all primary, acute, behavioral health and long term services and supports to treat the “whole-person” across the lifespan.¹⁶

When data is available, these initiatives have been shown to improve quality of care for individuals experiencing homelessness, improve health care outcomes, and reduce health care spending.

Challenges to coding: Because the majority of people experiencing homelessness have only recently become eligible for health insurance (in states that have expanded Medicaid) and the code itself is not reimbursable to health care providers, its use is still fairly limited. At the same time, clinicians are generally focused on addressing (and coding) a wide range of health issues, and descriptive coding may seem non-essential. For HCH grantees, using the Z59.0 code may lose meaning in an environment where the vast majority (if not all) patients are homeless. Like other conditions that get coded into patient records, housing status can change frequently, so the question should be asked regularly and records updated accordingly.

Despite these challenges, there is value to using the Z59.0 code. New payment methodologies that include social determinants of health, patient acuity, and other risk factors will become more important to ensure reimbursements and performance metrics accurately reflect the breadth and depth of patient need, services delivered, and actual health outcomes. Standardizing coding will ensure more consistent data that is better able to inform policy and payment changes, as well as be comparable across regions. Additionally, hospital discharge planners should be aware of area resources and be able to effectively connect patients to shelter/housing programs while at the same time making plans for follow-up care at an appropriate outpatient provider (like an HCH grantee or other health center). Developing relationships with the local homeless services system may also enable better care transitions,¹⁷ improved health outcomes, and reduced hospital readmission rates.

Conclusion

Asking about housing status and using the Z59.0 code to document homelessness in a patient’s medical record can be a vital way for hospitals, health centers and insurance plans to identify individuals who need targeted health care and housing interventions, and to inform emerging payment methodologies. Though not without challenges, implementing strategies to screen for homelessness in a variety of service settings can have both short- and long-term benefits to achieving health reform goals for patients, providers, plans and the wider health care delivery system, bringing about higher quality care, improved health outcomes, and lower total costs.

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Notes:

¹ National Health Care for the Homeless Council (2010). *Adapting Your Practice: General Recommendations for the Care of Homeless Patients*. Available at: <http://www.nhchc.org/wp-content/uploads/2011/09/GenRecsHomeless2010.pdf>. Numerous other resources aimed at models of care for those experiencing homelessness are available at: <https://www.nhchc.org/resources/clinical/tools-and-support/interdisciplinary-models-care/>.

² The ICD-10 is owned, published, and copyrighted by the World Health Organization (WHO), and administered in the United States by the National Center for Health Statistics (NCHS), to promote international comparability on the reporting of mortality statistics.² The ICD-10-CM is the clinical modification for the classification of morbidity information. Upgraded from the ICD-9-CM, which also had a code for homelessness (V60.0), there are now significantly more procedure and diagnosis codes for clinicians and others in the health care field to use (ICD-9-CM had 3,824 procedure codes and 14,025 diagnosis codes, while the ICD 10-CM has 71,924 procedure codes and 69,823 diagnosis codes). The additional codes enable greater specificity in identifying health conditions and provide better data for measuring and tracking health care utilization and quality of patient care. NCHS, *International Classification of Diseases, (ICD-10-CM/PCS) Transition - Background*. Available at: http://www.cdc.gov/nchs/icd/icd10cm_pcs_background.htm.

³ Other problems identified in the Z59 section could also be helpful to document along with homelessness. They include inadequate housing (Z59.1), discord with neighbors, lodgers and landlord (Z59.2), problems related to living in residential institution (Z59.3), lack of adequate food and safe drinking water (Z59.4), extreme poverty (Z59.5), low income (Z59.6), insufficient social insurance and welfare support (Z59.7), other problems related to housing and economic circumstances (Z59.8), and problems related to housing and economic circumstances, unspecified (Z59.9).

⁴ Centers for Medicare and Medicaid Services (CMS). ICD-10-CM Official Guidelines for Coding and Reporting, FY 2016, Chapter 21, Factors influencing health status and contact with health services (Z00-Z99), page 81. Available at: <https://www.cms.gov/medicare/coding/icd10/downloads/2016-icd-10-cm-guidelines.pdf>.

⁵ *Ibid*, page 93.

⁶ HRSA/Bureau of Primary Health Care, Program Assistance Letter 99-12, Health Care for the Homeless Principles of Practice

⁷ HRSA. 2016 UDS Manual. Pages 43-44. Available at: <http://bphc.hrsa.gov/datareporting/reporting/2016udsreportingmanual.pdf>. Those living in supportive housing programs are considered homeless for the purposes of HCH grant funding.

⁸ NACHC. *Accelerating Strategies to Address the Social Determinants of Health: Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences*. More information available at: www.nachc.org/prapare.

⁹ U.S. Department of Veterans Affairs. *Homeless Screening Clinical Reminder*. Available at:

www.endveteranhomelessness.org/sites/default/files/VA%20Homelessness%20Screening%20Clinical%20Reminder.pdf.

¹⁰ U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation (ASPE). (July 2016.) *Enhancing Family Stability: A Guide for Assessing Housing Status and Coordinating with Local Homelessness Programs for TANF Agencies*. Available at: https://www.acf.hhs.gov/sites/default/files/ofa/enhancing_family_stability.pdf.

¹¹ For more information on how to better code and track services like outreach and case management, the Association of Asian Pacific Community Health Organizations (AAPCHO) has developed numerous resources, to include the Enabling Services Data Collection Implementation Packet (August 2015), which is available at: http://www.aapcho.org/resources_db/enabling-services-data-collection-implementation-packet/.

¹² National Health Care for the Homeless Council (December 2010). *Healing Hands: Delivering Trauma-Informed Services*. Available at: <http://www.nhchc.org/wp-content/uploads/2011/09/DecHealingHandsWeb.pdf>.

¹³ For more information on permanent supportive housing, see the Council's resource page at <https://www.nhchc.org/policy-advocacy/issue/permanent-supportive-housing/>.

¹⁴ For more information on medical respite care, see <https://www.nhchc.org/resources/clinical/medical-respite/>.

¹⁵ For more information on frequent user initiatives, see <http://www.csh.org/csh-solutions/serving-vulnerable-populations/health-systems-users/local-complex-health-needs-work/frequent-users-of-health-services-initiative/>.

¹⁶ For more information on Health Homes, see <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/integrating-care/health-homes/health-homes.html>.

¹⁷ National Health Care for the Homeless Council. (October 2012). *Improving Care Transitions for People Experiencing Homelessness*. (Lead author: Sabrina Edgington, Policy and Program Specialist.) Available at: http://www.nhchc.org/wp-content/uploads/2012/12/Policy_Brief_Care_Transitions.pdf.

Appendix A: Sample Questions about Housing Status

Asking about housing status in a health care setting can look many different ways, depending on the venue of care, the need for the information, and various program requirements. While other screening tools exist, below are examples of housing-related questions that are used in seven HCH projects, respectively (1-7 below), one hospital system (Yale New Haven), and as part of three additional screening tools available (NACHC, VA, and HHS/TANF). These example questions came directly from the providers/organizations interviewed for this publication. There is a wide range of practices at the field level in how these assessments are implemented, with some administered in person with patients/clients by various types of staff, while others are self-assessments that patients fill out on their own.

Health Care for the Homeless Grantees	
1	<p>Living Situation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Own/lease <input type="checkbox"/> Transitional housing <input type="checkbox"/> Hotel/motel <input type="checkbox"/> Shelter <input type="checkbox"/> Living with others (no lease) <input type="checkbox"/> Permanent supportive housing <input type="checkbox"/> Airport, train station or bus station <input type="checkbox"/> Car <input type="checkbox"/> Outdoors: street, bridge, tent, park, abandoned building, etc. <input type="checkbox"/> Currently not homeless, but was in past 12 months
2	<p>Please check the statement which best describes your housing situation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I live in my home which I rent, lease or own <input type="checkbox"/> I am staying with a series of friends and/or extended family members on a temporary basis <input type="checkbox"/> I am staying in supportive or transitional housing (such as a sober living facility or recovery home) <input type="checkbox"/> I live in a public or private facility that provides temporary shelters (such as a shelter, mission, single room occupancy facility or motel) <input type="checkbox"/> I have been released from an institution (such as jail or hospital) without stable housing to return to <input type="checkbox"/> I live on the streets, in a car, park, sidewalk or in an abandoned building, or any unstable or non-permanent situation <input type="checkbox"/> I live in a foster care environment

3	<p>What is your current living status?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Rent/own home (self or family) <input type="checkbox"/> Live with someone <input type="checkbox"/> Live temporarily with family or friends <input type="checkbox"/> Transitional housing for homeless <input type="checkbox"/> Emergency shelter <input type="checkbox"/> On the street (abandoned buildings, encampment, car) <input type="checkbox"/> Other, please specify
4	<p>Which of these best describes your housing situation?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Homeless? Living in shelter or on street <input type="checkbox"/> Transitional housing? Single room occupancy, hotel, treatment program <input type="checkbox"/> Doubled up? Staying with friends/family <input type="checkbox"/> Permanent supportive housing? Apartment with case management
5	<p>Where are you currently living?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Apartment/house room where the individual has a lease, occupancy agreement, or owns <input type="checkbox"/> With a friend/family <input type="checkbox"/> Motel/hotel <input type="checkbox"/> Hospital, rehabilitation center, drug treatment center, jail, other temporary institution <input type="checkbox"/> Transitional housing <input type="checkbox"/> Emergency shelter <input type="checkbox"/> Anywhere outside (e.g., street, vehicle, abandoned building)
6	<p>Housing Status: stable housing, supportive housing, homeless, decline to answer, other</p> <p>_____</p> <p>If homeless, please specify:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Street <input type="checkbox"/> Shelter <input type="checkbox"/> Hotel <input type="checkbox"/> Transitional <input type="checkbox"/> Doubling up <input type="checkbox"/> Other <p>Where did you spent last night?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Homeless shelter facility <input type="checkbox"/> Hospital <input type="checkbox"/> Street <input type="checkbox"/> Apartment/house <input type="checkbox"/> Other
7	<p>Please tell us about your living situation. All information is CONFIDENTIAL:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I / we have been homeless in the last year and have housing now (Transitional) <input type="checkbox"/> Staying with friends/relatives (Doubling Up, Sofa Surfing) <input type="checkbox"/> Staying in a shelter (Short term housing like the Mission, YWCA, Calvary, New Hope, etc.) <input type="checkbox"/> Staying in a treatment facility (Transitional) <input type="checkbox"/> Living in public housing (apartments or duplexes) where all the tenants get discounted rent. <input type="checkbox"/> Living on the street, outdoors, or in a car/travel trailer/camper (Street) <input type="checkbox"/> Living somewhere not meant to be a home – no running water or heat (Other homeless)

- We have concerns about our housing and want to discuss this with a supervisor in private. (Other)
- We own / rent our own home without help. Our housing situation is stable.

Yale New Haven Hospital Screening Tool

- Where have you been living during the past two months?
- Is this reliable housing that you own, rent, or stay in as part of a household?
- Are you able to return and stay there following discharge?
 - If yes, are you able to receive a visiting nurse there?
 - If no, will this patient have a post-discharge medical need requiring respite?

National Association of Community Health Centers (NACHC) – PRAPARE

What is your housing situation today?

__ I have housing

__ I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)

__ I choose not to answer this question

Are you worried about losing your housing?

__ Yes

__ No

__ I choose not to answer this question

What address do you live at? (include street and zip code)

Street: _____

City, State, Zipcode: _____

Source: National Association of Community Health Centers (www.nachc.org/prapare)

National Center on Homelessness Among Veterans (VA)

In the past two months, have you been living in stable housing that you own, rent, or stay in as part of a household? (“No” response indicates patient is positive for homelessness.)

Are you worried or concerned that in the next two months you may NOT have stable housing that you own, rent, or stay in as part of a household? (“Yes” response indicates patient is positive for risk.)

Source: U.S. Department of Veteran Affairs

(<http://www.endveteranhomelessness.org/sites/default/files/VA%20Homelessness%20Screening%20Clinical%20Reminder.pdf>).

U.S. Department of Health and Human Services/Temporary Assistance for Needy Families (TANF)

- Where did you stay last night? (17 possible answers)
- Where were you staying prior to the place you stayed at last night?
- How long have you stayed in the place you stayed last night?
- Is this housing subsidized?

- Are you able to stay in this housing for more than 90 days?
- Why do you need or want to leave?
- When do you need to leave?
- If you paid the rent or utilities you owe or contributed to rent or utilities, would you be able to stay in your current housing?
- Do you have enough money or can you borrow money to do this?
- Is there other safe housing where you and your family can stay when you need to leave?
- How many nights can you stay in that place?
- Do you need assistance finding some place to stay?
- Do you need assistance to be able to stay in your current housing?
- What type of assistance do you need?
- Right now are you receiving help related to your housing needs from any other agency?

Source: U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation (ASPE). (July 2016.) *Enhancing Family Stability: A Guide for Assessing Housing Status and Coordinating with Local Homelessness Programs for TANF Agencies*. Available at: https://www.acf.hhs.gov/sites/default/files/ofa/enhancing_family_stability.pdf.

Note: This guide was published in 2009, prior to the Affordable Care Act's provisions establishing more consistent online application systems for Medicaid in all states; however, State Medicaid authorities (particularly those in expansion states) may want to consider how to best incorporate some of these housing-related questions into their eligibility and enrollment systems.