



APPROVED Medicaid State Plan Amendment

MN 24-0002

This amendment will change the implementation date for the moving expense benefit under Housing Supports and Services, from January 1 to April 1, 2024.

The effective date is the only change in the enclosed SPA pages for Attachment 3.1-I, and 4.19-B, Supplement 3.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 1, 2024

Patrick Hultman, Deputy Medicaid Director
Minnesota Department of Human Services
540 Cedar Street
PO Box 64983
Saint Paul, MN 55164-0983

RE: MN 24-0002 Minnesota §1915(i) home and community-based services (HCBS) state plan amendment (SPA)

Dear Deputy Director Hultman:

The Centers for Medicare & Medicaid Services (CMS) is approving the state's request to amend its 1915(i) state plan home and community-based services (HCBS) benefit, transmittal number MN 24-0002. The effective date for this amendment is April 1, 2024. With this amendment, the state is changing the implementation date of the previously approved SPA MN 23-0030.

Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

- Attachment 3.1-i: Page 19 – 28g
- Supplement 3 to State Plan Attachment 4.19-B: Page 1

It is important to note that CMS' approval of this change to the state's 1915(i) HCBS state plan benefit solely addresses the state's compliance with the applicable Medicaid authorities. CMS' approval does not address the state's independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or the Supreme Court's Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at http://www.ada.gov/olmstead/q&a_olmstead.htm.

If you have any questions concerning this information, please contact me at (410) 786-7561. You may also contact Shawn Zimmerman at Shawn.Zimmerman@cms.hhs.gov or (410) 786-8291.

Sincerely,

George P. Failla, Jr., Director
Division of HCBS Operations and Oversight

cc: Lynell Sanderson, CMS
Cynthia Nanes, CMS
Deborah Benson, CMS
Sandra Porter, CMS
Sheilagh Leary, MN DHS
Pat Callaghan, MS DHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 4 — 0 0 0 2</u>	2. STATE <u>MN</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
4. PROPOSED EFFECTIVE DATE <u>April 1, 2024</u>	
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>1,437,000</u> b. FFY <u>2025</u> \$ <u>3,528,000</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 3.1-i, pages 19 - 28g</u> <u>Attachment 4.19-B, Supplement 3, page 1</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 3.1-i, pages 19 - 28g</u> <u>Attachment 4.19-B, Supplement 3, page 1</u>

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

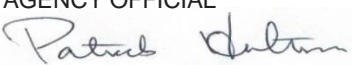
5. FEDERAL STATUTE/REGULATION CITATION
1915(i)

9. SUBJECT OF AMENDMENT

New moving expense benefit implementation date in Housing Supports and Services

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Patrick Hultman Minnesota Department of Human Services Federal Relations Unit 540 Cedar Street, PO Box 64983 Saint Paul, MN 55164
12. TYPED NAME Patrick Hultman	
13. TITLE Deputy Medicaid Director	
14. DATE SUBMITTED January 15, 2024	

FOR CMS USE ONLY

16. DATE RECEIVED January 23, 2024	17. DATE APPROVED 3/1/2024
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2024	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL George P. Failla, Jr.	21. TITLE OF APPROVING OFFICIAL Director of DHCBSO

22. REMARKS

MINNESOTA
MEDICAL ASSISTANCE
 Federal Budget Impact of Proposed State Plan Amendment **MN 24-0002**
Adding Moving Expense Benefit to Housing Services and Supports

Effective April 1, 2024, Minnesota will implement the Moving Expense Benefit in Housing Services and Supports. Due to legislation passed in Minnesota’s 2023 Session, this benefit is permanent. FFP is estimated by assuming a base FMAP of 51.49% for most populations, and 90% for enrollees with MA-Adult eligibility (7% of Fee-for-service population; 26% of Managed Care population).

Fee for service	<u>FFY '24</u>	<u>FFY '25</u>
Total cost (thousands)	\$343	\$854
FFP	53.4%	53.4%
State Share (thousands)	\$160	\$397
Federal Share (thousands)	\$183	\$456
Managed Care	<u>FFY '24</u>	<u>FFY '25</u>
Total cost (thousands)	\$2,100	\$4,983
FFP	61.6%	61.6%
State Share (thousands)	\$806	\$1,911
Federal Share (thousands)	\$1,294	\$3,072
Total	<u>FFY '24</u>	<u>FFY '25</u>
Total cost (thousands)	\$2,443	\$5,837
FFP	60.5%	60.4%
State Share (thousands)	\$965	\$2,309
Federal Share (thousands)	\$1,478	\$3,528

1. State plan HCBS. (Complete the following table for each service. Copy table as needed):

Service Specifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):	
Service Title:	Housing Stabilization Service – Transition Services
Service Definition (Scope):	
<p>Housing Stabilization - Transition Services are community supports that help people plan for, find, and move to homes of their own in the community including:</p> <ul style="list-style-type: none">• Supporting the person in applying for benefits to afford their housing• Identifying services and benefits that will support the person with housing instability• Assisting the person with the housing search and application process• Assisting the person with tenant screening and housing assessments• Helping a person understand and develop a budget• Helping recipients understand and negotiate a lease• Helping the recipient meet and build a relationship with a prospective landlord• Providing up to \$3000 for certain costs associated with moving, as described below• Identifying resources to cover moving expenses that are not otherwise covered under this service• Helping the person arrange deposits• Ensuring the new living arrangement is safe and ready for move-in• Remote support when required to ensure their housing transition• Helping a person organize their move <p>Remote support is real-time, two-way communication between the provider and the participant. The service meets intermittent or unscheduled needs for support for when a participant needs it to live and work in the most integrated setting, supplementing in person service delivery. Remote support is limited to check-ins (e.g. reminders, verbal cues, prompts) and consultations (e.g. counseling, problem solving) within the scope of housing stabilization services. Remote support may be utilized when it is chosen by the participant as a method of service delivery. To meet the real-time, two-way exchange definition, remote support includes the following methods: telephone, secure video conferencing, and secure written electronic messaging, excluding e-mail and facsimile. All transmitted electronic written messages must be retrievable for review. Providers must document the staff who delivered services, the date of service, the start and end time of service delivery, length of time of service delivery, method of contact, and place of service (i.e. office or community) when remote support service delivery occurs.</p> <p>Housing Stabilization-Transition Services cannot duplicate other services or assistance available to the person.</p>	

Moving Expenses

Moving Expenses are non-reoccurring and are limited to a maximum of \$3000 annually for individuals receiving Housing Stabilization-Transition services and are transitioning out of Medicaid funded institutions or other provider-operated living arrangements to a less restrictive living arrangement in a private residence where the person is directly responsible for his or her own living expenses.

For purposes of this service component, “home” means a setting that a participant owns, rents, or leases that is not operated, owned or leased by a provider of services or supports.

Moving Expenses include:

- Applications, security deposits, and the cost of securing documentation that is required to obtain a lease on an apartment or home
- Essential household furnishings required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens
- Set-up fees or deposits for utility or service access, including telephone, electricity, heating and water
- Services necessary for the individual’s health and safety such as pest eradication and one-time cleaning prior to occupancy
- Necessary home accessibility adaptations

Moving Expenses are furnished only to the extent that they are reasonable and necessary as determined through the service plan development process. These expenses must be clearly identified in the service plan.

These items are not covered Moving Expenses:

- Rent and mortgage payments
- Food
- Clothing
- Recreational and diversionary items. Recreational items include streaming devices, computers, televisions, cable television access, etc.
- Items, expenses, or supports that duplicate any other service
- Costs of furnishing living arrangements that are owned or leased by a provider where the provision of these items and services are inherent to the service they are already providing

Providers must maintain all documentation of purchases and spending, including receipts, related to the person’s Moving Expenses. Receipts must be uploaded to the Medicaid payer’s claim system for review, approval, and to track costs separately from other components of Housing Stabilization - Transition Services.

Additional needs-based criteria for receiving the service, if applicable (*specify*):

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.

(Choose each that applies):

X

Categorically needy *(specify limits):*

Housing Stabilization – Transition Services are limited to 150 hours per transition. Additional hours beyond this threshold may be authorized by the Department.

Moving Expenses may be provided in a setting which does not comport with the settings requirements if the person will be moving into a setting which does comport with the settings requirements at move in. For persons residing in an institutional setting or another provider operated living arrangement prior to community transition and 1915(i) enrollment, services may be furnished no more than 180 consecutive days prior to discharge and providers may not bill for Moving Expenses until the recipient has transitioned to a community-based setting and is determined eligible for Housing Stabilization – Transition Services.

Housing Stabilization – Transition Services may be provided in a non-compliant setting if the person will be moving into a setting that is HCBS compliant at move in.

For persons residing in an institutional setting or another provider operated living arrangement prior to community transition and 1915(i) enrollment services may be furnished no more than 180 consecutive days prior to discharge and providers may not bill for services until the recipient has transitioned to a community-based setting. Under this circumstance, this service will only be provided to individuals transitioning to a less restrictive setting, and for individuals transitioning from provider-operated settings, the service is only provided to those transitioning to a private residence where the individual will be directly responsible for his or her own living expense.

Housing Stabilization -Transition Services are not covered when a recipient is concurrently receiving Housing Stabilization - Sustaining Services.

Moving Expenses Limitations:

- Moving expense providers and/or their family members cannot sell goods and services to recipients that are reimbursed through moving expense
- Moving expenses cannot be used to purchase goods and services from a recipient’s family member

Limitations applicable to remote support service delivery of Housing Stabilization – Transition Services:

Remote support cannot be used for more than one-half of direct service provided annually. Remote support cannot have the effect of isolating a person or reducing their access to the community. If remote support has such an effect, it is not allowed. A person has a right to refuse, stop, or suspend the use of remote support any time.

- A person requiring a higher level of remote support annually may be granted an exception through a provider request for prior authorization for up to 75% of the direct service provision.
- Prior authorization for higher remote support is not required during the period of a federal or state public health emergency or disaster declaration affecting the person or the person’s geographic area.
- A person on Housing Stabilization - Transition Services may use remote support in a flexible manner that meet his/her/their needs within the total yearly authorized units.

In order for providers to provide more than half of the direct service hours annually remotely, DHS must provide prior authorization. Providers request authorization through an Additional Remote Support Exception Request form.

Reasons an exception may be granted include:

- a person engages more readily with the provider via remote means due to their disabling condition
- The person is transient and difficult to physically locate but remains in contact remotely
- The person works during regular business hours so remote support enables the person to remain employed and receive needed supports to find or keep housing.
- The person and provider are physically distant from one another and the person consents to additional remote support
Providers need to outline remote support delivery methods agreed upon with the person.

The housing support plan must also document:

- why those methods were chosen and detail why remote support better meets the person's needs
- how remote support will support the person to live and work in the most integrated community settings
- the needs that must be met through in-person support
- a plan for providing in-person and remote supports based on the person's needs to ensure their health and safety.

The direct staff or caregiver responsible for responding to a person's health, safety, and other support needs through remote support must:

- Respect and maintain the person's privacy at all times, including when the person is in settings typically used by the general public;
- Respect and maintain the person's privacy at all times, including when scheduled or intermittent/as-needed support includes responding to a person's health, safety, and other support needs for personal cares;
- Ensure the use of enabling technology complies with relevant requirements under the Health Insurance Portability and Accountability Act (HIPAA).

It is the provider's responsibility to develop record keeping systems which identify when a service was provided remotely, and track the number of remote hours utilized.

Providers may not:

- Bill direct support delivered remotely when the exchange between the service participant and the provider is social in nature;
- Bill direct support delivered remotely when real-time, two-way communication does not occur (e.g. leaving a voicemail; unanswered electronic messaging);
- Bill for the use of Global Positioning System (GPS), Personal Emergency Response System (PERS) and video surveillance to provide remote check-ins or consultative supports.

X	Medically needy (<i>specify limits</i>):
	<p>Housing Stabilization-Transition services are limited to 150 hours per transition. Additional hours beyond this threshold may be authorized by the Department.</p> <p>Moving Expenses may be provided in a setting which does not comport with the settings requirements if the person will be moving into a setting which does comport with the settings requirements at move in. For persons residing in an institutional setting or another provider operated living arrangement prior to community transition and 1915(i) enrollment, services may be furnished no more than 180 consecutive days prior to discharge and providers may not bill for Moving Expenses until the recipient has transitioned to a community-based setting and is determined eligible for Housing Stabilization – Transition Services.</p> <p>Housing Stabilization – Transition Services may be provided in a non-compliant setting if the person will be moving into a setting that is HCBS compliant at move in. For persons residing in an institutional setting or another provider operated living arrangement prior to community transition and 1915(i) enrollment services may be furnished no more than 180 consecutive days prior to discharge and providers may not bill for services until the recipient has transitioned to a community-based setting.</p> <p>Housing Stabilization -Transition Services are not covered when a recipient is concurrently receiving Housing Stabilization - Sustaining Services.</p> <p>Moving Expenses Limitations:</p> <ul style="list-style-type: none">● Moving expense providers and/or their family members cannot sell goods and services to recipients that are reimbursed through moving expense● Moving expenses cannot be used to purchase goods and services from a recipient’s family member <p>Limitations applicable to remote support service delivery of Housing Stabilization – Transition Services:</p> <ul style="list-style-type: none">● Remote support cannot be used for more than one-half of direct service provided annually. Remote support cannot have the effect of isolating a person or reducing their access to the community. If remote support has such an effect, it is not allowed. A person has a right to refuse, stop, or suspend the use of remote support any time.● A person requiring a higher level of remote support annually may be granted an exception through a provider request for prior authorization for up to 75% of the direct service provision.● Prior authorization for higher remote support is not required during the period of a federal or state public health emergency or disaster declaration affecting the person or the person’s geographic area.● A person on Housing Stabilization - Transition Services may use remote support in a flexible manner that meets his/her/their needs within the total yearly authorized units.

In order for providers to provide more than half of the direct service hours annually remotely, DHS must provide prior authorization. Providers request authorization through an Additional Remote Support Exception Request form.

Reasons an exception may be granted include:

- a person engages more readily with the provider via remote means due to their disabling condition
- The person is transient and difficult to physically locate but remains in contact remotely
- The person works during regular business hours so remote support enables the person to remain employed and receive needed supports to find or keep housing.
- The person and provider are physically distant from one another and the person consents to additional remote support

Providers need to outline remote support delivery methods agreed upon with the person. The housing support plan must also document:

- why those methods were chosen and detail why remote support better meets the person's needs
- how remote support will support the person to live and work in the most integrated community settings
- the needs that must be met through in-person support
- a plan for providing in-person and remote supports based on the person's needs to ensure their health and safety.

The direct staff or caregiver responsible for responding to a person's health, safety, and other support needs through remote support must:

- Respect and maintain the person's privacy at all times, including when the person is in settings typically used by the general public;
- Respect and maintain the person's privacy at all times, including when scheduled or intermittent/as-needed support includes responding to a person's health, safety, and other support needs for personal cares;
- Ensure the use of enabling technology complies with relevant requirements under the Health Insurance Portability and Accountability Act (HIPAA).

It is the provider's responsibility to develop record keeping systems which identify when a service was provided remotely, and track the number of remote hours utilized.

Providers may not:

- Bill direct support delivered remotely when the exchange between the service participant and the provider is social in nature;
- Bill direct support delivered remotely when real-time, two-way communication does not occur (e.g. leaving a voicemail; unanswered electronic messaging);
- Bill for the use of Global Positioning System (GPS), Personal Emergency Response System (PERS) and video surveillance to provide remote check-ins or consultative supports.

Provider Type <i>(Specify)</i> :	License <i>(Specify)</i> :	Certification <i>(Specify)</i> :	Other Standard <i>(Specify)</i> :
<p>Agency: agencies that meet the housing stabilization service standards</p> <p>Individual: Individuals that meet the housing stabilization service standards</p>			<p>Individuals providing housing stabilization services must have:</p> <ul style="list-style-type: none"> • Knowledge of local housing resources. • Completed housing stabilization services training approved by the Commissioner. • Completed mandated reporter training which includes training on vulnerable adult law. <p>Additionally, providers of housing stabilization services must pass a criminal background study.</p>

Verification of Provider Qualifications *(For each provider type listed above. Copy rows as needed):*

Provider Type <i>(Specify)</i> :	Entity Responsible for Verification <i>(Specify)</i> :	Frequency of Verification <i>(Specify)</i> :
Agency: Agencies that meet the Housing Stabilization service standards	Minnesota Department of Human Services	Every five years
Individual: Individuals that meet the housing stabilization service standards	Minnesota Department of Human Services	Every five years

Service Delivery Method. *(Check each that applies):*

<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/>	Provider managed
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Service Specifications (*Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover*):

Service Title:	Housing Stabilization Service - Sustaining
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Service Definition (Scope):

Community supports that help a person to maintain living in their own home in the community including:

- Developing, updating and modifying the housing support and crisis plan on a regular basis
- Prevention and early identification of behaviors that may jeopardize continued housing
- Education and training on roles, rights, and responsibilities of the tenant and property manager
- Coaching to develop and maintain key relationships with property managers and neighbors
- Advocacy with community resources to prevent eviction when housing is at risk
- Assistance with the housing recertification processes
- Continuing training on being a good tenant, lease compliance, and household management
- Supporting the person to apply for benefits to retain housing
- Supporting the person to understand and maintain income and benefits to retain housing
- Supporting the building of natural housing supports and resources in the community
- Remote support when required to help the person retain their housing

Remote support is real-time, two-way communication between the provider and the participant. The service meets intermittent or unscheduled needs for support for when a participant needs to live and work in the most integrated setting, supplementing in person service delivery.

Remote support is limited to check-ins (e.g. reminders, verbal cues, prompts) and consultations (e.g. counseling, problem solving) within the scope of housing stabilization services. Remote support may be utilized when it is chosen by the participant as a method of service delivery. To meet the real-time, two-way exchange definition, remote support includes the following methods: telephone, secure video conferencing, and secure written electronic messaging, excluding e-mail and facsimile. All transmitted electronic written messages must be retrievable for review. Providers must document the staff who delivered services, the date of service, the start and end time of service delivery, length of time of service delivery, method of contact, and place of service (i.e. office or community) when remote support service delivery occurs.

Sustaining services **do not** include:

- Deposits
- Food
- Furnishings
- Rent
- Utilities
- Room and board
- Moving expenses

Sustaining services cannot duplicate other services or assistance available to the person.

Additional needs-based criteria for receiving the service, if applicable (specify):

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.
(Choose each that applies):

X Categorically needy (*specify limits*):

Housing Stabilization-Sustaining services are limited to 150 hours annually. Additional hours beyond this threshold may be authorized by the Department.

Limitations applicable to remote support service delivery of housing stabilization services:

- Remote support cannot be used for more than one-half of direct service provided annually. Remote support cannot have the effect of isolating a person or reducing their access to the community. If remote support has such an effect, it is not allowed. A person has a right to refuse, stop, or suspend the use of remote support at any time.
- A person requiring a higher level of remote support annually may be granted an exception through a provider request for prior authorization for up to 75% of the direct service provision.
- Prior authorization for higher remote support is not required during the period of a federal or state public health emergency or disaster declaration affecting the person or the person’s geographic area.
- A person on Sustaining services may use remote support in a flexible manner that meets his/her/their needs within the total yearly authorized units.

In order for providers to provide more than half of the direct service hours annually remotely, DHS must provide authorization. Providers request authorization through an Additional Remote Support Exception Request form. Reasons an exception may be granted include:

- a person engages more readily with the provider via remote means due to their disabling condition
- The person is transient and difficult to physically locate but remains in contact remotely
- The person works during regular business hours so remote support enables the person to remain employed and receive needed supports to find or keep housing.
- The person and provider are physically distant from one another and the person consents to additional remote support

Providers need to outline remote support delivery methods agreed upon with the person. The housing support plan must also document:

- why those methods were chosen and detail why remote support better meets the person’s needs
- how remote support will support the person to live and work in the most integrated community settings

	<ul style="list-style-type: none"> • the needs that must be met through in-person support • a plan for providing in-person and remote supports based on the person’s needs to ensure their health and safety. <p>The direct staff or caregiver responsible for responding to a person's health, safety, and other support needs through remote support must:</p> <ul style="list-style-type: none"> • Respect and maintain the person’s privacy at all times, including when the person is in settings typically used by the general public; • Respect and maintain the person’s privacy at all times, including when scheduled or intermittent/as-needed support includes responding to a person's health, safety, and other support needs for personal cares • Ensure the use of enabling technology complies with relevant requirements under the Health Insurance Portability and Accountability Act (HIPAA). <p>It is the provider’s responsibility to develop record keeping systems which identify when a service was provided remotely, and track the number of remote hours utilized.</p> <p>Providers may not:</p> <ul style="list-style-type: none"> • Bill direct support delivered remotely when the exchange between the service participant and the provider is social in nature; • Bill direct support delivered remotely when real-time, two-way communication does not occur (e.g. leaving a voicemail; unanswered electronic messaging); • Bill for the use of Global Positioning System (GPS), Personal Emergency Response System (PERS) and video surveillance to provide remote check-ins or consultative supports.
X	Medically needy (<i>specify limits</i>):

Housing Stabilization-Sustaining services are limited to 150 hours annually. Additional hours beyond this threshold may be authorized by the Department.

Limitations applicable to remote support service delivery of housing stabilization service:

- Remote support cannot be used for more than one-half of direct service provided annually. Remote support cannot have the effect of isolating a person or reducing their access to the community. If remote support has such an effect, it is not allowed. A person has a right to refuse, stop, or suspend the use of remote support at any time.
- A person requiring a higher level of remote support annually may be granted an exception through a provider request for prior authorization for up to 75% of the direct service provision.
- Prior authorization for higher remote support is not required during the period of a federal or state public health emergency or disaster declaration affecting the person or the person's geographic area.
- A person on sustaining services may use remote support in a flexible manner that meets his/her/their needs within the total yearly authorized units.

In order for providers to provide more than half of the direct service hours annually remotely, DHS must provide authorization. Providers request authorization through an Additional Remote Support Exception Request form. Reasons an exception may be granted include:

- a person engages more readily with the provider via remote means due to their disabling condition
- The person is transient and difficult to physically locate but remains in contact remotely
- The person works during regular business hours so remote support enables the person to remain employed and receive needed supports to find or keep housing.
- The person and provider are physically distant from one another and the person consents to additional remote support.

Providers need to outline remote support delivery methods agreed upon with the person. The housing support plan must also document:

- why those methods were chosen and detail why remote support better meets the person's needs,
- how remote support will support the person to live and work in the most integrated community settings,
- the needs that must be met through in-person support
- a plan for providing in-person and remote supports based on the person's needs to ensure their health and safety.

The direct staff or caregiver responsible for responding to a person's health, safety, and other support needs through remote support must:

- Respect and maintain the person's privacy at all times, including when the person is in settings typically used by the general public;

- Respect and maintain the person’s privacy at all times, including when scheduled or intermittent/as-needed support includes responding to a person's health, safety, and other support needs for personal cares
- Ensure the use of enabling technology complies with relevant requirements under the Health Insurance Portability and Accountability Act (HIPAA).

It is the provider’s responsibility to develop record keeping systems which identify when a service was provided remotely, and track the number of remote hours utilized.

- Providers may not:
 - Bill direct support delivered remotely when the exchange between the service participant and the provider is social in nature;
 - Bill direct support delivered remotely when real-time, two-way communication does not occur (e.g. leaving a voicemail; unanswered electronic messaging);
 - Bill for the use of Global Positioning System (GPS), Personal Emergency Response System (PERS) and video surveillance to provide remote
 - check-ins or consultative supports.

Provider Qualifications (For each type of provider. Copy rows as needed):			
Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
Agency: agencies that meet the housing stabilization service standards			<p>Agency providers of housing stabilization services must assure all staff providing the service have:</p> <ul style="list-style-type: none"> • Knowledge of local housing resources. • Completed housing stabilization service training approved by the Commissioner. • Completed mandated reporter training which includes training on Vulnerable Adult law. <p>Additionally providers of Housing stabilization services must apply the standards in Minnesota Statutes, chapter 245C concerning criminal background studies.</p>
Individual: Individuals that meet the housing stabilization service standards			<p>Individuals providing housing stabilization services must have:</p> <ul style="list-style-type: none"> • Knowledge of local housing resources. • Completed housing stabilization services training approved by the Commissioner. • Completed mandated reporter training which includes training on vulnerable adult law. <p>Additionally, providers of housing stabilization services must pass a criminal background study.</p>

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.

(Choose each that applies):

Categorically needy *(specify limits):*

Housing consultation services are available one time, annually. Additional sessions may be authorized by the Department if the recipient becomes homeless or experiences a significant change in a condition that impacts their housing, or when a person requests an update or change to their plan. To avoid conflict of interest, an individual cannot receive housing consultation services and housing stabilization services from the same provider.

Recipient must be living in, or planning to transition to a new home in a community-based setting. These services may be provided in a non-compliant setting if the person will be moving into a setting that is HCBS compliant at move in. For persons residing in an institutional setting, providers may not bill for services until the recipient has transitioned to a community-based setting.

Remote support- Housing Consultation

- Remote support: A real-time, two-way communication between the provider and the person. For housing consultation, remote support can only be performed through telephone or secure video conferencing.
- Providers must document that the plan was completed remotely and why it was a remote planning session. The case notes must also identify the staff who delivered services, the date of service, the method of contact and place of service (i.e. office or community).

Medically needy *(specify limits):*

Housing consultation services are available one time, annually. Additional sessions may be authorized by the Department if the recipient becomes homeless or experiences a significant change in a condition that impacts their housing, or when a person requests an update or change to their plan. To avoid conflict of interest, an individual cannot receive housing consultation services and housing stabilization services from the same provider.

Recipient must be living in, or planning to transition to a new home in a community-based setting. These services may be provided in a non-compliant setting if the person will be moving into a setting that is HCBS compliant at move in. For persons residing in an institutional setting, providers may not bill for services until the recipient has transitioned to a community-based setting.

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Provider Qualifications *(For each type of provider. Copy rows as needed):*

Provider Type <i>(Specify):</i>	License <i>(Specify):</i>	Certification <i>(Specify):</i>	Other Standard <i>(Specify):</i>
<p>Agency: Agencies that meet the housing consultation service standards</p>			<p>Agency providers of Housing Consultation services must assure staff providing the service have:</p> <ul style="list-style-type: none"> • Knowledge of local housing resources and must not have a direct or indirect financial interest in the property or housing the participant selects. • Completed training approved by the Commissioner. <p>Additionally, providers of Housing Consultation services must apply the standards in Minnesota Statutes, chapter 245C concerning criminal background studies.</p>
<p>Individual: Individuals that meet the housing</p>			<p>Individual providers of housing consultation services must assure they have:</p>

			<ul style="list-style-type: none"> • •
Verification of Provider Qualifications <i>(For each provider type listed above. Copy rows as needed):</i>			
Provider Type <i>(Specify):</i>	Entity Responsible for Verification <i>(Specify):</i>	Frequency of Verification <i>(Specify):</i>	
Service Delivery Method. <i>(Check each that applies):</i>			
<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/>	Provider managed

Methods and Standards for Establishing Payment Rates

1. Services Provided Under Section 1915(i) of the Social Security Act. For each optional service, describe the methods and standards used to set the associated payment rate. *(Check each that applies, and describe methods and standards to set rates):*

<input type="checkbox"/>	HCBS Case Management	
<input type="checkbox"/>	HCBS Homemaker	
<input type="checkbox"/>	HCBS Home Health Aide	
<input type="checkbox"/>	HCBS Personal Care	
<input type="checkbox"/>	HCBS Adult Day Health	
<input type="checkbox"/>	HCBS Habilitation	
<input type="checkbox"/>	HCBS Respite Care	
For Individuals with Chronic Mental Illness, the following services:		
<input type="checkbox"/>	HCBS Day Treatment or Other Partial Hospitalization Services	
<input type="checkbox"/>	HCBS Psychosocial Rehabilitation	
<input type="checkbox"/>	HCBS Clinic Services (whether or not furnished in a facility for CMI)	
<input checked="" type="checkbox"/>	Other Services (specify below)	
<p>All public, private and tribal (defined as an IHS or 638 facility) providers are reimbursed as described below:</p> <p>Effective July 1, 2020, housing stabilization – transition services are paid the lower of the submitted charge, or \$17.17 per 15-minute unit. Effective August 1, 2023 <u>April 1, 2024</u>, moving expenses are reimbursed at market rates. Market rates are purchased at the usual retail price charged to the community.</p> <p>Effective July 1, 2020, housing stabilization services - sustaining are paid the lower of the submitted charge, or \$17.17 per 15-minute unit.</p> <p>Effective July 1, 2020, consultation services are paid the lower of the submitted charge, or \$174.22 per session.</p>		