

FAQs: Housing Stabilization Services

The following document provides for Frequently Asked Questions (FAQ) and policy guidance regarding the Minnesota Department of Human Services' new Medical Assistance benefit, Housing Stabilization Services. This document is divided into the following sections: Newly Added Questions, General Questions, For Providers, For Assessors, and For Counties or Tribes.

Newly Added Questions

I support a person who is over age 65, but the Professional Statement of Need does not assess for disabling condition specifically due to age. Can the Professional Statement of Need still be submitted?

Yes. In this instance, when completing the Housing Stabilization Services Eligibility Review Request Form (DHS-7948), the form submitter will indicate "65 or over" as the proof of disability. No documentation is required for upload because DHS Eligibility Review Staff can verify the person's age. The Professional Statement of Need can still be completed by a qualified professional, determining housing instability and assessed need for services. In the DHS-7948, the form submitter will indicate "Professional Statement of Need" for the assessment type, and upload the form. Alternatively, the person may also choose to complete a MnCHOICES Assessment if interested in long-term services and supports, or the Coordinated Entry Assessment if the person is homeless, both of which assess for housing instability and assessed need for services.

I support a person who receives, or will receive, HUD Section 811 Project-Based Rental Assistance (811 PRA). Can the Verification of Disability required for the 811 PRA program be used as proof of disabling condition?

Yes, the Verification of Disability for HUD Section 811 Project Based Rental Assistance Program form may be used as proof of disabling conditions for HUD Section 811 PRA Program participants only.

I am a Housing Stabilization Services provider supporting a person who has an ARMHS worker as well. Can both workers bill for the same time and meeting if attending at the same time? If working on the same task for the person, can both bill for the time spent on the same task?

If both a housing transition/sustaining staff member and an ARMHS worker are supporting someone on distinctly different areas or are attending a meeting both are required to be at in order to coordinate care for a person, both providers can bill for services that were provided simultaneously.

However, an ARMHS worker and Housing Stabilization Services provider cannot bill Medicaid for time spent on the same task. Support provided under ARMHS and Housing Stabilization Services should be distinctly different from each other to avoid duplication of services.

Can the housing consultation service be completed remotely or virtually?

During the federal peacetime emergency due to COVID-19, the Housing Focused Person-Centered Plan may be completed remotely. After the peacetime emergency ends, it must be completed in-person.

The notification of service approval from DHS does not indicate whether transition or sustaining services are approved, or the number of hours. Does this mean both transition and sustaining services are approved?

When DHS approves a person for housing transition services, they are simultaneously approved for housing sustaining services because the assumption is the person will need ongoing support to keep their housing. A person is approved for 150 hours per service, for the chosen provider. Similarly, if a person is approved for housing sustaining services, they are simultaneously approved for housing transition services in the event a person wishes to move. Note that if a person wishes to change Housing Stabilization Services providers, then a Provider Change Request Form must be completed via the DHS Eligibility Request Form (DHS-7948). Once approved, the person receives a new 150 hour service allotment for the new Housing Stabilization Service provider.

Who is responsible for tracking the service hours to ensure that the 150 hour limit is not exceeded?

The provider is responsible for developing internal tracking mechanisms to ensure that the 150 hour limit is not exceeded for either transition or sustaining services. If a provider attempts to bill more than 150 hours without an approved Additional Transition/Sustaining Unit Request, the provider's claim will not be processed.

If someone meets the qualified professional qualifications as identified in Section 2 (Disabling Condition) of the [Professional Statement of Need](#), are they also considered qualified to complete Section 3 (Medical Assistance Housing Stabilization Services)?

Yes, by virtue of meeting the qualified professional qualifications in Section 2, DHS authorizes the use of their professional judgment when completing Section 3. The only exception to this is that a county designee who is otherwise not a qualified professional cannot complete Section 3. Additionally, multiple qualified professionals may complete different sections of the Professional Statement of Need so long as each professional meets the allowable qualified professional requirements for a given disabling condition.

Do qualified professionals need to complete any specialized training or certification to be able to fill out the [Professional Statement of Need](#)?

No, specialized training or certifications are not required to complete the Professional Statement of Need. The form must be completed by an allowable qualified professional for a specific disability or disabling condition.

If we have a county designee who meets the allowable qualified professional criteria for a specific disabling condition, and the county designee box is marked on the form, will doing so result in DHS rejecting the completed [Professional Statement of Need](#)?

No. If the county designee also meets the allowable qualified professional criteria for a specific disabling condition, the county designee box could be checked – particularly if that person is also applying for Housing Support. It must be clear that the signatory holds the appropriate credentials to sign as a qualified professional. However, if upon review of the Professional Statement of Need DHS Eligibility Review Staff are unable to determine that the county designee meets the allowable qualified professional criteria for the person’s disabling condition, then the Eligibility Request Form will be denied.

Can a person receive Personal Care Attendant (PCA) services and Housing Stabilization Services at the same time?

Yes, a person can receive PCA services at the same time when both are required and distinct from each other. Providers must ensure they provide the services within the service scope, including requirements for eligibility, covered services, limitations, provider standards and qualifications and billing. Both providers must ensure they are not duplicating services.

The person I am supporting onto Housing Stabilization Services is homeless and does not have an address. What should I input as their address in the Housing Stabilization Service Eligibility Request Form (DHS-7948)?

Providers serving people who are homeless should use a general delivery address near the person’s location, such as the U.S. Post Office. Note that the U.S. Postal Service may only hold onto general delivery mail for a limited amount of time, so providers are encouraged to notify the people they serve to check in with the U.S. Post Office chosen with regularity. Additionally, the provider should let the person know that they are approved for services, since the provider will receive notification before the person served.

Is provider time spent case noting or documenting service provision billable?

No, documentation and/or case noting is considered an administrative activity by the Centers for Medicare and Medicaid Services and therefore is not claimable.

We are an enrolled Housing Stabilization Services provider who is accepting referrals for individuals approved to receive the service. However, we have not completed our enrollment with individual managed care organizations (MCOs). Will we be able to bill MCOs back to the date of the person’s eligibility date for services?

Yes. All MCOs have committed to paying claims as of the DHS enrollment date at this time. For example, this means that if a provider is enrolled with Minnesota Health Care Programs as of September 1, 2020, and accept a referral for a person approved for Housing Stabilization Services as of September 1, 2020, but a MCO does not approve the provider’s enrollment until October 1, 2020, MCOs will allow providers to bill back to the September 1, 2020 date.

General Questions

What are Housing Stabilization Services?

Housing Stabilization Services are a new state Medical Assistance (MA) benefit for people with disabilities and seniors who are homeless, at risk of becoming homeless, or living in institutions/segregated settings. Housing Stabilization Services are designed to help people with disabilities and seniors find and keep housing.

Including Housing Stabilization Services in Minnesota's Medicaid Plan ("state plan") means that receiving support to find stable housing is now part of healthcare. We know that it is hard to maintain good health when stressed by having to find, or maintain, housing. Minnesota is the first state in the country to have these benefits approved as a basic service by the federal government. Services launched July 20, 2020.

Housing Stabilization Services are comprised of three different services:

1. Consultation services – Person-centered service planning for people without Medical Assistance case management services and driven by the person served, promoting choice, well-being, and community integration
2. Transition services – Helps people plan for, find, and move to housing in the community
3. Sustaining services – Supports a person to maintain their housing in the community

Details regarding each service area is located on [DHS' Housing Stabilization Services Policy](#) website.

What is the "state plan"?

The Medicaid state plan is a comprehensive document created by the state of Minnesota that describes the nature and scope of its Medicaid program (known in Minnesota as Medical Assistance [MA]). It serves as a contract between the state and the federal government. The state plan contains all information necessary for the federal Centers for Medicare & Medicaid Services (CMS) to determine if the state can receive federal financial participation.

Housing Stabilization Services are state plan home and community-based services (HCBS). As a result, all services, providers, and settings must meet state and federal home and community-based services requirements. Prior to housing Stabilization Services, Minnesota's only home and community-based services were available through waivers (i.e., Brain Injury, Community Alternative Care, Community Access for Disability Inclusion, Developmental Disabilities, and Elderly). Housing Stabilization Services are state plan, not waiver, services which means they are available to everyone in Minnesota on Medical Assistance who meets Housing Stabilization Services eligibility.

Is there a flowchart that displays how Housing Stabilization Services works?

Yes, a [Housing Stabilization Services Person-Served Workflow \(DHS-7347\)](#) is available on eDocs.

Where can I find a list of enrolled Housing Stabilization Services providers in my area?

The most up-to-date list of enrolled providers can be located in the [Minnesota Health Care Programs Provider Directory](#). Search under Home and Community Based Services “type” and select “Housing Stabilization Services” as the subtype. Note that new providers are added regularly, so please visit the page frequently.

Who can I contact if I have more questions?

For more information about Housing Stabilization Services, please contact us at dhshousingstabilization@state.mn.us.

For Providers

PROVIDER ENROLLMENT

How do I become an enrolled provider of Housing Stabilization Services with DHS?

All information regarding provider enrollment, as well as information regarding how to access provider training, is located in the Minnesota Health Care Program Provider Manual, under [Housing Stabilization Services Enrollment Criteria and Forms](#).

I am a provider with several properties that I control (own/operate). How does this impact my enrollment as a Housing Stabilization Services provider?

According to [Minn. Stat. §256B.04, Subd. 21 \(a\)](#), providers must enroll each provider-controlled location where direct services are provided. As a result, providers must pay the enrollment fee for each location that they own or control where housing stabilization services are provided. To request a waiver of the enrollment fee, providers may submit a [Hardship Exemption Request Form](#) along with their enrollment paperwork (for each location), which Minnesota Health Care Programs forwards to the Centers for Medicare & Medicaid Services (CMS) for determination (see [Provider Screening Requirements](#)).

Where can I find more information about home and community-based services (HCBS) setting requirements?

You can find more information in [A Provider’s Guide to Putting the HCBS Rule into Practices: HCBS Rule Best Practice for Minnesota Providers](#).

I have questions about whether to use a National Provider Information number (NPI) or (Unique Minnesota Provider Identification number (UMPI) during enrollment.

Providers may use a NPI or UMPI number. In order to receive assistance regarding your agency’s specific circumstance in determining which one to use, please reach out to the Minnesota Health Care Program Provider Call Center between the hours of 8:00 a.m. and 4:15 p.m. at 651-431-2700 or 800-366-5411 (Press 3 for Provider Enrollment).

How do I submit eligibility documents to DHS?

Providers can complete the online [Housing Stabilization Services Eligibility Request Form \(DHS-7948\)](#) and upload eligibility documents into the form completed.

After I submit a Housing Stabilization Services Eligibility Request Form to DHS, how long will it take for the form to be processed?

All submitted forms will be reviewed as soon as possible, in the order they were received.

How will I be notified that a person's eligibility documents were reviewed by DHS and Housing Stabilization Services is approved?

DHS will notify the provider submitting eligibility documentation of the person's eligibility determination through its MN-ITS mailbox.

I want to hire a staff member who previously completed housing sustaining/transition provider training. Is the training completion certificate transferable between Housing Stabilization Services agencies?

If the staff already completed the training and your agency can access a copy of the certificate of completion for your records, the staff does not need to complete the training again to work for your agency. The staff person can access their certificate through TrainLink.

Do Housing Stabilization Services providers need to complete Vulnerable Adult Mandated Reporter training annually?

No, Housing Stabilization Services provider staff need only complete the Vulnerable Adult Mandated Reporter training one time.

MEDICAL ASSISTANCE AND MANAGED CARE ORGANIZATIONS

What steps do I have to take to enroll or contract with a managed care organization (MCO)?

You will need to contact each managed care organization in your area to inquire about their specific provider enrollment and/or contracting process. To find out more information about managed care organizations, please review the [MCO Contacts for MHCP Providers](#) website. Any additional information DHS receives about managed care organizations and Housing Stabilization Services will be posted to [DHS' Housing Stabilization Services Policy](#) website.

Can a person be on a Prepaid Medical Assistance Plan, or PMAP, to access Housing Stabilization Services?

Yes, people who are on a PMAP and meet needs-based criteria are eligible for Housing Stabilization Services.

What happens if a person’s managed care organization (i.e. Prepaid Medical Assistance Plan [PMAP]) changes mid-month?

Although a person may request a change in managed care organization mid-month, the change is effective on the first day of the following month. It is the provider’s responsibility to review the person’s healthcare status and managed care organization enrollment prior to billing for Housing Stabilization Services.

If a person decides to change managed care organizations, or leave a managed care organization and receive Housing Stabilization Services as fee-for-service, what happens to the 150 hours of transition or sustaining service currently in progress?

If a person decides to change managed care organizations (MCO), or switch to/from fee-for-service, the person’s 150 hours of transition or sustaining services will start over. For example, if a person is a member with MCO A, and has used 80 hours of transition services, but then switches to MCO B, the person will have a new, 150 hour transition service benefit available under MCO B.

If am supporting someone with a Medical Assistance spenddown. What is my role as a provider in collecting the spenddown amount?

Housing Stabilization Services providers may be required to collect Medical Assistance “spenddowns” from people served. Some people may have incomes higher than the income standard used to determine eligibility for Medical Assistance. When this happens, a person can still qualify for Medical Assistance by “spending down” their income to a level that will allow them to qualify. Spenddowns may look different based upon whether the person is fee-for-service or enrolled with a managed care organization. When a provider submits a claim to be paid under fee-for-service, and a person has a spenddown, DHS deducts the amount the person is required to “spenddown” from the billed amount in the order received until the spenddown is met. The spenddown amount may be spread out over several bills. The provider is then required to collect the unpaid amount from the person served until the spenddown is paid in full. It is important to note that a provider may choose not to recoup the spenddown amount from the person, and if a person has multiple providers, the spenddown is applied to the bill DHS receives first. Under certain circumstances, people with spenddowns can also choose the provider to whom the spenddown should be applied, or may pre-pay a spenddown. More information about spenddowns may be located [here](#) or via [DHS-3017](#).

What happens when a person loses or closes Medical Assistance? Does the person or provider have to start the enrollment process all over again (new assessment, person-centered plan, and eligibility determination)?

Authorizations for Housing Stabilization Services are not changed when Medical Assistance changes. There are edits in the Medicaid Management Information System (MMIS) that do not allow services to be billed if a lapse in Medical Assistance coverage occurs. The provider is responsible to check a person’s Medical Assistance eligibility every month and if eligibility has changed, they are responsible to follow-up with the person and decide if they will continue services with no promise of payment. Many times, Medical Assistance is reinstated with no lapse, but sometimes there can be no payment for that

timeframe. Once a person is reinstated on Medical Assistance, Housing Stabilization Services providers can continue to bill under the current year's eligibility review because the assessments are effective for one year (unless there is a change in condition) regardless of Medical Assistance eligibility.

Will a provider be paid if a person does not show up to a scheduled meeting?

No, a provider cannot bill for services that are not provided.

Will staff travel time be billable through Housing Stabilization Services?

Staff travel without a person receiving Housing Stabilization Services in the vehicle is not billable time. If a staff is driving with a person served and discussing housing-related needs while driving, this time would be billable as the provider is delivering Housing Stabilization Services. It should be noted that Housing Stabilization Services providers can enroll separately as a non-emergency medical transportation provider and bill non-emergency medical transportation when allowable. However, Housing Stabilization Services providers could not bill both non-emergency medical transportation and Housing Stabilization Services for staff time.

TARGETED CASE MANAGEMENT/WAIVER CASE MANAGEMENT/SENIOR CARE COORDINATORS

Can a person receive housing consultation services if they have a targeted case manager or waiver case manager?

No, housing consultation is not available to people who receive Medical Assistance-funded case management (home and community-based services waiver, senior care coordinator, and targeted case management), including: Adult Mental Health, Children's Mental Health, Vulnerable Adult/Developmental Disability, Child Welfare, and Relocation Coordination.

Note that a training is under development through DHS' Disability Services Division regarding how Housing Stabilization Services will work with waiver case management. Please reach out to the Disability Services Division to learn more about the training.

Why do targeted case managers have to complete the Housing Focused Person-Centered Plan for Housing Stabilization Services?

Housing Stabilization Services are state plan home and community-based services. This means Housing Stabilization Services must meet all home and community-based services federal requirements, including that everyone has a person-centered service plan. A targeted case manager's role is to plan for and support people to access needed services, which is why they are required to complete the Housing Focused Person-Centered Plan for Housing Stabilization Services. The plan helps the person they are serving access the needed service.

Why can't a targeted case manager just use the current plans they are required to complete under targeted case management to support a person onto Housing Stabilization Services?

Housing Stabilization Services are a state plan home and community-based service. This means the services must meet all home and community-based services federal requirements. One requirement is that everyone has a person-centered service plan and that plan must meet very specific requirements. Current plans completed by targeted case managers do not meet home and community-based services requirements. The newly developed Housing-Focused Person-Centered Plan is designed to meet these requirements.

If a person receives both waiver case management and targeted case management, who is responsible for person-centered planning?

In this situation, the waiver case manager is responsible for completing the Coordinated Services and Supports Plan (CSSP), which meets the requirements for a person-centered plan.

Will waiver case managers experience any impact to the My Move Plan Summary (DHS-3936) form?

The My Move Plan Summary is not required for Housing Stabilization Services. Housing Stabilization Services would be a service the waiver case manager indicates the person is using to assist with the transition on the My Move Plan Summary form.

Can the Minnesota Health Risk Form (DHS-3428H) be used as an assessment for Housing Stabilization Services?

No, the Minnesota Health Risk Form is not an approved assessment identified in the 1915(i) state plan.

If a person currently receives targeted case management at Agency A, and gets the assessment and person-centered plan through Agency B, can Agency A provide housing transition/sustaining services as well as targeted case management if selected by the person?

A person who has targeted case management cannot have their person-centered plan developed by another agency. If Agency A is their targeted case management provider, Agency A must complete the plan and therefore cannot provide housing transition/sustaining services for that same person without a conflict of interest exception. If a person comes to Agency A after a person-centered plan is completed with Agency B, Agency A could provide targeted case management and Housing Stabilization Services until the plan renewal, when Agency A's targeted case manager would be required to complete the updated person-centered plan, creating a conflict with housing transition/sustaining services going forward.

I support someone receiving case management for people with developmental disabilities who are not on a waiver. What would be the recommended path onto Housing Stabilization Services for this person?

It is recommended that a person access Housing Stabilization Services through the MnCHOICES Assessment, or complete for/support the person to have a Professional Statement of Need completed. Note that while people receiving this type of case management may waive reassessments for other types of services, Housing Stabilization Services reassessments cannot be waived. Following the assessment, support the person to have a Housing Focused Person-Centered plan completed through a housing consultation provider.

My agency supports people receiving case management for people with developmental disabilities who are not on a waiver. Should case managers complete the Housing Focused Person-Centered Plan to support a person onto Housing Stabilization Services?

If you are billing Vulnerable Adult/Developmental Disability targeted case management for your work with a person, then yes, you would complete a Housing Focused Person-Centered Plan for the person to support them onto Housing Stabilization Services. If the agency is not billing Medical Assistance for case management, then the case manager should support the person to connect with an enrolled housing consultant to complete the plan. Alternatively, your agency could enroll as a housing consultant, and your agency could complete the plan and bill for it as a housing consultant.

Will the cost of Housing Stabilization Services come out of a person's waiver budget?

No, Housing Stabilization Services are state plan services and are not part of a lead agency's waiver allocation.

Are Housing Stabilization Services subtracted from a person's annual consumer-directed community supports (CDCS) budget?

Housing Stabilization Services are state plan services and are not funded through a waiver. Housing Stabilization Services do not impact a consumer-directed community supports budget.

IMPACT ON OTHER HOUSING PROGRAMS OR GRANT PROGRAMS

Will my agency's current housing services funding (Housing Support for Adults with Serious Mental Illness [HSASMI], Housing Access Coordination, and Housing Support) be impacted by Housing Stabilization Services?

If you receive funding for housing services through the Housing Support for Adults with Serious Mental Illness grant, Housing Access Coordination, and Housing Support Supplemental Services, you will experience the following impact upon transition to being a Housing Stabilization Services provider:

Housing Supports for Adults with Serious Mental Illness (HSASMI) Grant –Grantees will not experience a reduction in grant dollars due to Housing Stabilization Services. HSASMI funds may be used to support

people served by Housing Stabilization Services, so long as the services are not duplicative. If enrolling in Housing Stabilization Services is changing your needs related to the HSASMI grant, please contact the Behavioral Health Division HSASMI Grant Manager to discuss strategies which assure the effective delivery of HSASMI services and use of grant funds.

Housing Access Coordination– Housing Access Coordination is a duplicative service and will discontinue one year after the launch of Housing Stabilization Services. People receiving the Housing Access Coordination waiver service will transition to Housing Stabilization Services at their annual renewal. Housing Access Coordination providers will need to enroll as a Housing Stabilization Services provider to continue to provide services.

Housing Support – DHS is not requiring Housing Support providers to become enrolled Housing Stabilization Services providers. However, all long-term homeless (LTH) supportive housing, housing with services independent living (not assisted living), and metro demo settings will experience a 50% reduction in the supplemental service rate, beginning in July 2021. All other settings authorized for Housing Support supplemental service rate rates (as assigned through the county’s banked bed list or special legislation) will not experience a reduction in the supplemental service rate.

Note: If a community-based setting has supplemental services and is scheduled to have a supplemental service rate reduction because it is one of the setting types listed above, but operates in a way that is not in compliance with home and community-based services standards, it will need to move into compliance to become eligible to provide Housing Stabilization Services, or operate without Housing Stabilization Services funding and a lower supplemental service rate.

If a person is already on a grant program with my agency, can they be “grandfathered in” to Housing Stabilization Services?

A person cannot be “grandfathered in” to Housing Stabilization Services because every person must be determined eligible to receive Housing Stabilization Services, as defined in the agreement with the federal government. All eligibility must comply with federal rules and regulations regardless of any other services or supports they may be receiving.

As a provider, can I refer people I am serving through a grant program to our Housing Stabilization Services program?

A person must have a choice in their service provider. The person’s case manager or housing consultant helps them identify potential providers and supports them in making an informed choice. If you are working with someone who you think would benefit from Housing Stabilization Services, you can refer them to their case manager or housing consultant to have an assessment and person-centered plan. There is no guarantee that the person will select you as a provider of housing transition or sustaining services.

Are there other housing-related services considered duplicative of Housing Stabilization Services?

Yes. The following programs are duplicative and people served through the following services are unable to access Housing Stabilization Services: Housing Access Coordination (HAC), Assertive Community Treatment (ACT), Moving Home Minnesota (MHM), and Relocation Service Coordination (RSC). Other services may be duplicative, such as home and community-based services waivers, depending on the nature of the services the person receives. The waiver case manager is responsible to determine if the services are not duplicative.

Would a permanent supportive housing provider who receives federal funding through their Continuum of Care be excluded from providing Housing Stabilization Services?

It depends. A provider could provide services through both a Continuum of Care and Housing Stabilization Services as long as the services do not duplicate each other for a recipient. If both funding sources can provide the same services for a person, Continuum of Care funding must cover the duplicative service component because Medicaid is the payer of last resort. If there is another federal funding source for the same services, it must be used first.

Can a person transition from Housing Access Coordination to Housing Stabilization Services earlier than their annual renewal?

Yes, but only when the person chooses or requests this change. It cannot happen because a provider prefers to move a person to Housing Stabilization Services over Housing Access Coordination.

What happens if the July renewal has already been processed for someone with Housing Access Coordination?

If the person's assessment or renewal has already been processed prior to the launch of Housing Stabilization Services (mid-July), the person can continue to receive the existing home and community-based waiver service of Housing Access Coordination until the person's next assessment or a change in service providers.

SERVICE DELIVERY

If a person needs to be reassessed and selects a new housing sustaining or housing transition provider, does Housing Stabilization Services pay retroactively to the first service provided?

If the person currently receives Housing Stabilization Services, and at reassessment elects a new provider, the new provider will be paid for services starting with the new effective date.

I am a housing consultation provider. If I complete the Housing Focused Person-Centered plan and submit eligibility documents to DHS for review only to be told the person was denied

eligibility for Housing Stabilization Services, am I still able to bill for the time I spent creating the plan?

No. If the DHS Housing Stabilization Services Eligibility Review Team determines the person is ineligible for the service, you will not be compensated for the Housing Focused Person-Centered Plan's completion. Housing consultation providers are strongly encouraged to receive/review the assessment and documentation of disability or disabling condition prior to completion of the Housing Focused Person-Centered Plan to avoid instances of nonpayment due to ineligibility.

Is a housing consultant obligated to assist a person with document collection or form completion after the Housing Focused Person-Centered Plan is complete?

It is not an expectation that housing consultants assist people with document collection or form completion after the completion of the Housing Focused Person-Centered Plan because they are not billable services. However, please note that the housing consultant cannot be paid until a person is found eligible for Housing Stabilization Services. For a person to be determined eligible for services, the housing consultant must upload all documentation related to eligibility, and the completed and signed Housing Focused Person-Centered Plan, into the Housing Stabilization Services eligibility review system. The person must be determined eligible before a housing consultant can bill for the Housing Focused Person-Centered Plan's development.

I am a housing consultant. When do I bill DHS for the Housing Focused Person-Centered Plan?

The Housing Focused Person-Centered Plan is considered complete once DHS eligibility review staff approve the plan. Once the plan is approved, the housing consultant can bill DHS for the person-centered planning service and should bill using the DHS eligibility date. Note that providers will be able to bill starting August 31, 2020.

Will DHS require specific documents or templates for Housing Stabilization Services delivery?

Yes. For targeted case managers and housing consultants, DHS requires plans created using the Housing Focused Person-Centered Plan template. The Housing Focused Person-Centered Plan template is not yet available. DHS recommends housing transition/sustaining providers use planning supports available in the [HB101 Vault](#) to develop plans for housing transition/sustaining services. Once registered for a vault, you can access tools to help a person plan for a move or stay in their housing.

Can DHS provide more specific information regarding documentation requirements?

You can find information on health record requirements in the [Provider Manual](#). Additionally, for Housing Stabilization Services, case notes must indicate whether the service was provided in-person or as an indirect service. The type of system used to document and store case notes is a business decision to be made by the provider, though DHS requests that the system be searchable for monitoring purposes.

If the service was provided via remote support, it must be real-time, two-way communication.

Transmitted electronic written messages must be retrievable for review. Providers must document the

staff who delivered the 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.

Help me understand the remote support limitations for Housing Stabilization Services.

According to the state plan, only 20% of direct (face-to-face) Housing Stabilization Services may be provided remotely per month. This limitation does not apply to indirect service provision, such as contacting landlords and developing the service plan. More information about remote support is located on [DHS' Housing Stabilization Services Policy](#) website under both the *Housing Transition Services* and *Housing Sustaining Services* sections. Please note that DHS is looking at this limit in light of COVID-19. Any changes to this limitation will be communicated with providers.

The person I serve would benefit from receiving more than 20% remote support on a regular basis. Do I have to receive approval from DHS in order to integrate additional support into someone's support plan?

During the federal public health emergency, approval from DHS is not needed to provide remote support in excess of 20 percent. Once the public health emergency concludes, if a provider believes the person served would benefit from receiving remote support in excess of 20% on a regular basis, it must request an exception to the 20% remote support limit from DHS. Requests for additional remote support must be submitted via secure e-mail to dhs.hss.exceptionrequest@state.mn.us with the subject line "Remote Support Exception" and in the body of the email include:

- The person's name and Person Master Index (PMI) number;
- Justification, using minimum necessary information, as to why it is in the person's best interest to receive remote support in excess of 20% per calendar month

DHS will review remote support exception requests as soon as possible, in the order they were received.

What is the conflict of interest rule for Housing Stabilization Services and are there exceptions?

Information related to the conflict of interest rule and its exceptions is located on [DHS' Housing Stabilization Services Policy](#) website.

What types of documentation are needed to support the "individual exception" request for an additional 150 hours per year?

Individuals may qualify for an additional 150 hours of housing transition or housing sustaining services if two or more identified barriers are present. Documentation supporting each exception reason must be provided to DHS for review. Individual exception reasons are located on [DHS' Housing Stabilization Services Policy](#) website. Examples of supporting documentation include, but are not limited to: criminal history background study results, copies of past due bills, and copies of unlawful detainer/eviction notices.

I provide transition services, but I am unclear as to what “institution” means for the purposes of Housing Stabilization Services.

“Institutions” are defined in Minn. Stat. §256B.0621, Subd. 2 (3) (Covered Services: Targeted Case Management Services) as “hospitals, consistent with Code of Federal Regulations, title 42, section 440.10; regional treatment center inpatient services, consistent with section 245.474; nursing facilities; and intermediate care facilities for persons with developmental disabilities.”

For a person living in an institutional setting, transition services may be furnished no more than 180 consecutive days prior to discharge and providers may not bill for services until the person has transitioned to a home and community-based services compliant setting (excludes community residential settings or foster care licensed under 245D).

For people transitioning from non-institutional settings (i.e., homeless shelters, board and lodges, etc.), enrolled providers can bill for transition services before the eligible person moves into a home and community-based services compliant setting.

Can I provide housing sustaining services to someone who is living in assisted living or customized living?

Housing sustaining services can be provided in assisted living settings in some situations. Housing sustaining services can be provided in a home that meets home and community-based services setting requirements (excluding foster care) and where the housing sustaining services do not duplicate any other service the person receives.

Can Housing Stabilization Services be provided directly in a group setting (i.e., working with two people searching for housing together)?

No. Housing Stabilization Services are one-on-one services. The approved state plan for Housing Stabilization Services does not allow for shared services authorizations.

Can Housing Stabilization Services be provided indirectly for multiple people (i.e., contacting landlords with three different people in mind)?

A provider cannot bill the same 15 minutes of work to more than one person. If a provider spends more than 15 minutes on indirect work that supports more than one person they are working with, a provider can alternate which person they bill under for this type of activity. For example, a provider calls three different landlords, where each call lasts 15 minutes, for a total of 45 minutes of indirect work. In this example, the provider could bill one, 15-minute unit to three different people. If a provider is calling a landlord for general outreach unrelated to a specific Housing Stabilization Services user, that call cannot be billed to Housing Stabilization Services.

Can a housing transition and/or housing sustaining provider decline to assist an eligible person?

If a person meets a provider’s criteria for recipients and the provider has capacity, the provider must serve the person who chooses them.

Can a housing transition and/or sustaining provider maintain its own eligibility criteria even if it's more prescriptive than the Housing Stabilization Services eligibility criteria?

A provider can identify people with a certain type of disability or other specific population that they will provide services to, but the provider needs to apply that criteria universally. A provider cannot create other criteria restrictions to access the service, such as criteria based on a person's access to public services, level of need, etc. For example, it is permitted for a provider to have criteria stating they do not provide services to people living in an institution, but it would then be prohibited to serve anyone living in that setting against their stated policy. On the reverse, without such criteria in policy, they cannot refuse service to a person living in an institution if the provider has capacity to do so.

I provide housing transition services. If a person I serve dies before leaving an institution, or it takes longer than six months to locate a home and community-based services compliant setting following discharge, will I still be paid for the transition services I provided?

No, you will not be paid for the services provided. Relocation Service Coordination can provide transition services for people living in an institutional setting and the provider can bill while the person resides in the institution. However, Relocation Service Coordination is a lifetime benefit, and services cannot exceed 180 days. Housing transition services may be helpful for people exiting institutions and have already exhausted their Relocation Service Coordination benefit and still need support to move out an institutional setting. A person should receive the service that most suits their needs.

Can part of the housing consultation fee cover the cost of the assessment if the consultant is completing both documents?

Assessments are not billable under Medicaid; however, the rate the housing consultant receives for developing Housing Focused Person-Centered plans can be used to cover costs other than the direct delivery of housing consultation services.

Can an agency be an enrolled housing consultation services provider and a housing sustaining/transition services provider?

An agency can enroll in and provide both consultation and sustaining/transition services and provide the services to different people. In fact, when providers enroll in both services, it best supports access to Housing Stabilization Services for the people in Minnesota who need it. Enrolling in both services ensures there will be enough providers that can provide both the planning required to access Housing Stabilization Services, and the housing transition/sustaining services people need.

The same agency cannot provide both services to the same person unless the agency has a conflict of interest waiver exception authorized through DHS. If the conflict of interest exception is granted, the agency must make sure that the staff member completing the housing consultation is not the same staff member providing transition/sustaining services.

What does “sudden change in support needs” mean as an individual exception request reason?

Providers may submit an individual exception request for additional housing transition or housing sustaining hours if the person has two or more barriers (ten options). One of the barriers includes a “sudden change in support needs.” Some examples of this include, but are not limited to:

- A brief period of hospitalization wherein a person will need more support once discharged
- The person’s mental or chemical health symptoms worsen and the person needs more support to stabilize
- A person served experiences a sudden loss in income (i.e., loss of a job)

In order to submit an individual exception request, use the online Housing Stabilization Services Eligibility Request Form, and select the “Additional Transition Unit Exception Request” or “Additional Sustaining Unit Exception Request” reason for submittal. Supporting documentation must be attached with the form at the time of submission.

I am supporting a person whose assessment and person-centered plan is up for renewal in the next sixty days. Should I submit a Person-Centered Plan Change Request Form or a Renewal Eligibility Request Form?

Providers are encouraged to submit a Renewal Eligibility Request Form instead of a Person-Centered Plan Change Request Form when someone is within sixty days of their annual renewal date.

I am assisting a person with their annual renewal eligibility review. The person receives housing sustaining services and has been stable in their housing for some time. What do I select for “housing instability” on the Housing Stabilization Services Renewal Eligibility Request Form?

If the person still requires housing sustaining services to maintain stable housing, they meet the “at risk of homelessness” criteria, because without sustaining supports, they would likely lose their housing.

DHS approved the person I support to receive an additional 150 hours of sustaining services. Do I need to resubmit the Additional Sustaining Unit Exception Request Form each year if the person requires it?

Additional Unit Exception Requests must be done each year. If the person continues to need additional support and continues to experience at least two of the barriers identified as exception reasons, a provider would submit an Additional Sustaining Unit Exception Request Form when it becomes apparent the initial 150 hours will not suffice again.

Our agency provides services to people in a multi-county region. Can we offer Housing Stabilization Services to someone regardless of the county in which they reside?

Yes. Enrolled providers can deliver services in any county. Providers are encouraged to enroll with all of the managed care organizations (MCOs) covering each of the counties within its service area.

Is there any guidance related to caseloads for Housing Stabilization Services?

The number of people one staff person can work with is not defined. That is a provider decision and providers must ensure they are meeting the service needs and goals of the people with whom they are working. All Housing Stabilization Services must be delivered with a one-to-one staff to person ratio.

I operate an adult foster care or assisted living setting. Someone who lives in the setting I operate would like to transition into the community. Can I provide housing transition services to the person?

No, as the provider operating any service funded as a 24 hour service, including 24 hour customized living, you cannot also provide housing transition services. The person should receive housing transition services from an unrelated entity to support their move request.

If a person receives housing sustaining services and decides they want to find a new place to live, can the person switch to housing transition services?

Yes, if a person receives housing sustaining services and decides they would like to find housing that better fits their needs, the person can “switch” to housing transition services through the duration of the housing search process. Once the person moves into their new housing, the person can “switch” back to housing sustaining services. They cannot receive both services at once. Housing sustaining services are limited to 150 hours per year and housing transition services are limited to 150 hours per transition, unless there is an additional sustaining unit exception request approved by DHS.

I am supporting a person who would like to move out of state. Can housing transition services be approved in this situation?

Housing transition providers may help a person search for housing out of state, as well as help to coordinate logistics to support the move. However, providers would not be able to physically go look at housing in another state. Once the person moves, housing sustaining services are not authorized outside of Minnesota.

Who is responsible for completing annual renewals for Housing Stabilization Services if the person does not have a Medical Assistance-funded case manager?

In this instance, the person would need to have a reassessment and then meet with an enrolled housing consultant to update the Housing Focused Person-Centered Plan. Neither the reassessment nor plan updates have to occur with the same provider accessed when determining initial eligibility.

I am a Special Needs Basic Care (SNBC) SNBC Care Coordinator. How do I support a person onto Housing Stabilization Services?

SNBC Care Coordinators help connect a person to one of the three assessment pathways (Professional Statement of Need, MnCHOICES/Long-Term Care Consultation Assessment, or Coordinated Entry Assessment) and then help the person locate an enrolled housing consultant in their area using the [Minnesota Health Care Programs Provider Directory](#). Search under Home and Community Based

Services “type” and select “Housing Stabilization Services” as the subtype. When the search results display, look for a provider offering “Housing Consultation” as a specialty service. Note that new providers are added regularly, so please visit the page frequently. Alternatively, your agency could enroll as a housing consultant, and your agency could complete the plan and bill for it as a housing consultant.

For Assessors

What are the assessment pathways to access Housing Stabilization Services?

A person can access Housing Stabilization Services through an assessment that verifies the person has an assessed need for services (see below) and experiences housing instability. The three assessment pathways include:

1. Professional Statement of Need
2. MnCHOICES or Long-term Care Consultation (LTCC) Assessment
3. Coordinated Entry Assessment

Are there common definitions for the four assessed need areas (communication, mobility, decision-making, and managing challenging behaviors)?

No. The Department reviewed, and updated where necessary, questions assessing the four need areas on each unique assessment tool. Each pathway also relies on the assessor’s professional judgment of the person’s need during the assessment process.

How is “recently transitioned” defined for the purposes of determining housing instability for someone leaving an institution or licensed or registered setting?

“Recently transitioned” is defined as within the past six months [see Minn. Stat. §256B.051, Subd. 3(5)(ii)].

The assessed need areas are asked of every person who completes a Coordinated Entry Assessment, regardless if the person requests Housing Stabilization Services. Due to federal conflict of interest provisions, does this mean that any housing agency offering a Coordinated Entry Assessment is prohibited from providing housing transition/sustaining services to the person assessed?

DHS considers the assessment pathway to be whichever document (Professional Statement of Need, MnCHOICES Assessment/Long-term Care Consultation, or Coordinated Entry Assessment) is uploaded into its online eligibility system. A person who completes a Coordinated Entry Assessment will still need to obtain proof of disability or disabling condition, which could occur through the Professional

Statement of Need, the primary pathway onto the services. Therefore, it is possible that a person may have both a Coordinated Entry Assessment and a Professional Statement of Need.

If the Professional Statement of Need is the assessment document uploaded into the eligibility system, the agency completing the Professional Statement of Need would be excluded from providing housing transition/sustaining services, but the agency providing the Coordinated Entry Assessment would not, and could provide housing transition/sustaining services. Alternatively, if the person completes the Coordinated Entry Assessment and already has proof of disability or disabling condition (via SSI/SSDI award letter, SMRT determination, or over age 65), then the assessment pathway remains the Coordinated Entry Assessment and the housing agency who completed it could not also provide housing transition/sustaining services

If a person has both a Professional Statement of Need and a Coordinated Entry Assessment and other proof of disability, either document can be submitted as the Housing Stabilization Service assessment. The agency that completed the assessment submitted cannot also provide housing transition/sustaining services.

For Counties or Tribes

Will counties or tribes be responsible for overseeing or managing Housing Stabilization Services?

Counties and tribes are not responsible for overseeing Housing Stabilization Services eligibility or service requirements. Waiver and targeted case managers are responsible for:

- Supporting service coordination for people receiving Housing Stabilization Services;
- Supporting people who are not happy with their current Housing Stabilization Services to select a new provider;
- Updating the person-centered service plan to reflect any change in provider;
- Getting a new provider's signature on the person-centered service plan to show agreement, and;
- Forwarding the updated plan to the new provider so services may begin.

Are tribes eligible to provide Housing Stabilization Services?

Yes. Tribes will need to enroll as a provider in order to offer Housing Stabilization Services. All information regarding provider enrollment, as well as information regarding how to access provider training, is located in the Minnesota Health Care Program Provider Manual, under [Housing Stabilization Services Enrollment Criteria and Forms](#).

Will tribes be able to use Housing Stabilization Services as part of the tribal encounter rate?

Housing Stabilization Services is not an encounter rate services and will be a billable service in 15-minute units for transition and sustaining service providers or the session rate for housing consultation.

I'm a county designee who completes Professional Statements of Need for Housing Support or General Assistance eligibility. Can I complete the Professional Statement of Need for someone I think would be eligible for Housing Stabilization Services?

County designees that do not meet a qualified professional category cannot complete the Professional Statement of Need for a person seeking Housing Stabilization Services. If a county designee is also a qualified professional, they can sign the Professional Statement of Need for a person under this status.