



Housing Stabilization Services



Housing Stabilization Services

A new Medicaid benefit available July 2020 to help people with disabilities and seniors find and keep housing.

Presentation Overview

- I. Background
- II. Eligibility and Assessment
- III. Services and requirements
 - A. Transition and Sustaining Services
 - B. Person-Centered planning
 - C. Home and Community-based settings qualifications
 - D. Conflict of interest
- IV. Provider Qualifications and Enrollment
- V. Impact on Other Services
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High prevalence of serious health conditions among homeless population

Lack of access to housing can lead to extended stays in healthcare institutions

Access to safe, quality, affordable housing - and the supports necessary to maintain that housing - constitute one of the most basic and powerful social determinants of health. (CSH)

Lack of stable housing has a negative impact on health

A move to stable housing can result in a decrease in emergency services and an increase in primary care use

Making the connection: Housing and Health

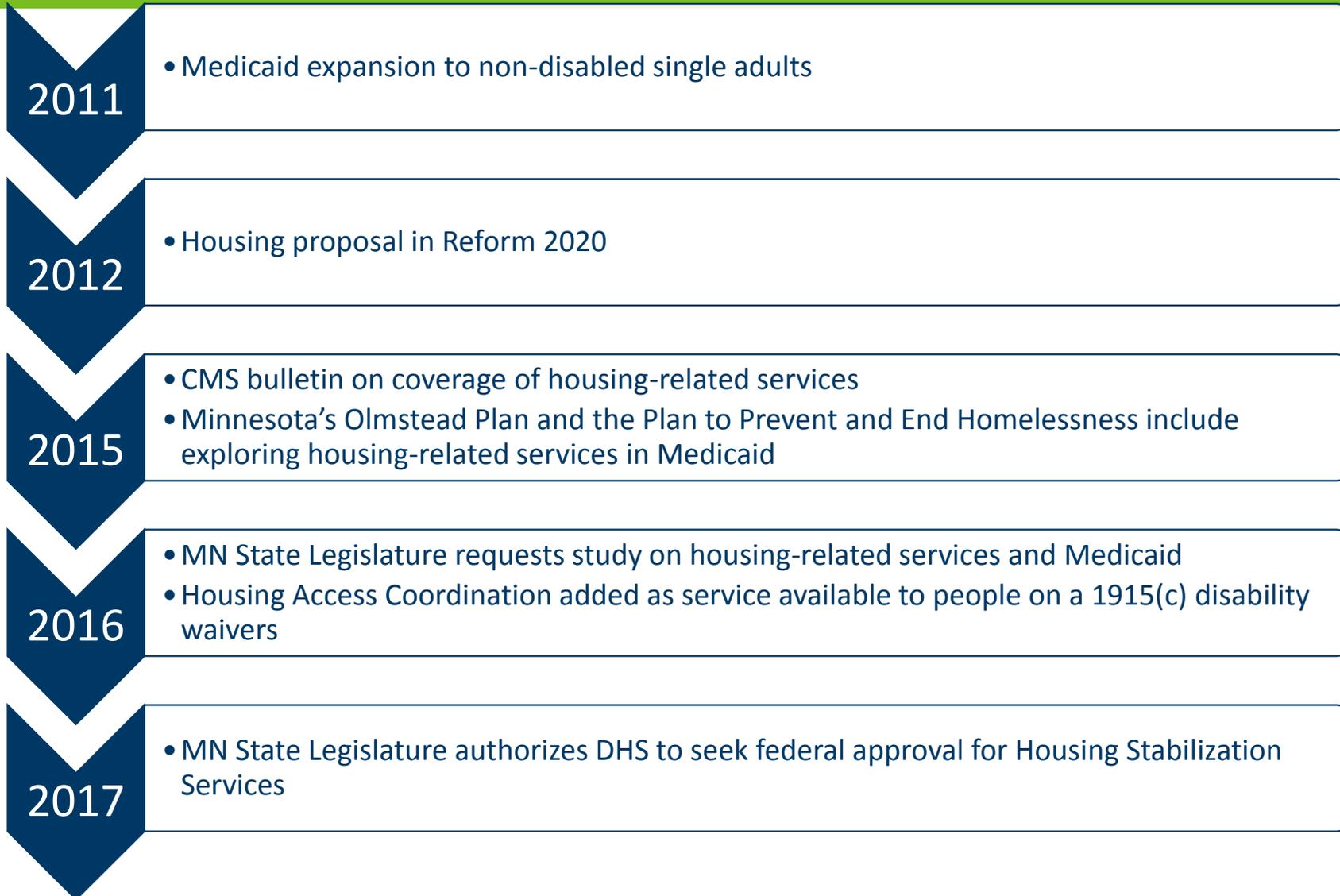
How can Housing Stabilization Services help?

People with disabilities often lack the support they need to live successfully in the community.

- Affordable housing is not always enough for a person with a disability to be able to find and maintain housing.
- Mental illness symptoms, physical health conditions and developmental or learning disabilities can make it difficult to search for and secure housing, interact with landlords and neighbors, and understand and follow a lease.

→*The **right supports**, provided by a professional with **knowledge and experience in housing**, can help resolve barriers.*

Context: Timeline of service development



Goals of the services



Support an individual's **transition** to housing

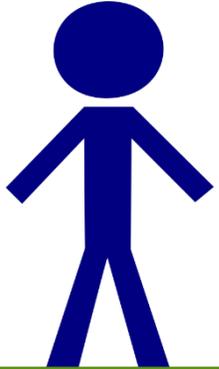


Increase **long-term stability** in housing

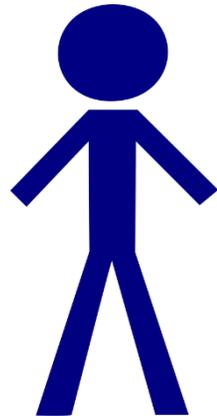


Avoid future periods of homelessness or institutionalization

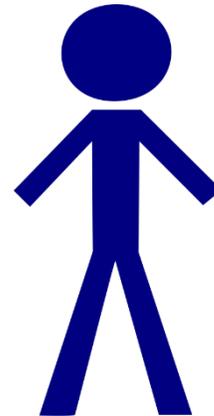
Target population: Who will benefit from these services?



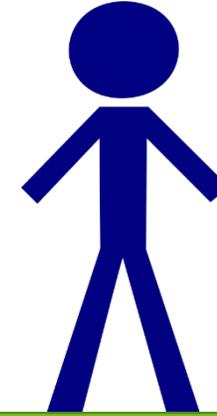
Youth, 18yo, temporarily staying with family after a stay at an Intensive Residential Treatment facility due to bipolar disorder



Senior living in an emergency shelter and suffering from chronic lung disease and diabetes



A person with a developmental disability and living in a corporate foster care and wants to live independently.



Mom living in apartment with her two kids, but facing eviction within the next month due to behaviors related to her mental illness and substance use

Medical Assistance recipient who is 18 years old or older

Disability or
disabling
condition



Housing
instability



Need for services
due to limitations
caused by the
individual's
disability



Eligibility for Housing Stabilization Services

Disability/Disabling Condition

- Aged, blind, or disabled as described under Title II of the Social Security Act (SSI/SSDI)
- People determined by a medical professional to have any the following conditions:
 - Long-term injury or illness
 - Mental illness
 - Developmental disability
 - Learning disability
 - Substance use disorder

- Proof of disability:
 - Professional Statement of Need (currently used for housing support)
 - Medical Opinion Form
 - Proof of receipt of SSI or SSDI
 - Other forms of disability documentation to be determined

Housing Instability

- Meets Minnesota's definition for homeless
- At-risk of homelessness
- Currently transitioning or have recently transitioned from an institution or licensed or registered setting
- Eligible for waiver services

Housing instability can be documented by:

- Professional Statement of Need
- MnCHOICES assessment (for persons with a need for Long Term Services and Supports)
- Coordinated Entry assessment (for persons experiencing homelessness)

Assessed need for services

- Requires assistance due to their disability in one of the following areas:

- Communication
- Mobility
- Decision-making
- Managing challenging behaviors

Assessed need for services can be documented by:

- Professional Statement of Need
- MnCHOICES assessment (for persons with a need for Long Term Services and Supports)
- Coordinated Entry assessment (for persons experiencing homelessness)

Same as housing instability

Eligibility Review: System Flow

Submit

- **Providers** submit eligibility documents and assessment outcomes into state run eligibility system.
- Current option is an online form with attachments.

Review

- DHS staff will review documents and then notify provider if the recipient's application has been approved or denied.
- If denied, a notification form will be sent to person seeking services and providers with details of why and how to resolve where possible.

Bill

- Once provider receives approval they will bill through MNITs portal for all Fee For Service recipients.
- All other billing submissions will be based on recipient's Managed Care Organizations.



Services and Requirements

Housing Stabilization Services

Transition

- Helps people **plan** for, **find** and **move** to homes of their own in the community

Sustaining

- Supports a person to **maintain** living in their **own home in the community**

Housing Transition Services

Community supports that help people plan for, find, and move into housing

- Creating a **housing transition plan**
- Assisting with the housing **search and application** process.
- **Resolving barriers** to accessing housing
- **Securing additional services**, benefits and resources to support housing.
- Helping a person **organize their move** and ensuring the new living arrangement is safe and ready for move-in.

*These services do **not** pay for goods such as security deposits or furnishings, room and board, or rent.

Housing Sustaining Services

Community supports that help a person maintain housing

- Creating a **housing stabilization plan**.
- **Education on roles, rights, and responsibilities** as a tenant and those of the property manager/landlord.
- **Maintain key relationships** with property managers, landlords and neighbors.
- Advocacy with community resources to **prevent eviction** when housing is at risk.
- Prevention and early **identification of behaviors** that may jeopardize continued housing.
- Assistance with **maintaining services and supports**, including applying for benefits to retain housing.
- Supporting the **building of natural housing supports** and resources in the community.

*These services do **not** pay for goods such as security deposits or furnishings, room and board, or rent.

Housing Consultation

- A new planning service available through Housing Stabilization Services that provides a person-centered plan for people without Medicaid funded case management.
- The housing consultant monitors and updates the plan annually or more frequently if the person requests a plan change, experiences a change in circumstance or wants to change housing stabilization provider.

Home and Community Based Service: Person Centered Plan requirements

Everyone receiving Housing Stabilization Services will be required to have a *person-centered service plan*. The person-centered planning process must:

- Be driven by the individual,
- Include the person's strengths, interests, wants as well as what supports they need, and
- Help the person make an informed choice about their housing stabilization service provider.

Additional person centered plan requirements

Choice

Service delivery and provider

Setting/living arrangements

Driven by person

Personally-defined outcomes

Plain language and reflect cultural considerations

Wellbeing

Contributes to assurance of health and welfare

Mitigate risk factors

Integration

Seek employment in competitive setting

Opportunity to engage in community and control personal resources

Who does the person centered plan?

Current roles required to complete plan:

- Waiver case manager
- Targeted case manager (Adult Mental Health, Child Mental Health, Vulnerable Adult/Developmental Disability, Child Welfare)
- Senior care coordinator

New service for people who do not have a Medicaid case manager or care coordinator (Senior):

- Enrolled Housing Consultation provider

New housing focused person centered plan format

NEW plan for Targeted Case Managers and Housing Consultation Providers

Contains:

- **Basic information:** Plan developer information, Person contact information, Healthcare provider information, Emergency contact information, Alternative decision maker information
- **Person's Goals and strengths**
- **Housing Services and support required-** helping the person make an informed choice of provider.
- **Non-housing related support referral**
- **Risk mitigation**
- **Signature**

Home and Community-Based Services: Settings Requirements

Person must be living in or planning to transition to a setting that is:

- **Integrated** in and support full access to the greater community;
- Protect **rights of privacy, dignity and respect**, and freedom from coercion and restraint;
- Optimize autonomy and **independence** to make life choices; and
- **Choice** in services and supports and who provides them.

Provider-controlled settings must meet additional requirements

Home and Community-Based Services: Provider controlled setting requirements

1. Person must have a lease or lease equivalent.
2. Each individual has privacy in their sleeping or living unit:
 - Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.
 - Individuals sharing units have a choice of roommates in that setting.
 - Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
3. Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.
4. Individuals are able to have visitors of their choosing at any time.
5. The setting is physically accessible to the individual.

Home and Community-Based Services: Conflict of interest requirement

Assessment

- Health professional (physician, NP, social worker, etc.) OR
- LTCC certified assessor OR
- Trained CES assessor

Housing-focused plan

- Case manager OR
- Enrolled Housing Consultation provider

Housing Transition and Sustaining Services

- Enrolled Housing Stabilization Services provider

May be same provider

Home and Community-Based Services: Conflict of interest requirement

A conflict of interest exception is required for a provider agency to do the assessment/plan and transition/sustaining service **for the same person**.

Conflict of interest exceptions are only for provider shortage by:

- geographic area
- cultural/language specific providers
- Providers will submit an exception request to DHS to determine if they can waive the conflict of interest.



Provider Qualifications, Rates and Enrollment

Provider qualifications: Housing Transition and Sustaining

Knowledge of local housing resources

Online Housing Transition and Sustaining training

Mandated reporter training on vulnerable adults

Pass a criminal background study

Provider qualifications: Housing Consultation

Knowledge of local housing resources

Online Housing Consultation training

Must not have a direct or indirect financial interest in the housing the participant selects

Pass a criminal background study

Housing Transition and Sustaining training

- Is in development with estimated completion date of May 1st, 2020
- Will be available online through TrainLink and **required** for all staff providing direct service.
- Provider leadership must sign an assurance statement assuring all staff complete training to become an enrolled provider.
- Provider agencies will be required to hold certificates of training completion for all staff who provide these services.
- Review of certificates will be a component of DHS monitoring.

Enrolling as a Housing Stabilization Services Provider

Prepare

- Provider makes sure all documents have been completed prior to enrollment.
- Provider must attest that all individuals have completed required trainings by holding certificates of completion.

Enroll

- Submit required forms to MPSE.
- May choose to enroll as both Housing Consultant and Housing Transition/Sustaining Service provider.
- Re-enroll every 5 years

Share

- PECD file sends MCOs list of providers enrolled in service.
- List of providers will be sent earlier than July 2020 start date to MCOS.

Housing Stabilization Services— Fee for service rates

- Transition = \$17.17 per 15-minute unit
 - Limit of 150 hours per transition
- Sustaining = \$17.17 per 15-minute unit
 - Limit of 150 hours annually
- Consultation = \$174.22 per session
 - At enrollment and then annually OR if major change in circumstances OR upon request of recipient
 - For enrolled Housing Consultation providers only (case managers will not be able to bill)

DHS will contract with **Managed Care Organizations (MCO)** to provide Housing Stabilization Services for their members.

Providers interested in providing Housing Stabilization services to people enrolled in an MCO must contract with and seek payment from the MCO.

Provider enrollment: What you can do now

- Ensure your clients are receiving Medical Assistance and develop a process to help them with benefit continuity.
- Get to know the MCOs in your area.
- If you are not currently billing for Medicaid services, connect with providers who are to understand billing process.
- Explore Minnesota Health Care Program [provider manual](#) to understand provider requirements.



Impact on Other Services

Housing Stabilization Services and other services

- HSS will duplicate
 - **Housing Access Coordination** in 1915(c) waivers—these will be removed from waivers, and recipients will access through state plan. People will transition onto housing stabilization services at their annual renewal with their waiver case manager.
 - Recipients will NOT be allowed to receive HSS and the following services at the same time: **Relocation Service Coordination, Assertive Community Treatment (ACT), Moving Home Minnesota (MHM)**

Housing Stabilization Services and other services

HSS will partially duplicate **Housing Support Supplemental Services**

- Recipients receiving **Housing Support** in community settings will have a supplemental service rate adjustment of 50% in July **2021**

Housing Stabilization Services and other services

- HSS will NOT duplicate these services. If more intensive housing-related services are needed, clients receiving these services should be referred to HSS. A person can receive these services and HSS.
 - ARMHS
 - Targeted Case Management (TCM) (not Housing consultation)
 - 1915(c) waiver services (not Housing consultation)
 - Semi Independent Living Services (SILS)
 - Behavioral Health Homes (BHH)
 - Healthcare care coordination (e.g., through Substance Use Disorder reform services or CCBHC)
- Housing-related grant programs: Adults who are in a grant-funded program and eligible for HSS should be referred to HSS, but may continue to also receive grant-funded services if those services fall outside those covered by HSS (e.g., support with CD recovery).



Examples and Timeline

Accessing services



Eligible Person

Assessment:

1. PSN
2. MnChoices/ Long Term Care Consultation (LTCC)
3. Coordinated Entry Assessment

Plan:

1. Housing Focused Person Centered Plan (Housing Consultant / Targeted Case Manager)
2. Community Services and Supports Plan (Waiver Case Manager)
3. Coordinated Care Plan

Housing Stabilization Services Provider Submits:

1. Assessment
2. Plan
3. Documentation of disability.

Eligibility Review:

1. Provider notified through MNiTs that they can begin working with person.

Accessing services: Example 1



Youth, 18 yo,
temporarily staying
with family after a
stay at an Intensive
Residential
Treatment facility
due to bipolar
disorder

IRTS social worker signs PSN and refers youth to Housing Consultation provider

Housing consultation provider completes housing-focused plan and helps youth to choose provider.

Housing Consultation Provider collects documentation verifying eligibility and submits verifications and plan to DHS for review. Receives reimbursement as one-time session fee.

Housing Transition and Sustaining provider helps youth transition to own apartment with a housing subsidy, and provides up to 150 hours of ongoing support per year

Accessing services: Example 2



Senior living in an emergency shelter and suffering from chronic lung disease and diabetes

Homeless outreach worker refers senior to Coordinated Entry

The Coordinated Entry assessor is enrolled to provide Housing Consultation. They complete the Coordinated Entry Assessment and housing-focused plan and help the senior to choose a provider. Person wants to continue working with their outreach worker who is enrolled in Housing Transition and Sustaining services.

Coordinated Entry assessor/Housing Consultation provider collects documentation verifying eligibility (including receipt of SSI) and submits verifications and plan to DHS for review. Receives reimbursement as one-time session fee.

Housing Transition and Sustaining provider supports person to find housing. Continues to support them 150 hours annually.

Accessing services: Example 3



A person with a developmental disability and living in a corporate foster care which and wants to live independently

Person calls their waiver case manager to discuss other options for living situation

Waiver case manager reviews the person's MnCHOICES assessment and sees that they meet the requirements for assessed need for services. They update the CSSP to include Housing Stabilization Services and help the person choose a provider.

Person chooses a Housing Transition and Sustaining Services to help them with the move. Housing Transition and sustaining Provider collects documentation verifying eligibility (including receipt of SSI) and submits verifications and plan to DHS for review.

Housing Transition and Sustaining provider helps person to find their own apartment, and provides up to 150 hours of ongoing support per year. The person also receives other services through their waiver.

Accessing services: Example 4



Mom living in apartment with her two kids, but facing eviction within the next month due to behaviors related to their mental illness and substance use

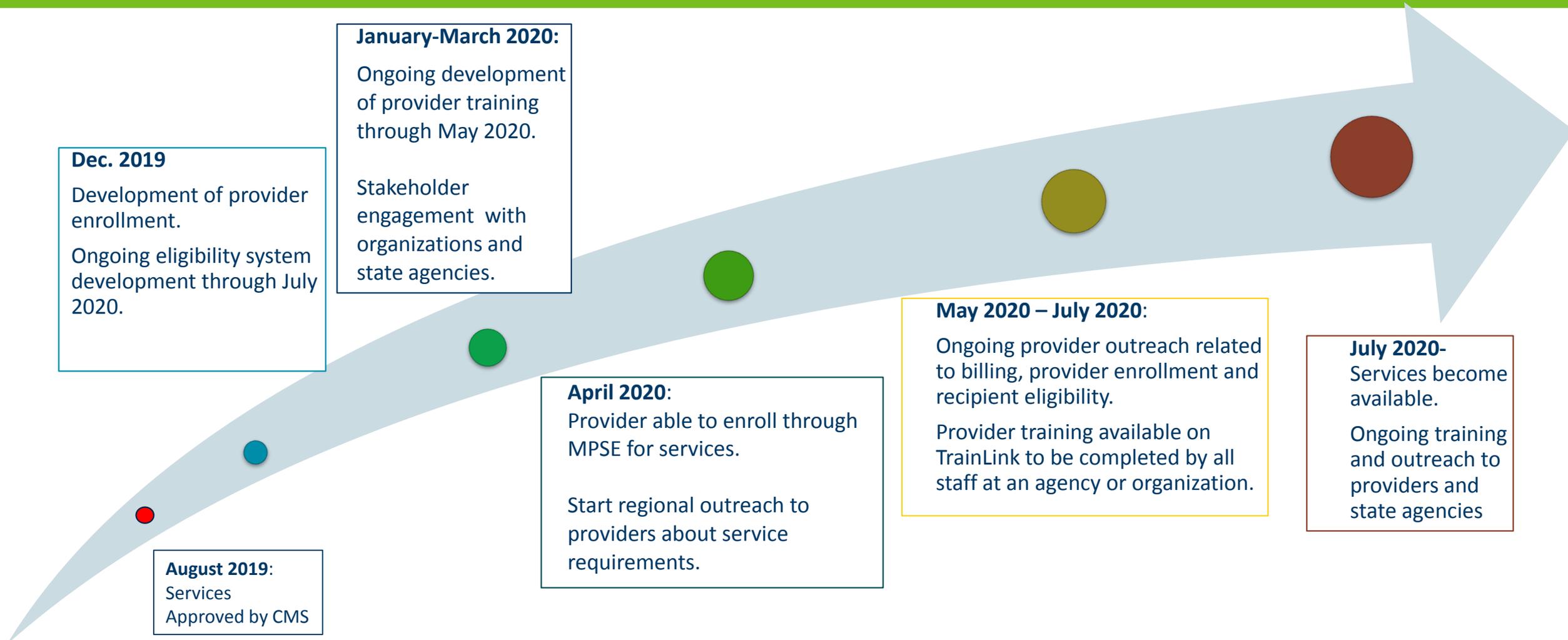
The person has a Mental health targeted case manager who recognizes this would be a supportive service.

Targeted case manager completes the person's PSN and housing-focused, person-centered plan and helps the person to choose a provider. Person selects a Housing Transition and Sustaining provider to work with.

Targeted case manager securely emails documentation verifying eligibility verifications and plan to the Housing Transition and Sustaining provider. Provider submits verifications and plan to DHS for review.

Housing Transition and Sustaining provider provides up to 150 hours of ongoing support per year to help them stay in their apartment.

Estimated timeline for implementation of services



Thank you for your participation!

Visit our [webpage](#) Contact us at: dhshousingstabilization@state.mn.us

Sign up for our mailing list to stay updated about our program [here](#).