



**DEPARTMENT OF
HUMAN SERVICES**

**New Basis of Eligibility for Housing Support:
*Transition from Residential Treatment***

Housing Support Policy Team

6/18/2020

Session Overview

- Introduce new Housing Support Basis of Eligibility
- Review MAXIS steps to process cases with new basis from beginning to end
- Review common scenarios
- Questions if time allows



**DEPARTMENT OF
HUMAN SERVICES**

THANKS FOR ALL YOU DO!!

Policy overview

New Housing Support Basis of Eligibility: Transition from Residential Treatment

- New basis of eligibility available 7/1/2020
- The legislature made this change to reduce the number of people who leave residential treatment into homelessness.
- Provides up to three months of Housing Support eligibility for people leaving residential behavioral health treatment without stable housing.
- This basis does not require income or asset verification, or an interview unless needed to confirm information.
- Eligibility ends at end of third benefit month or when the person leaves the setting.
- Parallel to changes in IRTS and crisis settings.

New Housing Support Basis of Eligibility: Transition from Residential Treatment Part 1

Residential Behavioral Health Treatment

- New state fund for room and board during treatment
- Documented housing instability when leaving treatment (**PSN**)
- Connect to Housing Support provider
- Apply for Housing Support (**CAF**)



Transition from Residential Treatment

- Eligibility: Up to 3 benefit months or when person leaves the setting.
- No income or assets
- ID required
- No interview if not needed
- No IAA / PBEN



Longer Term or Permanent

Traditional Housing Support in same location if eligible.

Traditional Housing Support in different location if eligible.

No Housing Support

New Housing Support Basis of Eligibility: Transition from Residential Treatment Part 2

Application and verification requirements:

- Combined Application Form
- Professional Statement of Need
- Identification
- Technical eligibility factors apply (state residence, etc.)

New Housing Support Basis of Eligibility: Transition from Residential Treatment Part 3

- Important to know:
 - People will get connected to housing support providers from treatment in a variety of ways.
 - People will most often go directly from treatment, but there will be exceptions.
 - Standard absence policy in place.
 - Communication with recipient about plans is key.

New Housing Support Basis of Eligibility: Transition from Residential Treatment Part 4

- Today
 - reviewing temporary MAXIS workaround
 - Q and A session anticipated for mid-July
- Permanent MAXIS solution availability
 - Late 2020 or early 2021
 - additional training

New steps to process the new basis

New Professional Statement of Need

- New Professional Statement of Need (PSN)
 - New elements to streamline eligibility for programs and services.
 - Housing Support
 - Basic program eligibility for recipients with disabling conditions.
 - Supplemental Service Rate eligibility
 - **New “Transition from Residential Treatment” basis**
 - Housing Stabilization Services
 - New MA state-plan service to help people with disabilities find and keep housing.

New Professional Statement of Need cont.

- Transition from Residential Treatment basis relies on the new version of the Professional Statement of Need (PSN).
- Residential treatment staff will use the new PSN to document a person's eligibility for the new basis.

Section 5: Transition from Residential Treatment to Minnesota Housing Support Program

This Section must be completed by Behavioral Health Treatment Staff.

Note: Sections 2 and 3 of this form are not required for completion of this section. Residential treatment staff completing this section may be the same as the Qualified Professional listed above.

(PERSON'S NAME) ***lacks a fixed, adequate, nighttime residence upon discharge from***
 (NAME OF RESIDENTIAL TREATMENT PROGRAM) ***on*** (EXIT DATE)

NAME OF TREATMENT STAFF

TITLE / LICENSURE

SIGNATURE

DATE

STAT/MEMI: Placement Type

```
07/01/20 18:06:43          MAXIS          FMCDAM7
CAF 4,5,6a, 6b          Additional Member Info (MEMI)          1 of 1

Ref Last First M * Ref Nbr: 01 JOHANSONN, ROBERT
01 JOHAN ROBERT * SSN: - -          PMI: 8251873  PMI Type: M
* Actual Dt: _ _ _ _          SMI:          Alien ID:
* Marital Status: N          Designated spouse (Y/N): _
* Marriage Dt: _ _ _ _          Marriage Dt Ver: _ _ _ _
* Spouse Ref Nbr: _ _
* Last Grade Completed: 12
* citizen (Y/N): Y          citizenship ver: 0T
* MA citizenship Ver: _
* Cmdty/Othr St FS End Dt: _ _ _ _          GRH St Resi (Y/N): Y
* In MN > 12 Months (Y/N): Y          Residence Ver: 4
* MN Entry Date: _ _ _ _          Former State: _
* Placement Type: H
* Minor Crgvr Lvg Arrang: _ _          Adoption Assistance: _
* Fam Vio waiver Beg Dt: _ 01 _          TANF Exemption: _

Mode: E Function: STAT Case Nbr: _629392 Month: 07 20 Command: _ _ _ _
Sv: 90 PW: PWSCV29 SW:          Updated: 07 01 20 User: PWSCV29
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
HELP PMI EXIT CNOTE PNOTE          PREV NEXT EDIT OOPS TRBL INFO
```

```
F HC/GRH Faci
A Adult or Blind
  child FC
B Child IV-E FC
C Non IV-E FC
T Trial Home
  visit
D Kinship IV-E
E Kinship
  Non IV-E
H Transn From
  Res Trmt
Code: █
```

A new code has been added to the 'Placement Type' field on STAT/MEMI.

This new code will be used to identify when a Housing Support applicant meets the new **Transition from Residential Treatment** basis.

There are no new online or background edits for this code. **This code should not be used for any other purposes.**

Processing Instructions: Application

New Application: Processing Overview

1. Review Professional Statement of Need (PSN) and verify that residential treatment staff signature confirming that the applicant has a verified housing instability.
2. Process the Housing Support application following existing procedures.
3. Do not request verification of assets and income.
 - *Do not consider assets when determining Housing Support eligibility.*
 - *Do not count any income when determining Housing Support benefit amount.*
4. Approve Housing Support and send an approval letter notifying applicant of eligibility basis and duration.
5. Set reminder to follow up with applicant in two months.

Professional Statement of Need (PSN)

Review Professional Statement of Need (PSN) and verify that residential treatment staff signed this section.

Section 5: Transition from Residential Treatment to Minnesota Housing Support Program

This Section must be completed by Behavioral Health Treatment Staff.

Note: Sections 2 and 3 of this form are not required for completion of this section. Residential treatment staff completing this section may be the same as the Qualified Professional listed above.

Robert Johansson (PERSON'S NAME) *lacks a fixed, adequate, nighttime residence upon discharge from*

ABC Residential Treatment (NAME OF RESIDENTIAL TREATMENT PROGRAM) *on* **7/1/2020** (EXIT DATE)

NAME OF TREATMENT STAFF

Treatment Staff

TITLE / LICENSURE

LADC

SIGNATURE



DATE

6/30/2020

MAXIS: Applicant Information

```
07/01/20 18:06:43          MAXIS          FMCDAA7
CAF 4,5,6a, 6b          Additional Member Info (MEMI)          1 of 1

Ref Last First M * Ref Nbr: 01 JOHANSONN, ROBERT
01 JOHAN ROBERT  * SSN:      - -          PMI: 8251873  PMI Type: M
                  * Actual Dt:  _ _ _ _    SMI:          Alien ID:
                  * Marital Status: N   Designated Spouse (Y/N): _
                  * Marriage Dt:  _ _ _ _    Marriage Dt Ver:  _ _ _ _
                  * Spouse Ref Nbr:  _ _
                  * Last Grade Completed: 12
                  * Citizen (Y/N): Y          citizenship ver: 0T
                  * MA Citizenship Ver:  _
                  * Cmdty/othr St FS End Dt:  _ _ _ _  GRH St Resi (Y/N): Y
                  * In MN > 12 Months (Y/N): Y          Residence Ver: 4
                  * MN Entry Date:  _ _ _ _    Former State:  _ _
                  * Placement Type: H          Temporary Residence:  _
                  * Minor Crgvr Lvg Arrang:  _ _    Adoption Assistance:  _
                  * Fam Vio Waiver Beg Dt:  _ 01 _    TANF Exemption:  _

Mode: E Function: STAT Case Nbr: __629392 Month: 07 20 Command:  _ _ _ _
SV: 90 PW: PWSCV29 SW:          Updated: 07 01 20 User: PWSCV29
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
      HELP PMI  EXIT CNOTE PNOTE      PREV NEXT EDIT OOPS TRBL INFO
```

Code the Placement Type on
STAT/MEMI = {H – Transn From Res
Trmt}

Applicant Information

If the applicant has a verified disability or disabling condition, enter the information on the appropriate STAT panels following existing processing procedures.

If the applicant has reported earned and/or unearned income, enter the information on the appropriate STAT panels following existing processing procedures.

No workarounds are to be used when entering data on these STAT panels. Eligibility for Transition from Residential Treatment eligibility basis is handled in FIAT.

Housing Support setting (FACI/SSRT)

There are no changes to worker data entry for STAT/FACI or STAT/SSRT panels.

Enter the room/board information on STAT/FACI.

Payments under the new basis must be Prepay. Code the 'Postpay (Y/N)' field = N

If appropriate and eligible, enter the supplementary services information on STAT/SSRT.

```
07/15/20 14:40:49          MAXIS          FMCCEAM1
CAF Question 17          Facility (FACI)          1 Of 1

Ref Last First M * Ref Nbr: 01 JOHANSONN, ROBERT
01 JOHAN ROBERT * Vendor Nbr: 00243013
* Facility Name: SOLACE-SWMHP-LTH
* Facility Type: 56 Waiver Ty:
* FS Eligible (Y/N): N FS Facility Ty:
* LTC Inelig Reason: Anticipated Date 0
* LTC Pre-Scrn/Inelig Beg Dt: E
* GRH Plan Required (Y/N): Y Plan Ver (Y/N): Y
* Cty App Placement (Y/N): Y Approval Cty: 62
* GRH DOC Amount: $ Postpay (Y/N): N
* GRH Rate: 2 Date In: 07 01 2020 Date Out:

Mode: D Function: STAT Case Nbr: __629392 Month: 07 20 Command:
Sv: 90 PW: PWSCV29 SW: Updated: 07 15 20 User: PWSCV29
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
HELP PMI EXIT CNOTE PNOTE PREV NEXT EDIT OOPS TRBL INFO
```

```
07/15/20 14:41:31          MAXIS          FMCCGAM1
CAF Question          GRH Supplemental Service Rate (SSRT)          1 Of 1

Ref Last First M * Ref Nbr: 01 JOHANSONN, ROBERT
01 JOHAN ROBERT * Vendor Nbr: 00243013
* Vendor Name: SOLACE-SWMHP-LTH
* NPI Nbr:
* Service Begin Date: 07 01 2020 End-date:
*
Mode: D Function: STAT Case Nbr: __629392 Month: 07 20 Command:
Sv: 90 PW: PWSCV29 SW: Updated: 07 15 20 User: PWSCV29
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
HELP PMI EXIT CNOTE PNOTE PREV NEXT EDIT OOPS TRBL INFO
```

Housing Support Eligibility

If the applicant has a verified disability or disabling condition, skip this step.

If the applicant does not have a verified disability or disabling condition, Housing Support eligibility will be inhibited.

You will have to **create** Housing Support eligibility results through FIAT.

To do this, Navigate to ELIG/GRH. The following pop-up will be given.

```
06/09/20 11:24:29          MAXIS          FMAELAM5
***** Eligibility Selection (ELIG) *****
*
* DWP - Diversionary Work Program
* MFIP - Minnesota Family Investment Program
* WB - Work Benefit
* RCA - Refugee Cash Assistance
* MSA - Minnesota
* GA - General A
* DENY - Cash Deni
* EMER - Emergency
* FS - Food Supp
* GRH - Group Res
* IVE - Title IV-
* HC - Health Ca
* SUMM - Eligibili
* EXIT - Select Function
*
*****
Function: ELIG      Case Nbr: 629722 Month: 06 20 Command: grh_
User: PWSCV29
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
HELP      EXIT CNOTE      OOPS TRBL INFO
STAT EDITS EXIST FOR THIS PERIOD
```

No Version Exists
Please enter a FIAT reason
or <PF3> to exit

- 01 Appeal Pending
 - 02 App. Decision
Diff from Poli
 - 04 Incorrect
Budget
 - 10 Incomplete
Results
 - 13 Metro Demo
- Code: 10

**Enter FIAT Code
{10 – Incomplete
Results} and
transmit**

Eligibility: ELIG Type

The ADULT BASIS must be used for the Transition from Residential Treatment eligibility type.

If Housing Support eligibility type is not ADULT basis or you had to create Housing Support results then the eligibility basis must be changed in FIAT.

Add/Change the ELIG TYPE to { 06 – ADULT}.



```
07/15/20 14:51:00          MAXIS          FMEH1AM4
Version: 2 of 2          GRH ELIG Results          Process Date: 07/15/20
UNAPPROVED          Person Results (GRPR)          Prev Approval: FIAT
Ref          Elig          Begin
Nbr Name          Member Code          Status          Type          Date
01 JOHANSON ROBERT          A - COUNTED          INELIGIBLE          06 - ADULT          07 01 20

GRH Person Test Results
PASSED          APPL WTHDRWN/CL REQ          [ ] PASSED          ASSETS
PASSED          PBEN COOPERATION          PASSED          DEATH OF APPLICANT
PASSED          ELIG THRU OTHR PGM          PASSED          ELIG TYPE
- PASSED          FAIL TO FILE          PASSED          INCOME
PASSED          PLACEMENT          PASSED          SETTING
PASSED          STATE RESIDENCE          - * FAILED          VERIFICATION

Function: ELIG Case Nbr: 629392 Month: 07 20 Command:
Sv: 90 PW: PWSCV29 SW: PWSCV29 Name: JOHANSONN, ROBERT User: PWSCV29
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
HELP          EXIT CNOTE          NOTC          FIAT OOPS TRBL INFO
```

Eligibility: Verifications

If the Verification Case Test is **FAILED** for any verifications that are not mandatory for the new basis, then modify the **FAILED** test result to **PASSED** via FIAT.

```
07/01/20 18:13:46          MAXIS          FMEH1AM4
Version: 2 of 2          GRH ELIG Results      Process Date: 07/01/20
UNAPPROVED             Person Results (GRPR)    Prev Approval:  FIAT

GRH ELIG Verification Test Pop-up Window

Failed  Accounts      - ACCT    Passed  Close/Deny      - PACT
Failed  Business Income - BUSI    Failed  Ptnl Ben Appl Dt - PBEN
Failed  Cars             - CARS    Failed  Room/Board Income - RBIC
Failed  Disability       - DISA    Failed  Securities       - SECU
Failed  Earned Income    - JOBS    Failed  Student Income   - STIN
Failed  Lump Sum        - LUMP    Failed  Unearned Income  - UNEA
Passed  Member's ID     - MEMB
Passed  Member's DOB    - MEMB

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
HELP      EXIT  CNOTE  NOTC      FIAT  OOPS  TRBL  INFO
```



```
07/01/20 18:17:12          MAXIS          FMEH1AM4
Version: 2 of 2          GRH ELIG Results      Process Date: 06/11/20
UNAPPROVED             Person Results (GRPR)    Prev Approval:  FIAT

GRH ELIG Verification Test Pop-up Window

PASSED  Accounts      - ACCT    Passed  Close/Deny      - PACT
PASSED  Business Income - BUSI    PASSED  Ptnl Ben Appl Dt - PBEN
PASSED  Cars             - CARS    PASSED  Room/Board Income - RBIC
PASSED  Disability       - DISA    PASSED  Securities       - SECU
PASSED  Earned Income    - JOBS    PASSED  Student Income   - STIN
PASSED  Lump Sum        - LUMP    PASSED  Unearned Income  - UNEA
Passed  Member's ID     - MEMB
Passed  Member's DOB    - MEMB

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
HELP      EXIT  CNOTE  NOTC      FIAT  OOPS  TRBL  INFO
```

Eligibility: Person Budget

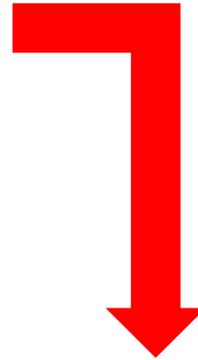
```
07/15/20 09:07:04          MAXIS          FMEH2AMH
Version: 2 of 2          GRH ELIG Results      Process Date: 07/15/20
UNAPPROVED             Adult Type Person Budget (GRPB)  Prev Approval:  FIAT

GROSS INCOME
RSDI..... + $ 100.00
Other Unearned Inc. + $ 200.00
Earned Income..... + $ 800.00
Total Income..... = $ 1,100.00

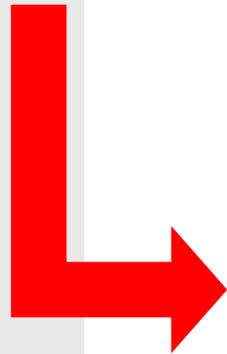
DEDUCTIONS
Standard EI Disregard..... - $ 65.00
Earned Inc Subtotal..... - $ 735.00
Earned Inc Disregard 50 % - $ 367.50
Personal Needs..... - $ 104.00
Child Support (Crt Ord)... - $
Child Unmet Need..... - $
Prior Inc Reduction..... - $
Inc Unavail 1st Month.... - $

COUNTABLE INCOME
Total Deductions... - $ 536.50
Counted Income .... = $ 563.00

Function: ELIG Case Nbr: 629392 Month: 07 20 Command:
Sv: 90 PW: PWSCV29 SW: Name: JOHANSONN, ROBERT User: PWSCV29
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
HELP EXIT CNOTE NOTC FIAT OOPS TRBL INFO
```



Do not count any income when determining the Housing Support benefit amount under the Transition from Residential Treatment eligibility basis.



```
07/15/20 09:08:15          MAXIS          FMEH2AMH
Version: 2 of 2          GRH ELIG Results      Process Date: 07/15/20
UNAPPROVED             Adult Type Person Budget (GRPB)  Prev Approval:  FIAT

GROSS INCOME
RSDI..... + $
Other Unearned Inc. + $
Earned Income..... + $
Total Income..... = $ 0.00

DEDUCTIONS
Standard EI Disregard..... - $ 0.00
Earned Inc Subtotal..... - $ 0.00
Earned Inc Disregard 50 % - $ 0.00
Personal Needs..... - $ 104.00
Child Support (Crt Ord)... - $
Child Unmet Need..... - $
Prior Inc Reduction..... - $
Inc Unavail 1st Month.... - $

COUNTABLE INCOME
Total Deductions... - $ 104.00
Counted Income .... = $ 0.00

Function: ELIG Case Nbr: 629392 Month: 07 20 Command:
Sv: 90 PW: PWSCV29 SW: Name: JOHANSONN, ROBERT User: PWSCV29
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
HELP EXIT CNOTE NOTC FIAT OOPS TRBL INFO
```

If there is counted income in the budget remove the income.

In GRH FIAT, Remove all income amounts under 'GROSS INCOME' column

Eligibility: Benefit Determination

```
07/15/20 14:18:32          MAXIS          FMEH3AM3
Version: 2 of 2          GRH ELIG Results          Process Date: 07/15/20
UNAPPROVED          Budget Results (GRFB)          Prev Approval: FIAT

ELIGIBILITY
GRH Vendor Nbr      : 00243013
Total Days          : 31
VND2 Rate Limit     :
- Room/board + DOC  : 934.00
  Counted Income     :
- Total SSR Rate    : 482.84
  (Income Test)     : PASSED

PAYMENT:
GRH (State) AMT : + 934.00
- County Liability: +
- Counted Income : -
Total Payment   : = 934.00
(Amt Already Issued)

Function: ELIG Case Nbr: 629392 Month: 07 20 Command:
Sv: 90 PW: PWSCV29 SW: Name: JOHANSONN, ROBERT User: PWSCV29
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
      HELP      EXIT CNOTE      NOTC      TRBL INFO
```

Eligible applicants under the Transition from Residential Treatment basis must not have a client obligation towards the cost of their stay.



Eligibility: Reporting Status

```
07/15/20 14:21:04          MAXIS          FMEH5AM2
Version: 2 of 2          GRH ELIG Results      Process Date: 07/15/20
UNAPPROVED              GRH ELIG Summary (GRSM)  Prev Approval:  FIAT

Date Of Last Approval..... 07/15/20    Elig Type..... ADULT
Current Program Status..... ACTIVE          Elig Review Date..... 11 01 20
Source Of Information..... FIAT              Reporting Status..... SIX MONTH
Eligibility Result..... ELIGIBLE            Responsible County..... 90

Vendor Number:          243013
Pre or Post-pay:       07
Payable Amount:        934.00
-----

Client Obligation:

*****CASE IS SIX MONTH REPORTING*****
Function: ELIG Case Nbr: 629392 Month: 07 20 Command:
Sv: 90 PW: PWSCV29 SW: Name: JOHANSONN, ROBERT User: PWSCV29
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
HELP      EXIT CNOTE      NOTC      FIAT OOPS TRBL INFO
```



Eligible applicants under the Transition from Residential Treatment basis are not required to report during the time-limited eligibility period.

If eligibility results display a Reporting Status of 'SIX MONTH' in FIAT, change the reporting status to NON-HRF.



```
07/15/20 14:22:37          MAXIS          FMEH5AM2
Version: 2 of 2          GRH ELIG Results      Process Date: 07/15/20
UNAPPROVED              GRH ELIG Summary (GRSM)  Prev Approval:  FIAT

Date Of Last Approval..... 07/15/20    Elig Type..... ADULT
Current Program Status..... ACTIVE          Elig Review Date..... 11 01 20
Source Of Information..... FIAT              Reporting Status..... NON-HRF
Eligibility Result..... ELIGIBLE            Responsible County..... 90

Vendor Number:          243013
Pre or Post-pay:       07
Payable Amount:        934.00
-----

Client Obligation:

*****CASE IS SIX MONTH REPORTING*****
Function: ELIG Case Nbr: 629392 Month: 07 20 Command:
Sv: 90 PW: PWSCV29 SW: Name: JOHANSONN, ROBERT User: PWSCV29
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
HELP      EXIT CNOTE      NOTC      FIAT OOPS TRBL INFO
WARNING: VERIFY POLICY WHEN CHANGING REPORTING STATUS
```

Eligibility Approval

Review all Housing Support eligibility panels for accuracy.

Ensure that the payment code is {07 – Pre Pay}.



Then APP the eligibility results.

```
07/15/20 14:22:37          MAXIS          FMEH5AM2
Version: 2 of 2          GRH ELIG Results      Process Date: 07/15/20
UNAPPROVED              GRH ELIG Summary (GRSM)  Prev Approval:  FIAT

Date Of Last Approval..... 07/15/20      Elig Type..... ADULT
Current Program Status..... ACTIVE      Elig Review Date..... 11 01 20
Source Of Information..... FIAT          Reporting Status..... NON-HRF
Eligibility Result..... ELIGIBLE        Responsible County..... 90

Vendor Number:          243013
Pre or Post-pay:          07
Payable Amount:          934.00

-----

Client Obligation:

*****CASE IS SIX MONTH REPORTING*****
Function: ELIG Case Nbr: 629392 Month: 07 20 Command:
Sv: 90 PW: PWSCV29 SW: Name: JOHANSONN, ROBERT User: PWSCV29
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
HELP EXIT CNOTE NOTC FIAT OOPS TRBL INFO
WARNING: VERIFY POLICY WHEN CHANGING REPORTING STATUS
```

Eligibility: Approval Letter

Add the following worker comment to the approval letter notifying the applicant of their eligibility under the **Transition from Residential Treatment** basis and it's time limited duration.

Your eligibility is based on your recent transition from residential treatment. Eligibility is time limited and begins in July 2020. (Auth: MN Statute 256I)

- * You may be eligible for up to 3 months.
- * Your eligibility started on the day you moved in. Your first month might be a partial month.
- * This program will end if you leave your current residence or when the full eligibility period has ended.
- * For assistance in paying for room and board payments after your eligibility period has ended, you must submit an application request along with mandatory verifications to your county or tribal worker.

DAIL/WRIT

Set a reminder via DAIL/WRIT to follow up with recipient to close the case at the end of the eligibility period under the Transition from Residential Treatment basis.

Example: FACL Date In = 7/1/2020.

The 3 months are determined as follows:

1st Mth: July, 2020

2nd Mth: August, 2020

3rd Mth: September, 2020

4th Mth: October (Closing Month)

Worker actions to Close at the end of the 3 month eligibility period must be taken in the 3rd month allowing for 10 day notice.

```
07/15/20 15:02:55 MAXIS FMKDLAM4
WORKER WRITTEN TIKL (WRIT)
Case Worker: ██████████
Effective Date: 09 01 20
Case Number: 629392 Case Name: JOHANSONN,ROBERT

Text:
Follow up with Robert re: Transition from Residential
Treatment eligibility.
_____
_____
_____

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
EXIT OOPS
```

Processing Instructions: Ending Eligibility

Ending Eligibility: Overview

- Eligibility for Housing Support under the Transition from Residential Treatment basis ends:
 - When the recipient leaves the setting they are currently in.
 - At the end of the 3 month eligibility period
- If ongoing Housing Support room and board payment assistance is needed, an application request must be submitted.
- Eligibility for traditional Housing Support must be determined based on traditional Housing Support program policies with no exceptions.
- Partial month eligibility for Housing Support under Transition from Residential Treatment basis in the same month as eligibility for traditional Housing Support is not allowed.

Scenario #1

On 8/1/20, Markus leaves residential treatment and enters ABC Housing that same day. Markus has a PSN that verifies he was leaving residential treatment with housing instability and submits a Housing Support application to the county.

On 8/10/20, Markus is approved eligible for Housing Support under the Transition from Residential Treatment basis effective 8/1/2020. His 3 month eligibility period includes August, September, and October. The case is PRE-PAID and the room/board payment for 8/2020 is issued. The subsequent benefit months will be issued following the monthly issuance schedule.

On 10/01/20, the County/Tribal worker contacts Markus to inform him that his eligibility period under the new basis will end at the end of October and that continued assistance in paying for room and board will require a new application request.

On 10/5/20, Markus submits an application request for 'traditional' Housing Support. The application is processed and outstanding verifications are requested.

On 10/15/20, the Housing Support case is approved for the next available month of 11/2020. An approval notice is sent to the recipient to notify them of the change in eligibility status.

Scenario #1 - Eligibility Period Exhausted and Application Received

1. **In the NEXT available month** remove Placement Type {H – Transn From Res Trmt} on STAT/MEMI.
2. **Process the application request in the month received or the next available month, whichever is later. Do NOT PEND the application.** Determine ongoing eligibility for traditional Housing Support following current Housing Support policies and budgeting with no exceptions. Request all mandatory verifications if needed and allow time for response.
3. **PRIOR to 10 day notice for the next available month, complete an approval of Housing Support results to reflect eligibility status following traditional Housing Support policies with no exceptions.**
4. **Add the following worker comment to the approval notice:**

Your eligibility period based on your transition from residential treatment has ended. (Auth: MN Statute 256I)

Scenario #2

On 8/2/2020, Ly leaves residential treatment and enters ABC Housing that same day. Ly has a PSN that verifies he was leaving residential treatment with housing and submits a Housing Support application to the county.

On 8/12/2020, Ly is approved eligible for Housing Support under the Transition from Residential Treatment basis effective 8/2/2020. His 3 month eligibility period includes the rest of August and all of September and October. The case is PRE-PAID and the room/board payment for 8/2020 is issued. The subsequent benefit months will be issued following the monthly issuance schedule.

On 10/01/2020, the County/Tribal worker contacts Ly to inform him that his eligibility period under the new basis ends at the end of October and that continued assistance in paying for room and board will require a new application request.

On 10/21/20 (10day notice deadline) no application request is received.

- The Housing Support case is closed for the next available month of 11/2020. An approval notice is sent to the recipient to notify them of the closure and inform them of the application request.

Scenario #2 - Eligibility Period Exhausted and No Application Received

1. **In the NEXT available month**, remove Placement Type {H – Transn From Res Trmt} on STAT/MEMI.
2. **FIAT Housing Support eligibility results for the next available benefit month to FAIL ELIG TYPE . Approve the Housing Support case to CLOSE for the next available benefit month.**
3. **Add the following worker comment to the approval notice:**

Your eligibility period based on your transition from residential treatment has ended. (Auth: MN Statute 256I)

* For assistance in paying for room and board payments after your eligibility period has ended, you must submit an application request along with mandatory verifications to your county or tribal worker.

4. **If you become aware that the client has left the facility prior to the end of the full 3 month period and Housing Support payments were Pre-Paid, review and determine if an overpayment exists for that setting. Cite an overpayment if applicable.**

Scenario #3

On 8/10/2020, Angela leaves residential treatment and enters Home Space Housing that same day. Angela has a PSN that verifies she was discharged from residential treatment with housing instability and submits a Housing Support application to the county.

On 8/12/2020, Angela is approved eligible for Housing Support under the Transition from Residential Treatment basis effective 8/10/2020. Her 3 month eligibility period includes the rest of August, and all of September and October. The case is PRE-PAID and the room/board payment for 8/2020 is issued. The subsequent benefit months will be issued following the monthly issuance schedule.

On 9/5/2020, the County/Tribal worker is notified that Angela left Home Space Housing on 9/5/20 and entered ABC Housing the same day. The County/Tribal worker receives an application request for traditional Housing Support for the new setting. The worker processes the application and requests missing income verifications and allows adequate time to respond.

On 9/15/20, all verifications are received and it is determined that Angela is eligible for traditional Housing Support.

- The worker approved Housing Support results for the next available month of 10/2020. An approval notice is sent along with a worker comment regarding change of eligibility basis.
- An overpayment is cited for the months Angela was not residing at Home Space Housing in the benefit month of 9/2020.
- A manual eligibility and benefit determination for ABC Housing for benefit month 9/2020 is completed. A BENE request is submitted for issuance of the Housing Support benefits to this setting.

Scenario #3 - Recipient Enters New Housing Support Setting

New Housing Support setting, application is received requesting traditional Housing Support eligibility.

- 1. In the footer month that the recipient left the current residence**, update the Date Out on STAT/FACI, and, if appropriate, the End Date on STAT/SSRT.
- 2. In the footer month the recipient entered the new residence**, update the Date In on STAT/FACI, and, if appropriate, the Begin Date on STAT/SSRT.
- 3. In the footer month AFTER the recipient left the current residence**, remove Placement Type {H – Transn From Res Trmt} on STAT/MEMI.
- 4. Process the application request in the month received, or, the next available footer month after the recipient has left, whichever month is later. Do NOT PEND the application.** Determine ongoing eligibility for traditional Housing Support following current Housing Support policies and budgeting with no exceptions. Request all mandatory verifications if needed and allow time for response.

Instructions continued on next slide.

Scenario #3 - Recipient Enters New Housing Support Setting (continued)

5. **PRIOR to 10 day notice for the next available month, complete an approval of Housing Support results to reflect eligibility status following traditional Housing Support policies with no exceptions.**

6. **Add the following worker comment to the approval letter:**

Your eligibility period based on your transition from residential treatment has ended. (Auth: MN Statute 256I)

7. **If Housing Support payments were Pre-Paid in the month the recipient left the setting** under the Transition from Residential Treatment basis, review and determine if an overpayment exists for that setting. Cite an overpayment if applicable.

8. **Request issuance of Housing Support benefits for the partial month via a BENE request.** If the recipient submitted an application request and there is an eligible benefit month where the recipient is partially eligible under the Transition from Residential Treatment basis and under traditional Housing Support, then manually determine the Housing Support eligibility and benefit amount for that benefit month.

Scenario #4

On 7/5/20, Matthew leaves residential treatment and enters Home Space Housing that same day. Matthew has a PSN that verifies he was discharged from residential treatment with housing instability. Matthew submits a Housing Support application to the county.

On 7/10/20, Matthew is approved eligible for Housing Support under the Transition from Residential Treatment basis effective 7/5/2020. His 3 month eligibility period includes the rest of July, and all of August and September. The case is PRE-PAID and the room/board payment for 7/2020 is issued. The subsequent benefit months will be issued following the monthly issuance schedule.

On 8/12/20, the County/Tribal worker is notified that Matthew has left Home Space Housing and is now residing at ABC Housing. The County/Tribal worker has not received an application for traditional Housing Support at the new setting.

- *The County/Tribal worker should attempt to reach out to Matthew and inform him that a new Housing Support application and mandatory verifications are required if assistance for payment room and board is needed.*
- The Housing Support case is closed for the next available month of 9/2020. A closing letter is sent to the recipient to notify of the case closure.
- An overpayment is cited for the days the client was not residing at Home Space Housing in the benefit month of 8/2020.

Scenario #4 - Recipient Enters New Housing Support Setting NO Application Received

1. **In the footer month that the recipient left the setting**, update the Date Out on STAT/FACI, and, if appropriate, the End Date on STAT/SSRT.
2. **In the footer month AFTER the recipient left the current setting**, remove Placement Type {H – Transn From Res Trmt} on STAT/MEMI.
3. **In the footer month the recipient entered the new setting**, update the Date In on STAT/FACI, and, if appropriate, the Begin Date on STAT/SSRT.
4. **FIAT Housing Support eligibility results for the next available benefit month to FAIL ELIG TYPE . Approve the Housing Support case to CLOSE for the next available benefit month.**

5. **Add the following worker comment to the approval letter:**

Your eligibility period based on your transition from residential treatment has ended. (Auth: MN Statute 256I)

* For assistance in paying for room and board payments after your eligibility period has ended, you must submit an application request along with mandatory verifications to your county or tribal worker.

6. **If Housing Support payments were Pre-Paid in the month the recipient left the setting** under the Transition from Residential Treatment basis, review and determine if an overpayment exists for that setting. Cite an overpayment if applicable.

Scenario #5

On 7/1/2020, Jennifer leaves residential treatment and enters ABC Housing the same day. She has a PSN that verifies she has housing instability upon discharge from residential treatment. Jennifer submits a Housing Support application to the county.

On 7/5/2020, Jennifer is approved eligible for Housing Support under the Transition from Residential Treatment basis effective 7/1/2020. Her 3 month eligibility period includes July, August, and September. The case is PRE-PAID and the room/board payment for 7/2020 is issued. The subsequent benefit months will be issued following the monthly issuance schedule.

On 7/15/2020, the County/Tribal worker is notified that Jennifer has left ABC Housing.

- The Housing Support case is closed for the next available month of 8/2020. A closing letter is sent to the recipient to notify of the case closure.
- A Housing Support overpayment is cited for the days the client was not residing at ABC Housing in the benefit month of 7/2020.

Scenario #5 - Recipient Leaves Setting Before End of Eligibility Period

1. **In the footer month that the recipient left the setting**, enter the Date Out on STAT/FACI, and if appropriate, enter the End Date on STAT/SSRT.
2. **In the footer month AFTER the recipient left the setting**, remove Placement Type {H – Transn From Res Trmt} on STAT/MEMI.
3. **Approve the Housing Support case to CLOSE for the next available benefit month** due to FAILED SETTING.
4. **Add the following worker comment to the approval letter:**

Your eligibility period based on your transition from residential treatment has ended.
(Auth: MN Statute 256I)
* For assistance in paying for room and board payments after your eligibility period has ended, you must submit an application request along with mandatory verifications to your county or tribal worker.

5. **If Housing Support payments were Pre-Paid in the month the recipient left the setting** under the Transition from Residential Treatment basis, review and determine if an overpayment exists for that setting. Cite an overpayment if applicable.

Questions

Contact us about Housing Support

Contact Housing Support policy staff at:

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