

**Housing Stabilization Services** 



## Goals of the services



Support an individual's transition to housing



Increase long-term stability in housing



Avoid future periods of homelessness or institutionalization

### Medical Assistance recipient who is 18 years old or older



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

- HSS 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 a HSS
   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 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 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.

## 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

3/10/2020



Home and Community Based Service requirements

## 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
- Choice in services and supports and who provides them and
- Must have a person-centered service plan.

Provider-controlled settings must meet additional requirements

3/10/2020

# 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

May be same provider

# Housing Transition and Sustaining Services

Enrolled Housing
 Stabilization Services
 provider

## Home and Community-Based Services: Conflict of interest requirement (cont.)

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.

## 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 <u>annually</u>
- Consultation = \$174.22 per session

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.

- 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)



## 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- Supplemental Services** in community settings will have a supplemental service rate adjustment of 50% in July **2021** 

## Housing Stabilization Services and other services (cont.)

- 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).

## Accessing services

#### **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

#### Eligible Person

#### **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.





## **Time for Questions**

## Thank you!

Visit our <u>webpage</u> Contact us at: <u>dhshousingstabilization@state.mn.us</u>

Sign up for our mailing list to stay updated about our program here.