

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 am completing an eligibility request form (DHS-7948) for a person identifying as transgender. How can I capture the person's legal name and chosen name so that the Housing Stabilization Services Eligibility Request will be processed?

If a person identifies as transgender, the person's chosen name should be listed on the form, with their legal name included in parentheses if different. DHS recognizes their chosen name as their name. For identification matching, the person's the legal name and Person Master Index (PMI) number must match when DHS Eligibility Review Staff process the request to ensure the correct person is receiving services.

I support a person who received a plan renewal notification from DHS. Which Housing Stabilization Service Eligibility Request Form (DHS-7948) should be completed? Updated 6/1/2021

Providers should submit the Renewal Request Eligibility Request Form as soon as possible, up to 60 days before the current span's expiration. Providers have up to 30 days after the person's plan expiration to submit a Renewal Eligibility Request Form including the new plan and new assessment. When processing the renewal, the person-centered plan date will also be the eligibility renewal date. If the provider submits a renewal request 31 days or more past the person's plan expiration, an Initial Eligibility Request Form is required.

I am a provider with settings I manage or operate. I have a set of "house" or "facility" rules that apply to everyone. Is that allowable under home and community-based services?

It depends. The "house" or "facility" rules need to be created by the residents, agreed upon by all of the residents, and reviewed on a regular basis. If the rules are established by the provider and not agreed to by the residents, this would not be allowable. If they are agreed upon by residents and the rules equate to a rights modification, all residents must have a rights modification form completed. More information about rights modification and Housing Stabilization Services may be found via the [HCBS Rights Modification Support Plan Guide for Housing Stabilization Services](#).

DHS staff denied an eligibility request form in error. If I have to resubmit an eligibility request for this reason, will DHS approve back to the original submission date or the resubmission date?

If the denial was a result of a DHS error, DHS will approve Housing Stabilization Services back to the original date of submission.

Can Housing Stabilization Services be provided indirectly for multiple people (i.e., contacting landlords with three different people in mind)? Updated 3/19/2021

A provider cannot bill the same billable unit of work to more than one person. If a provider spends more than one billable unit 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 billable 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. Information about billable units can be found in the [MHCP Provider Manual's Billing Section](#).

How can I understand exactly which activities can be billed?

For a service to be billable it must align with a billable service activity within the service category (transition/sustaining or Housing consultation). You can find those under Covered Services in each service section on the [policy webpage](#). If the activity fits into a category, it is billable. Some activities will be exactly what is listed in the policy. For others, you will need to consider how/if an activity can fit into a category more broadly

Some activities may not be HSS billable activities but are supported through HSS staff simply because they are the only support available to the person. Supports outside of HSS activities performed by HSS staff are not billable, but when this is happening a lot, it is a good indication a person could use more service support. Supporting them to connect with their county or tribe to access more services, such as Personal Care Assistance (PCA), is a billable activity.

There are hundreds of examples of potential support under Housing Stabilization Service. DHS staff are not in a position to go through each of them with each provider and give a yes or no. Staff must be familiar with and understand the billable services within each Housing Stabilization service. Staff may want to include the covered service category for a given activity within case notes to provide additional justification.

Would a permanent supportive housing provider who receives federal funding through their Continuum of Care be excluded from providing Housing Stabilization Services? Updated 4/6/2021

Please consult with your local Housing and Urban Development (HUD) field office for additional guidance.

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.

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.

Where can a provider look to find communications from Provider Enrollment?

Provider Enrollment sends any correspondence to providers via their MN-ITS mailbox if the provider is already enrolled and have a MN-ITS account. If a provider is not enrolled, correspondence is sent to the provider’s identified mailing address via the U.S. Postal Service.

Do boards of directors need to complete a background study in order for a provider to complete enrollment with Minnesota Health Care Programs?

No, boards of directors are not required to complete a background study.

I am a provider with an ownership stake in a limited liability corporation (LLC) which owns Setting A. If my organization provides Housing Stabilization Services at Setting A, does that mean DHS considers it to be “provider-controlled” for enrollment purposes?

Typically no. If the enrolled Housing Stabilization Service provider does not financially benefit from the LLC, the setting would not be considered “provider-controlled.” However, if the enrolled Housing Stabilization Service provider has a direct or indirect financial benefit from the LLC, the setting would be considered “provider-controlled” and must be enrolled as a separate location.

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)?

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 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.

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.

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.

My organization has a couple of different program names. Which name should I use when completing the Housing Stabilization Services Eligibility Request Form?

Housing Stabilization Services Eligibility Request Forms must be completed using the enrolled Housing Stabilization Services' provider name. If a different name is used than the enrolled Housing Stabilization Services provider name, billing issues may occur. Managed care organizations (MCOs) receive notification of a member's service authorization along with the provider identified in the request form. If the provider bills the MCO using a different name than the name used for Housing Stabilization enrollment, the MCO billing system will not recognize it. This will cause billing delays.

I am an enrolled Housing Stabilization Services provider that regularly uses an acronym when referenced. When filling out the Housing Stabilization Services Eligibility Request Form (DHS-7948), should we use the acronym?

No, enrolled providers should use the exact name of the enrolled location and/or provider when filling out the request form. Managed care organizations (MCO) may deny payment if the enrolled provider (or location) name does not exactly match what is listed in the Minnesota Health Care Program Provider Directory.

TARGETED CASE MANAGEMENT/WAIVER CASE MANAGEMENT/MSHO-MS+ 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, MSHO/MS+ care coordination, 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? *Updated 5/28/2021*

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.

Can behavioral health home case managers complete the Housing Focused Person-Centered Plan? Many people supported by behavioral health homes do not have waivers or targeted case managers, but are supported by Medicaid-funded behavioral health home case managers.

No, behavioral health home case managers cannot complete the Housing Focused Person-Centered Plan. They can, however, help connect people to enrolled housing consultants to complete the plan if the person does not have another MA-funded case manager.

Can a Vulnerable Adult/Developmental Disability Targeted Case Manager who completes the Coordinated Services and Supports Plan do so instead of the Housing Focused Person-Centered Plan?

Yes, only if the Vulnerable Adult/Developmental Disability Targeted Case Manager completes the full Coordinated Services and Supports Plan. If not, then the Housing Focused Person-Centered Plan is required.

I support a person who is 65+ and has Minnesota Senior Health Options (MSHO). Who completes the person-centered plan?

People who are on Minnesota Senior Health Options and Minnesota Senior Care Plus (MSC+) complete a Long-Term Care Consultation (LTCC) and a Collaborative (Coordinated) Care Plan that meets home and community-based services requirements with their MSHO/MSC+ care coordinator.

I work with a person who was supported onto a disability waiver through a legacy Long Term Care Coordination assessment instead of a MnCHOICES Assessment. What documentation needs to be included with the eligibility request form in this circumstance?

Eligibility review staff review the Long-Term Care Consultation (LTCC) screening document in MMIS for people who have a MnCHOICES or legacy LTCC assessment to verify a person’s assessed need for Housing Stabilization Services (mobility, communication, managing behaviors, making decisions). They review activities of daily living (ADLs) and instrumental activities of daily living (IADLs) outcomes to determine need.

If the screening document of the legacy assessment has not been uploaded into MMIS before a person applies for Housing Stabilization Services, the results are not available for eligibility review staff to review. Therefore, the Housing Stabilization Services Eligibility Request Form must include an uploaded document that shows the specific ADL/IADL information indicating the assessed need for service. Options to show assessed need are to:

- Upload the LTCC document into the “Attachments – Assessment Type – MnCHOICES Assessment or Long-term Care Consultation” section of the Housing Stabilization Services Eligibility Request Form or
- Upload the CSP/CSSP combined document into the “Attachments – Person-Centered Plan Type - Coordinated Services and Support Plan or Coordinated Care Plan” section of the Housing Stabilization Services Eligibility Request Form. The CSP has a section that documents ADL/IADLs within the form which eligibility review staff can review to identify the assessed need for services.

If a person is enrolled with a managed care organization (MCO) and they use a Collaborative Coordinated Care Plan, this form does not have a section where ADL/IADLs needs are identified. In this situation, the screening document must be uploaded into MMIS quickly so the Housing Stabilization Services eligibility review staff can review the assessment results.

The [Personal Care Attendant](#) legacy assessment is not legally defined as a LTCC and therefore **cannot** be used to assess for Housing Stabilization Services. It is important to note the following:

- **Personal Care Attendant (PCA) Assessment:** People with a PCA legacy assessment must use one of the three existing Housing Stabilization Service assessment pathways to access the service: Professional Statement of Need, MnCHOICES Assessment /LTCC, or Coordinated Entry Assessment. Following assessment, the person needs to complete a Housing Focused Person-Centered Plan through the help of a targeted case manager (if they have one), or an enrolled housing consultant in order to complete the enrollment process onto Housing Stabilization Services.

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 (updated 4/29/2021)?

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 (updated 4/29/2021) – DHS is not requiring Housing Support providers to become enrolled Housing Stabilization Services providers. However, 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 if the person has also been approved for Housing Stabilization Services. 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.

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

Updated 2/11/2021 (see italics)

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) (*transition services duplicative*), 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; in this case, the waiver case manager is responsible to determine if the services are duplicative.

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.

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 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.

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.

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 \(DHS-7307\)](#) is available and can be completed electronically or by hand. 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.

I am a professional completing the Housing Focused Person-Centered Plan (DHS-7307). Help me understand how to connect the person's assessed need for services to the plan.

The Centers for Medicare and Medicaid Services requires that the person-centered plan reflect the assessment showing need for services. The assessment will show need in at least one of the four needs-

based criteria: communication, mobility, managing challenging behaviors and/or making decisions. Somewhere in the Housing Focused Person-Centered Plan, DHS eligibility review staff must be able to see that the plan addresses the assessed need for services. Some will have more detail than others, but all must have the need identified in the plan. Typically, the assessed need for services is addressed in “Housing Stabilization Services - Transition/Sustaining” section on page three. DHS recently updated this form to improve instructional language for professionals completing the form.

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.

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 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.

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 (eleven 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.

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) 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.

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.

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 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 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 Housing Focused Person-Centered Plan (DHS-7307) Signature Sheet confirms that the person supported onto Housing Stabilization Services received required information or materials, participated in the plan’s development, and was given choices about the services to be received.

If this page is completed and one of the responses is “no” or left blank, will DHS accept the form in its entirety?

All statements on the signature page must be marked “yes” **except** the last question in each section about sharing information. Statements relating to sharing information can be answered “yes”, “no”, or remain blank. As required by CMS, person-centered plans must ensure that people participate in the plan’s creation and make an informed choice as to their services as well as who receives information. The signature page confirms that the person-centered planning service did not violate home and community-based services requirements. The only time a Housing Focused-Person Centered Plan will be accepted by DHS with a “no” or “blank” answer is when the person does not want a copy of the plan shared.

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.

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.

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.

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.

If I am provider type 51 (tribal), can I bill directly through the State of Minnesota (fee-for-service) instead of going through managed care organizations?

No, the provider type 51 will not be used for Housing Stabilization Services. Tribes can enroll to deliver Housing Stabilization Services under the provider type of 18-HSS or will need to select agencies that will enroll for these services under the provider type of 18-HSS. Provider type 18-HSS requires billing to occur through fee-for-service (FFS) and managed care organizations (MCOs) based on the people served by the tribal agency.