Housing Stabilization Services (HSS)

A New DHS Medicaid Benefit

Go Live date: 7/20/2020

“HSS” In a Nutshell

Purpose of HSS:

- Support an individual's transition into housing
- Increase long-term stability in housing in the community
- Avoid future periods of homelessness or institutionalization

HSS is for Medicaid program population who qualify

- MSHO/MSC+, SNBC, PMAP, Medicaid fee for service
- (NOT MinnesotaCare)

- Main service components include:
  - Transition Services
  - Sustaining Services
- This is a state plan Medicaid benefit- NOT a waiver benefit

Individual Services

TRANSITION SERVICES **Community supports that help people plan for, find, and move into housing.**	**SUSTAINING SERVICES** **Community supports that help a person maintain housing.**
• Creating a **housing transition plan**, including helping a person understand and develop a budget. • Assisting with the **housing search** and application process. • Identifying and assisting in **resolving barriers** to accessing housing, including identifying resources to cover moving expenses, deposits, application fees, etc. • **Securing additional services**, benefits and resources to support housing. • Helping a person **organize their move** and ensuring the new living arrangement is safe and ready for move-in.	• Creating a **housing stabilization plan.** • **Education** on roles, rights, and responsibilities of the tenant and property manager, including training on being a good tenant, lease compliance, and household management. • Coaching to develop and **maintain key relationships** with property managers and neighbors. • Advocacy with community resources to **prevent eviction** when housing is at risk. • Prevention and **early identification of behaviors** that may jeopardize continued housing. • **Assistance with maintaining services** and supports, including applying for benefits to retain housing. • Supporting the **building of natural housing supports** and resources in the community.

WHO – Member Qualifications

Person must be assessed for:

- Housing Instability-
- Disability or Disabling Condition
- Assessed Need for Services

Housing Instability

- Be experiencing homelessness or at-risk of homelessness; or
- Transitioning or recently transitioned from an institution or licensed/registered setting

Person's Targeted

Target population: Who will benefit from these services?

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

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

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

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

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
  - Medical Opinion Form
  - Proof of receipt of SSI or SSDI
  - Other forms of disability documentation to be determined

Assessed Need for Services

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

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

Professional Statement of Need documents the need for services as well as housing instability and disabling condition

*RNs and SW's (exception is LICSW) cannot complete PSON, see form for more info https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7122-ENG

WHAT- Access to HSS

Accessing services

Assessment:

1.PSN — Professional Statement of Need

2. MnChoices/ Long Term Care Consultation (LTCC) — County CM or MSHO CC

3. Coordinated Entry Assessment ← SNBC & PMAP Route

Plan:

1. Housing Focused Person Centered Plan (Housing Consultant / Targeted Case Manager Note: TCM bills planning time as TCM)
2. Community Services and Supports Plan (Waiver Case Manager)
3. Coordinated Care Plan (Senior Care Coordinators)

Housing Stabilization Services Provider Submits: To DHS

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

Eligibility Review:

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

Eligible Person

4/27/2020

Minnesota’s Definition of Homelessness

An individual or family is considered homeless when they lack a fixed, adequate nighttime residence (note that ‘couch surfers’ are homeless)

At-risk of homelessness occurs when:

(a) the individual or family is faced with a situation or set of circumstances likely to cause the household to become homeless, including but not limited to: doubled-up living arrangements where the individual's name is not on a lease, living in a condemned building without a place to move, having arrears in rent/utility payments, receiving an eviction notice without a place to move and/or living in a temporary or transitional housing that carries time limits;

OR

(b) the person, previously homeless, will be discharged from a correctional, medical, mental health or substance use disorder treatment center, and lacks sufficient resources to pay for housing, and does not have a permanent place to live.

Accessing HSS Services & Providers

- **Coordinated Entry – Multiple across state, counties or regions**
  - Intake point for persons experiencing homelessness. Refer homeless persons to Coordinated Entry, there are multiple housing support options available to help homeless persons
- **Housing Consultation Provider**
  - Starting point for persons with housing and in need of HSS Sustaining Services to maintain housing.
  - Creates Housing Focused Person Centered Plan
  - Helps member select an HSS provider and refers member to the Housing Stabilization Provider selected for transition or sustaining services
  - Monitors and updates the plan annually or more frequently if the person requests a plan change, experiences a change in circumstance or wants to change housing stabilization provider

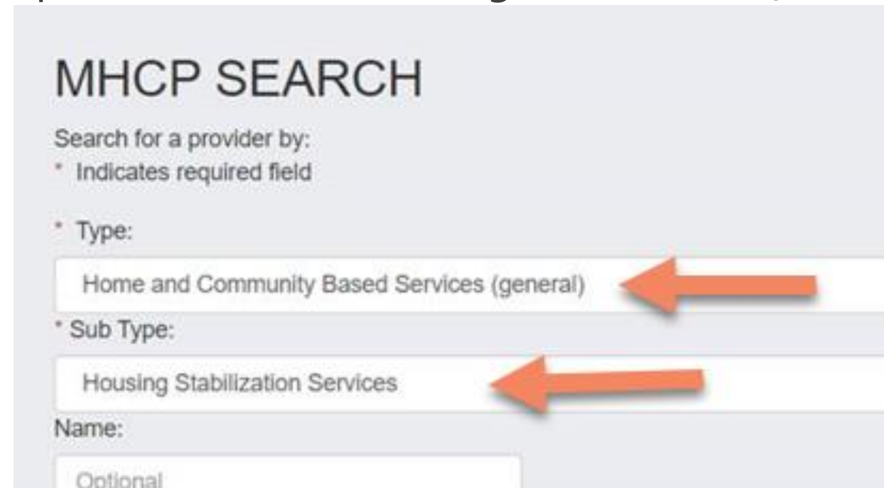
Accessing HSS Providers

To find Coordinated Entry and/or Housing Consultants Information:

- Coordinated Entry: Scroll down to Contacts/MN Contacts by Region

- **To find Housing Consultants Information:** Site opens a search activity for DHS enrolled housing providers
  - DHS Enrolled HSS Providers

  Fill in the below information. The list of providers states what services they provide such as Housing Consultation, Housing Stabilization, Other



SNBC

- Member will need to present somewhere:
  - County worker, clinic worker, other worker involved with member may help the process.
  - HSS provider may also interact with member directly and start the process
- If identified by you or other provider
- Refer persons experiencing homelessness to Coordinated Entry for assessment of needs determination.
- Refer persons with housing who need help to maintain it to a DHS enrolled Housing Consultation Provider. Link to DHS site with housing providers on other slide.

SNBC Process Overview

Ensure the member you're working with is agreeable to working with HSS and ready to accept services before making a referral

For Members identified as needing housing support who have a county waiver case manager (WCM) or Mental Health Targeted Case Manager (TCM)

- Refer member back to their WCM or TCM. A waiver CM trumps TCM, refer to waiver CM if member has both types of providers.
- It is the role of WCM and TCMs to complete the initial steps of the process and connect the member with a Housing Stabilization Services provider for transition or sustaining services

- For members without a county CM or TCM
  - Refer members experiencing homelessness to the Coordinated Entry point for the member's county or region
  - Refer members with housing who need help maintaining it to a DHS enrolled Housing Consultation provider
- Housing Stabilization Service provider
  - Connects with member, develops a person-centered plan, and works with him/her for transition or sustaining HSS services
- HP is NOT requiring authorization for this service
- HP is using the State's network of enrolled HSS providers, they do not have to be contracted with HP
- Interpreter services and transportation (RideCare) needed to access HSS are covered benefits

Limitations

- **Limits**
  - Housing consultation services are available **once annually**.
    - Additional sessions are allowed if a person wants to change housing transition or housing sustaining provider or experiences a significant change in circumstance that requires a new person-centered plan.
  - Housing Transition services are limited to 150 hours per transition.
  - Housing Sustaining services are limited to 150 hours annually.
  - Providers may request an additional 150 hours beyond these limits and DHS will determine necessity.
  - HSS does not cover: rent, security deposit, furnishings, room and board
  - Relocation Coordination Services (RCS) and ACT team services are duplicative of HSS, so members with either service cannot receive HSS

Resources

- For more information, visit the DHS's HSS page:
  - https://mn.gov/dhs/partners-and-providers/policies-procedures/housing-and-homelessness/housing-stabilization-services/housing-stabilization-services.jsp

Questions?