

Benefit Guideline: Housing Stabilization Services

Service: Housing Stabilization Services (HSS)

Products: Medica DUAL Solution®/Minnesota Senior Health Options (MSHO), Medica Choice CareSM/Minnesota Senior Care (MSC+), Medica AccessAbility Solution®/Special Needs basic Care (SNBC), Medica AccessAbility Solution® Enhanced/SNBC (SNBC Integrated, or ISNBC)

Effective: 7/20/2020

Updated: 3/1/2021, 12/8/2021, 12/27/2022, 11/27/2023, 3/13/24

Definition of Service:

Housing Stabilization Service: Housing Stabilization is a Home and Community Based Service (HCBS), and providers of Housing Stabilization services must abide by the HCBS requirements. The goals outlined by DHS of Housing Stabilization Services are to: support an individual's transition to housing, increase long-term stability in housing and avoid future periods of homelessness or institutionalization. Members do not need to be on a waiver program to access HSS. The worker considered to be the one acting as the "lead agency" is responsible for completing an assessment and person-centered care plan/support plan needed to determine eligibility for the HSS process. There are 3 services included within HSS: Consultation, Transition and Sustaining services which have coverage limits defined by DHS.

Housing Consultation Service: Service available through Housing Stabilization that provides a person-centered plan for those recipients not receiving case management. The housing consultant monitors and updates the plan annually or more frequently if the person requests a plan change, experiences a change in circumstance or wants to change housing stabilization provider.

Code: T2024 U8

Housing Transition Service: Community supports that help people plan for, find, and move into housing.

Code: H2015 U8

Housing Sustaining Service: Community supports that help a person maintain housing.

Code: H2015 U8/TS

Housing Transition Moving Expenses: Service available through Housing Stabilization Services only during transitional services. A person is allowed up to \$3,000 per their enrollment year towards allowable items and services approved by DHS.

Housing Stabilization Service Providers: Providers enroll through DHS as a HSS provider. The same provider cannot provide both the Consultation and the Transition or Sustaining Service as this is seen as a conflict of interest, unless a waiver is granted to that provider by DHS. Providers working with Medica members will need to complete the Medica Out of Network (OON) provider set up process in order to receive an OON provider number required to submit HCBS claims to Medica. Medica will not be entering into contracting with these providers, members can use any of the DHS enrolled HSS providers. Medica has created a provider resource document for HSS providers, found on our Medica Provider webpage for providers to reference.

DHS defined criteria to be met to be considered for Housing Stabilization Services:

All members receiving HSS must have a dependency in one or more of the below areas. For MSHO/MSC+ members, the dependency must be clearly identified on both the assessment (LTCC or MnChoices) and the collaborative care plan/support plan. The collaborative care plan/support plan must include mention of the specific dependency/dependencies and the members goals related to that dependency which would include working with supports related to housing stability or something similar. DHS will need to see this dependency clearly identified when they review the information sent to them for approval.

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

By virtue of their enrollment in SNBC/ISNBC and MSHO/MSC+, all of our members meet at least one of the following criteria also used for HSS determination:

- Aged, blind, or disabled as described under Title II of the Social Security Act (SSI/SSDI)
- Meets Minnesota definition for homelessness
- At-risk for homelessness
- Currently transitioning or have recently transitioned from an institution or licensed registered setting
- Eligible for waived services
- 65 years old and older

Coverage/Limits:

Housing Consultation Service: This is a service created to assist the member in completing the necessary steps to be determined eligible. It is done to determine eligibility for HSS, and then annually OR if major change in circumstances OR upon request of recipient. MSHO/MSC+ members with a health plan will not be receiving this service, as the tasks are included within the role of the Care Coordinator (assessment/care/support planning).

Housing Transition/Sustaining Service: This is an ongoing service, with a limit of 150 hrs. per year (Sustaining Service) or per transition (Transition Service). Care Coordinators cannot approve an extension to this limit, approvals can only be done by the provider following the DHS process.

Housing Transition/Sustaining Services Remote: Remote support is real-time, two-way communication between the provider and the person. The support meets intermittent or unscheduled needs for a person to live and work in the most integrated setting. Remote support supplements in person service delivery. MCO's will not receive additional notifications for this, but the providers will for this type of request.

Moving Expenses: This is a non-reoccurring and are limited to a maximum of \$3,000 annually. The cap remains effective even across a provider change. It is only available to people receiving Housing Stabilization Transition services and are transitioning out of Medicaid funded institutions or other provider-operated living arrangements to a less restrictive living. Member must move to a less restrictive living arrangement in a private residence where the person is directly responsible for his or her own living expenses. The Housing Transition provider must go through the DHS approval process in order for members to receive Moving Expenses, and the provider is responsible to ensure the

items/services the member receives are appropriate and included on DHS list of approved moving expenses. Providers are responsible for submitting invoices with all eligible moving expenses.

Care Coordinator Process:

MSHO and MSC+

Care Coordinators working with members who may benefit from Housing Stabilization Services are to assist the member in receiving an assessment for this service through the following ways:

- Members who are on waivers such as BI, CADI, DD, will work with their waiver case manager related to Housing Support Services referrals and the referral/authorization process.
- For members receiving Mental Health-Targeted Case Management (MH-TCM) services, it is the MSHO/MSH+ care coordinator who is considered the lead agency and will complete the following process related to assessment, care planning and referrals to Housing Transition/Sustaining providers.

Assessment

- In order to determine eligibility for HSS, the care coordinators will work with their members to complete a MnChoices assessment or LTCC and the collaborative care plan/support plan.
 - If the member's last assessment was the DHS 3428H Health Risk Assessment or MnCHOICES HRA, that does not meet the criteria of an assessment for determining eligibility for HSS, so a MnChoices assessment will need to be completed.
 - The LTCC or MnChoices assessment must reflect a housing instability. For non-waivered members SD #27 and #28 must have 05 or 06, OR SD# 82 needs to be 1-Yes6.
- If the member meets the criteria for HSS (listed above) and is interested in this service, the care coordinator will work with the member to find a Housing Transition/Sustaining provider to work with. HSS providers can be found on www.MnHelp.info as well as DHS page <https://mhcpproviderdirectory.dhs.state.mn.us/Search?cat=77&sub=146&sta=MN> under Type *Home and Community Based Services (general)* and Sub Type *Housing Stabilization Services*
- The care coordinator will follow the Provider Signature process (previously done with EW providers, expanded to HCBS providers to include EW providers and Housing Stabilization Service providers).

Referrals

- For purposes of making a referral for HSS, the care coordinator will discuss what items will be shared with the HSS provider.
- The member will sign the portion of the care plan under ***Choosing Community Long Term Care***, where the member acknowledges that their care plan and assessment will be shared.
 - If the member is NOT willing to have the entire care plan shared as part of the referral process, the care coordinator is to complete the Provider Signature Care Plan Summary letter, including but not limited to, the following elements needed to make the referral:
 - Name of HSS provider care coordinator is making a referral to
 - Members contact information and emergency contact.
 - Members guardian if applicable,
 - Members specific housing goals
 - Any non-housing related goals that are pertinent to housing choice **excluding** detailed information around behavioral health and/or substance use disorder,
 - Any identified risk and risk mitigation information gathered from the member

assessment.

- The Care Coordinator will make a referral to the chosen Housing Transition/Sustaining provider and provide a copy of the LTCC or MnChoices assessment summary or Professional Statement of Need as well as the collaborative care plan/support plan to the provider or the Care Plan Summary letter.
- With the referral, the care coordinator will use the Provider Signature Care Plan Cover letter (posted on the Medica Care Coordinator website under Letters) with this referral in order to receive a signature back from the Housing Transition/Sustaining provider. Following the current provider signature requirements, the care coordinator will make 2 attempts to have this returned. Upon return, the care coordinator will file this returned signature in the member's case record and document that it was received back.

Authorizations

- The Housing Transition/Sustaining provider will submit the required information to DHS for approval of ongoing Housing Transition/Sustaining services.
- Once approved by DHS, Medica will receive notice of the approval and enter an authorization into our system. The provider will receive an authorization letter from Medica.
- Medica will alert the members assigned care coordination agency of the DHS approval information via email.
- The Care Coordinator will communicate and collaborate with the Housing Transition/Sustaining provider as needed to support the member. This includes support related to transportation requests related to Housing Transition/Sustaining work (examples: transportation to Housing Transition/Sustaining provider office, transportation for purposes of touring housing units, etc.).

Ongoing Requirements

ANNUALLY-the care coordinator will be responsible for submitting the new MnChoices assessment summary and collaborative care plan/support plan to the members Housing Transition/Sustaining provider in order for services to continue.

Conflict of Interest Note: Per DHS, a care coordinator who is working with a MSHO/MS+ member and referring them to HSS cannot refer the member to their own agency for Housing Sustaining or Housing Transition services as this is seen as a conflict of interest.

Moving Expenses: The need for moving expenses must be included in MSHO/MS+ collaborative care plan/support plan which the Housing Transition provider will include when seeking DHS approval for this service. Care Coordinators will learn that a member is seeking Moving Expense through a conversation with the Housing Transition provider. When the Transition provider indicates the member meets the criteria for moving expenses, the Care Coordinator must update the collaborative care plan/support plan to include information on how the money will be used – list the category of allowable items/services that the member will need. This updated care plan will be provided to the Housing Transition provider. It is recognized that the Care Coordinator may not know all of the individual moving expenses that will be needed but some items will need to be included in the collaborative care plan/support plan following the conversations with the Housing Transition provider.

Care Coordinators working with members who may benefit from Housing Stabilization Services are to assist the member in receiving an assessment for this service through the following ways:

- If the member has a waiver case manager, it will be the waiver case manager who will be the lead in working with the member related to Housing Support Service referrals and the authorization process.
- If a member does not have a waiver, but is receiving Mental Health-Targeted Case Management (MH-TCM) services, then it is the TCM staff who will be the lead in working with the member related to Housing Support Service referrals and the authorization process.
- If the member is not on a waiver, or receiving TCM services, the care coordinator will assist the member in locating a DHS enrolled Housing Consultation provider to work with. This provider will complete the necessary assessment and care plan.
- If the member is currently homeless, in addition to making a referral for the member to receive an assessment by a DHS enrolled Housing Consultation provider, the care coordinator could consider assisting the member in scheduling a Coordinated Entry Assessment if there is a provider available in their area. Providers can be found on MnHelp.info under provider type *Coordinated Entry for Housing Programs*.
- **Approval/Authorization:** The Housing Transition/Sustaining provider will submit the required information to DHS for approval of ongoing Housing Transition/Sustaining services including Moving Expenses when applicable. Once approved by DHS, Medica will receive notice of the approval and enter an authorization into our system. The provider will receive an authorization letter from Medica. Medica will alert the members assigned care coordination agency of the DHS approval information via email.
- **Moving Expenses:** Through collaboration and coordination with the HSS Transition provider, the Care Coordinator is to document in case notes and on the care plan/support plan the services to member may be receiving to include Moving Expenses. If the member is in need of services that go above what is allowed under HSS, the Care Coordinator may need to assist the member in making a referral for additional services to include PCA/CFSS or waiver services not covered by Medica.

Transportation:

Housing Stabilization services are a HCBS service, meaning that transportation related to this service is included in the benefit. Follow current transportation processes to assist the member in arranging transportation as needed to include Medica Provide-A-Ride as well as Special Transportation through a contracted Medica provider. Covered transportation includes transportation to the HSS provider office, as well as transportation to a community location where the HSS provider will be providing HSS services (ex. The apartment member is touring with HSS provider). If a HSS plans to provide transportation to a member receiving HSS services, and intends to bill Medica for this transportation, the HSS Provider must also be a DHS enrolled transportation provider in order to bill Medica for the transportation.

Not Covered:

The Minnesota Department of Human Services (DHS) is responsible for approving and denying members related to HSS. When a member is approved or denied for HSS, they and the provider will receive communication directly from DHS.

HSS are not available to members who are receiving the following services as they are seen as

duplicative:

- Relocation Service Coordination (RSC)
- Assertive Community Treatment (ACT)
- Moving Home Minnesota (MHM)
- Housing Access Coordination

When to Submit a Referral Request:

- Care Coordinators do not need to submit referral requests via the Medica Referral Request Form for HSS. Medica will be entering all Referral Requests for HSS based on approval and provider information received from DHS.
- Medica will be sending HSS providers an authorization letter for their files.
- Medica will inform the members Care Coordination agency when communication is received by DHS related to HSS authorizations and changes of the HSS plan.
- If a Care Coordinator receives a question from a HSS provider related to authorizations or claims payment, providers can be directed to call Medica Provider Service Center at: 1-800-458-5512.

When to Submit a Request for Benefit Exception:

- DHS is responsible for any individual exceptions related to HSS, and will communicate these to Medica.
- No benefit exceptions can be authorized by Medica related to HSS.

Discharge from HSS:

- If a member discharges from HSS the provider must case note that the person has ended services, there are no additional steps for the Care Coordinator to take.

References:

DHS Housing Stabilization webpage: <https://mn.gov/dhs/partners-and-providers/policies-procedures/housing-and-homelessness/housing-stabilization-services/housing-stabilization-services.jsp>

DHS Provider Manual:

https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS-316637

HSS Provider Search: www.MnHelp.info

Alternative HSS Provider Search: The MHCP provider search you would do to find HSS providers here is Type: *Home and Community Based Services*, and subtype *Housing Stabilization Services*.

<https://mhcpproviderdirectory.dhs.state.mn.us/Search?cat=77&sub=146&sta=MN>

Medica Provider reference document: <https://www.medica.com/-/media/documents/provider/provider-college/training-guides/housing-stabilization-provider-faq.pdf>

This Medica Benefit Guideline for Care Coordination Products is intended to guide service plan development. This reflects current interpretation of the product benefit set and/or parameters for obtaining services. Medica staff should be consulted for further guidance or to vary from these recommendations.