

Housing Stabilization Services Learning Session #2: Client Eligibility and Enrollment

HOSTED BY THE HSS TA TEAM



Housing Stabilization Services TA Team

Our goal is to support agencies and communities in implementing the new Housing Stabilization Services so that people experiencing homelessness get the help they need to achieve housing stability.

Housing Stabilization Services TA Team: Areas of support

Supporting direct service providers

- Medicaid 101 (recorded and posted)
- Medicaid Academy (applications due Dec 1)
- Learning Sessions
- One-on-one TA: email hsstateam@mesh-mn.org

Supporting community-wide systems planning

- Planning
- Facilitation

Website: mesh-mn.org/hssta

Purpose of Learning Sessions

DHS provides the WHAT

Housing Stabilization
Services TA Team helps
with HOW

Each session will include:

- Helpful tips and tools provided by the TA team
- Open Q&A on topic
- Opportunities for sharing experiences across agencies

Today: Client Eligibility and Enrollment

Goals

- Develop a system to identify agency clients who are potentially eligible
- Prepare documentation for eligibility review correctly

This session is NOT a substitute for official guidance from DHS.



Eligibility process: Let's discuss

Resources: Where to start

MN DHS Housing Stabilization Services Policy page

MN DHS Housing Stabilization Services Provider Manual

Allowable Documentation for Eligibility Requests (PDF)

Housing Stabilization Services Provider Training

Frequently Asked Questions - October 2020 (PDF) (updated monthly)

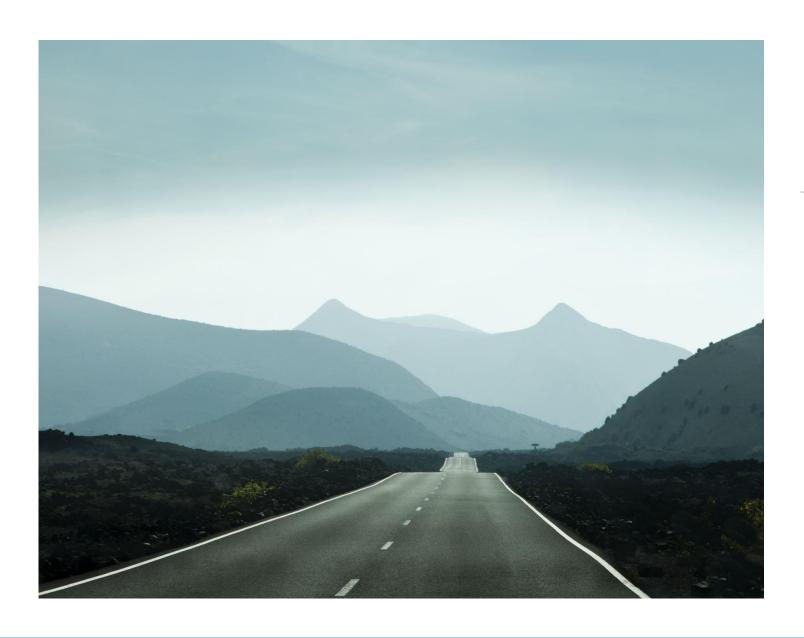
Information for Targeted Case Managers (PDF)



Housing Stabilization Services Eligibility Request (DHS-7948)

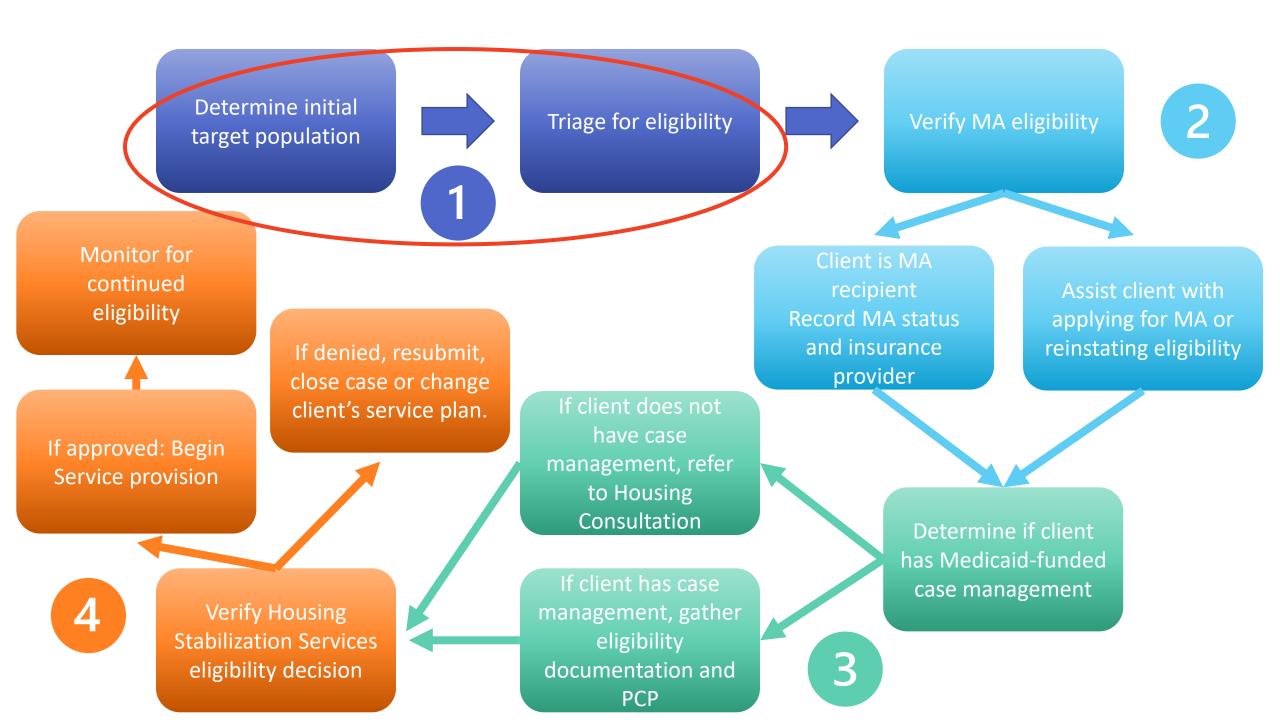
Housing-Focused Person-Centered Plan





Roadmap for this session

EXAMPLE AGENCY
FLOWCHART FOR CLIENT
ELIGIBILITY



Determine target population

You may want to focus on a subgroup of the people you serve Examples:

- Participants in a particular supportive housing program or building
- Clients with the highest level of housing-related service needs
- New clients only

Considerations for target population

What is your caseload capacity? How many staff will be trained to provide Housing Stabilization Services and how many people can they serve at a time?

What is your agency's capacity for documentation and billing?

Where are the biggest service funding gaps within your agency?

Agencies that enroll for Housing Stabilization Services may receive referrals from counties or other agencies. What is your capacity for accepting outside referrals?

Triage for eligibility

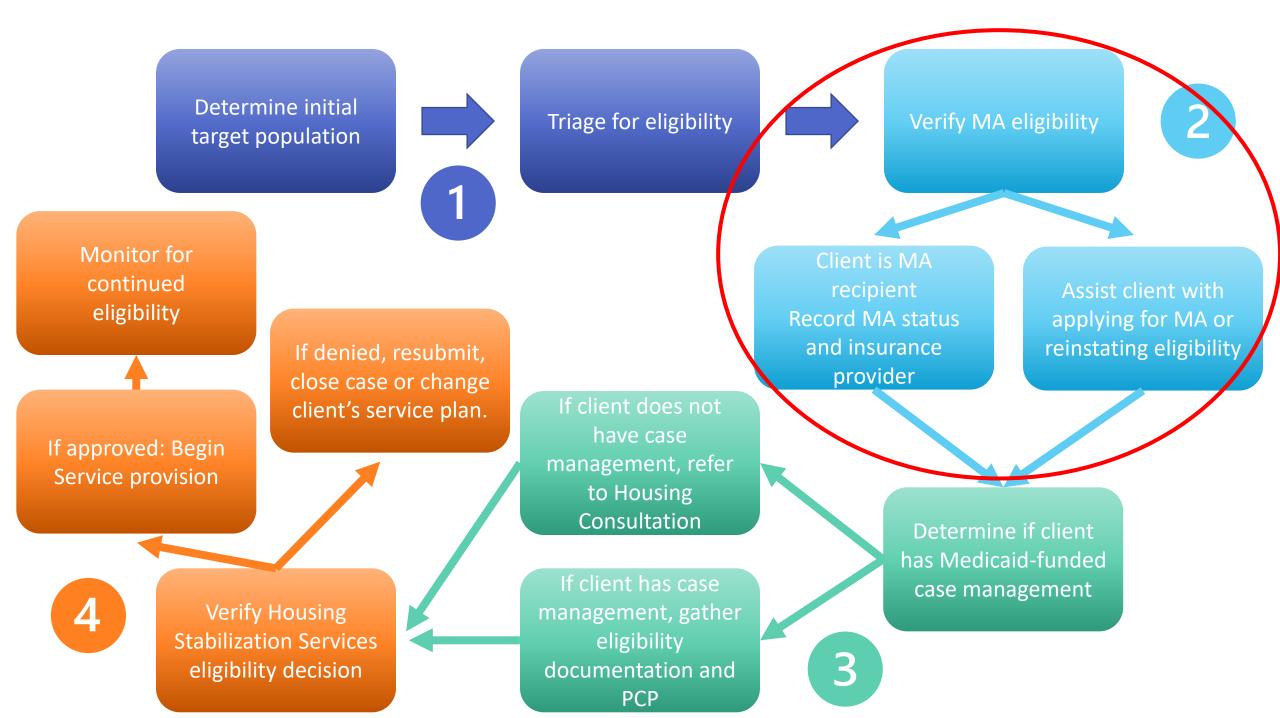
Use the <u>Housing Stabilization Services Potential Eligibility</u> <u>Tracker</u> to:

- Determine how many clients within a potential client pool are likely eligible
- Identify next steps for gathering eligibility documentation.

Establish a process for identifying potential participants and steps to move forward to establish eligibility, e.g.:

- Assign a point person to triage eligibility and notify direct service staff that one of their clients may be eligible
- Have all direct service staff review their caseloads for potential eligibility
- Have intake staff begin tracking potential eligibility

Determine how you will handle referrals. Who will respond to requests? How will you determine if you can accept a new referral?

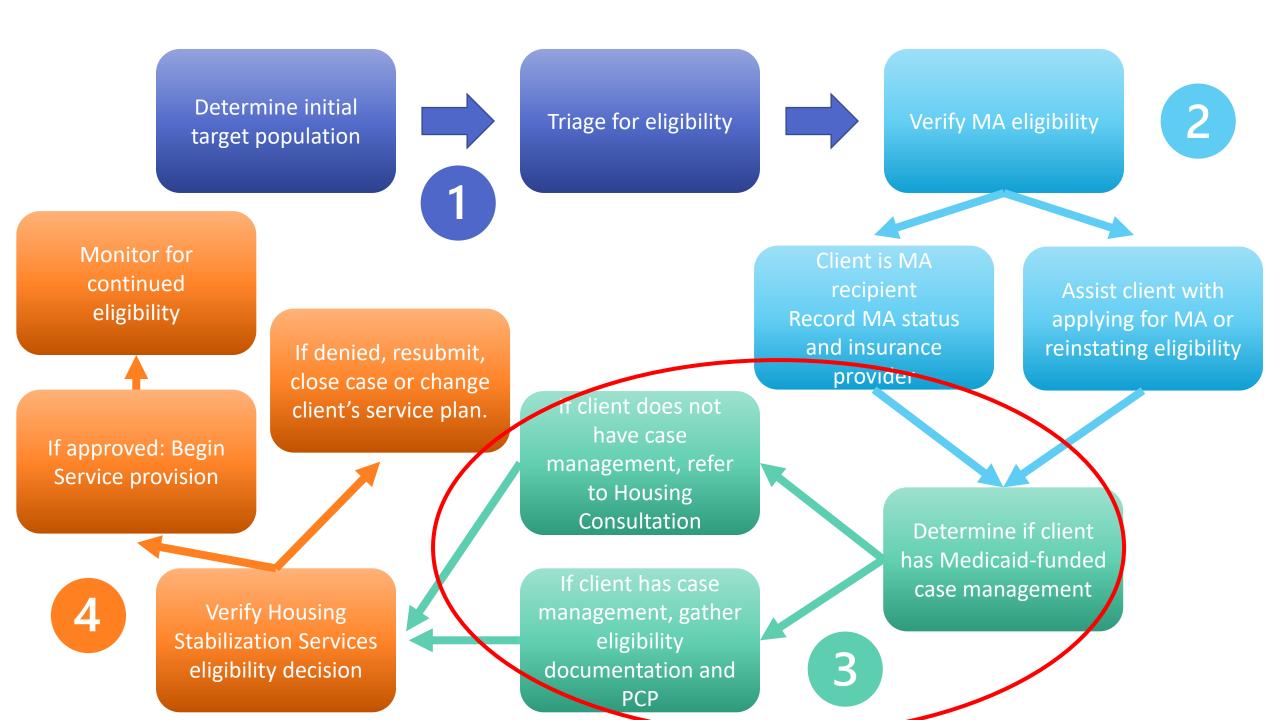


Verifying MA eligibility

Look up eligibility in MN-ITS.

If client is an MA recipient, record benefit start date and insurance provider (health plan enrollment or fee-for-service).

If client is not on MA, assist with application or reinstatement. DB101 can help.



Determine if client has Medicaid-funded case management

Look for:

- Targeted case management (Mental Health, Vulnerable Adult or Child Welfare)
- Waiver case management
- Senior care coordinator (may be with MCO)

Get TCM info from the client or contact the county (with permission from the client) if they are unsure.

Waiver services information is available in MN-ITS.

You may also try to contact the person's MCO (with permission from the client) for information about these services.

If the client has Medicaid-funded case management...

- 1. Connect with their case manager to ensure person-centered plan is completed.
- 2. Gather the eligibility documentation (proof of disability and assessment).
- 3. Get the completed person-centered plan from the case manager or care coordinator.
- 4. Housing Transition/Sustaining provider submits documentation to DHS eligibility review.

If client does NOT have Medicaidfunded case management...

- 1. Refer them to Housing Consultation. This can be with another provider or within your agency IF you have an exception to the Conflict of Interest protections.
- 2. You may want to help the Housing Consultation provider with gathering the eligibility documentation (proof of disability and assessment).
- 3. Housing Consultant submits documentation to DHS eligibility review.

Eligibility documentation: Common scenarios with OPTIONS for documentation

Waiver Services Recipient

> MA-DX or 65+

MnCHOICES (viewed in MMIS)

Completed MnCHOICES but not on a waiver

> MA-DX or 65+

Community Support Plan

Housing Support recipient

Update PSN

Update PSN

Homeless, SSI, no current cx to qualified prof

MA-DX

Coordinated Entry Assessment

No documentation

Get PSN

Get PSN

Completing the Professional Statement of Need

Section 1: Housing Situation

What is your current situation? You may choose more than one option.				
☐ I am currently homeless.	☐ I am at risk of losing my housing.			
☐ I am living in, or I have recently transitioned from, an institution (ex. hospital or nursing home) or congregate facility (ex. board and lodge, foster home, assisted living).	☐ I am eligible for waiver services (BI, CAC, CADI, DD, EW).			
☐ I was homeless before entering a correctional, medical, mental health, or substance use disorder treatment center and now I am discharging without a permanent place to live.				

Use if person is currently housed but facing eviction or person is housed but requires services to maintain stable housing

Completing the Professional Statement of Need, part 2

Section 2: Disabling Condition

The licensure indicated in your signature must match the corresponding licensure for whatever disability you select.

- If you select "mental illness" and are a licensed psychiatrist, please indicate "M.D./Psychiatrist.
- If you are a primary care physician, select physical disability instead of mental illness; mental illness can be included under physical disability due to incapacity.

A certified disability determination or formal diagnostic assessment is not required (check one).				
	Disabling condition	Allowable qualified professional		
	Developmental Disability	Mental health professional, licensed school psychologist, a physician, a nurse practitioner, a physician assistant, or certified psychometrist working under the supervision of a licensed psychologist.		
	Learning Disability	Licensed psychologist or school psychologist with experience determining learning disabilities		
	Mental health	Licensed psychiatric registered nurse, licensed psychiatric nurse practitioner, licensed independent clinical social worker (LICSW), licensed professional clinical counselor (LPCC), licensed psychologist (LP), licensed marriage and family therapist (LMFT), or licensed psychiatrist		
	Physical illness, injury, or incapacity	Licensed physician, physician's assistant, nurse practitioner, or licensed chiropractor		
	Substance Use Disorder	Treatment director, alcohol and drug counselor supervisor, or licensed alcohol and drug counselor (LADC).		
This condition is current and expected:				
☐ To last at least one year.				
☐ To last less than one year, estimated until:				

Section 3: Medical Assistance Housing Stabilization Services

This Section must be completed by a Qualified Professional. Please identify areas in which the person needs support to find or maintain stable housing.				
☐ Communicating needs	☐ Mobility			
☐ Making informed decisions	☐ Managing moods or behaviors			
NAME OF QUALIFIED PROFESSIONAL:	TITLE / LICENSURE:			
SIGNATURE:	DATE:			

Completing the Professional Statement of Need, part 3

- Must have at least one of these to qualify.
- Whatever support need is identified here must be reflected in the person-centered plan.

Which plan? Who does it?

Services received	Disability Waiver AND TCM	Elderly Waiver AND TCM	TCM only	No waiver services or TCM
Person responsible	Waiver case manager	Senior Care Coordinator	Targeted Case Manager	Housing Consultant
Plan type	Coordinated Services and Supports Plan (CSSP)	Coordinated Care Plan (CCP)	Housing focused PCP	Housing focused PCP

11/20/2020

New housing focused person-centered plan format





*IMPORTANT: If you are not able to complete this form online, click Print Blank Form to print the form and complete it by hand.

Print Blank Form

COMMUNITY SUPPORTS ADMINISTRATION – HOUSING AND SUPPORT SERVICES

Housing Focused Person-Centered Plan

eDoc #7307

Example: Housing focused Person-Centered Plan

About You (this section is related to the person for whom the plan is being developed)

What's important to you?

I have two children and my family is very important to me. I liked my job at the grocery store and would like to get back to work soon.

What do you want people to know about you?

I am a hard worker and will do anything for my children, but I struggle with my mental health.

Are there any cultural, religious and/or personal identities you want to share about yourself?

No

Housing Goals

Where are you currently living?

I rent a two-bedroom apartment in St. Cloud.

If currently housed, do you like where you are currently living?

Yes

No

What do you like about it?

It is safe and has enough room for my family.

What don't you like about it?

I have ongoing issues with the landlord and have a hard time paying my rent every month

Which county and/or tribal area would you like to live in?

Stearns County

What is important to you about your housing and community?

It's important that I have a safe place to live and that we stay in our current school district.

Are there any cultural, religious and/or identity specific needs or preferences related to your housing?

I have a large family that I like to host often so my housing needs to be big enough and allow visitors.

What concerns you about your housing now and in the future?

I recently received an eviction notice and am worried that I will need to move.

Person-centered planning: Identify a provider

Housing Stabilization Services – Transition/Sustaining

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PR	VIDER NAME				NPI
STI	REET ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
ΔR	FAS IN NEED OF HOUSING (MUST REFLECT ONE OR MORE (DE THE NEED AREAS THAT WERE IDENTIFIED	IN THE A	SSESSMENT - MORII	LITY COMMUNICATION
AREAS IN NEED OF HOUSING (MUST REFLECT ONE OR MORE OF THE NEED AREAS THAT WERE IDENTIFIED IN THE ASSESSMENT – MOBIL				EITT, COMMONICATION,	
DECISION MAKING, OR MANAGING CHALLENGING BEHAVIORS)					
SU	PPORT INSTRUCTIONS (IDENTIFY WHETHER PERSON IS STA	RTING WITH TRANSITION OR SUSTAINING S	SERVICES)		
30	SUPPORT INSTRUCTIONS (IDENTIFY WHETHER PERSON IS STARTING WITH TRANSITION OR SUSTAINING SERVICES)				

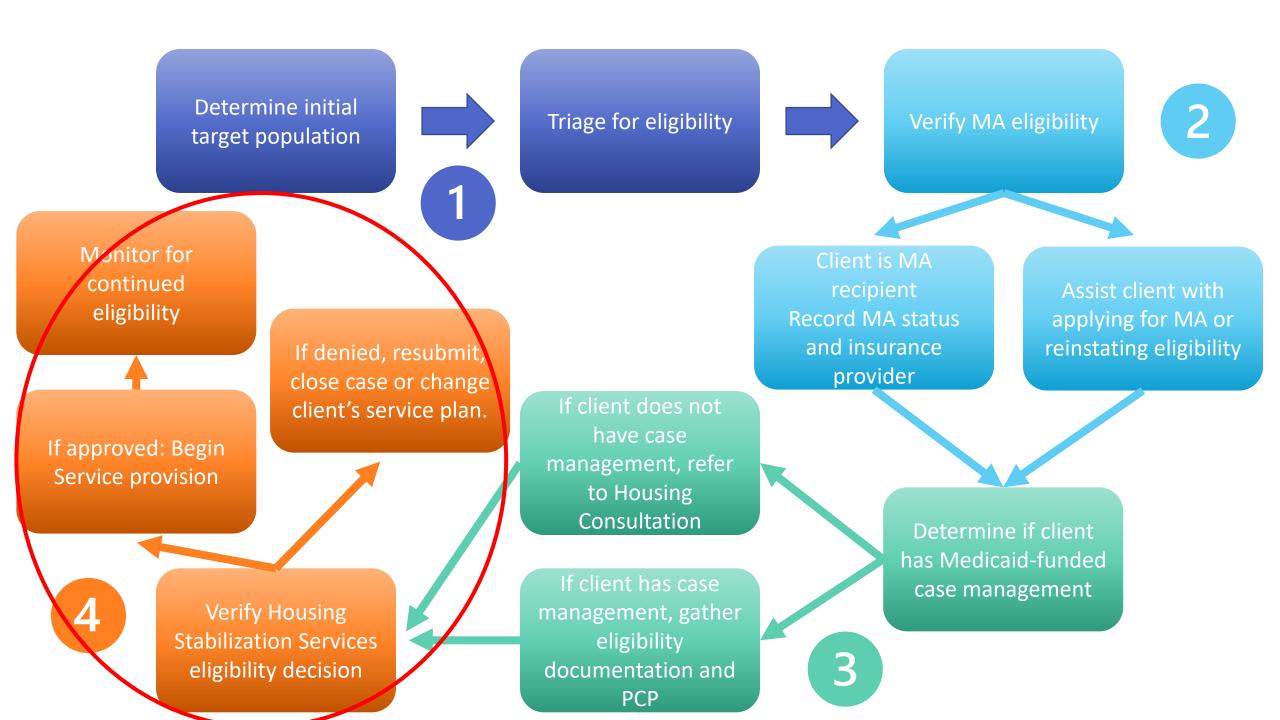
Prior to submitting, double check...

You have the correct PMI

Identifying information matches between MN-ITS, PSN and PCP

Diagnosis is checked on PCP and matches the PSN

Transition/Sustaining provider is indicated on the plan (includes CSSP and CCP)



Verify Housing Stabilization Services eligibility

Approval notifications sent through the MN-ITS mailbox

If a recipient has been denied eligibility, the Housing Consultant and Transition/Sustaining provider will receive a notification that shows the reasons they were denied and corrective action they can take when submitting the eligibility form.

If approved, you may begin services. Develop a system to monitor continued eligibility:

- Check monthly that MA stays up to date and if insurance provider has changed
- Eligibility and plans will need to be renewed after one year



Discussion

QUESTIONS? EXPERIENCES TO SHARE?

Thank you!





https://mesh-mn.org/hssta/

HSS-TATEAM@mesh-mn.org