Housing Stabilization Services (HSS) TA Team:

Two-year Report and Recommendations

February 2023

CSH

BACKGROUND

In May 2020, Corporation for Supportive Housing (CSH), Minnesota Engagement on Shelter and Housing (MESH), North Star Policy Consulting, and Ei Consultants came together and formed the Housing Stabilization Technical Assistance Team ("HSS TA Team"). Their goal was to support agencies, communities, and Tribal Nations in implementing the new HSS benefit so that people experiencing homelessness get the help they need to achieve housing stability.

Over the past two years, this team was able to provide free technical assistance and training to approximately 150 providers and five Tribal Nations across Minnesota as well as 12 microgrants to cover billing start-up costs through generous funding from the **Greater MN Housing Fund, Margaret A. Cargill Foundation Fund at the Saint Paul & Minnesota Foundation, the McKnight Foundation, and PrimeWest Health.** The TA and training helped to build the knowledge and capacity needed to access and implement HSS successfully.

As the first state in the nation to implement a housing-related services benefit statewide through its Medicaid state plan, expectations for how the service would be received and used were unclear. Would agencies enroll to become providers? Could individuals navigate the application process? Would the service reach the people who need it most? **While we still do not have all the answers, one thing is clear—the take-up on the service by individuals and providers has surpassed initial expectations. As of May 2022, 9,349 individuals were enrolled in HSS and receiving services in Minnesota. This positive response is 77% higher than we projected. In addition, as of November 2022, 553 sites enrolled.**

One goal of the HSS TA Team was to ensure that agencies primarily serving people experiencing homelessness could leverage the new services in their work toward ending homelessness. We completed an informal analysis of the enrolled providers to determine if agencies receiving homeless/housing funding[1] were enrolling as HSS providers. Of providers receiving homeless/housing funding, we found that slightly less than half (46%) had enrolled as of September 2022. However, this group represented only 14% of the state's total HSS providers. This analysis suggests that while there has been significant success in enrolling homeless/housing providers, there remains room for growth. The HSS TA team worked in some capacity with all of the homeless and housing providers who are currently enrolled as HSS providers.

[1] Funding sources included: Continuum of Care HUD grants, state Transitional Housing Program, SAMHSA PATH, state Homeless Youth Act grants, state HSASMI mental health grants, state Housing Trust Fund recipients, Family Homeless Prevention and Assistance Program (FHPAP), Long-term Homeless Supportive Service funding, Bridges Rental Assistance, state Emergency Shelter grants, and federal Emergency Solutions Program.

In this report, we will:

- Summarize learnings from providing technical assistance over the first two years of implementation of HSS,
- Highlight the successes of the new benefit, and
- Outline opportunities for improvement within the HSS program based on experience and provider feedback.

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MESH

Ei-Consultants

NORTH STAR POLICY CONSULTING

OVERALL HSS IMPLEMENTATION TAKEAWAYS AND LEARNINGS

From the First Two Years:

- **HSS is reaching people in need** – as of May 2022, 9,349 individuals are enrolled in HSS and receiving services. This is 77% more than what DHS projected.

- **553 service providers have successfully enrolled in HSS across the State.** About 14% of these providers are homeless service providers.

- **The HSS TA team resources, training and one-on-one TA has worked with all 125 homeless service providers enrolled** and has helped push non-homeless service providers to successfully enroll as well.
- **Nearly half of all homeless service providers in MN are enrolled in HSS.** Forty-three percent of HUD CoC grantees, more than half (51%) of Housing Trust Fund recipients, and more than one third (35%) of Family Homeless Prevention and Assistance Program (FHPAP) grantees have become enrolled in HSS.

- **Providers have shared with us that while our one-on-one TA has proven instrumental, both group TA and tools we have created have been equally important.** In particular, two of our TA tools – the Provider Enrollment Guide and Braiding Funding Tool – coupled with open office hours, have been especially helpful to providers.

- **The HSS TA Team provide a venue for Housing Stabilization Services providers to give feedback to policy makers on implementation,** and created a safe place to connect with DHS to have hard conversations.

HOUSING STABILIZATION SERVICES TA TEAM ACCOMPLISHMENTS

In the First Two Years of HSS Implementation

Over the past two years, the HSS TA team has:

- Held 2 Medicaid Academies with 54 providers;
- Produced 25 custom step-by-step guides on how to explore, prepare, initiate, implement and sustain becoming a Medicaid biller and providing HSS services;
- Created a free step-by-step guide for providers about working with and billing MCOs;
- Hosted 10 learning sessions on topics such as Housing Stability 101, Building Capacity, and Building Health Care Partnerships;
- Hosted twice-monthly open office hours – average attendance was 25-30 providers per office hour;
- Worked collaboratively with providers and DHS to address implementation concerns as they came up. This work resulted in a few key changes that improved the HSS program, including:
    - Decreased time for individual enrollment via advocacy to increase the number of DHS eligibility review staff significantly, and through helping providers ensure their eligibility documentation met all requirements to avoid denials;
    - Worked with DHS to refine and expand the list of qualified professionals who could sign the Professional Statement of Need (PSN) including adding tribally certified mental health professionals;
    - Discussions at HSS TA Team-led office hours revealed some confusion and concerns regarding policies related to when clients changed HSS providers. The HSS TA Team brought these concerns to DHS, and they developed clarified policies for improved guidance, now available on the DHS HSS website.
- Began building relationships and bridges with Managed Care Organizations to begin to address the difficulties that providers are encountering and problem-solve where possible.
- Fundraised $275,000 from Greater MN Housing Fund, the McKnight Foundation and Primewest Health to provide microgrants to 10 providers via two competitive RFP processes to help with HSS start-up costs
- Responded to emails from providers across the state who reached out with questions via our team's email address: **hss-tateam@mesh-mn.org**;

- Published periodic newsletters with success stories, tips, upcoming events, and funding opportunities

- Designed a website that provides links to all our resources, including recordings of all of our training sessions, and information on upcoming training sessions. The website also lists our office hours and provides instructions on how to sign up for our listserv and email our team. You can access the website, *Welcome to Housing Stabilization Services – MESH at* mesh-mn.org).

- Assisted approximately 150 providers and 5 Tribal Nations in one-one-on TA;

- Among the providers and Tribal Nations we worked with:
    - 72% received assistance via email
    - 43% attended a Medicaid Academy
    - 46% received one-on-one support via virtual meetings
    - 9% received a microgrant
    - 76% are currently enrolled with HSS providers

HOUSING STABILIZATION SERVICES TA TEAM LEARNINGS

HSS providers, the Minnesota Department of Human Services (DHS) and other stakeholders, and the HSS TA Team, have worked and collaborated during the past two years to observe the rollout of this new service and gather real-time feedback from a variety of perspectives. This section of the report provides a summary of the key learnings from this work, including what has worked well and where there are opportunities for improvement.

What Has Worked Well:

Individual and provider enrollment successes

As the first state in the nation to implement a housing-related services benefit statewide through its Medicaid state plan, expectations for how the service would be received and used were unclear. Would agencies enroll to become providers? Could individuals navigate the application process? Would the service reach the people who need it most? While we still do not have all the answers, one thing is clear—the take-up on the service by individuals and providers has surpassed initial expectations. As of May 2022, 9,349 individuals were enrolled in HSS and receiving services. This positive response is 77% higher than we projected. In addition, as of November 2022, 553 sites enrolled.

One goal of the HSS TA Team was to ensure that agencies primarily serving people experiencing homelessness could leverage the new services in their work toward ending homelessness. We completed an informal analysis of the enrolled providers to determine if agencies receiving homeless/housing funding[2] were enrolling as HSS providers. Of providers receiving homeless/housing funding, we found that slightly less than half (46%) had enrolled as of September 2022. However, this group represented only 14% of the state's total HSS providers. This analysis suggests that while there has been significant success in enrolling homeless/housing providers, there remains room for growth.

Continuous Improvement in HSS Policies and Processes

As expected with any new service, the rollout of HSS included bumps in the road and unintended consequences. The HSS TA team worked collaboratively with providers and DHS to address some of the concerns as they came up. This work resulted in a few key changes that improved the HSS program, including:

[2] Funding sources included: Continuum of Care HUD grants, state Transitional Housing Program, SAMHSA PATH, state Homeless Youth Act grants, state HSASMI mental health grants, state Housing Trust Fund recipients, Family Homeless Prevention and Assistance Program (FHPAP), Long-term Homeless Supportive Service funding, Bridges Rental Assistance, state Emergency Shelter grants, and federal Emergency Solutions Program.

- **Decreased time for individual enrollment.** Due to higher-than-expected individual enrollments, the processing time for individual applications to HSS took much longer than hoped. Persistent advocacy by DHS and providers resulted in new funding allocated to DHS to increase the number of eligibility review staff significantly. The HSS TA Team was also available to help providers ensure their eligibility documentation met all the requirements and avoided denials. The processing rate is now, on average, less than a week and often a few business days.

- **Changes to the Professional Statement of Need (PSN) form.** The PSN is needed to document eligibility for clients and designated qualified professionals must sign it. After the rollout of HSS, it became clear that the list of qualified professionals allowed to sign the form needed to be refined and expanded. The HSS TA Team worked with DHS to make the necessary changes. In particular, the TA team advocated for adding tribally certified mental health professionals as qualified professionals.

- **Clarification of policies for when clients move between HSS providers.** Discussions at HSS TA Team-led office hours revealed some confusion and concerns regarding policies related to when clients changed HSS providers. After the HSS TA Team brought these concerns to DHS, they developed clarified policies for improved guidance, now available on the DHS HSS website.

Partnerships with Managed Care Organizations (MCOs)

Working with MCOs to enroll and submit billing claims is new for housing and homeless providers. The HSS TA team met with MCOs throughout the past two years to address the difficulties that providers were encountering and problem-solve where possible. While we still have work to do in this area, we have begun to build these bridges between the healthcare and housing systems.

One good example is the collaboration with PrimeWest Health. The customized technical assistance and support that PrimeWest makes available to HSS providers have proved invaluable. PrimeWest Health also generously provided $150,000 for start-up funds for new HSS providers to build capacity.

Benefits of HSS

Most importantly, HSS has increased housing stability and well-being for the people served. Some successes include:

- The broad eligibility criteria of HSS mean more people can get the help they need when they need it. HSS is unique in that it does not require people to have a particular disability or diagnosis, be homeless for a certain period, or be living in a certain setting before getting help. Providers can meet people where they are. HSS also allows for Housing Support participants to maintain their services even if they move to a new setting or no longer qualify for Housing Support.

- More people can get services without worrying about waiting lists caused by limited grant funding. There is a reduced burden on providers who do not have to reapply for grant funding continuously. This broad eligibility criteria also means more long-term stability for agencies as grants often do not increase regularly or are not renewed, even as the need for services in a community increases.

- Flexibility in allowable activities under HSS means that people can get personalized support in maintaining housing stability. HSS encourages providers to develop individualized service plans to meet the needs of an individual.

- The additional revenue stream provided through HSS enables providers to build internal capacity and better serve their clients. One provider reported HSS allowed them to buy more supplies for clients, move to a larger office, increase salaries, and institute employee incentives.

- Stable housing obtained through the support of HSS can be an essential pathway to additional needed services and supports. After moving out of their group home, one HSS participant received an HCBS waiver; new, income-based housing; support for domestic violence issues; transitional services to furnish a new home, SNAP and other financial assistance programs; and referrals to disability services. This individual also could purchase home goods and pay for deposits for housing. The stability of permanent, safe, affordable housing also allowed this individual to work on personal goals, such as meeting new people, going back to school, and working on their GED.

MOVING FORWARD WITH HOUSING STABILIZATION SERVICES

Opportunities for Expansion and Improvement

Opportunity: Make it Easier for More Providers to Enroll and Start Services

Issue	Strategy	Solution	Next step(s)
Issue #1: Upfront costs can be prohibitive for agencies wanting to enroll	Assist with start-up costs	Provide more start-up funding microgrants or incentive-based payments based on milestone achievements	Advocate for new funding
	Reduce start-up costs	Waive enrollment fee for new, smaller HSS providers	Change in federal regulations required for a blanket waiver TA and training on hardship exemption requests
Issue #2: The provider enrollment process can be lengthy and confusing	Streamline the enrollment process	Reduce confusion in the HSS enrollment process through better training for DHS provider enrollment staff or filtering all HSS applications through one or two staff members	Change in DHS policy
		Reduce the backlog in the background check process	Change in process/increased funding for NetStudy 2.0
	Provide support for the enrollment process	Regularly update and advertise HSS TA Team Provider Enrollment guide	Technical assistance
Issue #3: The process for enrolling and starting an HSS program can be overwhelming and confusing	Support new providers in starting HSS programs	Provide intensive start-up assistance for new providers	Technical assistance

Opportunity: Reduce Barriers to Individual Enrollment

Issue	Strategy	Solution	Next step(s)
Issue #1: Gathering eligibility documentation for individuals can be costly and time-consuming	Streamline the eligibility documentation process	Create one-stop shops for eligibility intake where individuals can get assessments from qualified professionals and complete person-centered plans	Community-wide planning to identify new and existing partners Funding for start-up and potentially ongoing operating costs
	Improve the process of collecting assessments and plans from waiver case managers and Targeted Case Managers	Increase training and education	Technical assistance
		Require training for case managers	Change in state policy
		Require case managers to provide documentation within a set amount of time	Change in state policy
		Allow all HSS recipients to get planning done through Housing Consultation	Change in federal policy
		Develop a process for HSS providers to determine if an individual has a Targeted Case Manager	Change in DHS systems or policy Collaboration with counties to give information to providers
	Increase the number of qualified professionals trained and willing to complete PSNs	Reimburse qualified professionals for completion of PSN	Grant funding Change in State Plan Amendment
		Develop a directory of qualified professionals trained and willing to complete PSNs	Outreach and training to qualified professionals

Issue #2: Making quality referrals can be challenging due to limited information about enrolled providers	Develop an easily searchable database with more detailed information about enrolled providers, including the referral process and target populations	Create a new database for HSS enrollment	Creating a new system would require extensive funding
		Enhance existing systems to provide more detailed information on enrolled providers	Some funding would be required to identify the best system, plan the changes, and make technical updates.
		Ensure providers and referring organizations are using MinnesotaHelp.Info	Technical assistance and training to enrolled providers to assist with updating their profile Change in DHS policy to require enrolled providers to add certain information to their profile Training and communications to stakeholders and referral organizations on how to use the system
Issue #3: Processes for HSS referrals and the homeless Coordinated Entry System (CES) are often not aligned	Ensure all Coordinated Entry Systems in Minnesota can make seamless referrals to HSS	Work with each local Continuum of Care to develop referral processes	Technical assistance Possible changes in CES policies required New policies or requirements for HSS providers required
	Leverage HSS billing to support Coordinated Entry Systems through navigation and transition services	Work with each local Continuum of Care to identify and support HSS providers to work with people on the CES waitlists	Technical assistance Grant start-up funding for new programs/providers

Issue #4: Conflict of interest requirements can create a barrier for individuals seeking services	Waive conflict of interest requirements for more people	Request a waiver for people experiencing homelessness or housing instability	Change in federal policy
	Increase access to assessment and planning entities for HSS applicants	Build networks of providers trained and available to provide assessments and Housing Consultation	Community-level strategic planning Grant funding for start-up for agencies

Opportunity: Increase Quality Services and Positive Individual Outcomes

Issue	Strategy	Solution	Next step(s)
Issue #1: Some staff/providers need more housing and homeless-system expertise	Increase training for frontline staff	Offer free, accessible, and culturally specific training for HSS workers	Technical assistance and/or grant funding for training development
		Require additional training for provider enrollment	Change in State Plan Amendment
Issue #2: Best practices and service outcomes are not defined, resulting in a wide variety of service quality	Establish best practices and outcomes for HSS. These best practices and outcomes should include guidelines for when individuals are working with multiple providers/services or transferring between providers	Create recommended best practices and outcomes	Technical assistance
		Require the use of best practices	Change in state policy and/or State Plan Amendment
		Provide value-based payments.	Change in State Plan Amendment and/or state legislation
Issue #3: Minimal quality assurance requirements lead to uncertainty and variations in practices among providers	Clearly define auditing processes and expectations for HSS	Develop a Housing Stabilization Services-specific quality assurance guide.	Technical assistance
		Establish an auditing schedule and guidelines.	Change in state policy
	Ensure participants understand their rights and the process to appeal decisions or make complaints	Increase communication and training on existing guidelines	Technical assistance

		Provide additional opportunities for service recipients to participate in HSS policy decision-making through new or existing consumer advisory boards.	Technical assistance
Issue #4: The lack of affordable housing options limits the effectiveness of services	Improve connections with existing affordable housing resources	Incentivize new supportive housing opportunities to use HSS	Change in policies at Minnesota Housing, local CoCs, county-funded affordable housing, private funding, etc.
		Partner with local Housing Redevelopment Authorities to develop HSS capacity within the public housing and voucher systems	Technical assistance
	Advocate for new affordable housing opportunities	Work with Managed Care Organizations to pair housing funding with HSS	Technical assistance Funding from MCOs

Opportunity: Ensure Financial Sustainability for Providers

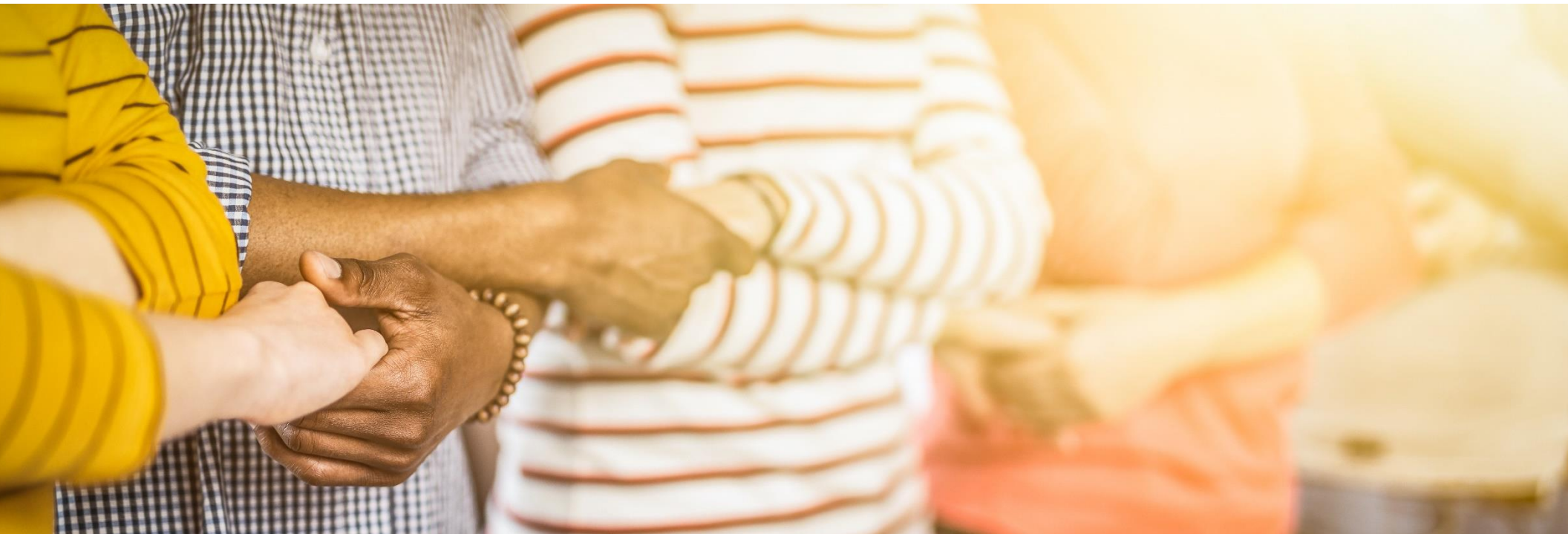
Issue	Strategy	Solution	Next step needed
Issue #1: The current HSS payment rate and structure is not financially sustainable for many providers. Tracking time in 15-min increments and the complexity of billing (indirect/direct, remote) is time-consuming and results in a lack of predictability in funding for providers	Research, develop supporting evidence, and advocate for a more sustainable reimbursement system	Increase unit rate across the board or add a tiered rate for direct care staff with higher educational/professional qualifications	Change in State Plan Amendment/state legislative request
		Switch to a per-member-per-month (PMPM) model	Change in State Plan Amendment/state legislative request
		Institute a value-based payment system tied to select outcomes	Change in State Plan Amendment/state legislative request
		Adjust the rate regularly to account for the cost of living or inflation	Change in State Plan Amendment/state legislative request
		Negotiate a higher rate or incentive payments from Managed Care Organizations (MCOs). Examples from other states include payments for outreach attempts (PMPM tiered by caseload #s) or increased funding for providers	Technical assistance/support with provider collaboration and negotiations

		Pair HSS with a specialized grant funding source designed to work with HSS and cover nonbillable costs and services flexibly	Grant funding
		Combine multiple service funding sources at a regional or statewide level to flexibly distribute to providers (see Washington state model).	Technical assistance Grant funding for start-up
		Move HSS to a tribal encounter rate	Change in State Plan Amendment
		Increase rate for rural areas to account for transportation challenges	Change in State Plan Amendment/state legislative request
Issue #2: Payment from MCOs can be inconsistent	Systematically address payment and billing issues and timeliness	Identify the biggest barriers and issues and work collaboratively to address these for all providers	Technical assistance Increased DHS guidance or requirements for MCOs
		Create opportunities for providers to communicate directly with MCOs regularly	Technical assistance/meeting facilitation
		Ensure front-line staff at MCO call centers and provider helpdesks are adequately trained in HSS	Technical assistance Increased DHS guidance or requirements for MCOs
	Move to fee-for-service for all HSS	Eliminate requirement for MCOs to cover HSS	Change in state policy/State Plan Amendment
Issue #3: Administrative and billing tasks required for HSS can be burdensome for providers	Reduce administrative requirements for providers	Conduct an assessment to determine the most burdensome tasks	The issues identified may require changes in state policy/legislation or federal policy/law
	Provide additional support for HSS providers	Establish free or low-cost ongoing assistance with billing and administrative tasks	Grant funding

Issue #4: Housing Support providers opt out of HSS due to administrative burdens and lack of financial incentives	Increase HSS rate or adjust the Housing Support rate	See potential solutions above	See next steps above
	Rethink the Housing Support scattered site model and its administration to allow for more equitable access to services	Identify improvements to the Housing Support policy to expand access and better incentivize leveraging HSS	Technical assistance Change in state policy/legislation

Overall Recommendation: HSS Advisory Council

Establish a formal HSS Advisory Council composed of representatives from providers, service recipients, and other stakeholders to regularly meet with DHS and provide feedback and guidance on issues and opportunities related to HSS.



ABOUT CSH

CSH works to advance solutions that use housing as a platform for services to improve the lives of the most vulnerable people, maximize public resources and build healthy communities. CSH collaborates to advance solutions that use housing as a platform for services to improve the lives of the most vulnerable people, maximize public resources and build healthy communities. Learn more at: **csh.org**