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**Modified and
updated February
2024**

Housing Stabilization Services Learning Session: Housing Consultation

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.

Purpose of Learning Sessions

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: Housing Consultation

Goals

- Learn best practices for completing the Housing Focused Person-Centered Plan
- Hear from a Housing Consultation provider success story

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

Guest Speaker

Brian Bozeman

Person Centered Housing Consultants

Person Centered Housing Consultants was founded by Brian K. Bozeman, who has been serving unhoused or displaced individuals for nearly 20 years. Brian has extensive experience in emergency shelter services, housing navigation and support services, rapid rehousing, outreach, coordinated entry assessments, and staff management and leadership, and has worked with partners including Ramsey County, the City of St. Paul, Simpson Housing Services, Hennepin County Shelter Efficiency, and Coordinated Entry in St. Paul.



Agenda

- I. Introductions and general overview
- II. Role of Housing Consultant
- III. HCBS person-centered planning requirements
- IV. Reviewing the Housing Focused Person-Centered Plan (HFPCP): Best practices and examples
- V. Resources
- VI. Wrap up and questions

Housing Consultation Services



Help with getting eligibility documentation

Developing Housing Focused Person-centered Plan

Identify housing strengths, needs and wants

Help person make an informed choice of service provider

Offer resources and referrals

Coordinate with other providers

Help person understand rights to privacy and appeal

Housing
Consultation:
NOT
covered

No-show appointments

Documentation and verification gathering after the
Housing Focused Person-Centered Plan's completion

Assessments

Remote support

Must be real-time, two-way communication between the provider and the person

Telephone or secure video conferencing for Housing Consultation

Must be chosen by the person

Providers must document that the plan was completed remotely and why it was a remote planning session.

The case notes must identify:

- Staff member who completed the plan
- Method of contact
- Place of service delivery (i.e. office or community)

HCBS Person-centered Planning requirements

Choice

Service delivery and provider

Setting/living arrangements

Driven by person

Personally-defined outcomes

Plain language and reflect cultural considerations

Wellbeing

Contributes to assurance of health and welfare

Mitigate risk factors

Integration

Seek employment in competitive setting

Opportunity to engage in community and control personal resources

Best practices: Overall approach

Plan should demonstrate an assessed need for services in relation to their disability or disabling condition

What would be helpful for the new housing transition or sustaining provider to know about the client?

Have prompting questions to help give people ideas

Ensure responses are personalized and reflect the individual needs of the client

Best practices: The details

Handwritten plans should be legible for eligibility staff to review

Fill in every space, even if answer is “None”

Double check for missing information and that all identification numbers, names and dates are correct

Prior to meeting with client

Lookup information in MN-ITs

Obtain and review disability/assessment documentation

Check to see if person has a Medical Assistance-funded case management

Example



Professional Statement of Need

APPLICANT'S NAME	APPLICANT'S LEGAL NAME (IF DIFFERENT)
<input type="text"/>	<input type="text"/>
DATE OF BIRTH	(For Office Use Only) MAXIS CASE NUMBER
<input type="text"/>	<input type="text"/>

Qualified Professionals (as defined in Section 2) use this form to confirm that a person meets certain criteria for **one or more** of the following:

- Medical Assistance Housing Stabilization Services
- Minnesota Housing Support Program
- Moving Home Minnesota (MHM)
- General Assistance (GA) personal needs allowance (for people receiving Housing Support.)

This form does not represent an offer of payment on the part of the state, county, or tribe.

Section 1: Housing Situation

- For MA Housing Stabilization Services: This section is required.
- For Moving Home Minnesota services: This section is required.
- For Minnesota Housing Support: This section is not required.

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.

Section 2: Disabling Condition

- For MA Housing Stabilization Services: Must be completed and signed by a Qualified Professional.
- For Moving Home Minnesota services: Must be completed and signed by a Qualified Professional.
- For Minnesota Housing Support: Must be completed and signed by a Qualified Professional or a County/Tribal Designee.
- NOTE: A certified disability determination or formal diagnostic assessment is not required.

Disabling condition	Allowable qualified professional
<input type="checkbox"/> Developmental Disability	Licensed physician, physician assistant, advanced practice registered nurse (clinical nurse specialist, nurse anesthetist, nurse-midwife, or nurse practitioner), licensed independent clinical social worker, licensed psychologist, certified school psychologist, or certified psychometrist working under the supervision of a licensed psychologist
<input type="checkbox"/> Learning Disability	Licensed physician, physician assistant, advanced practice registered nurse (clinical nurse specialist, nurse anesthetist, nurse-midwife, or nurse practitioner), licensed independent clinical social worker, licensed psychologist, certified school psychologist, or certified psychometrist working under the supervision of a licensed psychologist
<input type="checkbox"/> Mental health	Licensed physician, physician assistant, advanced practice registered nurse (clinical nurse specialist, nurse anesthetist, nurse-midwife, or nurse practitioner), tribally certified mental health professional, or mental health professional (a registered nurse certified as a clinical specialist in psychiatric nursing or as a nurse practitioner in psychiatric and mental health nursing, licensed independent clinical social worker, licensed professional clinical counselor, licensed psychologist, licensed marriage and family therapist, or licensed psychiatrist)
<input type="checkbox"/> Illness, injury, or incapacity	Licensed physician, physician assistant, advanced practice registered nurse (clinical nurse specialist, nurse anesthetist, nurse-midwife, or nurse practitioner), physical therapist, occupational therapist, or licensed chiropractor, according to their scope of practice
<input checked="" type="radio"/> Substance Use Disorder	Licensed physician, physician assistant, tribally certified mental health professional, mental health professional (a registered nurse certified as a clinical specialist in psychiatric nursing or as a nurse practitioner in psychiatric and mental health nursing, licensed independent clinical social worker, licensed professional clinical counselor, licensed psychologist, licensed marriage and family therapist, or licensed psychiatrist), a substance use disorder treatment director, an alcohol and drug counselor supervisor, a licensed alcohol and drug counselor, or certified alcohol and drug counselor through the evaluation process established by the International Certification and Reciprocity Consortium Alcohol and Other Drug Abuse, Inc., or the Upper Midwest Indian Council on Addictive Disorder (UMICAD)
This condition is current and expected (check one):	
<input checked="" type="radio"/> To last at least one year.	
<input type="checkbox"/> To last less than one year, estimated until: _____	
NAME OF QUALIFIED PROFESSIONAL	TYPE OF QUALIFIED PROFESSIONAL (FROM ABOVE)
Mickey Mouse LADC	LADC LADC-4321
QUALIFIED PROFESSIONAL'S EMAIL ADDRESS AND/OR PHONE NUMBER	QUALIFIED PROFESSIONAL'S AGENCY OR ORGANIZATION
mickey.mouse@disney.com	Disney World
ARE YOU A COUNTY/TRIBAL DESIGNEE?	WHICH COUNTY OR TRIBE?
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text" value=""/>

Section 3: Medical Assistance Housing Stabilization Services

- For MA Housing Stabilization Services: Must be completed and signed by a Qualified Professional.
- For Moving Home Minnesota services: This section is not required.
- For Minnesota Housing Support: This section is not required.

Please identify areas in which the person needs support to find or maintain stable housing. The selection of one or more assessed need areas is required for eligibility.

- Communicating needs
- Mobility
- Making informed decisions
- Managing moods or behaviors

NAME OF QUALIFIED PROFESSIONAL	TYPE OF QUALIFIED PROFESSIONAL (FROM SECTION 2)
Mickey Mouse LADC	LADC LADC-4321
QUALIFIED PROFESSIONAL'S EMAIL ADDRESS AND/OR PHONE NUMBER	QUALIFIED PROFESSIONAL'S AGENCY OR ORGANIZATION
mickey.mouse@disney.com	Disney World

Housing Focused Person-Centered Plan

eDoc #7307

Person Information

Use info from MN-ITs lookup to fill in prior to meeting with client, then verify with client.

FIRST NAME Shrek		MI M	LAST NAME Smith	
LEGAL NAME (IF DIFFERENT FROM CHOSEN NAME)				PLAN DATE 2/16/2024
PREFERRED PRONOUNS he, him, his	PMI 88888888	DATE OF BIRTH 1/14/1980	PHONE NUMBER 234-567-8910	
MAILING ADDRESS 1234 5th St. S				
CITY Minneapolis			STATE MN	ZIP CODE 55555
MANAGED CARE PLAN (IF KNOWN) Health Partners				
DIAGNOSIS <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Learning Disability <input type="checkbox"/> Mental Illness <input type="checkbox"/> Physical Illness, Injury or Impairment <input checked="" type="checkbox"/> Chemical Dependency				
ASSESSMENT <input checked="" type="checkbox"/> Professional Statement of Need <input type="checkbox"/> MNCHOICES <input type="checkbox"/> Coordinated Entry				

Should be 8 digits

Review assessment with client

Emergency Contacts (if known)

Name	Relationship	Phone number
None	None	000-000-0000

List Person's Guardian, Conservator, Rep-Payee, and/or Power of Attorney

Name	Type of authority	Phone number
None	None	000-000-0000

Can be done in
bullet/list or
narrative format

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

What's important to you?

Shrek reports that his mental health is important to him. It is the only thing he is focusing on right now.

Tip: Give your own examples as an interviewer.

What do you want people to know about you?

Shrek gets along with everybody, he works hard, he has a sense of humor. He tends to go above and beyond.

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


No.

Housing Goals

Where are you currently living?

Shrek is living in a sober group home in Minneapolis.

Checking yes even if in shelter or temporary housing will give you the opportunity to gather more info for the provider



If currently housed, do you like where you are currently living? Yes No

What do you like about it?

Shrek likes that living in his current place keeps him sober and he has people to socialize with.

What don't you like about it?

Shrek is ready for privacy and having his own housing. He dislikes the amount of rent he has to pay.

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

Shrek would like to stay in Hennepin or Ramsey county.

Relate back to previous questions about what client liked/did not like

What is important to you about your housing and community?

Shrek would prefer to live nearby public transportation. He would prefer a one bedroom apartment, somewhere in a good neighborhood. He would prefer to stay out North Minneapolis and East St Paul. Shrek would prefer the building to have an elevator due to COPD and back issues.

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

No.

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

He reports having no concerns at the moment. He feels sober and safe. He is concerned about not being able to afford it.

Housing Stabilization Services – Transition/Sustaining

PROVIDER NAME		NPI	
Jane Housing Agency		A123456789	
PROVIDER EMAIL ADDRESS		PHONE NUMBER	
jane@janehousing.com		987-654-3210	
STREET ADDRESS	CITY	STATE	ZIP CODE
10 South St	Minneapolis	MN	55555
CHECK ONE OR MORE ASSESSED NEEDS (MUST REFLECT THE NEED AREAS THAT WERE IDENTIFIED IN THE ASSESSMENT)			
<input type="checkbox"/> Mobility <input checked="" type="checkbox"/> Communication <input checked="" type="checkbox"/> Decision making <input type="checkbox"/> Managing challenging behaviors			

10 digits



Should correspond with section
3 of PSN



AREAS IN NEED OF HOUSING

How will the areas of assessed need be reflected in the person's housing? Please write at least 3-4 sentences explaining how the person's needs (mobility, communication, decision making, or managing challenging behaviors) affect their ability to find or keep housing.

Shrek has an eviction on his record due to some poor decisions made while he was using. The eviction record makes it more difficult for him to find a landlord who is willing to accept him as a tenant.

His past substance use has impacted his memory, cognition, and ability to communicate effectively. This makes managing the housing search process and talking to potential landlords very difficult.

SUPPORT INSTRUCTIONS

What will the provider do to address the recipient's assessed need(s) related to housing? Please write at least 3-4 sentences explaining how the provider will support the person with their assessed needs and help them find/keep their housing; as well as identify if they are starting with transition or sustaining services.

A transition provider will be able to help Shrek productively address his eviction record with a potential landlord. Landlords will be more likely to be willing to accept the risk of an eviction record if there are services in place.

A transition provider will be able to help Shrek organize the housing search process and keep track of deadlines. They will be able to coach Shrek and practice talking to a landlord.

Non-Housing Related Priorities/Goals

Support topic (ex: Employment)	Areas of need	Referral source
Employment	Shrek is looking for work, he would like part-time work.	individual

Risks and Risk Mitigation

Identified risk in housing choice	Choice regarding services	Negative outcome that may result	Steps to limit negative outcome
Substance Use	Shrek is sober and is choosing to live in sober housing right now. He is working on finding a new therapist. He takes medications.	Shrek reports whenever he was drinking he would spend his money on that and not pay his rent.	Shrek will continue to take his medications, working with his therapist, and choosing sobriety.

Should correspond with section 2 of PSN, but can add others as well

Housing Focused Person-Centered Plan Signature Sheet

FIRST NAME Shrek	LAST NAME Smith	PMI 88888888	DATE 9/30/2021
TARGETED CASE MANAGER OR HOUSING CONSULTANT Brian Bozeman		PHONE NUMBER 612-326-3862	EXT

This document confirms that I:

- Received required information
- Participated in the development of my plan
- Was given choices about the services I will receive from programs through the Minnesota Department of Human Services.

Materials Shared

I received information about:

Data privacy practices, which explain my right to confidentiality (DHS-4839E-ENG [PDF] or agency's form)	<input checked="" type="radio"/> Yes <input type="radio"/> No
Minnesota Health Care Programs Description, DHS-3182-ENG [PDF]	<input checked="" type="radio"/> Yes <input type="radio"/> No
My right to appeal (DHS-1941-ENG [PDF] or agency's form)	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other information, such as _____	<input type="radio"/> Yes <input type="radio"/> No

Creating My Housing Focused Person-Centered Plan

I was able to invite who I wanted to come to my planning meeting.	<input checked="" type="radio"/> Yes <input type="radio"/> No
I participated in developing my plan for receiving services.	<input checked="" type="radio"/> Yes <input type="radio"/> No
I was offered a choice of services, supports and providers.	<input checked="" type="radio"/> Yes <input type="radio"/> No
I agree with the services, supports and providers indicated in my plan.	<input checked="" type="radio"/> Yes <input type="radio"/> No
I understand if I do not agree with any part of my written support plan, I can call my case manager, Housing Consultant or care coordinator to discuss and make corrections as needed. I also understand I have the right to appeal any decision I disagree with.	<input checked="" type="radio"/> Yes <input type="radio"/> No
I understand my targeted case manager or Housing Consultant will send this signature page to me with my written plan.	<input checked="" type="radio"/> Yes <input type="radio"/> No
My housing focused person centered plan will be shared with the following people/providers for planning and coordination: Jane Housing Agency	<input checked="" type="radio"/> Yes <input type="radio"/> No

COMMENTS

Explain each of these documents to the client and offer to provide a copy. Then make sure you mark yes for each section.

May want to include any notes about circumstances of meeting, such as if plan was done remotely.

What do I do with the plan once it's complete?

Connect

Work with the person to connect with their chosen Housing Transition or Sustaining provider

Submit form

Submit copy of person-centered plan and any documentation to the provider

Obtain signature

Ensure provider returns a signed copy of the plan

How long is the plan good for?

Renew annually

Update the plan when:

- A person requests an update
- A person requires a new plan due to unexpected housing changes
- A person wants to change their Housing Stabilization-transition/sustaining provider

Home at last



Resources

HB101

- [Overview webinar from 9/27/21](#)
- [HB101 and Vault Tools Help with Housing Planning, Advocacy, and Case Management](#)

[DHS Policy Manual](#)

[TCM training on TrainLink](#)

[DHS person-centered practices](#)

[CMS person-centered slides](#)

[Person-centered planning guidance from HHS](#)

[Evolution of person-centered practices webinar](#)

Thank you!



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



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