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Housing Stabilization Services: Overview for Victim Service Providers

(Drafted August 3, 2020)

General Overview:

Housing Stabilization Services (HSS) is a new benefit under Minnesota's Medicaid program, which is referred to in Minnesota as Medical Assistance (MA). HSS is designed to help people with disabilities and seniors who are homeless or at risk of becoming homeless find and remain in safe, quality, and affordable housing. Medicaid is a federal program, administered through the State of Minnesota. The program does not provide direct financial assistance to participants, such as rental assistance. Although HSS can be potentially be combined with other benefits programs that do provide rental subsidies such as Housing Support. What the HSS program does provide to participants, however, are the following supportive services: 1) assistance with completion of a housing plan, 2) assistance with housing transition services, and assistance with housing sustaining services. The program began in July 2020. Below is a summary of the program, and some guidance tailored to victim service providers (VSPs) regarding the program.

The information in this document was obtained from DHS published materials and discussions with representatives from the HSS staff. But please note that HSS is a very new program and the guidance currently available about the program, particularly relating to aspects specific to VSPs, is very new and potentially evolving. See the final section of this document for links to additional resources and HSS contacts.

Who is Eligible for HSS?

In order to receive assistance under HSS a community member must meet the following criteria:

1. Be 18 years of age or older;
2. Be a Medical Assistance (MA) recipient¹;
3. Have a documented disability or disabling condition as defined by DHS Housing Support guidelines²;

¹ Being eligible and receiving Emergency Medical Assistance (EMA) will likely also allow someone to meet this requirement, which is of note since some groups of immigrants can qualify for EMA but not MA.

² Disability includes, although is not limited to anyone is aged, blind or disabled under Title II of the Social Security Act, and people determined by a medical professional to have long term injury or illness, mental illness, developmental disability, learning disability, or substance abuse disorder. Proof of disability can be showed with a Professional Statement of Need, Medical Opinion Form (attestation from a medical professional), proof of SSI/SSDI, as well as other forms of documentation.



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4. Be eligible for waiver services or is homeless or at risk of homelessness³; *and*
5. Have an assessed need for services and require assistance due to their disability in one of the following areas: communication, mobility, decision-making, or managing challenging behaviors. This category can be shown through a Professional Statement of Need, CES Assessment if person is experiencing homelessness, and certain other documentation for people with need for Long Term Services and Supports.

Participants are re-certified annually to confirm they still meet the eligibility requirements listed above to remain in the program.

How Can Survivors Access & Benefit from HSS?

The first step to getting services through HSS is to get a basic assessment that confirms whether or not someone meets the basic eligibility requirements listed above. The assessment can be done at several different types of entry points, including with a coordinated entry assessor. Once the basic assessment is completed, if the potential participant appears to meet basic eligibility requirements then they need to create a person-centered housing plan. If the participant has a pre-existing MA case manager, that case manager will complete the plan with the individual. If not, then the individual will be referred to an HSS consultation provider. Once the plan is completed, the individual will be referred to another HSS provider of their choosing for transitional and sustaining services. That provider will send the individual's assessment paperwork and housing plan to DHS for final approval. Assuming approval is granted, the individual can then work with their provider to receive transition services that will assist them to obtain housing. Once housing is secured, then the provider can shift to providing the individual with sustaining services to help them remain in housing. For more detailed information about the consultation, transition, and sustaining services portions of HSS see below:

Consultation Services: Under this portion of the program participants receive help making a person-centered plan regarding their housing needs. Generally, this service is made up of one session per year with a consultation provider who can work with the participant to create a housing plan that is driven by their needs and wants. The consultation provider can be a resource to help facilitate coordination with other service providers that the participant is working with, and/or link the participant with other supplemental services.

Transition Services: Under this portion of the program, participants get help with planning for, finding, and moving into housing. This can include, but is not limited to, further flushing out the person-centered housing plan to add more detail and planning steps; helping a participant to identify and resolve barriers to housing; providing navigation services around applying for

³ The definition of "at-risk of homelessness" is quite broad. It is defined as when an "individual or family is faced with a situation or set of circumstances likely to cause the household to become homeless." The HSS guidance lists several examples where this situation would apply, including BUT NOT limited to, when someone is doubled up, facing an eviction, exiting transitional housing, etc. In the HSS guidance there is no explicit reference to individuals who are "attempting to flee domestic abuse," which would include someone living in an home where abuse is occurring who wants to leave, but has no resources and/or ability to leave the home. VFMN's view is that the situation of someone attempting to flee domestic violence would fall under the umbrella of the "at-risk of homelessness" definition. Nevertheless, VFMN has requested and is awaiting confirmation of that interpretation from DHS.



financial benefits needed to afford housing, locating housing, completing tenant screening processes, conducting lease negotiation; and ensuring that a new living situation is safe, etc.

Sustaining Services: Under this portion of the program, participants receive assistance to maintain their housing. This can include, but is not limited to, assistance with housing recertification processes; providing education and support for participant with lease compliance, household management, maintaining income/benefits; prevention planning and early identification of issues that could jeopardize housing stability, etc.

What Does Being a HSS Provider Entail?

Organizations that become HSS providers can either enroll to provide consultation services or transitional/sustaining services. Due to conflict of interest rules, an organization cannot provide both consultation services and transitional/sustaining services⁴. Once enrolled as a provider, staff from the organization would assist participants with the types of services outlined above. The provider would be compensated for those services as listed below.

Consultation Service Provider: Generally, consultation services are provided in one session and each session is billed at a rate of \$174.22.

Transition & Sustaining Services Provider: Transition and sustaining services are billed at a rate of \$17.17 per 15-minute unit. Transition services are capped at 150 hours annually. Likewise, sustaining services are capped at 150 hours annually. However, additional time for transition and sustaining services are available for certain participants who face two or more additional barriers to housing that are listed in the HSS guidance (domestic abuse is identified as one such barrier). Also, if a participant receives transitional services, successfully obtains housing and then starts receiving sustaining services, but then loses the housing, the participant can begin again with transitional services (and the 150-hour cap is started again).

How Does an Organization Become a HSS Provider?

In order to become a HSS provider, there are certain steps that an organization must take. Any organization acting as a HSS provider must be enrolled as a Medical Assistance provider. For a full summary of the paperwork and steps involved in obtaining this enrollment see the [Minnesota Health Care Program Provider Manual](#). Generally, the process requires that certain leadership staff within the organization as well as staff members who will be active providing HSS services complete background checks, mandatory reporter training, and a specific HSS training. Additionally, the organization must submit a series of paperwork, and pay a fee. There is a helpdesk that organizations can contact with questions about the paperwork and/or application process. Organizations applying to be consultation service providers must show that they have a knowledge of local housing resources. Organizations applying to be a

⁴ In rare cases a provider may be able to apply to provide both consultation as well as transition/sustaining services. A provider can be authorized to perform both services when they are: 1) in a geographic provider shortage area, or 2) providing services to individuals who share a common language or cultural background.



transition/sustaining service provider must show they have knowledge of local housing resources. Again, for a full list of enrollment requirements please refer to the provider manual link above.

Generally, a HSS provider must agree to assist any and all individuals the organization is referred by the HSS program (up to the organizations capacity), assuming that the referred participants fit within the provider's service "criteria." For most providers their "criteria" parameter is defined by a specific geographic service area. However, it is our understanding that if a VSP enrolled as a provider in the HSS program, the VSP (if they desired) could structure their service "criteria" in a way that made clear they could only serve victims/survivors of domestic violence within a certain geographic area. Having said that, the VSP must be consistent with that criteria and not make exceptions where they provide services to someone who is not identified as a victim/survivor.

What Might It Look Like for a VSP to Be a Housing Specialist Provider?

Depending on the structure of the specific VSP, and the type of HSS provider the VSP applied to be (i.e. consultation or transition/sustaining provider), the workflow under the HSS program could look very different. But for one example of what it could like for a VSP to participate as a provider in the HSS see the model below:

- Step 1, Enrollment: The VSP enrolls as a Medical Assistance provider by completing the required paperwork, trainings, and fee payment.
- Step 2, Identifying Participants: For this model lets assume that the VSP is a transition/sustaining services provider. In that case, the participants that the VSP assists under the HSS program could come to them through two different channels as outlined in the following examples.
 - Example 1: If the VSP is already working with a survivor who they have identified as eligible for the program and in need of the services, the VSP would refer the survivor to get an assessment for the HSS program (for instance by sending the survivor to coordinated entry for an assessment). The survivor would then go through a session with a HSS consultation services provider to create a person-centered housing plan. Assuming that the survivor was deemed eligible for HSS services, the survivor would then be able to choose what HSS provider they want to work with for transition/sustaining services. The survivor could choose the VSP who originally referred them to the HSS program for assessment. At that point the VSP would receive notification that the survivor wanted to work with them, and could begin assisting the survivor with transition and then sustaining services under the HSS program. The VSP would track the time spent on services for billing purposes, and be compensated based on the HSS billing rates.



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- **Example 2:** The VSP might receive a referral to assist an individual who the VSP has never interacted with. In this scenario, an individual would have gone through the HSS assessment, completed their HSS consultation, and at some point during that process identified themselves as a survivor who would like to work with the VSP for their HSS transition and sustaining services. The survivor would be referred to the VSP, and if the VSP accepted the survivor as a program participant, then the VSP staff would begin providing the survivor with transition and then sustaining services. The VSP would track the time spent on services for billing purposes, and be compensated based on the HSS billing rates.

It is our understanding that HSS does not currently have a process in place to distinguish whether or not a potential program participant identifies as a victim/survivor. It also appears that there is not a system in place for assessors or consultation providers to identify which HSS providers would be an appropriate referral for survivors. However, if one or more VSPs were to become HSS providers then steps could be taken to train assessors/consultation service providers to identify applicants who identify as survivors and would like to work with a VSP for their transition/sustaining services. This training would entail guidance on how to have these types of conversations in a trauma-informed, safe, and confidential manner. Steps could also be create a system where individuals who are completing assessments and/or consultation services under HSS could properly identify the appropriate VSP providers to present as a possible referral to a survivor for the survivor, and complete that referral in a safe and confidential manner. Likewise, the participating VSPs would create systems to run conflict checks as part of the referral process, and verify that the referral appropriately falls under their service criteria. If VSPs are interested in enrolling to be HSS providers VFMN staff can assist with planning and coordination for these system logistics.

- **Step 2, Reporting:** The VSP would have to provide reporting and billing information in order to participate and be compensated through the HSS program. VFMN notified a representative from the HSS program of the confidentiality issues that govern VSPs relating to sharing PII or entering PII into databases for reporting purposes. HSS staff are looking into the matter and if any VSPs are interested in enrolling as HSS providers further discussion can be held to sort out reporting processes. HSS providers will also likely have to complete, or assist with, a participants yearly re-certification process.

For Further Information:

See DHS General Information: <https://mn.gov/dhs/partners-and-providers/policies-procedures/housing-and-homelessness/housing-stabilization-services/housing-stabilization-services.jsp>

See DHS Fact Sheet: https://mn.gov/dhs/assets/housing-stabilization-services-fact-sheet_tcm1053-399399.pdf

See DHS FAQ: https://mn.gov/dhs/assets/housing-stabilization-faq_tcm1053-433334.pdf



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If you have further questions regarding the program benefits you can reach out to Heidi Hamilton at heidi.hamilton@state.mn.us.

If your organization is interested in learning more about potentially becoming a *provider* under this program please let me know at aapplebaum@vfmn.org. I can provide more information and assistance where needed.