

# Chapter 34

## Housing Stabilization Services

**NOTE:** Please review the following detail for specific processes and expectations with South Country Health Alliance (South Country). South Country may vary from the MHCP Manual and Minnesota Department of Human Services Guidelines. For additional detail on this chapter, please go to the Minnesota Health Care Programs Provider Manual at [MHCP Provider Manual](#).

**Billing Information** – Please review the [South Country Provider Manual Chapter 4 Provider Billing](#) for general billing processes and procedures.

Housing stabilization services (HSS) is a Medical Assistance benefit to help people with disabilities and seniors find and keep housing. Housing stabilization services are a state plan (not waiver) home and community-based services (HCBS).

### Eligible Providers

To be eligible to render HSS services, Providers must be Minnesota Health Care Programs (MHCP) enrolled, registered with MN-ITS and be able to submit an electronic claim to South Country Health Alliance (South Country). Providers are required to verify member eligibility prior to rendering service. Providers are encouraged to contract with South Country Health Alliance. South Country provider enrollment documents are located on the South Country website under the providers tab at [under Forms](#).

### Eligible Members

A member is eligible for housing stabilization services if they meet all the following needs-based criteria:

- Be on Medical Assistance (MA).
- Be 18 years old or older.
- Have a documented disability or disabling condition, defined as one of the following:
  - A person who is aged, blind or has a disability as described under Title II of the Social Security Act;
  - A person with an injury or illness that is expected to cause extended or long-term incapacitation;
  - A person with a developmental disability (or related condition) or mental illness;
  - A person with a mental health condition, substance use disorder or physical injury that required a residential level of care and who is now in the process of transitioning to the community;
  - A person who is determined to have a learning disability according to policy adopted by Department of Human Services (DHS); or
  - A person with a substance use disorder and is enrolled in a treatment program or is on a waiting list for a treatment program.
- Be assessed to require assistance with at least one of the following areas resulting from the presence of a disability or a long-term or indefinite condition:
  - Communication;

- Mobility;
- Decision-making; or
- Managing challenging behaviors.
- Be experiencing housing instability, evidenced by one of the following risk factors:
  - Homeless. An individual or family is considered homeless when they lack a fixed, adequate nighttime residence.
  - Currently transitioning, or has recently transitioned, from an institution or licensed or registered setting (registered housing with services facility, board and lodge, boarding care, adult foster care or community residential setting, hospital, Intermediate Care Facility for persons with Developmental Disabilities (ICF-DD), intensive residential treatment services, the Minnesota Security Hospital, nursing facility, regional treatment center).
  - At risk of homelessness. An individual or family is at risk of homelessness when:
    - the individual or family is faced with a situation or set of circumstances likely to cause the household to become homeless, including but not limited to: doubled-up living arrangements where the individual's name is not on a lease, living in a condemned building without a place to move, having arrears in rent or utility payments, receiving an eviction notice without a place to move or living in temporary or transitional housing that carries time limits; or
    - the person, previously homeless, will be discharged from a correctional, medical, mental health or substance use disorder treatment center and lacks sufficient resources to pay for housing, and does not have a permanent place to live; would be at risk of homelessness if housing services were removed.
  - At risk of institutionalization – meets an institutional level of care/eligible for the following waivers:
    - Brain Injury (BI);
    - Community Access for Disability Inclusion (CADI);
    - Community Alternative Care (CAC);
    - Developmental Disability (DD); or
    - Elderly Waiver (EW).

People who need housing stabilization services can self-refer or be supported by a provider or case manager. If a person has a targeted case manager or waiver case manager, that case manager may support them to access services, or the person can self-refer and contact a housing stabilization services provider directly to help them receive housing stabilization services.

## **Authorization**

Provider must obtain authorization from DHS <https://edocs.mn.gov/forms/DHS-7948-ENG>

Housing stabilization services (either the housing consultation, housing transition or housing sustaining) providers will submit eligibility documentation and assessment outcomes for the housing stabilization services program through a secure-web based platform to determine medical need for services. This includes:

- An assessment (MNChoices, Professional Statement of Need (PSN), or coordinated entry assessment) must not be more than 12 months old at housing stabilization services eligibility review.
- Proof of disability (PSN, medical opinion form, SSI/SSDI recipient).
- Person-centered plan (community services and support plan, coordinated care plan).

Department of Human Services (DHS) staff will use the results of the independent assessment to determine whether the member meets the needs-based criteria to receive this service. Once needs-based criteria are determined, DHS will notify the provider through the MN-ITS mailbox and the member via U.S. Postal Service that services may start. The notification will be a letter of approval or denial for housing stabilization services. DHS notifies South Country via MN-ITS mailbox. Provider bills South Country for services.

This same process is used for initial evaluation and reevaluation. Providers will use the Housing Stabilization Services Eligibility Request Form at <https://edocs.mn.gov/forms/DHS-7948-ENG> to submit member information for review.

## **Covered Services**

The following services are provided within housing stabilization services. See the DHS housing stabilization services policy manual webpage for information about each service that includes, service description, covered and non-covered services when applicable, limitations and provider standards and qualifications.

- Housing consultation – service to develop a person-centered plan for people without MA case management services.
- Housing transition – service that supports a person to find housing.
  - Moving Expenses – may be available to a person receiving Housing Stabilization-Transition services who are transitioning out of a Medicaid-funded institution or leaving a provider-operated living arrangement and moving into their own home. Refer to Moving Expenses on the Housing Stabilization Services policy webpage for information about moving expenses.
- Housing sustaining – service that supports a person to maintain housing.

## **Impact to other services**

Housing stabilization services might impact other services a person may be receiving. See the DHS [housing stabilization services](#) policy manual webpage for more information on impact to other services.

## **Home and community-based service rule conflict of interest and exception**

Housing stabilization services must adhere to the home and community-based services conflict of interest requirement. This requirement states that the agency that assesses a person or creates a person's person-centered service plan cannot be the same agency that provides the housing transition or housing sustaining service unless there is a DHS approved agency exception. See the DHS housing stabilization services policy manual webpage for more information about conflict of interest and the state exception rules.

## **Billing**

Please refer to the [South Country Provider Manual Chapter 4 Provider Billing](#), for detailed information on submitting billing for South Country members. See also DHS MHCP Provider Manual for details [MHCP Provider Manual](#).

## Moving Expenses

Housing Stabilization Services Moving Expenses are a component of Housing Stabilization-Transition Services. Moving Expenses are reimbursed to providers for certain expenses paid for people who are receiving Housing Stabilization-Transition services. Members must be transitioning out of a Medicaid-funded institution or leaving a provider-operated living arrangement and moving into their own home.

Moving expenses must be approved and clearly identified in the Housing Focused Person-Centered plan, Coordinated Support Services Plan or Coordinated Care Plan. Refer to [Moving Expenses](#) on the Housing Stabilization Services policy webpage for information about member qualifications, eligible living situations, what is covered and not covered, limitations, and provider responsibilities. Moving expenses are non-recurring and capped a maximum of \$3,000 within an approved Housing Stabilization Services eligibility span.

To bill and be reimbursed for Housing Stabilization Services moving expenses, providers must include an electronic claim attachment with their claim. Receipts must be for covered expenses only and must include the items, the name of the organization where the items were purchased, the date and the amount of the purchase. The amount of the receipt must equal the line-item amount entered on the claim. Do not include noncovered items on the receipts you are submitting.

Bill multiple purchases that occur on the same date using the total amount of the purchases for the line-item charge and bill only one unit.

Providers may also access resource information within the [Housing Stabilization Services](#) policy manual for information about each service that includes, service description, covered and non-covered services when applicable, limitations and provider standards and qualifications.

### Documentation requirements

Providers must follow MHCP documentation requirements as defined in [MHCP Provider Manual](#). Providers must document the staff who delivered services (include name and title of staff), the date of service, the start and end time of service delivery, length of time of service delivery, method of contact and place of service (office or community, for example) when remote support service delivery occurs. Remote support is limited to no more than half of the annual direct service provision for transition and sustaining services.

When submitting claims to South Country for housing stabilization services, do the following:

- Use professional (837P) claim.
- Bill only for services already provided.

### Housing Stabilization Services Codes and Descriptions

| Service Description         | Procedure Code | Unit               |
|-----------------------------|----------------|--------------------|
| <b>Housing Consultation</b> | T2024 U8       | Per session        |
| <b>Housing Transition</b>   | H2015 U8       | Per 15-minute unit |
| <b>Housing Sustaining</b>   | H2015 U8/TS    | Per 15-minute unit |
| <b>Moving Expenses</b>      | T2038 U8       | One unit per line  |

Note: To bill 15-minute procedure codes for time spent providing housing transition or housing sustaining services, you must provide at least 8 minutes. For example: If you provide a service for at least 8 through 22 minutes, bill that service as one unit. If you provide the same service for at least 23 minutes, bill that service for at least two units, etc.

Housing consultation is a session code and must be billed as one unit.

**Limits**

Housing consultation services are available once annually. Additional sessions are allowed if a person wants to change housing transition or housing sustaining provider or experiences a significant change in circumstance that requires a new person-centered plan.

Housing transition services are limited to 150 hours per transition.

Housing sustaining services are limited to 150 hours annually.

Providers may request an additional 150 hours beyond these limits and DHS will determine necessity.