

GENERAL PROVIDER QUESTIONS

What are considered institutions for Housing Stabilization services?

For Housing Stabilization Services institutional settings refers to institutions that receive Medicaid dollars including hospitals, nursing facilities; and intermediate care facilities for persons with developmental disabilities. As defined in Minn. Stat. §256B.0621, Subd. 2 (3).

Institutions for Mental Disease (IMDs), such as regional treatment inpatient services are not a MA funded institution so services provided to people in an IMD cannot be provided under Medicaid Housing Stabilization Services. IMDs are not a setting that allows for 180 day before discharge rule. Services provided to a person in an IMD are not billable at any time.

Many Substance Use Disorder programs are also IMDs. However, Minnesota has a Medicaid 1115 demonstration. This means if the SUD is part of this demonstration, HSS can be provided to a person under the 180 day before discharge rule and billed for a date after the person is discharged from treatment. You can find a list of those providers on the [1115 Substance Use Disorder System Reform Demonstration webpage](#).

I am a provider with settings I manage or operate. I have a set of “house” or “facility” rules that apply to everyone. Is that allowable under home and community-based services?

It depends. The “house” or “facility” rules need to be created by the residents, agreed upon by all of the residents, and reviewed on a regular basis. If the rules are established by the provider and not agreed to by the residents, this would not be allowable. If they are agreed upon by residents and the rules equate to a rights modification, all residents must have a rights modification form completed. More information about rights modification and Housing Stabilization Services may be found via the [HCBS Rights Modification Support Plan Guide for Housing Stabilization Services](#).

Do Housing Stabilization Services providers need to complete Vulnerable Adult Mandated Reporter training annually?

Yes. Minnesota Statutes 256B.051 Subd 6 (5) specifies that providers must complete annual vulnerable adult training.

If a person needs to be reassessed and selects a new housing sustaining or housing transition provider, does Housing Stabilization Services pay retroactively to the first service provided?

If the person currently receives Housing Stabilization Services, and at reassessment elects a new provider, the new provider will be paid for services starting with the new effective date.

I am a housing consultant. When do I bill DHS for the Housing Focused Person-Centered Plan?

The Housing Focused Person-Centered Plan is considered complete once DHS eligibility review staff approve the plan. Once the plan is approved, the housing consultant can bill DHS for the person-centered planning service and should bill using the DHS eligibility date.

Will DHS require specific documents or templates for Housing Stabilization Services delivery?

Yes. For targeted case managers and housing consultants, DHS requires plans created using the Housing Focused Person-Centered Plan template. The [Housing Focused Person-Centered Plan \(DHS-7307\)](#) is available and can be completed electronically or by hand. DHS recommends housing transition/sustaining providers use planning supports available in the [HB101 Vault](#) to develop plans for housing transition/sustaining services. Once registered for a vault, you can access tools to help a person plan for a move or stay in their housing.

Can DHS provide more specific information regarding documentation requirements for Housing Stabilization Services?

You can find information on health record requirements in the [Provider Manual](#). Additionally, for Housing Stabilization Services, case notes must indicate whether the service was provided in-person face-to-face, in-person remote or as an indirect service. The type of system used to document and store case notes is a business decision to be made by the provider, though DHS requests that the system be searchable for monitoring purposes.

Can Housing Stabilization Services be provided directly in a group setting (i.e., working with two people searching for housing together)?

No. Housing Stabilization Services are one-on-one services. The approved state plan for Housing Stabilization Services does not allow for shared services authorizations.

Our agency provides services to people in a multi-county region. Can we offer Housing Stabilization Services to someone regardless of the county in which they reside?

Yes. Enrolled providers can deliver services in any county. Providers are encouraged to enroll with all of the managed care organizations (MCOs) covering each of the counties within its service area. Please note that if the agency has a geographic conflict of interest waiver based on their enrolled address, the geographic conflict of interest is only applicable to people who live in the shortage area.

Is there any guidance related to caseloads for Housing Stabilization Services?

The number of people one staff person can work with is not defined. That is a provider decision and providers must ensure they are meeting the service needs and goals of the people with whom they are working. All Housing Stabilization Services must be delivered with a one-to-one staff to person ratio.

Who is responsible for completing annual renewals for Housing Stabilization Services if the person does not have a Medical Assistance-funded case manager?

In this instance, the person would need to have a reassessment and then meet with an enrolled housing consultant to update the Housing Focused Person-Centered Plan (HFPCP). Neither the reassessment nor plan updates have to be done by with the previous provider who accessed them or completed the HFPCP when determining initial eligibility.

I am a Housing Stabilization Services provider supporting a person who has an ARMHS worker as well. Can both workers bill for the same time and meeting if attending at the same time? If working on the same task for the person, can both bill for the time spent on the same task?

If both a housing transition/sustaining staff member and an ARMHS worker are supporting someone on distinctly different areas or are attending a meeting both are required to be at in order to coordinate care for a person, both providers can bill for services that were provided simultaneously.

However, an ARMHS worker and Housing Stabilization Services provider cannot bill Medicaid for time spent on the same task. Support provided under ARMHS and Housing Stabilization Services should be distinctly different from each other to avoid duplication of services.

Can a person receive Personal Care Attendant (PCA) services and Housing Stabilization Services at the same time?

Yes, a person can receive PCA services at the same time when both are required and distinct from each other. Providers must ensure they provide the services within the service scope, including requirements for eligibility, covered services, limitations, provider standards and qualifications and billing. Both providers must ensure they are not duplicating services.

I want to hire a staff member who previously completed housing sustaining/transition provider training. Is the training completion certificate transferable between Housing Stabilization Services agencies?

If the staff already completed the training and your agency can access a copy of the certificate of completion for your records, the staff does not need to complete the training again to work for your agency. The staff person can access their certificate through TrainLink.