MEDICAID FUNDED CASE MANAGERS (Targeted/waiver/Moving Home Minnesota case management/MSHO-MSC+ care coordinators)

Can a person receive housing consultation services if they have a targeted case manager or waiver case manager?

No, housing consultation is not available to people who receive Medical Assistance-funded case management (home and community-based services waiver, MSHO/MSC+ care coordination, Moving Home Minnesota and targeted case management, including: Adult Mental Health, Children's Mental Health, Vulnerable Adult/Developmental Disability, Child Welfare, and Relocation Coordination.

Note that a training available through DHS' Disability Services Division regarding how Housing Stabilization Services will work with waiver case management. Please reach out to the Disability Services Division to learn more about the training.

Why do targeted case managers have to complete the Housing Focused Person-Centered Plan for Housing Stabilization Services?

Housing Stabilization Services are state plan home and community-based services. This means Housing Stabilization Services must meet all home and community-based services federal requirements, including that everyone has a person-centered service plan. A targeted case manager's role is to plan for and support people to access needed services, which is why they are required to complete the Housing Focused Person-Centered Plan for Housing Stabilization Services. The plan helps the person they are serving access the needed service.

Why can't a targeted case manager just use the current plans they are required to complete under targeted case management to support a person onto Housing Stabilization Services?

Housing Stabilization Services are a state plan home and community-based service. This means the services must meet all home and community-based services federal requirements. One requirement is that everyone has a person-centered service plan and that plan must meet very specific requirements. Current plans completed by targeted case managers do not meet home and community-based services requirements. The Housing-Focused Person-Centered Plan is designed to meet these requirements.

If a person receives both waiver case management and targeted case management, who is responsible for person-centered planning?

In this situation, the waiver case manager is responsible for completing the Coordinated Services and Supports Plan (CSSP), which meets the requirements for a person-centered plan.

Will waiver case managers experience any impact to the My Move Plan Summary (DHS-3936) form?

The My Move Plan Summary is not required for Housing Stabilization Services. Housing Stabilization Services would be a service the waiver case manager indicates the person is using to assist with the transition on the My Move Plan Summary form.

Can the Minnesota Health Risk Form (DHS-3428H) be used as an assessment for Housing Stabilization Services?

No, the Minnesota Health Risk Form is not an approved assessment identified in the 1915(i) state plan.

Will the cost of Housing Stabilization Services come out of a person's waiver budget?

No, Housing Stabilization Services are state plan services and are not part of a lead agency's waiver allocation.

Are Housing Stabilization Services subtracted from a person's annual consumer-directed community supports (CDCS) budget?

Housing Stabilization Services are state plan services and are not funded through a waiver. Housing Stabilization Services do not impact a consumer-directed community supports budget.

Can behavioral health home case managers complete the Housing Focused Person-Centered Plan? Many people supported by behavioral health homes do not have waivers or targeted case managers but are supported by Medicaid-funded behavioral health home case managers.

No, behavioral health home case managers cannot complete the Housing Focused Person-Centered Plan. They can, however, help connect people to enrolled housing consultants to complete the plan if the person does not have another MA-funded case manager.

Can a Vulnerable Adult/Developmental Disability Targeted Case Manager who completes the Coordinated Services and Supports Plan do so instead of the Housing Focused Person-Centered Plan?

Yes, only if the Vulnerable Adult/Developmental Disability Targeted Case Manager completes the full Coordinated Services and Supports Plan. If not, then the Housing Focused Person-Centered Plan is required.

I support a person who is 65+ and has Minnesota Senior Health Options (MSHO). Who completes the person-centered plan?

People who are on Minnesota Senior Health Options and Minnesota Senior Care Plus (MSC+) complete a Long-Term Care Consultation (LTCC) and a Collaborative (Coordinated) Care Plan

that meets home and community-based services requirements with their MSHO/MSC+ care coordinator.

I work with a person who was supported onto a disability waiver through a legacy Long Term Care Coordination assessment instead of a MnCHOICES Assessment. What documentation needs to be included with the eligibility request form in this circumstance?

Eligibility review staff review the Long-Term Care Consultation (LTCC) screening document in MMIS for people who have a MnCHOICES or legacy LTCC assessment to verify a person's assessed need for Housing Stabilization Services (mobility, communication, managing behaviors, making decisions). They review activities of daily living (ADLs) and instrumental activities of daily living (IADLs) outcomes to determine need.

If the screening document of the legacy assessment has not been uploaded into MMIS before a person applies for Housing Stabilization Services, the results are not available for eligibility review staff to review. Therefore, the Housing Stabilization Services Eligibility Request Form must include an uploaded document that shows the specific ADL/IADL information indicating the assessed need for service. Options to show assessed need are to:

- Upload the LTCC document into the "Attachments – Assessment Type – MnCHOICES Assessment or Long-term Care Consultation" section of the Housing Stabilization Services Eligibility Request Form **or**
- Upload the CSP/CSSP combined document into the "Attachments – Person-Centered Plan Type Coordinated Services and Support Plan or Coordinated Care Plan" section of the Housing Stabilization Services Eligibility Request Form. The CSP has a section that documents ADL/IADLs within the form which eligibility review staff can review to identify the assessed need for services.

If a person is enrolled with a managed care organization (MCO) and they use a Collaborative Coordinated Care Plan, this form does not have a section where ADL/IADLs needs are identified. In this situation, the screening document must be uploaded into MMIS quickly so the Housing Stabilization Services eligibility review staff can review the assessment results.

The Personal Care Attendant legacy assessment is not legally defined as a LTCC and therefore **cannot** be used to assess for Housing Stabilization Services. It is important to note the following:

- **Personal Care Attendant (PCA) Assessment:** People with a PCA legacy assessment must use one of the three existing Housing Stabilization Service assessment pathways to access the service: Professional Statement of Need, MnCHOICES Assessment /LTCC, or Coordinated Entry Assessment. Following assessment, the person needs to complete a Housing Focused Person-Centered Plan through the help of a targeted case manager (if

they have one), or an enrolled housing consultant in order to complete the enrollment process onto Housing Stabilization Services.