

Housing Stabilization Services - Moving Expenses Frequently Asked Questions (FAQ)

Moving Expenses

What are Moving Expenses?

Moving Expenses are for people receiving Housing Stabilization-Transition services and are transitioning out of a Medicaid-funded institution or leaving a provider-operated living arrangement and moving into their own home.

Moving Expenses are a \$3,000 non-reoccurring Housing Stabilization-Transition benefit component that a person can access when moving into their own home within an approved Housing Stabilization Services eligibility span.

Who is eligible for Moving Expenses?

People who are transitioning out of a Medicaid-funded institution or other provider-operated living arrangements and moving to a less-restrictive living arrangement. A less-restrictive living arrangement (a person's home) is a private residence where the person is directly responsible for their own living expenses.

What does 'home' mean?

"Home" means a setting that a participant owns, rents, or leases that is not operated, owned or leased by a provider of services or supports.

If a recipient has been approved for moving expenses and they used some of the \$3000 for costs such as applications fees to specific apartments and then renewal comes and they still want moving expenses will the person be eligible for a new \$3000 again or can they only use what is remaining from previous moving expenses? How often can this be used (is it per move, per year, etc.)?

The State Plan Amendment specifies that Moving Expenses are **non-reoccurring** and are limited to a maximum of \$3000 annually during their eligibility span. The one-year (annual) timeframe begins the date the person became eligible for Housing Stabilization Transition services. If the person's eligibility for HSS is renewed during their transition to their own home, they may use what remains of the \$3000 annual amount. They do not receive another \$3000.

Once a HSS provider begins providing and submitting claims for Sustaining services for the person, HSS Transition services and Moving Expenses can no longer be billed for. If a person returns to a Medicaid funded institution or other provider-operated living arrangement, and it's been a year or more since they were last eligible, they may become eligible for Housing Stabilization Transition services – Moving Expenses.

Do purchases have to strictly be before the move-in date? For example, we buy cleaning supplies 2 days after moving in. We buy a table a week after move-in date?

The HSS provider will work with the person to decide when to end Transition services and moving expenses. The provider must document the change to Sustaining services in the person's case notes. Once Sustaining services begin, Transition services and Moving Expenses are no longer covered.

Living Situations

What living situations are eligible for Moving Expenses?

A person must be transitioning into their own home, approved for Housing Stabilization Services and leaving one of the listed [living situations to qualify for Moving Expenses](#).

What are the Medicaid-funded Institutional settings for Moving Expenses?

Medicaid funded institutional settings include:

- Nursing Facilities
- Hospitals, including Community Behavioral Health Hospitals (CBHH)
- Intermediate Care Facilities for persons with developmental disabilities (ICF/DD)
- Child and Adolescent Behavioral Health Services facility (CABHS) (18+)
- Psychiatric Residential Treatment Facilities (PRTF)
- Institutions for Mental Disease (IMD) (refer to the [2.5.4 Program for People Living in Institutions for Mental Diseases](#) webpage) only if:
 - the facility is participating in the 1115 Substance Use Disorder (SUD) System Reform Demonstration; or
 - the person is 18-21 years old or older than 65 years
 - the person is enrolled in Refugee Medical Assistance (RMA)
 - the person is age 21 to 65 and enrolled in a managed care plan with a length of stay of no more than 15 days during a calendar month

Eligibility

What is the Housing Stabilization-Transition Moving Expenses ending timeline for the recipient after they move in?

There is no specific timeline. The HSS provider will work with the person to decide when to end Transition services and moving expenses to begin Sustaining services and will document the change in the case notes. Once Sustaining services begin, the provider can no longer bill for Transition services and Moving Expenses.

When does the annual period for Moving Expenses begin and end?

Moving Expenses are non-reoccurring and are limited to a maximum of \$3,000 annually within a person's approved Housing Stabilization Services eligibility span. The eligibility span begins the date the person becomes eligible for Housing Stabilization Services (HSS).

Is it only for HSS providers? For instance, can we pay our client's moving expense of \$3,000 up front and then request reimbursement later?

Moving expenses is a component of HSS - Transition services. In order for a HSS provider to be reimbursed, the person must be eligible and approved for Housing Stabilization Transition - Moving Expenses. Once approved, the effective date for Moving Expenses is the date the request was approved. Providers are responsible to pay up front for Moving Expenses for eligible recipients.

How long does a person have to stay in shelter to qualify for Moving Expenses?

To qualify the person must be either currently homeless and has stayed in a shelter in the last 12 months, currently homeless and has stayed in a shelter or county-funded emergency shelter which includes hotel voucher program or other county-funded emergency housing sites at some point over the last 12 months. These stays are self-reported by the person.

Do we need documentation to prove an individual was in a shelter?

No. The person must self-report that they stayed in a shelter at least one night in the last 12 months. Providers include this information in the request for Moving Expenses.

Are people experiencing unsheltered homelessness eligible?

The following living situations are eligible for Moving Expenses:

- a. Medicaid- funded institutional setting.
- b. Currently homeless and has stayed in a shelter in the last 12 months-the person can self-report this information to the provider.
- c. Leaving specific provider care environments.

What is a provider care environment?

A provider care environment is where a person lives in a specific living setting (including those providing customized living). The follow are qualified living settings:

- Adult foster care (corporate and family)
- Community residential services
- Assisted living (including those providing customized living)
- Integrated community supports
- IRTS (Intensive residential treatment services)
- Residential crisis stabilization
- Residential mental health programs (Rule 36) with 16 beds or less
- Community Behavioral Health Hospitals (CBHH)
- SUD settings that are not IMD
- Supportive housing
- Housing support
- Transitional housing
- Board and Lodge
- Boarding care homes

Is ICS always a provider-controlled setting? There are some where the ICS program holds the lease and subleases to ICS clients and in other ICS programs the clients have their own lease and residents still get services.

An [Integrated community supports \(ICS\)](#) is considered a provider-operated living arrangement. According to the [Community-Based Services Manual \(CBSM\)](#), an ICS setting does not meet the [requirements for a person's own home](#). [Click here](#) to view the list of registered ICS providers in Minnesota.

Would a move from an Assisted Living setting to an ICS setting be eligible since ICS is less restrictive than ICS?

No. The person must be moving into their own home. For purposes of eligibility for HSS moving expenses, "home" means a setting that a participant owns, rents, or leases that is not operated, owned or leased by a provider of services or supports. According to the [Community-Based Services Manual \(CBSM\)](#), an ICS setting does not meet the [requirements for a person's own home](#). [Click here](#) to view the list of approved ICS providers in Minnesota.

What does their own home mean?

For purposes of this service component, "home" means a setting that a participant owns, rents, or leases that is not operated, owned or leased by a provider of services or supports.

If an individual transitions from their current apartment into a new apartment, would they qualify for moving expenses?

No. The person must be transitioning out of Medicaid funded institution or provider operated living arrangement, currently homeless and/or has stayed in a shelter in the last 12 months.

If a person is living in a vehicle but has had no shelter/emergency shelter stays in the last 12 months would the individual be eligible for moving expenses?

No. A person must have at least one self-reported shelter stay in the last 12 months if they are living in their car.

If someone eligible for moving expenses if they are couch hopping from friends' houses?

No. A person must have at least one self-reported shelter stay in the last 12 months to qualify if they are couch hopping.

Can you clarify if a member is moving into a CL or 24 CL community residence, would they be eligible for the moving expenses? There are some locations (such as senior high rises) that are listed as customized living but member's that reside there may not be receiving any no bundled services and is like residing in an apartment for seniors. Will DHS make this determination?

This depends on if the location is registered as a Customized living (CL) or 24-hour customized living (24 CL). If the location is registered as a CL or 24 CL, the answer is no. Refer to the [ICS settings webpage](#) to view the list of registered Integrated Community Supports (ICS) providers in Minnesota.

Is a person moving from a group home to an integrated community service eligible for moving expenses?

No. The person must be moving to their own home. For purposes of this service component, "home" means a setting that a participant owns, rents, or leases that is not operated, owned, or leased by a provider of services or supports as defined in the federally approved 1915i state plan amendment.

What is Covered/Not Covered

What is covered under Moving Expenses?

Please refer to the [Moving Expenses Covered/Not Covered document](#) for more information and examples of allowable moving expenses.

Does moving expenses cover first month of utilities in addition to set-up fees?

Moving expenses only covers set-up fees to secure utility or service access, including telephone, electricity, heating and water. Please refer to the [Moving Expenses Covered/Not Covered document](#) for more information and examples of allowable moving expenses.

For damage deposit assistance do people need to apply and prove that they were denied from their counties emergency assistance program to use ME funding?

No. A person approved for moving expenses may choose to use HSS moving expenses for damage deposits. Please refer to the [Moving Expenses Covered/Not Covered document](#) for more information and examples of allowable moving expenses.

If an agency rents a moving truck and the case manager drives the truck, instead of getting movers, would that be covered as an expense?

Yes. A moving truck is an allowable expense. Please refer to the [Moving Expenses Covered/Not Covered document](#) for more information and examples of allowable moving expenses.

Does Moving Expenses include referrals to bridging and delivery for household furniture?

Yes, Bridging is an allowable expense please refer to the [Moving Expenses Covered/Not Covered document](#) for more information and examples of allowable moving expenses.

If a provider pays for a moving truck, would paying for any insurance cost be covered?

Yes. If insurance is required for renting a moving truck, providers can submit receipts for reimbursement. Please refer to the [Moving Expenses Covered/Not Covered document](#) for more information and examples of allowable moving expenses.

Limitations

What limitations are there with Moving Expenses?

- Housing Stabilization Services providers or their family members cannot sell goods and services to recipients that are reimbursed through moving expense.
- Moving expenses cannot be used to purchase housing-related goods and services from a recipient's family member.
- Moving Expenses are approved only to the extent that they are reasonable and necessary as determined through the housing plan process.

- Moving expenses must be clearly identified in the housing plan.
- Moving Expenses are not covered when a recipient is receiving Housing Stabilization - Sustaining Services.

What must a provider do to utilize Moving Expenses?

- Providers must complete the Moving Expense training found in [TrainLink](#).
- Providers must Indicate the person wants Moving Expenses on the Housing Focused Person-Centered Plan, CSSP and CCP.
- Providers must pay the original cash expense and then bill fee for service (FFS) or the MCOs for reimbursement.
- Providers must bill with an attachment using procedure code T2038 with modifier U8.

If an eligible person is living in an apartment and needs to move to a different apartment, do they qualify for moving expenses?

No. The recipient does not meet the qualified living situations eligible for Moving Expenses.

Can a provider use Moving Expenses to pay back rent if this helps the person secure stable housing?

No. Moving expenses cannot be used for rent or to pay back rent.

Plans, Requests and Approvals

When was the Housing Focused Person -Centered Plan (HFPCP) updated and where can I find the most updated version?

The housing plan was posted 4.1.2024 with the updated Moving Expenses section. The plan can be found by serving DHS eDocs for eDoc 7307, or by clicking [here](#).

Note: the newest version of the housing plan should always be used.

When a recipient wants Moving expenses does the housing transition provider have to fill out all three sections of Moving Expenses in the Housing Focused Person-Centered Plan?

Yes. The housing transition provider needs to fill out all three sections.

Does the consultant fill in the Moving Expenses part of the housing plan?

The consultant **will not** fill in the Moving Expenses section of the housing plan. Instead, they will only mark "Yes" or "No" in this section and send the plan to the Housing Transition/Sustaining provider. If "Yes" is checked, the provider will fill in the Moving Expenses section (as noted in the last question). If the recipient does not require moving expenses, the consultant will check "No," and the provider will only fill in the remaining sections of the plan and sign it.

How do I add Moving Expenses to an approved recipients Housing Stabilization Services span?

- When a person has a HFPCP the provider will need to add (Moving Expenses) to page 4 of the recipient's current approved HFPCP plan and resubmit the plan and page 4 as an attachment.
- When a person has a CSSP and wants to ADD Moving Expenses to an approved HSS span, the waiver case manager must add Moving Expenses to the CSSP as well as provide details on how the \$3,000 will be utilized. The edited CSSP will be what the provider attaches to the Moving Expense Request.

- When a person has a CCP and wants to ADD Moving Expenses to an approved HSS span, the care coordinator must add Moving Expenses to the CCP as well as provide details on how the \$3,000 will be utilized. The edited CCP will be what the provider attaches to the Moving Expense Request.

What kind of timeline can we expect to see when it comes to DHS approving the updated HFPCP identifying the need for moving expenses and then reviewing the form we have to submit requesting to use moving expenses before we can make the purchase?

It depends on the volume of requests that are submitted. All requests are processed by date and time received.

Who submits the request for moving expenses? The HSS consultant or the HSS transition provider? Could you let us know what you mean by the 'provider'?

The HSS Consultant (or targeted case manager, waiver case manager, MSHO/MSC care coordinator) assesses the person's need for moving expenses and updates the person-centered plan (HFPCP, CSSP, or CSP). If it's an initial plan or renewal, the consultant will request moving expenses when they submit the plan.

If the person wants to add moving expenses to an already approved plan, the HSS Provider may submit the request for moving expenses with an updated plan (in this case there is NO Consultant listed when submitting, check NO to this question).

If it's an initial plan or renewal, the consultant will request moving expenses when they submit the plan. If the person wants to add moving expenses the HSS Provider may submit the request for moving expenses with an updated plan.

For individuals already enrolled with an HSS provider who need to update the HFPCP, CSSP, or CCP to obtain access to the moving expenses, would we need to send these documents back to the original submitter, or is this something the HSS provider updates on their end?

For a person already approved for HSS who submitted a CSSP or CCP, the case manager will need to update the current CSSP/CCP and send it to the transition provider to upload as a Moving Expenses Request.

For a person already approved for HSS who submitted an HFPCP, the transition services provider will update the plan-**adding page four from [eDoc 7307](#)**- to the HFPCP and submit this plan as a Moving Expenses request.

Billing and Reimbursement

When can a provider start billing for Moving Expenses?

Once the provider gets an approved notification for Moving Expenses, they can start billing. Notifications can be found in the provider MN-ITS email box.

Can a provider buy items before the person is approved for Moving Expenses?

No. The person must be approved, and the provider must receive an approval notification before purchasing moving expense items. Claims submitted before that date will be denied.

Can a provider submit pre-dated receipts once approved for Moving Expenses?

No. The person must be approved, and the provider must receive an approval notification before purchasing moving expense items. Claims with receipts dated before the approval date will be denied.

How will a provider know if their recipient is approved or denied for Moving Expenses?

An approval notification will be sent to the providers MN-ITS email box.

Does the system track the \$3,000 amount for the eligibility span?

Yes. For people on fee-for-service, the billing system will track the amounts that have been spent from the \$3,000 limit based on approved claims. For people covered by an MCO, the MCO will have their own way of tracking.

Where can providers take Moving Expenses billing labs?

Providers can go to the [Housing Stabilization Services Resources and MN-ITS Training](#) to sign up for Housing Stabilization Billing Labs. Billing labs are not just for Moving Expenses, though Moving Expenses will be touched upon.

What information needs to be on the receipt when submitting claims?

Receipts must have the name of the business, the date and time of purchase and be itemized.

Can providers submit one receipt for multiple recipients?

Providers must obtain individual receipts for each person when shopping for multiple recipients.

How should a provider track moving expense balances?

Providers should track moving expense balances separately from other Housing Stabilization-Transition services.

What procedure code should providers use when billing Moving Expenses?

Providers should use procedure code T2038 and modifier U8 to bill Moving Expenses.

Can providers bill all Moving Expenses on one line?

Each Moving Expense item should be billed on a separate line EXCEPT for multiple purchases on the same day. In this case, the total amount of the purchases should be billed on one line as one unit.

NOTE: Moving Expenses are billed separately from other Housing Stabilization-Transition service components.

How will providers be reimbursed for Moving Expenses?

Providers are reimbursed for Moving Expenses based upon the total amount of submitted receipts for a recipient, up to a cumulative maximum of \$3,000.

Do you have a video on how to submit claims?

Yes, [click here](#) for this information.

How soon will a provider get reimbursed for Moving Expenses?

Moving expense claims are processed in the order they are received. MHCP is required to pay or deny clean claims within 30 days and complex claims within 90 days of receipt.

- **Clean claims** are MHCP primary claims without attachments.
- **Complex claims** are replacement claims, Medicare crossovers, third-party liability claims, claims with information in the notes or comment fields, or **claims with attachments**.

Who does a provider bill to get reimbursed for Moving Expenses?

Providers must bill fee-for-service claims with Moving Expenses receipts through the MN-ITS billing system using an "attachment". More information can be found on the [Billing Webpage and there is a MN-ITS Claim video \(8 min., 44 sec.\)](#).

How does a provider submit receipts to Fee-for-service?

Fee-for-service receipts must be submitted through the MN-ITS electronic claim system for review, approval, and cost-tracking purposes.

How does a provider submit receipts to an MCO?

When the recipient has an MCO, the provider should contact the MCO for Moving Expenses billing procedures.

Which provider will get paid first with a provider change?

With a provider change, the first provider to submit moving expenses claims will be paid first.

How long does a provider have to submit Moving Expense claims?

Providers have up to 365 days to bill for their services. **Best practice is to bill promptly.**

How will a provider know what receipts to submit for Moving Expenses?

Providers must maintain and track all recipient moving expenses receipts.

What if a provider spends more than the allotted \$3000 moving Expense?

Total reimbursement for the recipient is limited to \$3,000. Amounts above that cannot be reimbursed.

Are providers allowed to buy items from family members?

No. Providers cannot buy items from family members.

Will application fees be reimbursed if a client gets denied and does not qualify for the apartment?

Yes, if the person is approved for Moving Expenses, providers may submit their claims and receipts for allowable expenses even if the person was not approved for the unit they applied for.

What happens if a provider pays and is reimbursed for a security deposit and the member gets it back (full or partially) at the end of the lease? Do we need to consider or track that somehow?

No. DHS will not take back the damage deposit when it is returned to the recipient at the end of their lease.

Can providers submit claims for Moving Expenses when a person is no longer moving into their own home even if moving expenses were previously approved and paid for by the provider?

Providers will not be reimbursed for claims if the person does not move even if moving expenses were previously approved and paid for by the provider.

Waiver Transitional and other Housing Services

The recipient has a CADI/BI/DD/EW/CAC waiver and currently has waiver Transitional Services service in their plan. Can Housing Stabilization-Transition Moving Expenses be approved when this happens?

No. Transitional services needs to be closed out in the plan by the case manager before Housing Stabilization-Transition Moving Expenses can be approved in the waiver. The recipient cannot have both Moving Expenses and transitional service active in the plan at the same time. The waiver case manager will need to update the service agreement in MMIS.

Should the recipients on a CADI/BI/DD/EW/CAC waiver use Transitional Services or Moving Expenses first?

If the recipient is approved for Moving Expenses the recipient should use Moving Expenses first. Waiver case managers and Housing Stabilization Services providers coordinate regarding use of Housing Stabilization Services Transition - Moving Expenses instead of waiver transitional services. Once moving expenses are approved, the waiver case manager updates the waiver transitional services line in the service agreement to end transitional services prior to the start date of HSS Stabilization Services Transition - Moving Expenses.

Can a person use both moving expenses and waiver transitional services?

No. Waiver case managers and Housing Stabilization Services providers coordinate regarding use of Housing Stabilization Services Transition - Moving Expenses instead of waiver transitional services. Important: Once moving expenses are approved, the waiver case manager updates the waiver transitional services line in the service agreement to end transitional services prior to the start date of HSS Stabilization Services Transition - Moving Expenses

What's the difference between Moving Expenses and Transitional Services?

Moving Expenses are for people approved for Housing Stabilization-Transition services. Transitional Services are for people on a CADI/BI/DD/EW/CAC disability waiver.

Does Moving Expenses have a set amount of money that can be spent on essential furniture and household supplies like waiver Transitional Services does?

No. The provider will work with the person to decide how much of the money is spent on essential furniture and household supplies.

Provider Responsibilities

Who should take the Moving Expenses training?

All staff working directly with Housing Stabilization Services recipients must complete Housing Consultation, Housing Transition and Housing Sustaining and Moving Expenses training within 30 days of employment start date.

Are providers able to bill for their time spent on coordinating the moving expenses for clients?

Yes. The time spent coordinating and shopping with moving expenses are billable units as Transition Services.

Are there limits to how many application fees can be paid by the provider out of Moving Expenses?

No, there are not limits, however, the provider must keep detailed case notes tracking the fees and applications.

Can providers choose to not offer certain moving expenses (such as large damage deposits) if they can't financially afford the expense?

If a provider is unable to provide [covered moving expenses](#) to a recipient due to lack of financial resources, they should refer the recipient to a new provider and the new provider should request a provider change.

Are Housing Stabilization providers required to provide Transition Moving Expenses services?

Yes. HSS providers enrolled in MHCP must provide services to eligible recipients. If a provider is unable to provide moving expenses to a recipient due to lack of financial resources, they should refer the recipient to a new provider and the new provider should request a provider change.

If an individual is approved for HSS Transition Services and Moving Expenses, is the provider required to offer Moving Expense if the client requests this financial assistance? Or can providers create their own process for approving funding?

HSS providers enrolled as MHCP providers must provide services to eligible recipients and support the recipient with Moving Expenses. Policies regarding eligibility and approval for HSS Moving Expenses are determined by state and federal regulations.

If a provider does not have the resources to cover a person's moving expenses, they may refer the person to another HSS provider and coordinate a provider change. Providers are encouraged to update their policy manual to reflect their agencies process for assisting a person in finding another HSS provider to access moving expenses.

If we can submit moving expenses before move-in and we get reimbursed how do we let DHS know that the client moved and is changing to sustain services?

The HSS provider will work with the person to decide when to end Transition services and moving expenses. The provider must document the change to sustaining services in the person's case notes. Once sustaining services begin, Transition services and Moving Expenses are no longer covered.

Whose responsibility is it to ensure the member's community residence is eligible for HSS Moving expenses?

It is the provider's responsibility to attest that the person is eligible for HSS Transition Moving Expenses.