



Housing Support Services Benefit Set Proposal Update

Housing and Supports Division

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I. Legislation

The housing support services benefit set proposal is submitted to the Minnesota State Legislature pursuant to 2016 Session Law Chapter 163, Article 3.

Sec. 13. HOUSING SUPPORT SERVICES.

Subdivision 1. Comprehensive housing support services.

The commissioner shall design comprehensive housing services to support an individual's ability to obtain or maintain stable housing.

Subd. 2. Goals.

The proposal required in subdivision 3 shall support the following goals:

- (1) improve housing stability;
- (2) increase opportunities for integrated community living;
- (3) prevent and reduce homelessness
- (4) increase overall health and well-being of people with housing instability; and
- (5) reduce inefficient use of health care that may result from housing instability.

Subd. 3. Housing support services benefit set proposal.

(a) The commissioner shall develop a proposal for housing support services, including, but not limited to, the following components:

(1) housing transition services that include, but are not limited to, tenant screening and housing assessment; developing an individualized housing support plan; assisting with housing search and application process; identifying resources to cover onetime moving expenses; ensuring new living environment is safe and ready for move-in; assisting in arranging for and supporting details of the move; developing a housing support crisis plan; and payment for accessibility modifications to new housing; and

(2) housing and tenancy sustaining services that include, but are not limited to, prevention and early identification of behaviors that may jeopardize continued housing; training on the roles, rights, and responsibilities of tenant and landlord; coaching to develop and maintain key relationships with landlords and property managers; advocacy and linkage with community resources to prevent eviction when housing is at risk; assistance with housing recertification processes; coordination with tenant to review; update and modify housing support and crisis plan on a regular basis; and continuing training on tenant responsibilities, lease compliance, or household management.

(b) The commissioner shall seek all federal authority and funding necessary to implement the proposal.

(c) Implementation is contingent upon legislative approval of the proposal under this subdivision.

Subd. 4. Legislative update.

By February 1, 2017, the commissioner shall present an update on the progress of the proposal to members of the legislative committees in the house of representatives and senate with jurisdiction over health and

human services policy and finance on the progress of the proposal and shall make recommendations on statutory changes and state appropriations necessary to implement the proposal.

Subd. 5. Stakeholder input.

In developing the proposal, the commissioner shall consult with stakeholders, including people who may utilize the service, advocates, providers, counties, tribes, health plans, and landlords.

II. Introduction

This report is submitted to the Minnesota State Legislature pursuant to 2016 Session Law Chapter 163, Article 3.

Access to safe, quality, affordable housing - and the supports necessary to maintain that housing - constitute one of the most basic and powerful social determinants of health.¹

National research shows that stable housing can improve rates of employment, save health care dollars and contribute to personal and family stability. Housing is a necessary platform that, when combined with coordinated health care, has been shown to lower health care costs by reducing costly institutional, crisis, and treatment services.

Many of the programs administered by the Department serve people experiencing housing instability, including people experiencing homelessness and living in institutions and segregated settings. Due to the adverse impacts of housing instability on health, this means that there are significant number of people whose health and well-being could drastically improve if they had a safe and affordable place to live.

Mental illness, chemical dependency, domestic violence and other difficulties all can directly impact a person's ability to maintain their housing or move from segregated settings. A focused set of housing-related services, or housing support services, can help to address and overcome these barriers, and ultimately ensure that people with disabilities can obtain and maintain stable, integrated housing.

A combination of recent events—Medicaid expansion, new guidance on housing-related services from the Centers for Medicare and Medicaid Services (CMS), opportunities within the state's Group Residential Housing program, and increases in state investments in affordable and supportive housing—mean that Minnesota has a unique opportunity to move forward with improving housing stability for people with disabilities.

By implementing housing support services, the Department will be able to:

- Improve housing stability for recipients;
- Increase opportunities for integrated community living;
- Increase overall health and well-being of people with housing instability;
- Reduce inefficient use of health care that may result from housing instability, such as extended institutional stays due to lack of housing;
- Simplify the current system for consumers by establishing a standard set of housing support services with a consistent rate structure and quality control;
- Decrease racial and ethnic disparities in housing stability and access to services; and
- Better enable people to receive services from the provider of their choice.

¹ "Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health," CSH, July 2014: http://www.csh.org/wp-content/uploads/2014/07/SocialDeterminantsofHealth_2014.pdf

A proposal to implement housing support services is included as part of the Governor's Individual Community Living proposal, which recommends reforming, realigning, and expanding income supports, supportive services, and community-based infrastructure. The proposal is designed to increase the number of adults with disabilities who can remain in their own home or move out of institutions, facilities or homelessness into their own home in the community, based on their need and choice.

III. Stakeholder Engagement and Input

This housing support services proposal is the result of many years of stakeholder engagement and outreach. The Housing and Supports Division has been partnering with our stakeholders to develop ways to better connect housing to healthcare, and in particular Medicaid, since at least 2012.

In relation to this particular proposal, the Housing and Supports Division facilitated six listening sessions throughout the state. The listening sessions were designed to gather feedback on the Department's efforts to provide housing assistance and housing supportive services for people with disabilities.

Listening sessions were conducted in the following regions and Tribal communities.

- White Earth Reservation—Mahnomen
- Twin Cities—West St. Paul
- Central Minnesota—St. Cloud
- Southern Minnesota—Owatonna
- Northeastern Minnesota—Duluth

All sessions were open to the public and were attended by a wide range of stakeholders, including people impacted by these services, providers, county employees, and advocates.

The Housing and Supports Division also convened an external working group made up of a select group of providers, local government staff and advocates to provide more in-depth guidance during the proposal development phase.

IV. Housing support services benefit set: Overview of proposal

Services

Housing support services are designed specifically to help people maintain their connection to safe, stable and affordable housing. The proposed service set includes the following three categories of services:

1. INDIVIDUAL HOUSING TRANSITION SERVICES (LIMITED TO 150 HOURS PER TRANSITION)
 - Tenant screening and housing assessment
 - Assisting with housing search and application process
 - Identifying resources to cover one-time moving expenses
 - Ensuring new living arrangement is safe and ready for move-in
 - Assisting in arranging for and supporting details of move
 - Developing a housing support crisis plan
2. INDIVIDUAL HOUSING AND TENANCY SUSTAINING SERVICES
 - Prevention and early identification of behaviors that may jeopardize continued housing
 - Education and training on role, rights and responsibilities of tenant and property manager
 - Coaching to develop and maintain key relationships with property managers and neighbors
 - Advocacy and linkage with community resources to prevent eviction when housing is at risk
 - Assistance with housing recertification processes
 - Coordination with tenant to review, update and modify housing support and crisis plan on a regular basis
 - Continuing training on being a good tenant, lease compliance, and household management
3. CONSULTATION SERVICES
 - To cover person-centered planning for people who would not be receiving it through any other service

“Individual Housing Transition Services” and “Individual Housing and Tenancy Sustaining Services” are directly aligned with the set of services outlined in a June 2015 Informational Bulletin published by CMS. The bulletin identified how these housing-related activities and services can be incorporated into a Medicaid benefit design.

Housing support services are proposed to be reimbursed at a set rate in 15-minute increments. The Department will explore the potential for an incentive payment to work with individuals with high barriers to housing.

Target population

The target population for housing support services is people whose disability or disabling condition(s) limits their ability to obtain and/or maintain stable housing, as evidenced by homelessness or residence in institutions and other segregated settings.

The proposed needs-based criteria to qualify for housing support services are:

- 1) Have a documented disability or disabling condition which prevents them from working to the level of financial self-support

AND

- 2) Is experiencing housing instability as defined by one of the following:
 - Meets Minnesota’s definition for homeless or at-risk of homelessness OR
 - Currently transitioning or have recently transitioned from an institution or segregated setting OR
 - Eligible for 1915(c) waiver services OR
 - Identified as at-risk of institutionalization through a MnCHOICES assessment

AND

- 3) Has a documented need for services due to limitations caused by a disability/disabling condition from a qualified professional.

In order to receive services, recipient must be currently residing in a Home and Community Based Setting OR is in the process of transitioning to a Home and Community Based Setting.

Providers

Enrolled providers will likely draw from many different sectors, including:

- Supportive housing for people experiencing homelessness
- Chemical dependency treatment and community providers
- GRH Supplemental Service providers
- Housing Access Services grantees
- Waiver providers
- Relocation Service Coordinators
- Mental health providers
- Minnesota Family Investment Program (MFIP) Employment Services

Building provider capacity is a key component of the success of this proposal.

- Services must be available statewide.
- Services must be accessible to providers with housing expertise (many of whom do not have a history of billing Medical Assistance for services).
- In order to address disparities among this population, services must be accessible to providers working with diverse populations.

Anticipated outcomes

Housing Services will:

- Improve housing stability for recipients, and
- Increase opportunities for integrated community living.

Additional outcomes include:

- Increased overall health and well-being of people with housing instability,
- Reduction in inefficient use of health care that may result from housing instability, such as extended institutional stays due to lack of housing, and
- Simplification of the current system for consumers by establishing a standard set of housing support services with a consistent rate structure and quality control.

Significant disparities exist among who is experiencing housing instability and who has access to services.
Of people receiving services from DHS who are unstably housed:

- Blacks and American Indians are more likely to be homeless or institutionalized and less likely to be receiving care coordination services.
- People with Serious Mental Illness and/or a substance abuse disorder are more likely to be homeless, and people with Serious Mental Illness or Serious and Persistent Mental Illness are more likely to be institutionalized.

This benefit is designed to help decrease racial and ethnic disparities in housing stability and access to services.