



Thursday, February 14, 2019

9:00 am – 12:00 pm

Teleconference/WebEx OPTION - ([Participant Instructions](#))

HealthPartners (Bloomington, 8170 Building, 1<sup>st</sup> Floor – St. Croix Room)

## AUC Medical Code TAG

### AGENDA

1. Meeting to Order
2. Welcome & Introductions – Please e-mail your attendance to
3. Anti-trust Statement – <http://www.health.state.mn.us/auc/pdfs/antitrust.pdf>
4. Approve Previous Meeting Minutes
5. DHS services
  - a) Housing Stabilization
  - b) Withdrawal Management-residential
6. Other Business
7. Meeting Summary & Next Steps
8. Next Meeting – HealthPartners, Teleconference/WebEx OPTION (9am-12pm)  
March 14, 2019 (pending possible change)

## An Introduction to Housing Stabilization Services

### What is happening?

As directed by the 2017 legislature, the Minnesota Department of Human Services (DHS) is applying to the Center for Medicare and Medicaid Services (CMS) to add Housing Stabilization Services to Minnesota's Medicaid plan. The services are designed to help people with disabilities and seniors find and keep housing in the community. Housing Stabilization Services will replace Housing Access Coordination service in the Developmental Disabilities, Community Access Disability Inclusion, Community Alternative Care and Brain Injury waivers, retaining the services for those on them and expanding access to housing services to a broader population.

### Who will the Housing Stabilization service support?

The target population for Housing Stabilization services are:

- People with disabilities, including mental illness and substance abuse disorder, who are homeless or at risk of becoming homeless.
- People with disabilities, including mental illness and substance abuse disorder, who are living in institutions or other segregated settings, or are at risk of living in those settings.

### Why was the Housing Stabilization Service developed?

When people with disabilities need support to live successfully in the community the support is often unavailable. Affordable housing is not always enough for a person with a disability to be able to find and maintain housing. Challenges such as mental illness symptoms and developmental disabilities can make it difficult for someone to find housing, budget and keep a home, interact with landlords and neighbors, and understand the rules of a lease. The right supports, provided by a professional with knowledge and experience in housing, can significantly increase a person's success.

The purpose of these services is to:

- Support an individual's **transition** to housing in the community,
- Increase **long-term stability** in housing in the community, and
- **Avoid** future periods of homelessness or institutionalization.

### When will the Housing Stabilization service be available?

- The housing stabilization service must be approved by CMS to become a Medicaid service in Minnesota.
- The housing stabilization service application was sent to CMS for review in October 2018.
- DHS is currently answering CMS questions related to the application with hopes to have a CMS decision by late spring 2019.
- If the services are approved, the Department will work very closely with stakeholders to implement the new housing stabilization service.
- Services will be available to people who are eligible in January 2020.

## Minnesota Housing Stabilization Services Proposal

### Background

In 2017, the Minnesota State Legislature established a set of housing-related services for qualifying Medicaid enrollees, subject to federal approval.

## Eligibility



## Services

Housing Transition Service	Housing Sustaining Service
<p>Helps people <b>plan</b> for, <b>find</b> and <b>move</b> to homes of their own in the community including, but not limited to:</p> <ul style="list-style-type: none"> <li>• Developing an individualized housing plan</li> <li>• Identifying and assisting in resolving barriers to accessing housing</li> <li>• Supporting the person in applying for benefits to afford their housing</li> <li>• Contacting prospective housing options for availability and information</li> <li>• Supporting the person with tenant screening and housing assessment</li> <li>• Helping to understand and negotiate a lease</li> <li>• Identifying resources to cover moving expenses</li> <li>• Ensuring the new living arrangement is safe and ready for move-in</li> </ul>	<p>Supports a person to <b>maintain</b> living in their <b>own home in the community</b> including, but not limited to:</p> <ul style="list-style-type: none"> <li>• Prevention and early identification of behaviors that may jeopardize continued housing</li> <li>• Assistance with the housing recertification processes</li> <li>• Training on being a good tenant, lease compliance, and household management</li> <li>• Supporting the person to understand and maintain income and benefits to retain housing</li> <li>• Supporting the building of natural housing supports and resources in the community</li> </ul> <p>Housing sustaining services <b>do not</b> cover room and board</p>

**Housing Consultation:** Housing-focused planning services with a person-centered approach, designed to assist with access to services that support housing stability. Available only to recipients without access to case management.

### Anticipated outcomes

Housing Stabilization Services are designed to:

- Improve housing stability and reduce homelessness and institutionalization
- Increase opportunities for integrated community living
- Increase equity and reduce disparity in housing service access

## HOUSING STABILIZATION CODING-draft

<b>Housing Transition Service (15 min) H2015 U8</b>	<b>Housing Sustaining Service (15 min) H2015 U8 TS</b>	<b>Housing Consultation T2024 U8</b>
<p>The Housing Transition Service helps people plan for, find and move to homes of their own in the community including, but not limited to:</p> <ul style="list-style-type: none"> <li>• Developing an individualized housing plan</li> <li>• Identifying and assisting in resolving barriers to accessing housing</li> <li>• Supporting the person in applying for benefits to afford their housing</li> <li>• Contacting prospective housing options for availability and information</li> <li>• Supporting the person with tenant screening and housing assessment</li> <li>• Helping to understand and negotiate a lease</li> <li>• Identifying resources to cover moving expenses</li> <li>• Ensuring the new living arrangement is safe and ready for move-in</li> </ul> <p>Note: a timed code was imperative for the billing of the service.</p>	<p>The Housing Sustaining Service supports a person to maintain living in their own home in the community including, but not limited to:</p> <ul style="list-style-type: none"> <li>• Prevention and early identification of behaviors that may jeopardize continued housing</li> <li>• Assistance with the housing recertification processes</li> <li>• Training on being a good tenant, lease compliance, and household management</li> <li>• Supporting the person to understand and maintain income and benefits to retain housing</li> <li>• Supporting the building of natural housing supports and resources in the community</li> </ul> <p>Housing sustaining services do not cover room and board</p> <p>Note: a timed code was imperative for the billing of the service.</p>	<p>The Housing Consultation is housing-focused planning services with a person-centered approach, designed to assist with access to services that support housing stability.</p> <p>Available only to recipients without access to case management.</p>

**Modifiers**

U8-housing stabilization program

TS-follow up service

DHS

02/14/19 AUC MCT

**256B.051 HOUSING SUPPORT SERVICES.**

Subdivision 1. **Purpose.** Housing support services are established to provide housing support services to an individual with a disability that limits the individual's ability to obtain or maintain stable housing. The services support an individual's transition to housing in the community and increase long-term stability in housing, to avoid future periods of being at risk of homelessness or institutionalization.

***[See Note.]***

Subd. 2. **Definitions.** (a) For the purposes of this section, the terms defined in this subdivision have the meanings given.

(b) "At-risk of homelessness" means (1) an individual that is faced with a set of circumstances likely to cause the individual to become homeless, or (2) an individual previously homeless, who will be discharged from a correctional, medical, mental health, or treatment center, who lacks sufficient resources to pay for housing and does not have a permanent place to live.

(c) "Commissioner" means the commissioner of human services.

(d) "Homeless" means an individual or family lacking a fixed, adequate nighttime residence.

(e) "Individual with a disability" means:

(1) an individual who is aged, blind, or disabled as determined by the criteria used by the title 11 program of the Social Security Act, United States Code, title 42, section 416, paragraph (i), item (1); or

(2) an individual who meets a category of eligibility under section 256D.05, subdivision 1, paragraph (a), clause (1), (4), (5) to (8), or (13).

(f) "Institution" means a setting as defined in section 256B.0621, subdivision 2, clause (3), and the Minnesota Security Hospital as defined in section 253.20.

***[See Note.]***

Subd. 3. **Eligibility.** An individual with a disability is eligible for housing support services if the individual:

(1) is 18 years of age or older;

(2) is enrolled in medical assistance;

(3) has an assessment of functional need that determines a need for services due to limitations caused by the individual's disability;

(4) resides in or plans to transition to a community-based setting as defined in Code of Federal Regulations, title 42, section 441.301 (c); and

(5) has housing instability evidenced by:

(i) being homeless or at-risk of homelessness;

(ii) being in the process of transitioning from, or having transitioned in the past six months from, an institution or licensed or registered setting;

(iii) being eligible for waiver services under section 256B.0915, 256B.092, or 256B.49; or

(iv) having been identified by a long-term care consultation under section 256B.0911 as at risk of institutionalization.

***[See Note.]***

Subd. 4. **Assessment requirements.** (a) An individual's assessment of functional need must be conducted by one of the following methods:

(1) an assessor according to the criteria established in section 256B.0911, subdivision 3a, using a format established by the commissioner;

(2) documented need for services as verified by a professional statement of need as defined in section 256I.03, subdivision 12; or

(3) according to the continuum of care coordinated assessment system established in Code of Federal Regulations, title 24, section 578.3, using a format established by the commissioner.

(b) An individual must be reassessed within one year of initial assessment, and annually thereafter.

***[See Note.]***

Subd. 5. **Housing support services.** (a) Housing support services include housing transition services and housing and tenancy sustaining services.

(b) Housing transition services are defined as:

(1) tenant screening and housing assessment;

(2) assistance with the housing search and application process;

(3) identifying resources to cover onetime moving expenses;

(4) ensuring a new living arrangement is safe and ready for move-in;

(5) assisting in arranging for and supporting details of a move; and

(6) developing a housing support crisis plan.

(c) Housing and tenancy sustaining services include:

(1) prevention and early identification of behaviors that may jeopardize continued stable housing;

(2) education and training on roles, rights, and responsibilities of the tenant and the property manager;

(3) coaching to develop and maintain key relationships with property managers and neighbors;

(4) advocacy and referral to community resources to prevent eviction when housing is at risk;

(5) assistance with housing recertification process;

(6) coordination with the tenant to regularly review, update, and modify the housing support and crisis plan; and

(7) continuing training on being a good tenant, lease compliance, and household management.

(d) A housing support service may include person-centered planning for people who are not eligible to receive person-centered planning through any other service, if the person-centered planning is provided by

a consultation service provider that is under contract with the department and enrolled as a Minnesota health care program.

*[See Note.]*

Subd. 6. **Provider qualifications and duties.** A provider eligible for reimbursement under this section shall:

(1) enroll as a medical assistance Minnesota health care program provider and meet all applicable provider standards and requirements;

(2) demonstrate compliance with federal and state laws and policies for housing support services as determined by the commissioner;

(3) comply with background study requirements under chapter 245C and maintain documentation of background study requests and results; and

(4) directly provide housing support services and not use a subcontractor or reporting agent.

*[See Note.]*

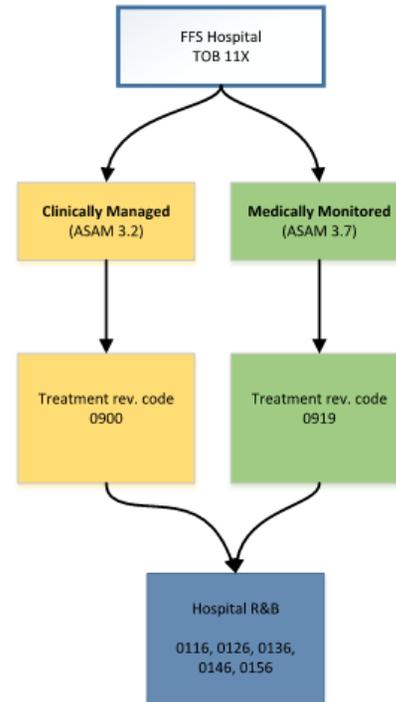
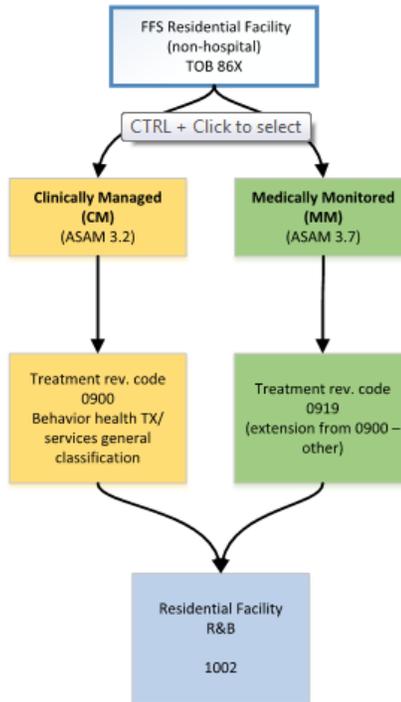
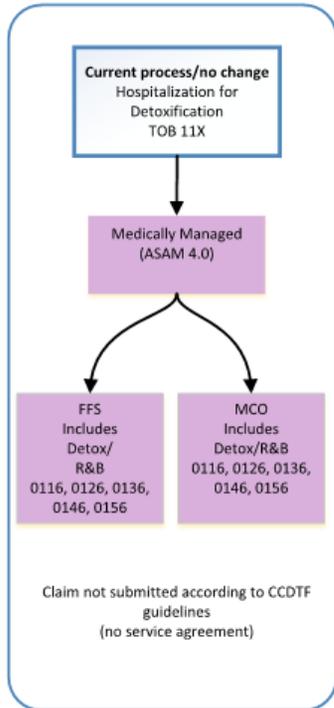
Subd. 7. **Housing support supplemental service rates.** Supplemental service rates for individuals in settings according to sections 144D.025, 256I.04, subdivision 3, paragraph (a), clause (3), and 256I.05, subdivision 1g, shall be reduced by one-half over a two-year period. This reduction only applies to supplemental service rates for individuals eligible for housing support services under this section.

*[See Note.]*

**History:** *1Sp2017 c 6 art 2 s 10; 2018 c 182 art 1 s 48*

**NOTE:** Subdivisions 1 to 6, as added by Laws 2017, First Special Session chapter 6, article 2, section 10, are effective contingent upon federal approval. Subdivision 7, as added by Laws 2017, First Special Session chapter 6, article 2, section 10, is effective contingent upon the federal approval of subdivisions 1 to 6. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained. Laws 2017, First Special Session chapter 6, article 2, section 10, the effective date.

## DHS Withdrawal Management DRAFT



- Note:
- Accommodation rev. codes 11X-15X = inpatient setting
  - Available condition/value codes = none



## Behavioral Health Division and SUD Reform Updates

Dana Nelson, Behavioral Health Division

# Legislative Updates

- Legislative Session began January 8th
- It is a budget year
- Track what's happening:
  - <https://www.leg.state.mn.us/leg/legis>

# Substance Use Disorder Reform

- 245G Overview
  - Rule 31 repealed and replaced by 245G
  - Programs must comply with 245G including offering new services
    - Treatment Coordination
    - Comprehensive Assessments
    - Peer Support Services

# State Plan and SUD Reform

- Minnesota submitted a State Plan Amendment to CMS to include the new services outlined in statute.
- We received approval August 15, 2018 that all of the new services in Statute are now billable services.
- Along with the services, for the first time licensed alcohol and drug counselors meeting requirements outlined in statute can provide the services as an independent practitioner. What does this mean?

# New Reform Services, Treatment Coordination

## Treatment Coordination (245G.07)

- What is treatment coordination?
- (6) Care coordination services include: (i) assistance in coordination with significant others to help in the treatment planning process whenever possible; (ii) assistance in coordination with and follow up for medical services as identified in the treatment plan; (iii) facilitation of referrals to substance use disorder services as indicated by a client's medical provider, comprehensive assessment, or treatment plan; (iv) facilitation of referrals to mental health services as identified by a client's comprehensive assessment or treatment plan; (v) assistance with referrals to economic assistance, social services, housing resources, and prenatal care according to the client's needs; (vi) life skills advocacy and support accessing treatment follow-up, disease management, and education services, including referral and linkages to long-term services and supports as needed; and (vii) documentation of the provision of care coordination services in the client's file.

# Treatment Coordination Continued....

- **Who can provide treatment coordination?**
  - (a) Care coordination must be provided by qualified staff. An individual is qualified to provide care coordination if the individual: (1) is skilled in the process of identifying and assessing a wide range of client needs; (2) is knowledgeable about local community resources and how to use those resources for the benefit of the client; (3) has successfully completed 30 hours of classroom instruction on care coordination for an individual with substance use disorder; (4) has either: i) a bachelor's degree in one of the behavioral sciences or related fields; or (ii) current certification as an alcohol and drug counselor, level I, by the Upper Midwest Indian Council on Addictive Disorders; and (5) has at least 2,000 hours of supervised experience working with individuals with substance use disorder. (b) A care coordinator must receive at least one hour of supervision regarding individual service delivery from an alcohol and drug counselor weekly.
- **Who can receive treatment coordination?**
  - Must be authorized by placing authority after Rule 25 completed
  - Direct access
- **When can treatment coordination be provided?**
  - Currently must be authorized by placing authority, or once client admits to 245G or tribally licensed program
- **Where can I get treatment coordination?**
  - 245G licensed programs, tribally licensed programs, counties, withdrawal management programs (not yet!)
- **How long can treatment coordination be provided?**
  - As long as indicated as a need on treatment plan

# New SUD Services, Comprehensive Assessment

## Comprehensive Assessment (Minnesota Statute 245G.05)

### Difference between placement and treatment service

#### **Who can receive?**

Required treatment service for 245G, withdrawal management and tribally licensed programs

#### **Who can provide?**

Per 245G requirements

#### **What?**

Now vs. 2020

#### **When?**

Must be authorized by placing authority and indicated on service agreement in order to be reimbursed. Still a required treatment service within 245G, tribally licensed, and withdrawal management programs.

#### **Where?**

# New SUD Services, Peer Support Services

## Peer Recovery Support Services (Minnesota Statute 245G.07)

### Who can provide peer recovery services?

- SUD PROGRAMS
- RECOVERY COMMUNITY ORGANIZATIONS
- CERTIFIED PEER RECOVERY SPECIALISTS

### Who can receive peer recovery services?

- RULE 25 ASSESSMENT
- COMPREHENSIVE ASSESSMENT
- RESIDENTIAL TX/OUTPATIENT TX/WITHDRAWAL MANAGEMENT

# New Services, Peer Recovery Services Cont...

## What

245G.07 Subdivision 1(a) (5) 5) on July 1, 2018, or upon federal approval, whichever is later, peer recovery support services provided one-to-one by an individual in recovery. Peer support services include education, advocacy, mentoring through self-disclosure of personal recovery experiences, attending recovery and other support groups with a client, accompanying the client to appointments that support recovery, assistance accessing resources to obtain housing, employment, education, and advocacy services, and nonclinical recovery support to assist the transition from treatment into the recovery community;

# New SUD Services, Peer Support Services

## **When**

Must be indicated as a need on an assessment

Required treatment service for 245G, tribal, and withdrawal management programs

## **Where can the services be provided?**

245G programs, tribally licensed programs, withdrawal management programs, and Recovery Community Organizations

# Updates and Resources

# Sign-Up! E-MEMO and Website Resources

- Visit our [website](#) to sign up for the E-memo to receive updates from the Behavioral Health Division on SUD.
- We are encouraging participants to review the SUD Reform e-memos and website resources available on the [website](#) prior to attending the WebEx's. These materials provide information that is helpful to understand reform and its implications.

# Ways to Stay Informed

- **Visit our website to:**

- Subscribe for email updates (e-Memo) to receive updates from the Behavioral Health Division on SUD
- SUD Resources and presentations are posted on the SUD Reform Page at our website: DHS Website
- Learn more about substance use disorder policies and procedures, initiatives, workgroups, training and conferences, grant announcements, access forms and more

**Look for our “Friday’s Digest” E-memo!**

- **We want to hear from you about YOUR substance use disorder system.**  
Send input to: [YourOpinionMatters.DHS@state.mn.us](mailto:YourOpinionMatters.DHS@state.mn.us)

A wide, horizontal photograph of a sunset over a body of water. The sky is a vibrant orange and yellow, with a few birds in flight. The water reflects the colors of the sky. On the right side, there is a dark silhouette of a shoreline with trees.

**Thank you for joining us**  
Behavioral Health Division