



**DEPARTMENT OF
HUMAN SERVICES**

Housing Support Overview

2/1/2023

Maia Uhrich – DHS Housing Division

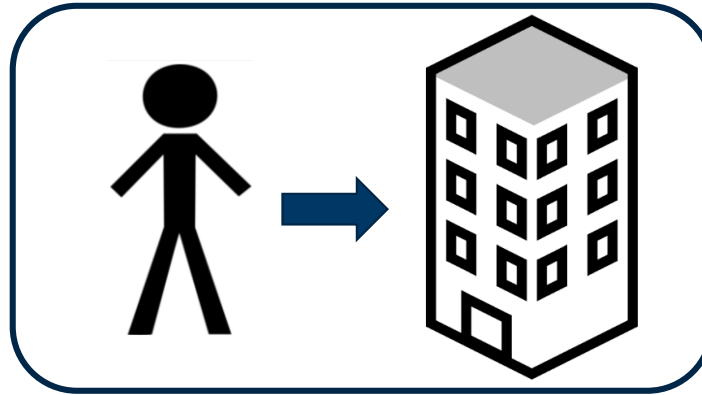
What we'll cover today

- Housing Support basics
- Professional Statement of Need
- HB101 Places

DHS resources in context

Services

- Supportive Housing
 - LTHSS
 - HUD Homeless programs
 - **Housing Support Supplemental Services (LTH and non-LTH)**
- Personal Care Assistant (PCA)
- Waiver Programs
- Mental Health
 - Targeted Case Management
 - Assertive Community Treatment
 - ARMHS
 - Grant funded supports (PATH / HSASMI)
- **Housing Stabilization Services (7/2020)**



Life Factors

- Income / Assets
- Housing stability
- Disability status
- Living situation
- Preferences
- Service need

Housing

- Self-pay
- Income supplements
 - **Housing Support**
 - **MSA Housing Assistance**
- Public Housing Authority
- Vouchers
 - Section 8 (Housing Choice Voucher)
 - Bridges and Bridges RTC
 - Housing Trust Fund rental assistance
 - Family Unification Program
- Project-based
 - Section 8
 - HUD Homeless programs
 - Housing Trust Fund rental assistance

Housing Support

Three things have to be true:

- Eligible person
- Eligible provider
- Eligible place

First step **MUST** be to connect the person to a Housing Support provider.

Housing Support

8 quick facts:

- Formerly Group Residential Housing (GRH).
- Money to help eligible people pay housing-related expenses (and sometimes services).
- People have to apply.
- **Paid to eligible providers** on behalf of eligible people.
- Providers have a job to do.
- Places have to be eligible too.
- Not just for single adults.
- People can work!

How Housing Support Works

People pay their
countable income.



State of
Minnesota pays
the rest.



Housing Support

- 100% state-funded income support to pay for housing expenses, and sometimes additional services
 - Always
 - **7/1/2022 – 6/30/2023** (approximately 20,000 people)
 - Room and board, up to **\$1,041** for group settings
 - Room and board, up to **\$1,091** for supportive housing settings (minus Metro Demo)
 - Sometimes
 - supplemental services, **\$482.84**, *or higher if approved by legislature* (approximately 6,400 people)

Housing Support Standards

- Provision of room and board (everyone on Housing Support)
 - three nutritious meals a day
 - a bed, clothing storage, linen, bedding, laundry supplies
 - housekeeping, including cleaning and lavatory supplies or service
 - maintenance and operation of the building and grounds
- Provision of supplemental services (in addition to room and board for about 30% of recipients)
 - **connect people with resources for identified needs**
 - **case notes**
 - general oversight and supervision
 - arranging for medical and social services
 - assist with transportation
 - *other if required by legislature*

Housing Support - Supplemental Services

Supplemental Service Rate (SSR) – formerly known as Rate 2

- Must be part of Housing Support agreement
- Available in two ways
 - Assigned based on existing county or tribal capacity
 - Not widely available because of moratorium
 - Authorized by state legislature in statute
 - Example: Long-term homeless (LTH) supportive housing
- Individual eligibility from Qualified Professional (PSN)
- Rarely overlap with PCA and waiver services
- Reduced by 50% for people in community settings who are determined eligible for Housing Stabilization Services

Administering Housing Support

- People have to apply for other programs for which they appear to be eligible (like Social Security).
- SOAR/SSI advocacy can help people.
- Disability Hub – 866-333-2466
- “Good cause” exception

Eligible Person

Everyone must have both:

- **Low Income** – a person's countable income cannot exceed the Housing Support benefit amount
 - If a person will only receive the room and board rate, their countable income cannot exceed **\$1,041** or **\$1,091** depending on their setting
 - If a person is eligible for supplemental services, their income cannot exceed the entire benefit they will receive (typically **\$1,523.84** or **\$1,573.84** per month)
 - A client's maximum obligation is \$1,041 or \$1,091 depending on their setting
- **Low Assets** – MN cash programs have an asset limit of \$10K
 - People should be aware that other programs such as Medical Assistance or SSI have lower asset limits

Eligible Person

Everyone must have one of the following bases of eligibility

- Age – 65 and up
- Certified Disability
 - Through federal government with Supplemental Security Income (SSI), Retirement, Survivors, and Disability Insurance (RSDI)
 - Through state government with State Medical Review Team (SMRT) assessment
- Disabling Condition
 - Verified by qualified professional or county designee on the Professional Statement of Need (PSN)

Transition from Residential Behavioral Health Treatment

- ~~Must have low income and assets~~
- ~~Age – 65 and up~~
- ~~Certified Disability (SSI, RSDI, SMRT)~~
- ~~Disabling Condition~~
 - ~~*Verified by qualified professional or county designee*~~
- Must be exiting residential behavioral health treatment
 - Residential Crisis Stabilization, Intensive Residential Treatment Services (IRTS), or inpatient Substance Use Disorder treatment

Transition from Residential Behavioral Health Treatment

Do not need to verify income or assets for up to 3 months



Transition from Residential Behavioral Health Treatment

Residential Behavioral Health Treatment

- Documented housing instability when leaving treatment (**Professional Statement of Need**)
- Connect to Housing Support provider
- Apply for Housing Support

Transition from Residential Treatment

- Eligibility: **Up to 3** benefit months OR when person leaves.
- First month could be partial.
- No income or assets
- Need to be “technically” eligible.
- No interview unless needed to verify something.

Longer Term or Permanent

Ongoing Housing Support in same location if eligible.

Ongoing Housing Support in different location if eligible.

No Housing Support

Helping People Apply for Housing Support

- **Housing Stabilization Providers will not receive Housing Support dollars.**
- This application is for the person to access Housing Support once they have identified an authorized provider with an opening.

Helping a person apply for Housing Support

- Combined Application Form (**DHS-5223**) **OR** Change Report Form (**DHS-2402**) if a person is open on a cash assistance program already, **OR** online (**mnbenefits.mn.gov**).
 - Date of application impacts program start date
 - Only page 1 of the CAF must be complete to “lock in” the application date (name, address and signature)
 - Interview is required (but doesn’t need to be in-person)
- Other documents needed
 - Income and asset verifications
 - Disability verifications
 - Interim Assistance Agreement required for anyone not already on SSI

Professional Statement of Need (PSN)

Professional Statement of Need (PSN)

- New elements to streamline eligibility for programs and services.
 - Housing Support
 - Basic program eligibility for recipients with disabling conditions.
 - Supplemental Service Rate eligibility
 - New “Transition from Residential Treatment” basis
 - Housing Stabilization Services
 - New MA state-plan service to help people with disabilities find and keep housing.

Professional Statement of Need

APPLICANT'S NAME	APPLICANT'S LEGAL NAME (IF DIFFERENT)
DATE OF BIRTH	(For Office Use Only) MAXIS CASE NUMBER

Qualified Professionals (as defined in Section 2) use this form to confirm that a person meets certain criteria for **one or both** of the following:

- Medical Assistance Housing Stabilization Services
- Minnesota Housing Support Program

After completing this form, please return to the person or their authorized representative. This form does not represent an offer of payment on the part of the state, county, or tribe. Additional information about completing this form may be found in the [Professional Statement of Need Guidance for Qualified Professionals \(DHS-7122A\)](#).

Section 1: Housing Situation

- For MA Housing Stabilization Services: This section is required.
- For Minnesota Housing Support: This section is not required.

What is your current situation? (You may choose more than one option)	
<input type="checkbox"/> I am currently homeless.	<input type="checkbox"/> I am at risk of losing my housing.
<input type="checkbox"/> I am living in, or I have recently transitioned from, an institution (ex. hospital or nursing home) or congregate facility (ex. board and lodge, foster home, assisted living).	<input type="checkbox"/> I am eligible for waiver services (BI, CAC, CADI, DD, EW).
<input type="checkbox"/> I was homeless before entering a correctional, medical, mental health, or substance use disorder treatment center, and now I am discharging without a permanent place to live.	

Section 2: Disabling Condition

- For MA Housing Stabilization Services: Must be completed and signed by a Qualified Professional.
- For Minnesota Housing Support: Must be completed and signed by a Qualified Professional or a County/Tribal Designee.
- NOTE: A certified disability determination or formal diagnostic assessment is not required.

Disabling condition Developmental Disability Learning Disability Mental health Illness, injury, or incapacity Substance Use Disorder**Allowable qualified professional**

Licensed physician, physician assistant, advanced practice registered nurse (clinical nurse specialist, nurse anesthetist, nurse-midwife, or nurse practitioner), licensed independent clinical social worker, licensed psychologist, certified school psychologist, or certified psychometrist working under the supervision of a licensed psychologist

Licensed physician, physician assistant, advanced practice registered nurse (clinical nurse specialist, nurse anesthetist, nurse-midwife, or nurse practitioner), licensed independent clinical social worker, licensed psychologist, certified school psychologist, or certified psychometrist working under the supervision of a licensed psychologist

Licensed physician, physician assistant, advanced practice registered nurse (clinical nurse specialist, nurse anesthetist, nurse-midwife, or nurse practitioner), tribally certified mental health professional, or mental health professional (a registered nurse certified as a clinical specialist in psychiatric nursing or as a nurse practitioner in psychiatric and mental health nursing, licensed independent clinical social worker, licensed professional clinical counselor, licensed psychologist, licensed marriage and family therapist, or licensed psychiatrist)

Licensed physician, physician assistant, advanced practice registered nurse (clinical nurse specialist, nurse anesthetist, nurse-midwife, or nurse practitioner), physical therapist, occupational therapist, or licensed chiropractor, according to their scope of practice

Licensed physician, physician assistant, tribally certified mental health professional, mental health professional (a registered nurse certified as a clinical specialist in psychiatric nursing or as a nurse practitioner in psychiatric and mental health nursing, licensed independent clinical social worker, licensed professional clinical counselor, licensed psychologist, licensed marriage and family therapist, or licensed psychiatrist), a substance use disorder treatment director, an alcohol and drug counselor supervisor, a licensed alcohol and drug counselor, or certified alcohol and drug counselor through the evaluation process established by the International Certification and Reciprocity Consortium Alcohol and Other Drug Abuse, Inc., or the Upper Midwest Indian Council on Addictive Disorder (UMICAD)

This condition is current and expected (check one): To last at least one year. To last less than one year, estimated until: _____

NAME OF QUALIFIED PROFESSIONAL

TYPE OF QUALIFIED PROFESSIONAL (FROM ABOVE)

QUALIFIED PROFESSIONAL'S EMAIL ADDRESS AND/OR PHONE NUMBER

QUALIFIED PROFESSIONAL'S AGENCY OR ORGANIZATION

ARE YOU A COUNTY/TRIBAL DESIGNEE?

 Yes No

WHICH COUNTY OR TRIBE?



By checking "I agree" and typing my name in the "Signature" field, I understand that I am electronically signing this form. I attest and certify that the information provided above is true and accurate. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (MN Stat. §325L.07)

 I agree

SIGNATURE OR TYPED NAME

DATE

Section 3: Medical Assistance Housing Stabilization Services

- For MA Housing Stabilization Services: Must be completed and signed by a Qualified Professional.
- For Minnesota Housing Support: This section is not required.

Please identify areas in which the person needs support to find or maintain stable housing. The selection of one or more assessed need areas is required for eligibility.

- | | |
|--|--|
| <input type="checkbox"/> Communicating needs | <input type="checkbox"/> Mobility |
| <input type="checkbox"/> Making informed decisions | <input type="checkbox"/> Managing moods or behaviors |

NAME OF QUALIFIED PROFESSIONAL	TYPE OF QUALIFIED PROFESSIONAL (FROM SECTION 2)
QUALIFIED PROFESSIONAL'S EMAIL ADDRESS AND/OR PHONE NUMBER	QUALIFIED PROFESSIONAL'S AGENCY OR ORGANIZATION

By checking "I agree" and typing my name in the "Signature" field, I understand that I am electronically signing this form. I attest and certify that the information provided above is true and accurate. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (MN Stat. §325L.07)

<input type="checkbox"/> I agree	SIGNATURE OR TYPED NAME	DATE

Section 4: Minnesota Housing Support Supplemental Services

- For Minnesota Housing Support: Must be completed and signed by a Qualified Professional or County/Tribal Designee.
- For MA Housing Stabilization Services: This section is not required.

Please indicate which support(s) the person needs to access or maintain housing. The selection of two or more supports is required for eligibility.

- Tenancy supports to assist an individual with finding their own home, landlord negotiation, securing furniture and household supplies, understanding and maintaining tenant responsibilities, conflict negotiation, and budgeting and financial education.
- Supportive services to assist with basic living and social skills, household management, monitoring of overall well-being, and problem solving.
- Employment supports to assist with maintaining or increasing employment, increasing earnings, understanding and utilizing appropriate benefits and services, improving physical or mental health, moving toward self-sufficiency, and achieving personal goals.
- Health supervision services to assist in the preparation and administration of medications other than injectables, the provision of therapeutic diets, taking vital signs, or providing assistance in dressing, grooming, bathing, or with walking devices.

NAME OF QUALIFIED PROFESSIONAL	TYPE OF QUALIFIED PROFESSIONAL (FROM SECTION 2)
QUALIFIED PROFESSIONAL'S EMAIL ADDRESS AND/OR PHONE NUMBER	QUALIFIED PROFESSIONAL'S AGENCY OR ORGANIZATION
ARE YOU A COUNTY/TRIBAL DESIGNEE? <input type="radio"/> Yes <input type="radio"/> No	COUNTY OR TRIBE

By checking "I agree" and typing my name in the "Signature" field, I understand that I am electronically signing this form. I attest and certify that the information provided above is true and accurate. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (MN Stat. §325L.07)

<input type="checkbox"/> I agree	SIGNATURE OR TYPED NAME	DATE

Section 5: Transition from Residential Treatment to Minnesota Housing Support Program

- **For Minnesota Housing Support applicants who are exiting a residential Behavioral Health Treatment Program: Must be completed and signed by residential Behavioral Health Treatment staff.**
- For MA Housing Stabilization Services: This section is not required.
- NOTE: Sections 1, 2 and 3 of this form are not required for completion of this section. Residential treatment staff completing this section may be the same as the Qualified Professional listed above. Residential treatment staff must complete this section whether or not they are a qualified professional.

The person named above lacks a fixed, adequate, nighttime residence upon discharge from this residential Behavioral Health Treatment Program.

DATE OF DISCHARGE:

NAME OF RESIDENTIAL TREATMENT STAFF

NAME OF RESIDENTIAL BEHAVIORAL HEALTH TREATMENT PROGRAM

RESIDENTIAL TREATMENT STAFF'S EMAIL ADDRESS AND/OR PHONE NUMBER

By checking "I agree" and typing my name in the "Signature" field, I understand that I am electronically signing this form. I attest and certify that the information provided above is true and accurate. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (MN Stat. §325L.07)

I agree

SIGNATURE OR TYPED NAME

DATE

Eligible Person

What people need to do:

- Apply
- Be eligible
- Pay their portion
- Verify information and report changes
- Work if they want to

Eligible Provider

- **Housing Support providers must have a signed agreement in each county and tribe where they want to operate a Housing Support program.**
 - Group or community versions
 - Updated annually
 - Non-transferable
 - Sets standards
 - Authorizes provider capacity
 - Establishes rates

Eligible Provider

Background study requirements

- Net Study 2.0 through DHS
- Broad umbrella applies to:
 - Controlling individuals and managerial officials
 - All employees and volunteers of the establishment who have direct contact with Housing Support recipients, or who have unsupervised access to Housing Support recipients, their personal property, or their private data.

Eligible Provider

Minimum staff qualifications

- Slightly smaller umbrella applies to “direct contact” staff
 - anyone who is providing face-to-face care, training, supervision, counseling, consultation or medication assistance to people receiving Housing Support.
- Three requirements...
 1. Minimum education or experience
 2. Appropriate driver’s license
 3. Completion of required trainings
 - Vulnerable Adult / Mandated Reporter training
 - Program orientation training

Eligible Provider - Getting started

Prospective Housing Support Providers need to:

1. Read & understand the Housing Support agreement
2. Contact the right person at the county or tribe
3. Follow county or tribal process
4. Sign the agreement
5. Enroll for billing (if authorized)
6. Help people apply
7. Meet program standards

Eligible Places

- **Two types of places:**

- Group Settings
 - Meals must be provided.
- Community-based Settings
 - People have their own lease and have the option to prepare their own meals.

- **Every place has to be:**

- Licensed or registered, OR
- Tribally authorized, OR
- Exempt in state law

Eligible Places DHS-8292

Housing Support Setting Type (MAXIS VND2 CODE DHS or Health Dept License)	Group Setting	Community Setting	DHS License Required	MDH License Required	MDH Registration Required	Lease Required	Meals Provided	SNAP eligible	Habitability Inspection Required	Supplemental Service Rate (SSR) available?	SSR using "Banked Beds"?
Adult Foster Care (04 ²)	X		x				X			No	No
Boarding Care Home (02 ²)	X			x			X			Maybe ⁴	No
Board and Lodge (04 ²)	X			x			X			No	No
Board and Lodge with Special Services (06 ²)	X			x	X		X			Maybe ⁴	If available
Hotel/Restaurant (05 ²)	X			x			X	Maybe ³		Maybe ⁴	If available
Supervised Living Facility (03 ²)	X			x			X			Maybe ⁴	If available
Assisted Living (09 ²)	X			x			X	Maybe ³		Maybe ⁴	If available
Supportive Housing - GENERAL (10 ²)		X				X		X	X	Maybe ⁴	If available
Supportive Housing - LTH (10 ²)		X				X		X	X	Yes	No
Metro Demonstration Project (08 ²)		X				X		X	X	Yes	No
Tribe Certified Housing - group (07 ²)	X						X			Maybe ⁴	If available
Tribe Certified Housing - independent living (07 ²)		X				X		X		Maybe ⁴	If available

What Is HB101 Places?

For people looking for Housing Support:

- One location to see a variety of housing options
- People can filter their search based on their service
- Allows efficient connection to Housing Support providers with openings

For providers:

- Show openings and property details.
- Provide online description of housing and eligibility criteria.
- Reduce calls about vacancies.
- Create a variety of useful reports for business and funding needs.

HB101 Places

Find the Right Home + Services For You.

Don't need services with your housing?
Find affordable housing on HousingLink. [↗](#)

For places with services in Hennepin
County, use Hennepin Housing Key. [↗](#)

Quick Start

How-to

About

Filters:

Sort by: distance

Vacancy: Has vacancies

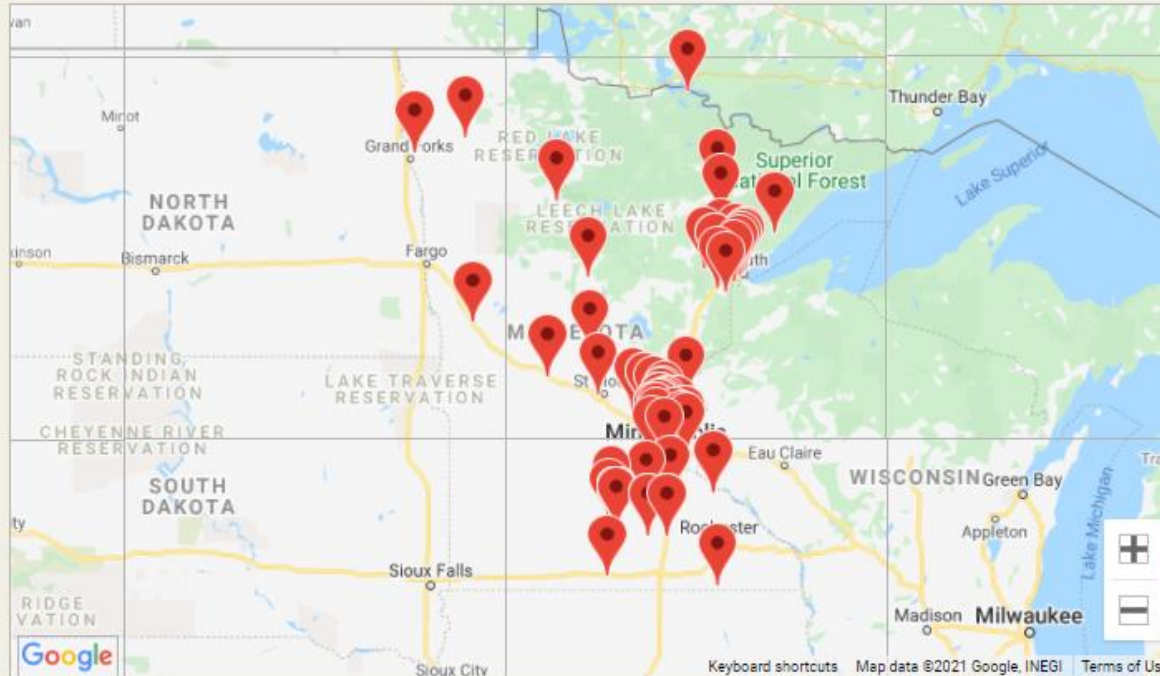
Save as...

Load a saved filter set...

Location:

Enter a location...

All miles



Can filter by: distance from location, household size, waiver services, other health services, criminal background, building access, sobriety policy, smoking, pets, and program type

Contact us about Housing Support

For Housing Support policy questions, contact our policy staff
at: **dhs.dhs.grh@state.mn.us**