

LAKESHORE REGIONAL ENTITY SERVICE DESCRIPTION
Housing Assistance

This service must be provided consistent with requirements outlined in the MDHHS Medicaid Provider Manual as updated. The manual is available at:

<http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

1. Definition or Description of Service

- a. Housing assistance is assistance with short-term, interim, or one-time-only expenses (not including room and board costs) for Individuals transitioning from restrictive settings and homelessness into more independent, integrated living arrangements while in the process of securing other benefits (e.g., SSI) or public programs (e.g., governmental rental assistance and/or home ownership programs) that will become available to assume these obligations and provide needed assistance.

2. Practice Principles

- a. Housing Assistance is a Medicaid-covered service with eligibility criteria. It is not a discretionary fund.
- b. The purpose of Housing Assistance is to support Individuals who are eighteen (18)-years-old or older to live in independent and integrated living situations.
- c. Provider will comply with the principles of person-centered planning as outlined in the MDHHS BHDDA Person-Centered Planning Policy.
- d. MDHHS encourages the use of natural supports to assist in meeting an Individual's needs to the extent that the family or friends who provide the natural supports are willing and able to provide this assistance. The use of natural supports must be documented in the Individual's individual plan of service.

3. Credentialing Requirements

- a. Provider shall assure that all staff providing services are qualified and trained to provide services at the level authorized by the Payor.

4. Service Requirements

- a. Definitions
 - i. "Short-Term" means six (6) months or less.
 - ii. "Transitioning" means the Individual has a plan to move from one setting to another that will happen within ninety (90) days or less.
 - iii. Integrated or independent setting means unlicensed settings that the Medicaid Individual owns, rents, or leases.
 - iv. "Utilities" means electricity, natural gas, fuel oil, water, and basic telephone service needed for safety. Cable, satellite, internet, cellular phone, and other non-emergency household expenses are not included.
 - v. Insurance includes only insurance related to the living arrangement such as home owner's insurance or rental insurance and applies only where not paying the expenses would pose a barrier to a successful transition to owning or leasing/renting a dwelling.
- b. Housing Assistance includes:
 - i. Assistance with utilities, insurance, and moving expenses where such expenses would pose a barrier to a successful transition to owning, leasing, or renting a dwelling.
 - ii. Limited term or temporary assistance with living expenses for Individuals transitioning from restrictive settings and homelessness. Limited term or temporary assistance is defined as a total of six (6) occurrences of a funding need.

- iii. Interim assistance with utilities, insurance or living expenses when the Individual already living in an independent setting experiences a temporary reduction or termination of his own or other community resources. Interim assistance is defined as a total of three (3) occurrences of a funding need.
 - iv. Home maintenance when, without a repair to the home or replacement of a necessary appliance, the Individual would be unable to move there, or if already living there, would be forced to leave for health and safety reasons.
- c. Exclusions from Housing Assistance:
- i. Funding for on-going housing costs. Ongoing is defined as longer than a total of six (6) occurrences of funding need.
 - ii. Funding for any room and board costs (i.e., rental payments, mortgage payments, lease payments, land contract payments hotel/motel stays, etc.).
 - iii. Home maintenance that is of general utility or cosmetic value and is considered to be a standard housing obligation of the Individual.
 - iv. Replacement or repair of appliances should follow the general rules under assistive technology. Repairs to the home must be in compliance with all local codes and be performed by the appropriate contractor (refer to the general rules of the Environmental Modifications section of the Medicaid Provider Manual). Replacement or repair of appliances, and repairs to the home or apartment do not need a prescription or order from a physician.
 - (a) All applicable warranties and insurance coverages must be sought and denied before paying for repairs. There must be documentation that the repair is the most cost-effective solution when compared with replacement or purchase of a new item.
 - (b) There must be a signed contract between the contractor performing repairs, and the homeowner. The CMHSP will work with both parties to ensure that the work is completed as outlined in the contract, and that issues are resolved.
 - (c) The existing structure must have the capability to accept and support the proposed changes. The “infrastructure” of the home (e.g., electrical system, plumbing, well/septic, foundation, heating/cooling, smoke detectors systems, and roof) must be in compliance with all local codes. If the home is not code compliant, other funding sources must be secured to bring the home into compliance.
 - (d) The repairs to the home must incorporate reasonable and necessary construction standards, and comply with applicable state or local building codes. The repairs cannot result in valuation of the structure significantly above comparable neighborhood real estate values.
 - (e) Adaptations may be made to rental properties when the landowner agrees to the adaptation in writing. A written agreement between the landowner and the Individual must specify any requirements for restoration of the property to its original condition if the occupant moves, and must indicate that Medicaid is not obligated for any restoration costs.
- d. If the Individual purchases an existing home while receiving Medicaid services, it is the Individual’s responsibility to assure that the home will meet basic needs, such as having a ground floor bath/bedroom if the Individual has mobility limitations.
- e. Provider shall complete service documentation and records that meet the PIHP/CMHSP’s requirements for reimbursement. Provider’s services and documentation/records shall comply with the standards of the PIHP, CMHSP, accreditation bodies, MDHHS, any applicable licensing Department or Agency of the State of Michigan, Medicaid and Medicare regulations and/or any third party payers. The Individual’s record must contain sufficient information to document the provision of services, including the nature of the service, the date, and the location of the service.

- f. Covered items must meet applicable standards of manufacture, design, and installation. There must be documentation that the best value in warranty coverage was obtained for the item at the time of purchase.

5. Training Requirements

- a. See Attachment I: Training Requirements for specific training requirements and frequency of trainings.

6. Eligibility Criteria/Access Requirements/Authorization Procedures

- a. Individual has current Medicaid coverage.
- b. Individual is currently living in a restrictive setting, is homeless, or is residing in an independent/integrated setting.
- c. The expense is short-term (six (6) months or less), interim, or one-time-only.
- d. Documentation of efforts (e.g., the person is on a waiting list) under way to secure other benefits or public programs (e.g., governmental rental assistance, community housing initiatives and/or home ownership programs) so when these become available they will assume these obligations and provide the needed assistance.
- e. Supports Coordinator or Case Manager must document efforts to secure other benefits that will provide needed financial assistance in the near future.
- f. Individual must have in his individual plan of services a goal of independent living, and either live in a home/apartment that he/she owns, rents, or leases; or be in the process of transitioning to such a setting.
- g. Documentation of individual's control (i.e., individual-signed lease, rental agreement, deed) of his living arrangement in the IPOS.
- h. Individual provides proof of transition to an integrated setting (transition plan) or proof of residing in an integrated setting (e.g., a lease, a deed).
- i. The [Lakeshore Regional Entity Guide to Services](#) provides a summary of service eligibility, access to services, and service authorization. Additional information related to policies, procedures and Provider Manuals may be found by accessing the specific CMHSP websites.