



Bulletin

NUMBER

#15-48-01

DATE

July 13, 2015

OF INTEREST TO

County Directors
Social Services Supervisors
and Staff

Tribal Human Services
Directors

Income Maintenance
Supervisors and Staff

ACTION/DUE DATE

Please read information
and prepare for
implementation as specified
in the bulletin.

EXPIRATION DATE

July 13, 2017

2015 Legislative Changes to Group Residential Housing Program

TOPIC

Summary of changes from the 2015 legislative session to the Group Residential Housing (GRH) program.

PURPOSE

Provide information and instructions on policy changes.

CONTACT

Submit questions to Policy Quest.

SIGNED

JENNIFER DECUBELLIS
Assistant Commissioner
Community Supports Administration

TERMINOLOGY NOTICE

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.

I. Background

During the 2015 legislative session, the Minnesota Legislature enacted policy changes to the Group Residential Housing (GRH) program.

Some policy changes in this bulletin are for informational purposes, and others require agency action. Changes requiring action are noted below.

Statutory language was changed to reflect the fact that, in addition to counties, tribes can now enter into GRH agreements with providers. In the law, and in the information that follows, the phrase “agency” refers to counties and tribes. The word “county” is used for policies that apply only to counties.

Changes are found in [2015 Minnesota Session Law, Chapter 71, Article 1, Sections 3, 6, 9, 15-40, and 120](#).

II. Changes to budgeting and payments

New policies will make it easier for agencies to administer the program, for providers to use the program, and for people to access and keep program benefits for their housing and services.

A. New work incentives

Recipients without Supplemental Security Income (SSI) will report any earned income every six months, and will keep any increases in income that occur during that time period. Recipients may report decreases in earned income as they occur to allow for budget recalculation at the start of the next month. Counties will calculate payments based on estimated future earned income instead of on actual earned income. Additionally, counties will pay benefits at the beginning of the month instead of waiting for reports, verifications, and authorizations. Work incentives for people with SSI who work will remain the same.

Required action

Effective approximately April 1, 2016, counties will begin six-month reporting and prospective budgeting for recipients who are working and not receiving SSI. More guidance will be available closer to implementation.

B. Budgeting for people with Supplemental Security Income

Supplemental Security Income (SSI) recipients now receive an income deduction if their monthly SSI benefit is reduced, regardless of when they moved into a setting. For example, expenses like a representative payee fee may be allowed as a deduction from monthly SSI income, **even if the expense was incurred after entry into a setting**. However, income deductions will not be allowed in the budget when a person’s SSI benefit was reduced due to an increase in income.

Required action

Effective July 1, 2015, when processing a case affected by this change, counties should allow this deduction manually following the guidance issued to financial workers on June 29, 2015. Once this policy has been automated in the Minnesota Department of Human Services' (the department's) benefit eligibility and payment system (MAXIS), the manual step will no longer be needed. The MAXIS implementation target date is September 1, 2015.

III. Changes to supportive housing settings

Policy changes will make it easier to administer benefits in supportive housing settings (serving recipients who have experienced homelessness), and make supportive housing more available across the state.

A. Individual eligibility for supportive housing

People no longer have to exit from a qualified homeless shelter in order to receive supplemental services. Instead, people must meet Minnesota's long-term homeless definition (in addition to being eligible for the program), and be referred by their local homeless Coordinated Entry system for supportive housing.

Required action

Effective July 1, 2015, counties must no longer require verification that a person stayed in a qualifying homeless shelter in order to be eligible for supplemental services in supportive housing. Instead, counties must verify that new supportive housing applicants meet the Minnesota long-term homeless criteria by requiring a completed Minnesota Housing *Eligibility Verification of Long-Term Homelessness (LTH)* form, found at the bottom of [this web page](#).

Minnesota's long-term homeless criteria requires that a person be homeless for a continuous year, or homeless during four different episodes in the last three years. Any period of time when a person was residing in an institution or transitional housing or incarcerated is considered excluded time and not counted. Doubled up or couch hopping is considered an episode of homelessness if a household is doubled up with another household (and the duration is less than one year) or couch hops as a temporary way to avoid living on the streets or an emergency.

Counties may waive the requirement for individuals to show referral through the local Coordinated Entry system if the system is not yet developed. All areas should be developed before January 2016.

B. License requirements for supportive housing

Supportive housing settings for people who have been homeless long-term no longer have to register the building with the Minnesota Department of Health as a housing with services

establishment. Instead, homes where a person receives GRH for supportive housing must pass a habitability inspection.

Required action

Effective July 1, 2015, counties must no longer require providers in supportive housing for long-term homeless settings to show proof that a building is registered with the Minnesota Department of Health. Agencies should continue to enter into new GRH agreements with providers for supportive housing settings. Counties should continue current practices to enter vendor information into MAXIS for supportive housing settings.

Counties must require completion of an approved Habitability Inspection form for their residence at application.

IV. Changes to eligibility and access

New policies will increase access for tribes, and will target the program to people with disabling conditions.

A. Access for tribes

Effective July 1, 2015, tribes can negotiate, manage and monitor GRH agreements with providers.

Required action

Individual recipient eligibility will still be determined by the county, or by any tribe that uses the MAXIS eligibility and payment system for the program. Additional agency action is not required.

Tribal agencies that wish to hold a GRH agreement with a provider should contact the department to enter new vendor information into MAXIS by emailing dhs.dhs.grh@state.mn.us.

B. Service authorization

Recipients who reside in any supplemental service rate setting must have a Professional Statement of Need form completed by either a Qualified Professional or a designee of the county in order to receive a service rate payment.

Allowable Qualified Professional	Relevant disabling condition
Licensed psychologist, certified school psychologist, or certified psychometrist under the supervision of a licensed psychologist	Developmental Disability
Licensed psychologist or school psychologist with experience determining learning disabilities	Learning Disability
Licensed psychiatric registered nurse, licensed psychiatric nurse practitioner, licensed independent clinical social worker, licensed	Mental illness

professional clinical counselor, licensed psychologist, licensed marriage and family therapist, or licensed physician	
Licensed physician, physician's assistant, nurse practitioner, certified nurse midwife or licensed chiropractor	Physical illness, injury, or impairment
Treatment director, alcohol and drug counselor supervisor, licensed alcohol and drug counselor, or licensed physician	Chemical dependency

Required action

Effective July 1, 2015, counties must no longer require the recipient's county of financial responsibility to approve a GRH service plan to authorize a service rate payment. Instead, counties must require completion of the Professional Statement of Need form issued by the department to authorize service rate payments. Counties must send their county designees' contact information to dhs.dhs.grh@state.mn.us, and must accept Professional Statement of Need forms signed by a Qualified Professional or by a county designee who is on the department's county designee list on eDocs.

C. Individual eligibility and verification

Only people with a verified disability or disabling condition will be eligible for the program. General Assistance bases of eligibility allowed for GRH will include:

- Permanent or temporary illness or incapacity
- Pending application for Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI)
- Medically certified as having a developmental disability or mental illness
- Drug or alcohol addiction
- Requires services in residence
- Learning disability impacting employment
- Advanced age (55 or older) impacting employment
- Unemployable

These General Assistance bases of eligibility will **no longer** be considered for GRH eligibility:

- Needed in the home to care for another person
- Women in battered women's shelters (repealed in 1999)
- Full time student eligible for displaced homemaker services
- Performing court ordered services impacting employment
- Child under 18; emancipated, with social service plan and county approval
- High school student age 18 or older whose primary language is not English

Changes to the bases of eligibility **do not** change the bases of eligibility for the General Assistance program. These changes only apply to the ways a person shows a disabling condition in order to qualify for GRH.

Recipients must apply for all benefits for which they appear eligible, like SSI, and agree to re-pay any GRH benefits they received while successfully applying for other benefits (by signing an Interim Assistance agreement).

Required action

Effective July 1, 2015, counties must require completion of the Professional Statement of Need form issued by the department to verify the “Requires supervision in a facility” basis of eligibility. Counties must send their county designees’ contact information to dhs.dhs.grh@state.mn.us, and must accept Professional Statement of Need forms signed by a Qualified Professional or by a county designee who is on the department’s county designee list on eDocs.

Effective September 1, 2015, counties must require people who appear to be eligible for SSI or SSDI to apply within 30 days, as is required for General Assistance and health care. A person appears to be eligible for SSI if he/she has a disability lasting more than a year or that will result in death. Chemical dependency is not considered a disability by the Social Security Administration. However, some people might have other physical or mental illness in addition to chemical dependency that would qualify.

Counties may grant an extension to the 30 day requirement to apply for other benefits if an individual has good cause to not apply within that time. For example, if due to the nature of his/her disability a person is not competent to apply or accept help to apply for other benefits, an extension may be granted.

Counties should refer people who appear to qualify for SSI or SSDI to contact the Disability Linkage Line (DLL) at 1-866-333-2466 to get help with the application. The DLL will be able to refer a person to application assistance in their area.

Also effective September 1, 2015, counties must not approve GRH benefits for the removed General Assistance bases of eligibility.

V. New expectations for providers and settings

New policies address quality in all settings funded by the program.

A. Standard GRH agreement

Agencies are required to use a standard GRH agreement under development at the department. The standard GRH agreement will assure minimum quality standards for settings across the state and across setting types. The agreement includes elements addressing:

- Standards and definitions for room and board, and for services when applicable
- Minimum staff qualifications
- License and registration

- Adverse event reporting
- Residency restrictions that could result in eviction or discharge

Required action

The department is developing the standard GRH agreement. Agencies should begin using the new GRH agreement upon release by the department. Agencies do not need to replace existing GRH agreements, but must use the new agreement as existing agreements are renewed or new agreements are initiated. Agencies must use the new GRH agreement for all providers effective July 1, 2016.

B. Minimum provider qualifications

Many providers already complete background studies and have minimum staff qualifications under other licenses from the Minnesota Department of Human Services or Minnesota Department of Health.

Background studies: Providers who were not previously required to complete background studies will be required to initiate them as of July 1, 2016. For these providers, background studies will be required for:

- Controlling and managing individuals as defined in the Human Services Licensing Act (Minnesota Statutes, chapter 245A); and
- All employees and volunteers who have direct contact (provide face-to-face care, training, supervision, counseling, consultation, or medication assistance) with recipients, or who have unsupervised access to recipients, their personal property, or their private data.

There will be a \$20 fee for each background study done in NETStudy 2.0, the department's on-line background study system that uses fingerprints to conduct state criminal record checks. There will also be a \$9.10 fee for subjects to be fingerprinted at one of the many fingerprint scanning sites located throughout Minnesota. All required background studies must be completed by July 1, 2017. At that time, providers must be able to show that background studies have been completed on any individual required to have a study, and that the individual has either passed the background study or, if disqualified, has been issued a set-aside of his/her disqualification. For more information on background studies and NETStudy 2.0, please see the department's [background studies page](#).

Minimum qualifications: Minimum provider qualifications are required for settings whose only license is Board and Lodging, and for unlicensed settings. Except for facilities with only a Board and Lodging license, when staff are operating under a license issued by the Minnesota Department of Health or the Minnesota Department of Human Services, the minimum staff qualification requirements for the setting shall be the qualifications listed under the related licensing standards. By July 1, 2016, providers at required settings must demonstrate to the agency that all staff members who have direct contact (provide face-to-

face care, training, supervision, counseling, consultation, or medication assistance) with recipients:

- Have at least **one** of the following:
 - A course of study in a health or human services-related field leading to a bachelor of arts, bachelor of science, or associate's degree; or
 - One year experience with the target population served (can include being a member of the target population served); or
 - Experience as a Minnesota Department of Human Services certified peer specialist; or
 - Meets requirements of unlicensed personnel in licensed home care settings
- Have a valid driver's license appropriate to vehicle if transporting clients
- Complete two online trainings by July 1, 2016:
 1. Vulnerable Adult Mandated Reporting from the department, and
 2. GRH Orientation (will be available January 2016).

Required action

Beginning July 1, 2016, agencies must use the standard GRH agreement issued by the department, collect provider self-reports that minimum standards are met, and respond to reports of non-compliance.

C. Room and board standards

Effective July 1, 2015, new standards clarify the required goods and services recipients must have when living in licensed or registered settings. Providers in those settings must ensure that all recipients have access to a basic set of goods and services. Providers do not have to use room and board funds to purchase all required goods and services. For example, an individual may prefer to use his/her personal belongings such as linens or bedding, in which case it is not necessary for a provider to purchase those items. A recipient may choose to use his/her Personal Needs Allowance to purchase the following goods or services, but a provider may not require it. The new room and board standards are:

- Three nutritional meals a day on site;
- A bed, clothing storage, linen, bedding, laundering, and laundry supplies or service;
- Housekeeping, including cleaning and lavatory supplies or service; and
- Maintenance and operation of the building and grounds, including heat, water, garbage removal, electricity, telephone for the site, cooling, supplies, and parts and tools to repair and maintain equipment and facilities.

Required action

Effective July 1, 2015, agencies must respond to reports of non-compliance.

Effective July 1, 2016, agencies must use the standard GRH agreement issued by the department, and collect provider self-reports that minimum standards are met.

D. Service provider requirements

Supplemental services providers must enroll in the department's provider enrollment system. Enrollment is expected to begin October 1, 2015, and must be complete by July 1, 2016. Additional guidance and support will be issued closer to those dates.

Supplemental service providers will bill for services using the department's service authorization and payment system (MN-ITS). They will no longer receive supplemental service payments from MAXIS. Housing payments will continue to be paid from MAXIS. Billing for services is expected to begin in late 2016.

Required action

No agency action is required at this time.

E. Homeless Management Information System participation for shelters and supportive housing

Emergency shelters receiving program funding, and supportive housing settings that serve people who are long-term homeless, are required to participate in the Homeless Management Information System (HMIS). This is a database used to standardize information to better understand homelessness and improve housing and services in order to end homelessness in Minnesota. Implementation is subject to systems change.

Required action

Beginning July 1, 2016, agencies will use the standard GRH agreement issued by the department, collect provider self-reports that HMIS participation requirement is met, and respond to reports of non-compliance.

F. State oversight

The department will now monitor and routinely verify providers' and recipients' eligibility.

Agencies continue to have authority to terminate GRH agreements. To assist agencies, the department is now also authorized to suspend or terminate payments or GRH agreements if the health or well-being of recipients is at risk.

Required action

Changes are effective July 1, 2015.

Agencies must follow guidance as it is released from the department, which will roll out in two phases:

1. Individual eligibility review to begin November 2015, and
2. Provider qualification review to begin July 2016.

Americans with Disabilities Act (ADA) Advisory

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This information is available in accessible formats for people with disabilities by calling (651) 431-3941 (voice) or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.