

## NORTHCARE NETWORK

<b>POLICY TITLE:</b> Housing Policy	<b>CATEGORY:</b> Clinical Practices	
<b>EFFECTIVE DATE:</b> 12/4/13	<b>BOARD APPROVAL DATE:</b> 12/4/13	
<b>REVIEWED DATE:</b> 2/20/23	<b>REVISION(S) TO POLICY STATEMENT:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>OTHER REVISION(S):</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>RESPONSIBLE PARTY:</b> Utilization Management Coordinator	<b>CEO APPROVAL DATE:</b> 3/7/23 Megan Rooney, Interim CEO	

### **APPLIES TO**

NorthCare Network Personnel  
Member CMHSPs  
SUD Providers

### **POLICY**

NorthCare Network recognizes housing to be a fundamental need of all persons and affirms the right of consumers to receive services that respect and support their housing preferences in a manner that truly fulfills the mandates of the Americans with Disabilities Act (ADA) with respect to community integration. Member CMHSPs and Providers of SUD services must have in place mechanisms that assure treatment professionals educate consumers about housing options and services available and support the right of consumers to pursue housing options of their choice.

### **PURPOSE**

To establish practice guidelines for assuring the process of locating suitable housing is directed by the consumer's interests, involvement and informed choice and is in the most integrated setting appropriate to the needs of the consumer.

### **DEFINITIONS**

1. **Affordable:** is a condition that exists when an individual's means or the combined household income of several individuals is sufficient to pay for food, basic clothing, health care, and personal needs and still have enough left to cover all housing related costs including rent/mortgage, utilities, maintenance, repairs, insurance and property taxes. In situations where there are insufficient resources to cover both housing costs and basic living costs, individual housing subsidies may be used to bridge the gap when they are available.
2. **Habitable and safe:** means those housing standards established in each community that define and require basic conditions for tenant/resident health, security, and safety.
3. **Housing:** refers to dwellings that are typical of those sought out and occupied by members of a community. The choices a consumer of mental health services makes in meeting his or her housing needs are not to be linked in any way to any specific program or support service needs he or she may have.

4. **Community Mental Health Services Program (CMHSP):** means the agency responsible for providing and contracting for mental health services and/or arranging and coordinating the provision of other services to meet the consumer's needs.

## **REFERENCES**

- Federal Register/Vol.79, No.11/Thursday, January 16, 2014/Rules and Regulations. Final Rules for Home and Community Based Waivers
- CMS2249-F/2296-F. Fact Sheet: Summary of Key Provisions of the Home and Community-Based Services Settings Final Rule
- MDHHS Medicaid Managed Specialty Supports and Services Concurrent 1915(b)(c) Waiver Programs, current attachment: Housing Practice Guideline
- NorthCare Network's SOP – HCBS Provisional Approval Procedure

## **HISTORY**

REVISION DATE: 11/5/14, 11/1/19, 9/17/20, 4/19/22

REVIEW DATE: 11/27/13, 11/5/14, 9/16/15, 7/7/16, 5/18/17, 3/13/18; 1/4/19, 11/1/19, 9/17/20, 7/19/21, 4/19/22, 2/20/23

CEO APPROVAL DATE: 11/27/13, 11/5/14, 10/6/15, 8/2/16, 6/6/17, 3/27/18, 2/7/19, 12/3/19, 10/6/20, 8/3/21, 6/9/22, 3/7/23

BOARD APPROVAL DATE: 12/4/13

## **PROCEDURES**

### A. Clinical Practice Standards

1. CMHSPs shall educate consumers, as needed, about the housing options and supports available and assist consumers in locating habitable, safe, and affordable housing.
2. CMHSP's shall have policies and mechanisms that promote consumer choice of housing.
  - a. Supported housing shall be integrated and blend into the community as much as possible.
  - b. Housing arranged or subsidized by the CMHSP must be accessible, in compliance with state and local standards for occupancy, health, and safety.
  - c. CMHSPs shall provide ongoing assessment of consumers housing needs and support consumer self-sufficiency.
  - d. CMHSPs shall aid consumers in coordinating resources to meet their housing needs; and when necessary, CMHSPs may authorize the use of housing subsidies when other resources are unavailable.
  - e. Housing is recognized to be a basic need and should not be conditioned on compliance with treatment or with a service plan.

### B. Person Centered Planning for Housing

1. A focused PCP planning process shall be used for development of an Individual Plan of Service (IPOS) for consumers demonstrating the need for and/or requesting housing or dependent care supports. The process shall include supporting consumers to pursue residential options of their choice, educating

consumers about options and supports available, and assisting consumers in meeting their residential needs. The MDHHS Housing Practice Guideline is followed when housing is a part of service provision.

2. For consumers being considered for initial AFC placement, preplanning processes shall include assessing consumer preferences with respect to the facility. These may include such factors as geographic location or type of AFC home, age, gender, or lifestyle habits of others in the home, AFC size (bed capacity), residential provider attributes, proximity to relatives or friends, public services (library, transportation, medical care) or community social/recreational activities (concerts, walking pathways, shopping). Network Providers assure settings covered in the CMS Final Rule for Home and Community Based Services meet the criteria outlined in the Final Rule documents and current regulations to carry out the Final Rule. All new HCBS providers must complete the provisional survey in order to begin providing HCBS services. Once this survey is completed and reviewed by the CMSHP, it then must be approved by NorthCare prior to the provision of any HCBS services. This survey is intended to provide *initial and provisional* approval to provide Medicaid Behavioral Health HCBS services.
3. Periodic reviews of the IPOS conducted following the initial placement shall occur not less than annually and include an assessment of the consumer's satisfaction with the placement and effectiveness of the setting in meeting the consumer's preferences and needs. This review shall include an assessment of potential changes in the consumer's previously stated preferences. It should also review continued medical necessity for specialized AFC level of care, as applicable.
4. Consumers shall be offered an IPOS preplanning meeting to negotiate IPOS revisions to address consumer dissatisfaction or ineffectiveness with the placement in honoring their stated preferences or in meeting the consumer's needs.