

Program Description:

Homeless services and supportive housing providers in North Dakota are transitioning from grants based funding to Medicaid billing via Housing Support Services (HSS) to cover the costs of the services needed for tenants to be successful in housing. The TA team recommends that providers going through this transition complete a short-term time study to review what of current activities will be billable under HSS. Quality supportive housing services are voluntary and individualized, identifying barriers within the tenant’s environment and then works to assist the tenant in all skill building while simultaneously massaging the external environment if necessary. The program’s ultimate goals are assisting each individual in maintaining independent housing in the community, decreasing the number of inpatient hospitalizations, connecting each individual with local community resources, assisting in reestablishing familial or other significant support networks, and encouraging each consumer to live a healthy and fulfilling lifestyle.

The purpose of the time study is for agencies and programs to determine realistic expectations for the percentage of direct services staff time that can be billable under the Housing Support Services benefit. This will allow the program to determine realistic revenue projections for the program. Programs should be able to easily summarize the cost of operating and administering the program and determine if revenue projections meet those costs and what actions need to be taken to ensure a fiscally sustainable program. Rate setting information is best grounded in best practice and current operations and is necessary for program budgeting. Rate setting, based upon actual activities, is also most effective when negotiating with the state or MCOs who will set rates for payment of direct services.

Tracking Staff Activities:

The purpose of this activity is to generally describe the day-to-day activities of supportive housing program direct services staff that focuses on maintain housing stability, flexibility and choice. The charts and examples provided can be shared with each staff member, to determine what percentage of their time at work is engaged in billable activities, and therefore how much revenue is generated from those activities. The goal of the process is to have reliable and accurate data for revenue projections and when using the CSH budgeting tool.

Below is an example of a typical day in a housing support services staff ’s activities.

A typical day may include morning medication support via physical or phone contact. While on the phone, staff engages the individuals in discussions regarding their emotional and mental well-being, health care, daily plans, appointments and what supports are needed throughout the day. As a direct result of daily phone support, schedules are created for visits with consumers to assist them with the various needs that could not be addressed over the phone. Staff travel to the an individual homes or to appointments that have been identified often spending time with

several consumers per day. One on one direct support times can vary and on average last anywhere between 30 minutes to 2 hours. This process also may occur in the evening for consumers who take evening medications and are in need of additional support. Some individuals may require more or less assistance based upon mental and physical health.

For those who have a new resident being admitted, time is weighted heavily on administrative paperwork required for lease signing, transfer of utilities, coordinating furniture deliveries and preparing the apartment to be habitable. Service hours can also dramatically increase during times of consumer crisis and typically requires a team effort to provide needed supports. During one time study, non-direct staff (clinical, supervisory staff and directors) estimated they provided about 22 additional crisis counseling service hours per month. Direct services staff caseloads will vary though can increase to 20 to account for staff illness or vacation time.

Proposed Methods for Your Time Study

Program direct services staff function as the provider of direct care services and document each service provided through case notes. For the purposes of the time study, the direct service staff records units of services in a data base for each individual served. Units of service are broken down into increments of 15 minutes.

The time study should analyze a total representative sample of the individuals served through the program. The sample should consists of three groups: new admissions (within six months), transitional (less than two years) and long- term individuals (over two years). If any admissions or discharges from housing occur while the study is in process, this should be noted.

Scope of Services Provided

I. The following Services are included as HSS eligible in the [DHS Service Definitions](#) and should be included as billable time, in your agency's time study. Supportive Housing staff engage in a variety of activities that are listed here. Other activities may support these goals and 'help' with these activities and therefore are also considered billable activities.

□ Pre Tenancy

- Supporting with applying for benefits to afford housing (e.g., housing assistance, SSI, SSDI, TANF, SNAP, LIHEAP, etc.).
- Assisting with the housing search process and identifying and securing housing of their choice.
- Assisting with the housing application process including securing required documentation (e.g., Social Security card, birth certificate, prior rental history).
- Helping with understanding and negotiating a lease.

Time Study for ND Housing Support Services

- Helping identify resources to cover expenses including the security deposit, moving costs, and other one-time expenses (e.g., furnishings, adaptive aids, environmental modifications).
- Services provided in pre-tenancy supports may not duplicate the services provided in community transition supports or in care coordination.

Tenancy Services

- Assisting with achieving housing support outcomes as identified in the person-centered plan.
- Providing training and education on the role, rights, and responsibilities of the tenant and the landlord.
- Coaching on how to develop and maintain relationships with landlords and property managers.
- Supporting with applying for benefits to afford their housing including securing new/renewing existing benefits.
- Skills training on financial literacy (e.g. developing a monthly budget).
- Assisting with resolving disputes between landlord and/or other tenants to reduce the risk of eviction or other adverse action.
- Assistance with the housing recertification process.
- Skills training on how to maintain a safe and healthy living environment (e.g. training on how to use appliances, how to handle repairs and faulty equipment within the home, how to cook meals, how to do laundry, how to clean in the home). Skills training should be provided onsite in the individual's home.
- Coordinating and linking individuals to services and service providers in the community that would assist an individual with sustaining housing.

II. Service Equivalency Chart

Below are some examples of activities that supportive housing staff engage in and how they might be characterized under HSS. These are just a few short examples. Your agency should create a similar chart for themselves that reflects their activities.

Direct Care Service Hours	=	Housing Support Services (HSS)
Gathering document for lease up	Aligns with	Assisting with the housing application process including securing required documentation

Time Study for ND Housing Support Services

Smoking cessation support when participant lives in a non-smoking building	Aligns with	Skills training on how to maintain a safe and healthy living environment AND Coordinating and linking individuals to services and service providers in the community that would assist an individual with sustaining housing.
Money Management Support	Aligns with	Skills training on financial literacy (e.g. developing a monthly budget).
Supporting social activities in the community	Aligns with	Assisting with achieving housing support outcomes as identified in the person-centered plan, if the Person Centered Plan identifies need for more social engagement.

CSH recommends that staff participate in the time study for a two week period to gather a good sample of data to calculate averages from. Staff are instructed NOT to change routines or activities, rather just to document more closely what they are doing during the work day. Its important to assure them, that this is not additional supervision or monitoring but is solely to prepare the agency for the transition to Medicaid billing.

Analysis Chart

Description of HSS	Number of Units of services per Sample Population	Average Number of Units of service for Total Census
Assisting with the housing application process	XX	YY
Preventing and early identification of behaviors that may jeopardize continued housing	XX	YY
Helping the person develop a budget and negotiate a lease	XXX	XXX

Supporting the building of natural housing supports and resources	XXX	XXX
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Examples of General Findings

- The average person in the program receives 8 hours of service per month.
- The most heavily documented activity during this time study was skill building to maintain a healthy household.
- An activity worth considering but that is not able to be captured in the service equivalency chart is progress monitoring services. These services include clinical reviews, monthly evaluation and semi-annual surveys.
- These services support and maintain the integrity of the service delivery process. It is important to note that the nature of this program is to provide flexible supports. For example, support hours are increased or decreased based on each consumer’s current symptomatology, which will vary during their tenancy based on both psychological and environmental factors.
- Consumers tend to receive a greater amount of support hours during the engagement period prior to admission, upon admission, and during adjustments back into the community.
- Generally after 18 months, support hours begin to shift away from more basic areas such as personal hygiene and housekeeping to areas of employment, vocational, and educational pursuits.
- For long term residents or the elderly, service hours will once again increase back to original areas due to the onset of medical and the need to provide more adaptive supports to help the consumer continue to live in the community.

How Agencies Use these Findings

Under current activities, what percent of staff time is spent in billable activities? At the rate of \$10.49 for a 15-minute increment, what will that generate for the agency for a month or a year? Will that income cover all program related costs? If findings indicate that the generated revenue will not cover costs what are potential solutions

- Fundraising/ grants to cover additional program costs
- Shift in activities to more billable activities and increased productivity from direct service staff? Consider what valuable functions are lost and how are they covered?
- Shift of staffing or other costs to come in under budget?