

At a Glance – Relocation Resources (refer to [MHCP](#) and [CBSM](#) for more details)

***[Unforeseen Circumstances](#) apply to all programs below; email Partner.Relations@bluecrossmn.com for review, determination & next steps.**

Resource	Payer & Purpose	Program Eligibility Summary	Limitations	Billing Information
Relocation Service Coordination (RSC) *Only Initiated prior to Blue Plus enrollment	Medical Assistance Purpose – Help members residing in eligible licensed setting move from an institution to an independent or semi-independent community-based housing.	When to use: New Blue Plus member with existing Relocation Services started prior to BP enrollment & chooses to continue service when moving from eligible licensed institution to community independent/semi-independent housing <ul style="list-style-type: none"> Enrolled on medical assistance Resides in qualified institution Choose to return to community Open to RSC prior to BP enrollment Must use MA services first if available under both MA and EW. Can use RSC with other EW transitional services if no duplication. 	<ul style="list-style-type: none"> Do not initiate new RSC for existing Blue Plus members CC must assist and explore eligibility of other programs/services as applicable. Non-licensed IRTS is not a qualified institution Can bill RSC for up to 180 days. *Use of any of these starts 180-day count: RSC- TCM, MH-TCM, VADD-TCM) Can bill up to 32 units 8hrs /day and 5 days a week Formal RSC cannot be provided by a Care Coordinator.	Needs PR Consultant subject matter expert (SME) approval, additional documents are required. Provider will bill Payer ID FS802: Bridgeview Use ID: 8+ PMI Procedure Code: T1017 (per 15 minute) *Does <u>not</u> count towards the monthly case mix budget. PR Team SME & Bridgeview enters service agreement(s).
Elderly Waiver Transitional Services (EW Transitional Services)	Elderly Waiver Purpose- Help members residing in eligible licensed setting move from an institution to an independent or semi-independent community-based housing. Must open to EW upon discharge.	When to use: Member move or moving from eligible licensed setting (hospital, Adult Foster Setting, NH/ICF facility) to independent /semi-independent community housing and moving from setting where items were provided to setting items not normally furnished. <ul style="list-style-type: none"> Use MA services first if available under both MA and EW services. Must be Enrolled on EW <u>OR</u> Reasonably able to enroll within 180 days (i.e., in a facility and needs services in place before the discharge can occur) EW Transitional Services may be billed with other relocation resources if no duplication. 	Items must be purchased or supports provided within <u>90 days</u> of the date the person enrolls on the waiver. Only bill after enrolled on EW Non covered: <ul style="list-style-type: none"> Clothing Food Ongoing rent and housing costs Recreational or diversional items or expenses (e.g., computers, DVD players, televisions, cable access) Supports/items covered under other home community-based waiver i.e., chore, homemaker, environmental accessibility & adaptations, specialized equipment & supplies. 	LTCC/comprehensive assessment is required due to opening EW upon discharge. Refer to current DHS 3945 for rates. Provider will bill : Payer ID FS802: Bridgeview Use ID: 8+ PMI Procedure Codes: <ul style="list-style-type: none"> T2038 Transitional Services, deposits and moving expenses (add modifiers as appropriate in the service description, i.e., furniture U1, U2 household supplies) AND/OR T2038 U4 (remote) Provider must provide modifiers accordingly *Counts towards the monthly case mix budget. Care Coordinator enters service agreement into Bridgeview.

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Moving Home Minnesota (MHM) *Requires consultation and approval with PR Team subject matter expert (SME).	Federal Demonstration Project Purpose- Help members residing in eligible licensed setting for 60 or more consecutive days move from an institution to an independent or semi-independent community- based housing.	When to use: Moving from qualified institutional stay to qualified community setting (independent/semi-independent) and opening to EW or disability waiver at discharge <ul style="list-style-type: none"> Enrolled on medical assistance (MA) Use MA first if available under both MA and EW services Use EW first if service available under EW and MHM Moving from a qualified institution to community Must have a qualifying 60-day consecutive institutional stay MHM may be billed with other relocation resources, except RSC. 	<ul style="list-style-type: none"> Member must have a comprehensive assessment to assess needs and be eligible for EW at discharge. Up to 180 days of planning and transition coordination. Do not use simultaneously with RSC. Must use MA services first. Must use EW transitional before MHM if available under EW. Transition coordination costs: i.e., furnishing, supplies & expenses associated with securing housing under MHM if not available under their waiver. 	Care Coordinator must reach out to consult with PR Team subject matter expert (SME): Partner.Relations@bluecrossmn.com LTCC/comprehensive assessment is required, anticipate opening to EW upon discharge. Provider will bill Payer ID FS802: Bridgeview Use ID: 8+ PMI Procedure codes: MHM Demo & Supplemental Services Table MHM TC: T1016 U6 (per 15 min) *Does <u>not</u> count towards the monthly case mix cap budget. PR Team SME & Bridgeview enters service agreement(s).
Housing Stabilization Services (HSS) All MSHO & MSC+ members are eligible.	Medical Assistance Purpose- Help members with disabilities and seniors experiencing housing instability find and keep housing.	When to use: Does not require opening EW or qualifying institutional stay. For members experiencing housing instability <u>and</u> meet the following <ul style="list-style-type: none"> Enrolled on medical assistance (MA) Homelessness or risk of Currently transitioning or recently transitioned from qualified institution/licensed or registered setting Risk of institutionalization Require assistance due to disability or long-term condition. Use MA services before EW services. HSS may be billed with other relocation resources, except RSC, if no duplication. 	<ul style="list-style-type: none"> Effective 1/1/2022, if member declines care coordination engagement, can use formal HSS consultation. Provider must confirm with CC and document. Limits: <ul style="list-style-type: none"> 150 hours per transition of HSS transition consultation services 150 hours per year HSS sustaining services Provider may request additional 150 hours beyond limits or CC may complete DHS 8204 <i>Waiver CM Support for Additional HSS Hours</i> to request continuation of HSS TC services - HSS provider submits to DHS 	*The HSS provider submits referral to DHS Provider will bill Payer ID 00562: BCBS MN Blue Plus MEDICAID Use ID: AGP ID starting with correct prefix: <ul style="list-style-type: none"> LMN JTM Procedure codes: HSS Consultation T2048 U8 (per session) Housing Transition H2015 U8 (per 15 min) Housing Sustaining H2015 U8/TS (per 15 min) New: Moving Expense Codes coming soon. (Provider QP: Update MN HC Programs Payer ID) *Does <u>not</u> count towards the monthly case mix cap budget. AGP creates service agreements in M360 from DHS approval notifications.