Homelessness Solutions in Alameda County

Housing Community Supports (HCS) Provider Manual

Alameda County Health Care Services Agency

Office of Homeless Care and Coordination

2024 Contract Year

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Summary of Changes

- Additional information added regarding re-enrollments (Section E-3)
- Additional information added regarding warm handoffs (Section E-9)
- Additional Information added to clarify expectations around coordination with Rental Assistance and Landlord Engagement (RALE) program staff (Sections E-4, E-7, and E-9)
- Audit Protocol has been edited for clarity
- Outreach Policy (Appendix 15) has been updated
- Additional Guidance added to Contractor Dashboard (Appendix 9) to aid in reporting
- Appendices related to TSS Evaluations have been updated to reflect transition from PDF to HMIS Assessment
- Appendix added capturing policies for PMPM Reimbursement for Consumers Without a Documented TSS Evaluation

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Glossary/Acronyms

Acronym	Definition
AAH	Alameda Alliance for Health
CBO	Community Based Organization
DHCS	California Department of Health Care Services
DMHC	California Department of Managed Health Care
HCS	Housing Community Supports
HCSA	Alameda County Health Care Services Agency
HD	Housing Deposits
HMIS	Homeless Management Information System
HN	Housing Transition Navigation
HUD	Department of Housing and Urban Development
MCP	Managed Care Plan
OHCC	Office of Homeless Care and Coordination
PMPM	Per Member Per Month
RALE	Rental Assistance and Landlord Engagement
TSS	Housing Tenancy and Sustaining Services

A. Introduction and Program Overview

1. Program Description

Alameda County Health Care Services Agency (HCSA) manages the delivery of Housing Community Supports (HCS) in Alameda County. HCS includes:

- Housing Transition Navigation Services (HN)
- Housing Tenancy and Sustaining Services (TSS); and
- Housing Deposits (HD)

This Provider Manual serves as a guide for provider agencies contracted with HCSA to provide Housing Community Supports; the Provider Manual is intended as a supplement to HCS contracts executed between the County and provider agencies. Contractors (contracted provider agencies) who receive funding for Housing Community Supports are expected to deliver the services and supports their consumers need to obtain and keep housing, subject to the availability of ongoing funding.

Consumers are prioritized for Housing Community Support services through Coordinated Entry (also administered by HCSA) and are homeless, and formerly homeless households living in, or transitioning to permanent housing within Alameda County.

HCSA serves as the administrator for the Managed Care Plans (MCPs) to deliver Housing Community Supports (HCS) to Medi-Cal managed care members. As such, HCSA and its HCS contractors must adhere to the state's guidelines under California Advancing and Innovating Medi-Cal (CalAIM), the State's multi-year plan to transform the Medi-Cal program. This includes the implementation of housing community supports as services designed to address social drivers of health, under Medi-Cal managed care, beginning January 1, 2022.

Housing Community Supports program objectives include:

- Utilizing Housing First principles to help homeless and formerly homeless households obtain, move into, and keep their homes;

- Outreaching to and engaging households referred by HCSA to support a transition from homelessness into permanent housing;

- Providing Housing Transition Navigation (HN) services to consumers experiencing homelessness to support obtaining permanent housing;

- Providing supportive services to housed consumers enrolled in Housing Tenancy and Sustaining Services (TSS) in accordance with the DHCS Policy Guide;

- Reducing utilization of crisis and inpatient health care resources among those receiving services;

- For housed consumers, interfacing regularly with property management/landlords, intervening early when housing issues arise, and providing support to all consumers regarding housing concerns and housing rights;

- Capturing real-time data in the Homeless Management Information System (HMIS) including information about enrollment, service needs and provisions, changes in current living situation, and performance outcomes, on all consumers served.

For more information about service standards specific to Housing Navigation and Tenancy Sustaining Services, please see the Alameda County Homelessness Response System Written Standards.

2. Roles and Responsibilities

Agency/Department	Role
Health Care Services Agency (HCSA)	Office of Homeless Care and Coordination (OHCC) • Coordinates countywide homeless services • Develops and implements Countywide Homeless Strategic Plan • Oversees delivery of expanded homeless services • Serves as Management Entity for Coordinated Entry • Contracts with Managed Care Plans to serve as the administrator of Housing Community Supports for managed care members • Oversees Housing Community Supports • Provides programmatic oversight and compliance for the Housing Community Supports program • Continuum of Care (CoC) HUD Collaborative Applicant • Administers HUD grants for rental assistance and services • Serves as HMIS Management Entity Data Exchange Unit (DEU) • Uses SHIE and HMIS data to prepare claims, invoicing, and encounter data for submission to the Managed Care Plans • Uses SHIE and HMIS data to prepare reports for contractor payment
California Department of Health Care Services (DHCS)	• State regulator for the Medicaid program (named Medi-Cal in California) • Contracts with Managed Care Plans and counties to deliver health care services to beneficiaries enrolled in Medi-Cal • Oversees and implements policies for the delivery of health care services under the Medi-Cal program
Managed Care Plan (MCP)[1]	• Coordinates medical services and other medically necessary services and supports including Enhanced Care Management (ECM) for Alameda County residents enrolled in Medi-Cal managed care • Contracts with providers to deliver those services • Contracts with HCSA to provide and deliver community supports services including housing community support services

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[1] Effective January 1, 2024, the MCPs in Alameda County are Alameda Alliance for Health (AAH) and Kaiser Permanente (Kaiser). Kaiser provides their own community supports.

Agency/Department	Role
HCS Contractor/Housing Services Provider	• Provides Housing Community Support services to consumers referred by HCSA

3. Who to Contact

Questions or concerns from HCS service providers should be directed by email to CalAIM@acgov.org; HCSA staff will respond within three business days.

For urgent requests, providers can call 510-567-8014.

B. Scope of Services

HCSA administers the delivery of HCS for a broader population than consumers enrolled in Medi-Cal managed care; however, HCSA utilizes DHCS definitions as the basis for these types of services. Eligibility, service definitions and service limitations for HCS are detailed in California Department of Health Care Services (DHCS) guidance here: DHCS-Community-Supports-Policy-Guide (ca.gov).

Services defined under HCS include helping consumers find, move-into, and retain housing. A critical component of maintaining housing is benefits advocacy and connecting consumers to other mainstream services. Critical to the sustainability of this program, and to the health maintenance of consumers, is enrollment and retention in Medi-Cal or other health insurance coverage. As such, contractors are required to ensure that consumers apply for and retain Medi-Cal enrollment if eligible.

C. Requirements to Complete Prior to Contract Execution

Under each HCS contract, the provider agency is responsible for submitting documentation and completing training (outlined below) to fulfill Medi-Cal managed care requirements.

The requirements described in this section reflect managed care requirements for Alameda Alliance for Health (AAH).

1. Credentialing Requirements

Requirements for Organizations contracted with HCSA to Provide Housing Community Supports

HCS organizations, both during initial onboarding as a HCSA contractor and every three years thereafter, are required to complete the provider credentialing process for Housing Community Supports by choosing one of three pathways:
1. State-level Medi-Cal provider
2. Enhanced Care Management (ECM) provider
3. Housing Community Supports (HCS) provider

For organizations credentialed through either the state-level Medi-Cal Provider pathway, OR as a provider of Enhanced Care Management (ECM), the requirement to be credentialed under Housing Community Supports is to send a letter of attestation to HCSA (calaim@acgov.org; Attn: Quality

Improvement & Training Coordinator) which confirms that the organization is, or will be credentialed through the respective pathway. *Organizations do NOT need to fill out further paperwork to be credentialed as a HCS Provider with HCSA.*

If the organization is not credentialed through either pathway #1 or #2 above, the organization must complete the **Credentialing Application Process** with HCSA (pathway #3):

1. Submit the following required documents to calaim@acgov.org*;* subject line: (Agency Name) Alliance Credentialing Documents, Attn: Quality Improvement & Training Coordinator. Please see Appendix 1 and 2 for copies of the application materials.

   a. AAH Organization Provider Application (pages 3-5), completed, signed, and dated

   b. Community Support and Enhanced Care Management Organization Attestation (page 6), signed and dated

   c. Copy of valid, current, and unrestricted state business license to operate in good standing with no sanctions

Requirements for Staff Providing Housing Community Support Services at Contracted Agencies

It is a state requirement that licensed/certified provider staff administering services under Medi-Cal, must be enrolled as a Medi-Cal provider through PAVE (Provider Application and Validation for Enrollment, known as *Medi-Cal Fee for Service*). This includes any individual staff member or organization who has a Medi-Cal enrollment pathway, AND who is within an organization funded through a HCSA Housing Community Supports contract (see this link for full list of provider types) which includes staff providing direct services or supervision. The most likely positions funded through a HCSA HCS contract include licensed clinical social worker (LCSW) and/or licensed marriage and family therapist (LMFT), however the agency is responsible for reviewing the provider type list. Staff needing to complete the enrollment process can find the application through the DHCS website. Documentation of enrollment may be required as part of an audit.

2. Agency Staffing Plan

The purpose of an agency staffing plan is to identify which positions and the number of staff that are covered under the organization's HCS contract. The Agency Staffing Plan must include:
- Number of slots projected for HN and TSS
- Number of full-time equivalent (FTE) budgeted to support Housing Navigation (HN) and Tenancy Sustaining Services (TSS). FTE summary should include:
  - position type
  - number of positions currently filled
  - agency plan and timeline for to fill vacancies

Please see Appendix 3 for an example Staffing Plan template.

Agency Staff Onboarding/Departures

HCS organizations are responsible for communicating updates on staffing changes to calaim@acgov.org. At minimum, an updated HCS staff point of contact summary should be sent to HCSA on a quarterly basis.

3. Agency Training Plan

Exhibit A: *Terms of Services* in the Housing Community Supports Contract indicates that the contractor is responsible for providing community support services in a culturally and linguistically competent manner. The purpose of the agency training plan is for each agency to describe how they will provide the required cultural competency, sensitivity, and diversity training to their staff members. Please see Appendix 4 for an example Training Plan template.

D. Training Requirements

HCS organizations shall provide HCS services in a culturally and linguistically competent manner, and shall provide its staff training on cultural competency, sensitivity, and diversity, as reflected in their Agency Training Plan (above).

HCS staff will be required to attend service provider trainings offered by HCSA, as they become available. These trainings will include the following Community Supports topics:

A. Community Support Services Overview
B. Care Coordination and Care Transitions within Community Supports
C. Community Resources and Referrals
D. Special Populations
E. Social Determinants of Health
F. Motivational Interviewing
G. Trauma-Informed Care
H. Health Literacy Assessment

HCS organizations may, with approval from the Quality Improvement & Training Coordinator, substitute other trainings that cover the above topics.

HCSA-HCS staff partners with both Alameda County Healthcare for the Homeless and the Alameda County Supportive Housing Learning Collaborative, and other entities where applicable, to offer trainings covering these topics. The schedule varies and HSCA will notify providers as far in advance as possible of any upcoming required trainings.

E. Program Guidelines

1. Eligibility

Contractor shall serve individuals referred by HCSA through Coordinated Entry for HCS services. To be eligible to receive HCS through HCSA, a consumer must be:

- Living in Alameda County; AND
- Literally homeless (as defined in Section 91.5 of Title 24 of the Code of Federal Regulations), OR formerly homeless

Table 1. Housing Community Supports Eligibility Rules

Housing Community Supports Project	Enrollment Eligibility Rules
Housing Transition Navigation (HN)	• Consumer must be referred by HCSA (using Coordinated Entry), AND • Consumer must currently be "literally homeless," AND • Consumer does not have a lease (or similar) with a move in date assigned, AND • Consumer must be enrolled in HN HMIS project prior to receiving any services.
Housing Deposits (HD)	• Consumer must be enrolled in HN or TSS through the HCS Program AND require HD services, AND • Consumers must be enrolled in HD HMIS project prior to contractor paying for any services.
Tenancy Sustaining Services (TSS)	• Consumers must be referred by HCSA (using Coordinated Entry) AND • Assessed as likely to benefit from services in a housing program or at a site approved for tenants to receive Housing Community Supports, AND • Consumer is housed OR has an identified move-in date, AND • Consumer must be enrolled in TSS HMIS project prior to receiving any services.

2. Housing Community Supports Referrals

All referrals for Housing Community Supports will come directly from HCSA. If contractor receives HCS referrals from other sources (such as another community-based organization), contractors shall notify HCSA by emailing calaim@acgov.org (include the source of the referral and the individual's HMIS ID) prior to HCSA confirmation of enrollment. Only referrals received directly from HCSA shall be enrolled in HCS HMIS projects. Once enrolled, an additional referral is not needed when transitioning consumers from one HCS HMIS project to another.

Contractors shall maintain open communication with the HCSA Referral Coordinator regarding staff capacity to support additional referrals; this is especially important during the ramp-up phase for new contractors and when new HCS staff are onboarded. HCSA will make best efforts to send referrals as quickly as possible, usually within five business days, when notified by contractors of additional slot capacity.

Once referrals are received, contractors shall conduct outreach to referred individuals in accordance with the HCS Outreach Policy (see Appendix 15). Contractor shall accept and act upon referrals unless contractor is at pre-determined capacity, and shall conduct outreach to the referred individual as soon as possible, including making best efforts to conduct initial outreach within 24 hours of assignment. Setting a pubic alert in HMIS, presenting the person at the relevant regional coordination meetings, and a minimum of six outreach attempts using all available channels (documented as a note in HMIS) are the basic required components of outreach. For additional details please see the HCS Outreach Policy.

If all efforts to outreach to and enroll the referred individual have been exhausted in accordance with the Outreach Policy without success, contractors shall notify HCSA that they were unable to enroll and the reason(s) for lack of enrollment.

Households that are (1) housed or have an identified move-in date; (2) have an unstable housing situation (or are anticipated to have an unstable housing situation if not yet moved-in); (3) not currently enrolled in HCS projects; and (4) have been assessed through Coordinated Entry, may be referred to HCSA for HCS-TSS services by service provider organizations using this form. HCSA will assess these on a case-by-case basis and refer the household for HCS services as contractor capacity allows.

Access Point Referrals

Consumers will be referred by HCSA following their prioritization. Best efforts will be made to refer consumers to the provider HRC where they completed their Coordinated Entry assessment. However, some HRCs may be asked to serve consumers that did not complete their Coordinated Entry assessments at that HRC.

When a consumer is successfully housed through Access Point Housing Navigation:

    a) Transfer the consumer internally to a case worker who serves consumers in TSS; or
    b) Refer the consumer back to HCSA for TSS and continue to support the consumer until they are assigned with another agency, and complete a warm handoff once reassigned; or
    c) Facilitate a warm handoff to location with site-based services.

Some consumers assessed by Access Points may be served in Housing Navigation through non-access point HCS providers depending on project availability to serve the general needs of the actively homeless population.

3. Enrollment in Housing Community Supports

To 'enroll' a consumer referred by HCSA for HCS services, enter the consumer into the relevant HCS HMIS Project **AFTER** a consumer has been contacted, has verbally agreed to engage in services, and HMIS intake information has been collected. Additionally, prior to enrollment, contractors should verify that the consumer is not already actively enrolled in HCS with another contractor. If they are, contractors should notify HCSA and request guidance instead of completing the enrollment at that time. Exceptions to this guideline exist, such as situations when a site-based contractor is enrolling someone in TSS and the consumer is still enrolled in HN with a different contractor.

Only the head of household (the referred individual) should be enrolled into HCS projects (ie do NOT activate toggles for linked household members during project enrollment).

Re-enrollment in Housing Community Supports

Before enrolling a client in TSS or HD, check their program enrollment history to determine whether or not this is their first time receiving TSS or HD services.

In situations where a consumer has been previously enrolled in and exited from HCS, but a need for services arises again at a later time, re-enrollment may be approved by HCSA on a case-by-case basis.

After an initial enrollment, Housing Deposits and Tenancy and Sustaining Services can only be approved one additional time provided documentation is submitted detailing what conditions have changed to demonstrate why providing the service would be more successful on the second attempt. To request a 2nd enrollment into TSS of HD, complete [this form](#). HCSA will review the request and follow up with contractors by email within 10 business days. Supporting documentation is not required for a 2nd enrollment in Housing Navigation. Failure to submit requests and obtain approval for second TSS or HD enrollments will result in payment being withheld for services.

4. Service Requirements

HCS services begin ONLY AFTER the referred consumer has been contacted and has provided verbal consent to engage in services. All consumers must have an individual Housing Support Plan identifying the need for the Housing Community Support services (completed within 15 days of HCS enrollment and uploaded to HMIS within 30 days of enrollment).

Housing Navigation Transition Services assist households with obtaining housing and include:

1. Conducting a tenant screening and housing assessment that identifies the Household's preferences and barriers related to successful tenancy. The assessment may include collecting information on the Household's housing needs and on potential housing transition barriers, as well as identification of housing retention barriers.
2. Developing an individualized housing support plan based upon the housing assessment that addresses identified barriers, includes short- and long-term measurable goals for each issue, establishes the Household's approach to meeting the goal, and identifies when other Providers or services, both reimbursed and not reimbursed by Medi-Cal, may be required to meet the goal.
3. Searching for housing and presenting options.
4. Assisting in securing housing, including the completion of housing applications and securing required documentation (e.g., Social Security card, birth certificate, prior rental history).
5. Assisting with benefits advocacy, including assistance with obtaining identification and documentation for Supplemental Security Income eligibility and supporting the SSI application process. Such service can be subcontracted out to retain needed specialized skill set.
6. Identifying and securing available resources to assist with subsidizing rent (such as U.S. Department of Housing and Urban Development's Housing Choice Voucher Program (Section 8) or state and local assistance programs) and matching available rental subsidy resources to Consumers.
7. Identifying and securing resources to cover expenses, such as security deposit, moving costs, adaptive aids, environmental modifications, and other one-time expenses.[2]
8. Assisting with requests for reasonable accommodation, if necessary.
9. Educating and engaging with landlords.
10. Ensuring that the living environment is safe and ready for move-in.
11. Communicating and advocating on behalf of the Consumers with landlords.
12. Assisting with arranging for and supporting the details of the move.

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[2] Actual payment of these housing deposits and move-in expenses is a separate Community Support under Housing Deposits.

13. Establishing procedures and contacts to retain housing, including developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized.
14. Identifying, coordinating, securing, or funding non-emergency, nonmedical transportation to assist Consumers' mobility to ensure reasonable accommodations and access to housing options prior to transition and on move-in day.
15. Identifying and coordinating environmental modifications to install necessary accommodations for accessibility (see Environmental Accessibility Adaptations Community Support Services).
16. Ensuring that HCS staff take the required components of the Coordinated Entry System (CES) training at training.bitfocus.com/page/alameda within 30 days of hire. Currently, this includes the Coordinated Entry Specialist Training Series.
17. HCS staff shall
    a. maintain consumers' CES entries in HMIS;
    b. complete a Current Living Situation Assessment for each consumer once per calendar month or when their circumstances change;
    c. update CE Housing Assessments every six months and Crisis Assessments every 90 days, or when there is a significant change;
    d. coordinate with a CE Access Point to exit consumers from coordinated entry when housed or if they move out of the County; and
    e. coordinate with a CE Access Point to exit consumers from the housing queue if approved by the HCS Referrals Coordinator.

All Housing Navigation staff, and especially those hired as part of Street Health/Access Point expansions, are expected to attend, and actively participate in, Alameda County Regional Coordination meetings for the region in which their work focuses. Please see the Outreach Policy (Appendix 15) for instructions regarding requesting invitations to Regional Coordination meetings.

The services provided should be based on individualized assessment of needs and documented in the individualized housing support plan. Households may require and access only a subset of the services listed above.

The services provided should utilize best practices for Households who are experiencing homelessness and who have complex health, disability, and/or behavioral health conditions. Examples of best practices include Housing First, Harm Reduction, Progressive Engagement, Motivational Interviewing, and Trauma-Informed Care.

The services may involve additional coordination with other entities to ensure the individual has access to supports needed for successful tenancy. These entities may include County Health, Public Health, Substance Use, Mental Health, and Social Services Departments; County and City Housing Authorities; Continuums of Care and Coordinated Entry System; Sheriff's Department and Probation Officers, as applicable and to the extent possible; local legal service programs; community-based organizations; housing Providers; local housing agencies; and housing development agencies. For Consumers who will need rental subsidy support to secure permanent housing, the services will require close coordination with local Coordinated Entry Systems, homeless services authorities, public housing authorities, and other operators of local rental subsidies. Some housing assistance (including recovery residences and emergency assistance or rental subsidies for Full-Service Partnership Consumers) is also funded by

county behavioral health agencies. When appropriate, contracted Community Support Providers should expect to coordinate access to these housing resources through county behavioral health.

<u>Restrictions and Limitations</u>

Housing Transition/Navigation Services must be identified as reasonable and necessary in the individual's individualized housing support plan. Services duration will need justification in the housing support plan if needed for longer than 12 months. The housing support plan should include an explanation as to why the consumer was not housed after 12 months and a plan to address the reasons the consumer was not housed.

Individuals may not be receiving duplicative support from other State or local tax or federally funded programs, which should always be considered first.

Housing Tenancy and Sustaining Services

The goal of tenancy and sustaining services is to maintain safe and stable tenancy once housing is secured. Services include:

1. Providing early identification and intervention for behaviors that may jeopardize housing, such as late rental payment, hoarding, substance use, and other lease violations.
2. Education and training on the roles, rights, and responsibilities of the tenant and landlord.
3. Coaching on developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy.
4. Coordination with the landlord and case management Provider to address identified issues that could impact housing stability.
5. Assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action including developing a repayment plan or identifying funding in situations in which the Consumer owes back rent or payment for damage to the unit.
6. Advocacy and linkage with community resources to prevent eviction when housing is or may potentially become jeopardized.
7. Assisting with benefits advocacy, including assistance with obtaining identification and documentation for SSI eligibility and supporting the SSI application process. Such service can be subcontracted out to retain needed specialized skill set.
8. Assistance with the annual housing recertification process.
9. Coordinating with the tenant to review, update, and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers.
10. Continuing assistance with lease compliance, including ongoing support with activities related to household management.
11. Health and safety visits, including unit habitability inspections.[3]
12. Other prevention and early intervention services identified in the crisis plan that are activated when housing is jeopardized (e.g., assisting with reasonable accommodation requests that were not initially required upon move-in).

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[3] Does not include housing quality inspections.

13. Providing independent living and life skills, including assistance with and training on budgeting, including financial literacy and connection to community resources.

The services provided shall be based on individualized assessment of needs and documented in the individualized housing support plan. Individuals may require and access only a subset of the services listed above.

The services provided shall utilize best practices for consumers who are experiencing homelessness and who have complex health, disability, and/or behavioral health conditions including Housing First, Harm Reduction, Progressive Engagement, Motivational Interviewing, and Trauma-Informed Care.

The services may involve coordination with other entities to ensure the individual has access to supports needed to maintain successful tenancy.

Services <u>do not</u> include the provision of room and board or payment of rental costs.

While transitioning between housing transition navigation services and housing tenancy and sustaining services, consumers may receive both services simultaneously for up to 30 days.

Restrictions/Limitations

These services are available from the initiation of services through the time when the individual's housing support plan determines they are no longer needed. They are only available for a single duration in the individual's lifetime. Housing Tenancy and Sustaining Services can be approved one additional time with documentation as to what conditions have changed to demonstrate why providing Housing Tenancy and Sustaining Services would be more successful on the second attempt.

Contractors are required to complete a "Housing Community Supports TSS Evaluation" assessment for each consumer after one year of services, and every 180 days, thereafter. TSS Evaluations serve to assess whether services are still necessary and provide a mechanism for contractors to justify that need. The Evaluation How-To guide can be found in Appendix 14. Failure to submit TSS Extension Assessments prior to the final due date will result in payment being withheld for services (See Appendix 17). Additional trainings and resources on this topic are available on the Housing Community Supports web page.

These services must be identified as reasonable and necessary in the individual's individualized housing support plan and are available only when the consumer is unable to successfully maintain longer-term housing without such assistance.

Consumers may not be receiving duplicative support from other State, local, or federally funded programs, which should always be considered first.

Contractors are responsible for documenting a consumer's verbal consent to receive HCS services, for each type of Housing Community Supports offered. Please see Appendix 5 for guidance on acceptable

ways to document verbal consent. Consumers' verbal consent will be verified during quarterly audits (see section F.1.).

For consumers receiving Housing Navigation and Tenancy Sustaining services:

- Outreach to consumers prior to obtaining consent is **NOT** a billable service.
- Once a client is enrolled in HCS, outreach attempts that do not result in successful contact (other than in-person attempts in the community) are not considered allowable billable encounters and should not be logged as such in HMIS; however, they *should* be logged in the case notes section in HMIS (outside of service entry section).
- A scheduled in-person visit that the case manager shows up for, but the consumer does not **IS** an allowable billable service. The service should be entered into HMIS as an encounter with a brief summary indicating that the consumer did not show up for a pre-scheduled appointment.

Contractor will follow consumer/staff caseload ratios of no more than 25:1 active consumers for HN services and an *average* of 25:1 for TSS.

Service providers are expected to maintain frequent contact with consumers (no less than one in-person service encounter per month), including home visits, phone calls, and face to face visits in the community. For newly, or soon-to-be housed TSS consumers, more frequent contacts and weekly face to face visits may be needed to support the often-stressful transition from unhoused to housed locations until the consumer is stable in their housing. All services must be delivered with a commitment to Housing First principles, including non-judgmental compassion, harm reduction, and respect for consumer choice, with the goal of helping consumers get and keep housing and avoid returning to homelessness.

Service providers are expected to establish and maintain regular communications and trusting relationships with consumers in order to do the following:

- Develop an individualized Housing Support Plan in consultation with consumer based on their strengths, hopes and needs.
- Document all services provided to the consumer in HMIS.
- Provide ongoing support and coordination in the following areas, as needed:
  - o Getting and keeping public benefits for which consumers are eligible, including income / financial assistance and health insurance coverage
  - o Assistance with connecting consumers with representative payee services
  - o Access to and coordination of health and behavioral health services, including peer support for recovery and wellness
  - o Identifying and reducing barriers to housing stability, including increasing motivation and providing support to reduce risks or harms related to substance use
  - o Life skills including managing a budget and household
  - o Employment / education
  - o Community building / engagement in meaningful activities
  - o Building and expanding social connections including non-professional networks and supports
- Provide problem-solving support to the consumer and coordinate with the Rental Assistance and Landlord Engagement (RALE) Program (if applicable) to facilitate effective communication and mediate disputes with property owners or managers. HCS staff should check HMIS for RALE

enrollment when beginning services for consumers at scattered sites. This coordination should include, at a minimum, monthly check-ins with the RALE program staff or directly with the property owner / manager (every two months) to get updates on the status of tenancy. This coordination and communication should be more frequent as necessary to address problems and help the tenancy sustaining services consumer to avoid eviction. HCS staff should not exit consumers from services without discussing with RALE staff, and should consult with RALE staff when developing and updating Housing Support Plans and TSS extensions.

HCS consumers linked to RALE will have an open HMIS enrollment in one of the following projects:

AbS - Abode Services	2	AbS-CAF-PSH-Alameda County Impact-CoC
AbS - Abode Services	2	AbS-CAF-PSH-HS4H Greater HOPE-HS4H
AbS - Abode Services	2	AbS-CAF-PSH-HS4H TAY-HCSA
AbS - Abode Services	2	AbS-CAF-PSH-Lorenzo Creek Consolidated-CoC
AbS - Abode Services	2	AbS-CAF-PSH-OPRI SHP-CoC
AbS - Abode Services	2	AbS-CAF-PSH-STAY Well Housing-CoC
AbS - Abode Services	2	AbS-CAF-PSH-Welcome Home Full Consol-CoC
BACS - Bay Area Community Services	5	BACS-CAF-PSH-HS4H Adult-HCSA
BACS - Bay Area Community Services	5	BACS-CAF-PSH-HS4H Forensic-HCSA
BACS - Bay Area Community Services	5	BACS-CAF-PSH-HS4H Older Adult-HCSA
BACS - Bay Area Community Services	5	BACS-CAF-PSH-Welcome Home Full Consol-CoC

Or, anything that says "RALE" in the project stamp, for example:

AbS-CAF-PSH- RALE Voucher - HCSA

5. Housing Deposits

Service providers may provide Housing Deposits for consumers who are receiving HN services. For consumers enrolled in TSS who are moving, contractors may also utilize Housing Deposits to support these expenses. In these cases the contractor must specify in the notes section of the HMIS service entry that the expense is tied to a change in housing location along with the explanation of the expense. The HCS-Housing Navigation enrollment in HMIS must remain open while HD funds are being used. HMIS enrollment and service entry/expense documentation must be inputted in the separate HD HMIS project. HD project enrollment and exit dates should correspond with date of first and last purchase, respectively, which should happen within a six-month timeframe. Contractor can spend up to $5,000 per consumer, expenses must be entered into HMIS and backup documentation must be saved and available for review during quarterly audits.

Housing Deposits expenses must be tied to a move-in and assist with identifying, coordinating, securing, or funding one-time services and modifications to enable a person to establish a basic household that do NOT constitute room and board, such as:
- Housing application fees
- Housing deposits as required by landlord for occupancy

- Furniture and household items that assist with establishing a household
- Set up fees/deposits for utilities or renter's insurance
- First month coverage of utilities, including but not limited to telephone, gas, water, heating, and electricity
- Expenses related to obtaining core documents required for applying to or securing housing
- First and last month's rent as required by landlord for occupancy
- Services necessary for the individual's health and safety, such as pest eradication or one-time cleaning
- Medically necessary adaptive aids and services designed to preserve the consumer's health and safety in the home, such as hospital beds, bed safety rails, air conditioners or heaters, Hoyer lifts, air filters, etc.

Other one-time expenses related to a move-in may be considered allowable on a case-by-case basis. Please email calaim@acgov.org for guidance when questions arise.

The items purchased must be identified as reasonable and necessary in the consumers' individualized housing support plan and are available only when the consumer is unable to meet such an expense.

Housing Deposit Refunds and Corrections

If an item that has been purchased for a consumer is later returned with the refund received, or if a Housing Deposit expense was entered with an incorrect amount and needs to be edited, contractors should follow these steps:

1. Edit the service encounter in HMIS:
   a. Access the service in the History tab of the program and select option to edit (click on the pencil icon)
   b. If there was a full refund, under the expense section select the trash can icon next to the returned expense amount
   c. If partial refund, select the edit icon next to the expense and edit the amount in the popup window to reflect the original amount minus the refund. This same procedure can be used for editing an HD expense amount outside of a refund situation, such as when the originally entered amount was incorrect.
   d. Provide detailed notes in the notes section (of the HD service entry) including original expense amount and dates paid out, refund amount, date refund was received, and reason for return
2. If this change is made BEFORE the 3rd day of the month following the purchase (for example if the purchase was made on February 16th and the return was made prior to March 3rd), then this service will appear on that month's invoice as a $0 claim, or will accurately reflect the updated expense summary
2. If the return or correction is made AFTER the 3rd day of the month following the purchase, then follow the same process for editing the expense outlined in (a) through (d) above AND email HCSA at calaim@acgov.org with the following information:
   a. HMIS ID of the consumer
   b. Date and amount of the original expense
   c. Date and amount of the refund

d. Date the original expense amount was corrected in HMIS
3. HCSA staff will track these post-3rd of the month corrections and manually deduct them from the following month's invoice

If a submitted Housing Deposit expense has been denied and deemed ineligible by HCSA, contractor must delete the service by following these steps:

1. Access the service in the History tab of the program and select option to edit (click on the pencil icon)
2. Scroll down until you see the "Programs" section. Hover over the program name ("AGENCY-CAF-SSO-HCS-HD-HCSA-HHAP"), and you will see a trash icon appear. Select the trash icon and then "OK" when the popup asks for confirmation. This will delete the service and it will no longer appear in the History tab
3. Add a note in the "Notes" tab within the program detailing the deleted service

If HCSA discovers a consumer has exceeded their $5,000 Housing Deposits limit, HCSA will send guidance to edit the most recent HD service entry such that the total expended reflects $5,000. For example, if a $500 furniture purchase puts the total expenses incurred at $5,050, HCSA will alert the contractor and instruct them to edit the service entry (follow steps (a) – (c) above) to reflect an expense amount of $450.

6. Housing Support Plan

A completed Housing Support Plan (HSP) is required for all consumers enrolled in HCS services. HSP's *must* be completed within 15 days of enrollment, and *must* be uploaded into HMIS within 30 days of enrollment. Agencies may use their own template; see Appendix 8 for an optional template.

HSP's *must* be reviewed and updated as needed every 180 days. The 180-day reviews *must* be uploaded to HMIS at least 15 days before they expire. For example, if a HSP is developed on January 1, the 180-day review must be uploaded to HMIS no later than June 15.

HSP's must demonstrate ongoing need for services. For HN consumers that need to continue services for longer than 12 months, an updated HSP shall include an explanation as to why the consumer was not housed after 12 months and a plan to address the reasons the consumer was not housed.

For TSS consumers, Contractor shall also complete a "TSS Assessment" in HMIS at each HSP update. (Note: the initial HSP does not require a TSS Assessment.) For consumers that are recommended to continue TSS services, the TSS Assessment should include measurable, time-related goals toward graduation.

If a consumer does not have a new HSP uploaded into HMIS within 30 days of enrollment or an update after 180 days that demonstrates ongoing need for services, County will follow up with the Contractor in writing. If the HSP is not up to date within 30 days of written follow-up, County may re-assign the consumer to another provider. Failure to comply with deadlines may result in a formal Corrective Action Plan.

7. Housing Community Supports Project Exits

An HCS project exit may happen under the following circumstances:

- Consumer has been lost to services (no service encounter for 90 days) despite repeated, assertive efforts by the service provider to contact and engage with the consumer in accordance with the outreach guidelines of the Outreach Policy (See Appendix 15), including attempts to meet with the consumer in person by visiting their home or other community settings where they are likely to be found, communication with the consumer's designated emergency contacts or other service providers (including assigned RALE staff, if applicable), and the use of available data (including HMIS or Community Health Record) to determine whether the consumer is hospitalized, incarcerated, or in a treatment facility; OR
- Consumer no longer requires services per their Housing Support Plan and/or TSS Evaluation , OR
- Consumer has made a clear request (verbally or in writing) to be exited from HCS services., OR
- Consumer is being served in a duplicative program by another agency.

For consumers enrolled in the Rental Assistance and Landlord Engagement (RALE) program, contactors are expected to collaboratively discuss plans for HCS exits (for any reason) with assigned RALE staff prior to exiting consumers. Other service providers that are connected to the consumer (mental health providers, etc.) should be engaged in the decision to graduate consumers from HCS services.

In addition, consumers in Housing Navigation should be exited from Housing Navigation and enrolled in Tenancy Sustaining Services (or other comparable services) within 30 days after they have moved into housing. If a consumer is transitioning from one case manager to another as part of the transition, whether transitioning within the same organization or to another organization, the consumer can continue to receive Housing Navigation services for 30 days past move-in date to complete the move-in process and facilitate care coordination and transition to support from another organization. Consumers should remain in housing navigation until after they have moved in and completed any needed purchases with housing deposit funds.

Consumers must be disenrolled from Housing Deposits within six months of the enrollment date. If additional time is needed, providers must email calaim@acgov.org with a brief explanation of the need for an extension.

The reason for HCS TSS or HN project exit shall be documented as a note in the "Notes" tab within the project listing, noting that is not required if the reason for exit is that they are transitioning to another HCS project (HN → TSS for example).

In all cases, prior to HMIS project exit, the HCS provider must attempt to facilitate connections to other supportive services in the community that can be responsive to the consumer's needs and preferences and support their individual goals related to housing stability, safety, and recovery. For all consumers who are living in a supportive housing program, including scattered site supportive housing with tenant-based rent subsidies, the HCS provider must notify the housing program or housing subsidy provider at least 30 days prior to exiting a consumer from services.

8. HMIS Guidelines and Requirements

Contractor shall provide real-time (not to exceed three business days after the date of service) HMIS data entry for all consumers served. At a minimum, this will include the consumer profile, program enrollment (intake), Current Living Situation updates, Coordinated Entry updates (see #17 on pages 9-10), annual assessment, program exit, and documentation of all services provided, as applicable. All staff

providing HCS services shall input their name and contact information in HMIS using the Contact tab and selecting "Housing Navigator/Case Manager/Care Coordinator" as the "contact type."

Current Living Situation

Current Living Situation (assessment) is required to be inputted regularly and updated within three business days if there is <u>any</u> change in housing status. For a screenshot and details about entering Current Living Situation, see this resource: [Living Situation Updates for End Users.pdf (achmis.org)](#).

9. Coordination with other Service Providers

Some consumers may be eligible to receive supportive services from more than one organization or provider, provided these additional services are not duplicative HN/TSS services. When this happens, service providers are expected to communicate with one another and with their consumers to be sure everyone understands one another's roles and responsibilities.

If a consumer who is receiving HN or TSS changes providers, it is the service provider's responsibility to provide timely notification to other case managers and the RALE program (if applicable) and/or to the housing program (site-based supportive housing or subsidy provider for scattered site supportive housing) regarding this change at least 30 days in advance of transitioning services. HCS staff should email calaim@acgov.org if encountering delays or assistance is needed in contacting another organization's HCS staff member.

Contractor shall coordinate with other providers on the consumer's care team, including ECM Providers, other Community Support providers, other service providers, Health Care Services Agency, and health plans.

Contractor shall coordinate referral and outcome of referral to Enhanced Care Management (ECM) Provider for consumers enrolled in ECM.

Warm Handoffs

Consumers transitioning from one HCS service provider to another is a common occurrence in Housing Community Supports. Ensuring these transitions are timely and as seamless as possible is the responsibility of both the existing and new provider. To support this, HCSA allows a 30-day overlap period during which both providers may bill for services. Warm handoffs may be needed under a few different scenarios, but the three most common are:

1) Consumer moves into a site-based location with on-site TSS. In these cases, the new TSS provider should outreach to the existing provider to initiate the warm handoff and coordinate a transition plan.
2) Consumer moves out of the geographic region the existing provider serves. In these cases, the existing provider should reach out to calaim@acgov.org to request re-assignment and continue to serve the consumer until a warm handoff connection can be made
3) Consumer is linked to HN via the Access Point expansion and transitions to TSS. In these cases, the primary goal is to hand off the consumer internally to a TSS team within the existing provider organization. If that is not feasible, the existing provider should reach out to calaim@acgov.org to request re-assignment and continue to serve the consumer until a warm handoff connection can be made.

To be successful in warm handoffs, the following are needed:
1) Up to date provider contact information in HMIS Contacts tab
2) Up to date and detailed Housing Support Plan that the new provider can reference and build off
3) Double checking current project enrollments before enrolling a consumer into services
4) Proactive, early communication, especially prior to move-ins
5) An open dialogue with calaim@acgov.org around barriers and hurdles

During warm handoffs between an HN and TSS provider, it is also important to coordinate and maintain open communication around which provider is supporting with Housing Deposit services to avoid duplication. In general, the HN provider is responsible for providing Housing Deposit services. However, in cases where HD services need to extend beyond the allowable 30-day overlap period, HD services can be passed off to the TSS provider to complete move-in expenses. In these cases, the TSS provider would need to complete HD services within 6 months of the *initial* HD enrollment.

10. Documentation

The following items must be documented by Contractors and available upon request:

- Documented outreach to consumers in accordance with the Outreach Policy (see Appendix 15 for guidelines)
- Confirmation of verbal consent obtained (see Appendix 5 for guidelines)
- Individual Housing Support Plan (see Appendix 8 for guidelines) and TSS Evaluation , if applicable, (see Appendix 14 for guidelines)
- Receipts and proof of payment for housing deposit funding assistance

F. Reporting, Quality Assurance, and Quality Improvement

1. Audit Protocol

Housing Community Supports project audits will be conducted quarterly to review program compliance. HCSA will select a random sample of five percent of consumers receiving HN/TSS services and 15% of consumers receiving HD services in HCS HMIS projects during applicable quarters to be subject to auditing. Audits will be comprehensive and will include the following:
1. Review of housing deposit receipts (which should match what has been entered into HMIS) and confirmation that HD expenses for each selected consumer does not exceed $5,000.
   a. Accompanying documentation demonstrating need for housing deposit assistance
2. Review of individual housing support plans
   a. Verification that support plans include the minimum required elements and reflect accompanying HCS need (i.e. amended plans if multiple project enrollments)
   b. Verification that requested Housing Support Plans and 180-day support plan reviews are uploaded into HMIS as required. .
3. Review of consumer verbal consent documentation and dates
4. HCSA Required Trainings: Dates and documentation of training provided to HCS staff covering HCS required trainings, including any new staff onboarded during the quarter
5. Agency Capacity: Direct Service Full-Time Equivalent (FTE) compared to the caseload to verify standard met:
   a. No more than 25:1 for HN

b. An average of 25:1 for TSS
6. *Additional accompanying documentation may be requested, as needed*

Audit reports and all documentation must be submitted on or before the due date each quarter.

Based on audit results, HCSA administration will develop a report with key findings that will be used to provide technical assistance and may impact retroactive funding reimbursement needs or future funding for the contractor. Please see Appendix 7 for more detailed information on HCS audits.

2. Quality Measurement and Improvement

HCSA performs routine monitoring of program activities to ensure compliance with established policies and procedures and high program integrity. These activities are described below.

Frequency	Program Area	Activity
Monthly	Housing Community Support Slot Capacity	Contractor is responsible for reporting updated FTE by e-mail to HCSA (calaim@acgov.org) monthly. This can be done by replying to the monthly data quality reports
Monthly	HMIS Data Quality Auditing	HCSA will perform data quality checks/audits on the following items, that may require contractor updates and action: • Medi-Cal enrollment and renewals • Current Living Situation Status • Overlapping enrollments in HN and TSS/dual enrollments with other contractors • Confirmation of enrollment of referrals • Service entry accuracy (e.g. services fall within enrollment period, voicemails to consumers are entered as case note, not service encounter, etc.)
Quarterly	Contractor Reporting and Audits	HCSA will perform audits and contractors are required to submit quarterly reports on the 30th of the month following the end of the quarter using the Contractor Dashboard template. See Appendix 9

3. Grievances

Consumer grievances, considered here as any written expression of program dissatisfaction, shall be addressed by contractors according to their internal grievance policies and procedures, as outlined in the OHCC-HCS Grievance Policy (see Appendix 16) Contractors must share their grievance policy with consumers during the intake process, have it available upon request during service duration period, and should make their policy easily accessible. Contractors must forward all grievances from consumers pertaining to services described in the HCS contract that are not resolved by the contractor immediately to HCSA. For additional details please refer to the Grievance Policy.

G. Data, Invoicing, and Payment Guidelines

1. Services-As-Needed Contracts

HMIS Data Entry and Payment

All payments for Housing Community Supports (HCS) services will be based on data entered into HMIS.

Housing Community Support Project	Payment Type	Payment Requirements
Housing Transition Navigation Services (HN)	PMPM	Contractor will receive the monthly payment for each approved client who: 1)Has an active enrollment in the HN Project, and 2)Has a service encounter during the reporting month
Housing Tenancy Sustaining Services (TSS)	PMPM	Contractor will receive the monthly payment for each approved client who: 1) Has an active enrollment in the TSS Project, and 2) Has a service encounter during the reporting month, and 3) Has a completed TSS Evaluation, as needed (see Appendix 17)
Housing Deposits (HD)	Cost-based reimbursement	Based on actual expenses entered in the Housing Deposits Project (max of $5,000 per client).

HCS Services-As-Needed Agreement, Exhibit A, Terms of Service, item #11: Service encounter should be entered into HMIS on the date of service (not to exceed three business days from the date of service).

Invoicing
- Contractors must submit a monthly Services-As-Needed invoice for the HCS program.
- Contractor will send an invoice based on "allowable claims."
- "Allowable claims" are based on data entered into HMIS.
- HCSA will provide Contractor with a summary of "allowable claims" each month that includes Housing Transition Navigation Services, Housing Tenancy Sustaining Services and Housing Deposits. The summary and back up will be uploaded via Sharefile.
- Contractor will submit a single invoice, based on "Allowable Claims" for HN, TSS and HD
- Monthly invoices should include all components referenced in the transmittal letter.
- Monthly invoices should include the following attachments:
  - Provider Report **Encounters Detail** tab *with the first name, last name, and date of birth columns hidden*
  - Provider Report **Claims Detail** tab *with the first name, last name, and date of birth columns hidden*
- Monthly invoices should be submitted to ContractsOHCC@acgov.org and should CC CalAIM@acgov.org. **The email Subject Line should read "[Contractor Agency] HCS SAN Invoice [Month] 2024."**

On the **11th of each month** (or next business day), contractors will receive via Sharefile:
1) A summary of allowable claims that can be included in that month's invoice (based on data in HMIS through the 3rd day of the month following the billing month), and
2) Detail on consumers and services included.

If a Contractor finds any services encounter data that was missing, Contractor has 30 days to fix the services encounter HMIS data (**payment will be captured in the following month's "allowable claims"**). Example: January data must be entered by February 3. If contractor finds missing data, it can be added to HMIS by March 3 to be included in the February invoice. See chart below for date ranges.

Contractors are strongly encouraged to:
1) Maintain real-time data entry in HMIS including enrollment, exit and all service encounters
2) Conduct internal quality assurance checks to ensure that data is being entered in HMIS
3) Complete **ALL** data entry for the service month by the end of the day on the **3rd** day of the following month.

Service Month	Date Data Should be Complete in HMIS*	Date Range Included	HCSA provides "Allowable Claims" to CBOs	Invoice Due to HCSA
January	2/3/24	12/1/23-1/31/24	2/12/24	February 15
February	3/3/24	1/1/24-2/28/24	3/11/24	March 15
March	4/3/24	2/1/24-3/30/24	4/10/24	April 15
April	5/3/24	3/1/24-4/30/24	5/10/24	May 15
May	6/3/24	4/1/24-5/31/24	6/11/24	June 17
June	7/3/24	5/1/24-6/30/24	7/10/24	July 15
July	8/3/24	6/1/24-7/31/24	8/12/24	August 15
August	9/3/24	7/1/24-8/31/24	9/11/24	September 16
September	10/3/24	8/1/24-9/30/24	10/11/24	October 15
October	11/3/24	9/1/24-10/31/24	11/11/24	November 15
November	12/3/24	10/1/24-11/31/24	12/11/24	December 16
December	1/3/25	11/1/24-12/31/24	1/10/25	January 15, 2025

This includes service month and any added data from previous service month.

H. Appendices

1. Alliance Organization Provider Application (pages 3-5)

ALAMEDA ALLIANCE FOR HEALTH

ORGANIZATION PROVIDER APPLICATION

PART l. GENERAL INFORMATION (If more than one facility, please complete for each location)		
Facility Organization Legal Name:		
Dba: (if applicable)		
Physical Address:		
City:	State:	Zip:
Phone:	Fax:	
Contact Person:	Title:	
Mailing/Billing Address (if different):		
City:	State:	Zip:
Phone:	Fax:	
Type of Facility:		
Federal Tax ID#:	State License #:	Expiration:
Professional Liability Carrier Name:	Policy #:	
Liability Limits: Per Occurrence $:	Per Aggerate $:	
National Provider Identifier (NPI)		

Organization Name_____   Revised: 11/2021

Page 3

PART II: Attestation (If you answer "Yes" to questions 4 thru 7, in this section, please provide a full written narrative outlining the details on a separate page).

☐Yes ☐No	1. Does this facility/organization comply with all state and federal handicap access requirements?	
☐Yes ☐No	2. Does this facility/Organization have a written and implemented quality management plan?	
☐Yes ☐No	3. Does this facility/Organization have current liability insurance coverage?	
☐Yes ☐No	4. Has the license held by this facility/organization ever been sanctioned, censored, suspended, revoked, limited, not renewed, voluntarily relinquished, or surrendered while under investigation?	
☐Yes ☐No	5. Has the facility/Organization been named in a professional malpractice action?	
☐Yes ☐No	6. Has this organization ever been sanctioned, excluded, suspended or disqualified by Medicare, Medi-Cal or other federally funded programs?	
☐Yes ☐No	7. Has this organization ever been disciplined by a state licensing or other authorizing agency, or by any professional conduct board?	

PART III: Release of Information/Liability

As part of the application process and for the purpose of verifying any information provided on this application, I, the undersigned authorized agent of the applicant facility/organization, grant Alameda Alliance for Health permission to contact any individual, institution, facility or agency identified on, or relative to, this application. Further, I hereby consent and authorize Alameda Alliance for Health to request, receive and inspect any and all records pertinent to consideration of this application.

I hereby attest and certify that all statements on this application are true, accurate, and correct to the best of my knowledge. I fully understand that any falsification of information, omissions or misrepresentations from this application may be grounds for denial of this application as an Alameda Alliance for Health Participating facility/organization or cause for summary dismissal from Alameda Alliance for Health and I and the facility/organization I represent may be subject to applicable state or federal penalties for perjury.

Further, I understand that acceptance of this application does not constitute approval or acceptance or participating status with Alameda Alliance for Health and grants this facility/organization no rights or privileges of participation until such time as a contract is executed and written notice of participating status is issued to this facility/organization by the Alameda Alliance for Health.

I acknowledge that action on this application will be delayed until all required information is received and/or verified.

This facility/organization complies with all applicable federal and state laws.

_____
Printed Name of Authorized Representative

_____
Signature of Authorized Representative

_____
Title

_____
Date

PART IV: Attachment A (All Applicants must submit the following documents with the completed application)

- Alliance Organization Provider Application, completed, signed, and dated
- CS and ECM Organization Attestation, signed and dated
- Valid, current, and unrestricted state license to operate in good standing with no sanctions
- Valid and current Medicare certification; if applicable
- Copy of CLIA; laboratory license, if applicable
- Enrolled with Fee For Service (FFS) Medi-Cal, PAVE - Provider Application and Validation for Enrollment, if not enrolled than you must submit proof of enrollment see page three
- Current General/Professional Liability insurance with a coverage minimum of $1,000,000 per claim and $3,000,000 aggregate
- Eligible to participate in State and Federal Programs; Alliance will verify
- Valid National Practitioner Identification (NPI); only needed if billing the Alliance directly
- W-9; only needed if billing the Alliance directly

Organizational Name.

Revised 11/2021

_____

HEALTH DELIVERY ORGANIZATION STATEMENT OF ATTESTATION

I hereby affirm that the information furnished by me is true and complete to be the best of my knowledge and is furnished in good faith. I fully understand that any significant misstatements in, or omissions from, this application, whether intentional or not, shall constitute cause for summary dismissal as an Alameda Alliance for Health provider (herein known as "The Alliance"). In the event that participation privileges have been granted prior to such misstatement or omission, such discovery may result in termination from the Alliance.

I agree that I have a continuing affirmative duty to inform the Alliance immediately of any material changes that may affect my organization's status. I consent to the release of all information that may be relevant to an evaluation of my organization's credentials, including information about disciplinary actions or other confidential or privileged information, to the Alliance. I understand and agree that this consent is irrevocable for any period during which my organization participates as an Alliance Provider. I release the Alliance and their representatives from any and all liability for their acts performed in good faith and without malice in obtaining information and evaluating my organization's credentials.

I understand that acceptance of this application does not constitute approval or acceptance or participating status with the Alliance and grants this facility no rights or privileges of participation until such time as a contract is consummated and written notice of participating status is issued to this facility by the Alliance.

This organization complies with all federal, state, and local handicapped access requirements as well as the standards required by the 1992 Federal Americans with Disabilities Act.

I submit this application in the expectation that confidentiality and privacy will be preserved, and that the information will be used only for credentialing, peer review, and quality assurance activities.

_____

Facility Name

_____   _____

Signature of Authorized Representative   **Date**

_____   _____

Print Name   **Title**

_____

Plan accreditation guidelines require this application signature date to be no more than 180 days old at the time of credentialing.

Signature and date must be original. Signature stamps or date stamps are not acceptable.

Organizational Name: _____   Revised 11/2021

2. Community Support and ECM Organization Attestation (page 6)

ALAMEDA
Alliance
FOR HEALTH
Health care you can count on.
Service you can trust.

CS and ECM Organizational Attestation

If for any reason you are not able to attest to the following, please provide a detailed explanation on a separate sheet.
I certify that no CS and/or ECM Staff working in this program:

- Currently have their Medicaid billing privileges terminated for-cause or are excluded by a State Medicaid agency;
- Currently are excluded from any other Federal health care program;
- Have a history of fraud, waste and/or abuse;
- Have a recent history of criminal activity, including a history of criminal activities that endanger Members and/or their families within the last two years. If not, then the clinic will need to run a current background check that is within the last two years;
- Currently are debarred, suspended, or otherwise excluded from participating in any other Federal procurement or non-procurement program or activity in accordance with the Federal Acquisition Streamlining Act implementing regulations and the Department of Health and Human Services non-procurement common rule at 45 CFR part 76.

Signature:_____Date:_____

3. Staffing Plan Template

AGENCY STAFFING PLAN		
<AGENCY NAME>		

Instructions: Please list every position in your organization that will be covered under the 2024 contract. The first row provides an *example* of the information to be collected.

Point of Contact: NAME, TITLE

Email Address:

Contract Number:

Number of Slots Projected for HN and TSS: XXXX slots

Job Title	Job Description	# of Current FTE	# of Anticipated FTE for 2024
Example) Housing Navigator, Supervisor, Case Manager, etc.	Collaborates with service providers and provides general housing support to ensure that homeless individuals and/or families can secure and maintain housing.		

4.   Staff Training Plan Template

Instructions: Please explain how your organization will provide the <u>required</u> training of cultural competency, sensitivity, and diversity to the community support staff members. Please include any relevant information such as frequency of training, upcoming dates, and the positions required to attend.

Agency Name:

Point of Contact: **Email Address:**

Name of Organization:

Narrative of Training Plan:

5. Verbal Consent Guidelines

Purpose

All consumers newly referred for Housing Community Support (HCS) Services are required to provide verbal consent to services prior to their enrollment in the program. Consumers who have a grandfathered enrollment from HHIS to an HCS program do not need to have verbal consent re-documented.

Documentation of verbal consent to receive HCS services is subject to review and confirmation during HCS quarterly audits. Health Care Services Agency (HCSA) may also request verbal consent confirmation for demonstration to Managed Care Plan (MCP) requests.

Verbal Consent Documentation

Acceptable Documents

Agencies may utilize the following items below to document verbal consent for HCS services:

Document	Description
Modified ROI	A release of information document that has been modified to include consent to receiving HCS services
Participation Agreement	Standard participation agreement that serves as written consent
HCS Authorization Assessment	HMIS Assessment data entry documenting date of verbal consent and HCS project in which the consumer is enrolled

Unacceptable Documents

The following items are considered insufficient for documentation of verbal consent for HCS services:

Document	Description
HMIS Case Comments	Agencies noting verbal consent in the body of HMIS cases and/or submitting screenshots of case comments.
Basic ROI	HMIS or other Release of Information that has <u>not</u> been modified to include consent to HCS services.

Using HCS Authorization Assessment

Creating an Assessment

- o In consumer's HMIS HCS program (HD, HN, or TSS), select the Assessments tab.
- o Choose the HCS Authorization Assessment

- Click on the toggle button for the program the consumer has provided consent for and enter the date consent was given.

Running HCS Authorization Assessment Report

This report can be used as proof of consent for quarterly audits

- In HMIS, go to the Reports menu
- Select Assessment Based Reports
- Run report GNRL-210 Assessment Details
- Under Assessment Screen select HCS Authorizations with a date range including the consumer's enrollment date
- Run report, filter for selected audit consumers and submit with audit package.

6. Invoice Templates

Housing Community Supports: Services-As-Needed

Contract Number:

Contract Term: January 1, 2023 - December 31, 2024

Invoice Date:
Invoice Number:
PO Number:

Current Billing Month: Month

	Current Billing Month	Prior Billing Month (previously unbilled):		
Housing Community Support Project	Members Served	Members Served	Rate	Total
Housing Navigation (HN)			$550	$ -
Tenancy Sustaining Services (TSS)			$550	$ -
Housing Deposits (HD)				$ -
Total				$ -

Contract Summary

Payments to Date:	$ -
Contract Advance (if applicable):	
Current Earned:	$ -
Advance Recoupment (if applicable):	
Total Due:	$ -

Attachments:
1) Provider Report Encounters Detail tab with first name, last name, date of birth columns hidden
2) Provider Report Claims Detail tab with first name, last name, date of birth columns hidden

INSERT Name, Title and Signature of Agency Authorized Staff

7. Quarterly Audit Protocol

OHCC staff will assess contracted agencies on a quarterly basis to review program compliance. OHCC staff will review records for 5% of consumers who received HN/TSS services and 15% of consumers who received HD services during the reporting period at each agency.

Review Criteria:

Requirement documents	Criteria	Applicable Quarters
Housing Support Plan (HSP)	• Each contractor should submit a Housing Support Plan for every HMIS ID sent in audit package, and verify the HSP is uploaded in HMIS • Housing Support Plans should include required consumer and agency data as shown on the Housing Support Plan Template • Documentation of a Housing Support Plan review if initial Housing Support Plan is more than 180 days old. • Each support plan should show documentation of consumer housing barriers, identify short- and long-term goals, and outline HCS services needed to achieve these goals for each HCS program the consumer has been enrolled in (HN, TSS, HD)	Jan-March, July-Sept

Consumer Consent to Services	• Documentation of consent should be shown for each consumer selected for review.
	• Permitted examples of consent are:
	  o Participation Agreements
	  o Modified ROI's specifically stating consent to services
	  o HCS Authorization Assessments
		Jan-March, July-Sept

Housing Deposits	• Receipts totaling the amount of each consumer's reported Housing Deposit expenses, and expenses do not exceed $5,000 (or some other amount if consumer has been approved for a 2nd HD enrollment)	ALL
Agency Capacity	• Contractors will provide current direct service staffing numbers (must include position, title, FTE) • Auditor will run an enrollment report for each agency on the last day of the quarter and verify that agency capacity does not exceed the 25:1 ratio. If agency capacity is below this ratio, feedback on reaching this goal should be present in final report.	ALL
HCSA Required Trainings	Documentation that staff have completed HCS-required trainings, including any new staff onboarded during the quarter.	Oct-Dec, April-June

Scoring Guidelines:

Category	Finding	Criteria
Housing Support Plan	Meets requirements	Housing Support Plans submitted for all requested consumers. Housing Support Plans have all required elements completed.
	Missing Documentation	Missing, partial, or vague entries without specific details and action items
Housing Deposit Receipts	Meets requirements	Receipts and documentation provided match total expenses listed for consumer, and total per consumer expenses do not exceed $5,000 (or some other amount if approved for 2nd HD enrollment)
	Missing Documentation	Missing receipts, total expense numbers not matching
Agency Capacity Review	Meets requirements	Agency meets or exceeds ratio Agency is providing services to consumers equaling at least 75% of contracted slots
	Approaching standard	Staffing is not sufficient for to meet ratio requirements or contractor does not meet sufficient number of consumers.
Consumer Consent	Meets requirements	Documentation submitted
	Missing Documentation	Documentation missing
Employee Training	Meets Requirements	Documentation of training submitted
	Missing Documentation	Documentation missing

Service Quarter	Date Range Included	HCSA provides audit package	Audit Documents Due	Review Meeting complete by
Q 1 April	1/1 - 3/31	4/5	4/19	May 15
Q 2 July	4/1 - 6/30	7/5	7/19	August 15
Q 3 October	7/1 - 9/30	10/5	10/19	November 15
Q 4 January	10/1 - 12/31	1/5	1/19	February 15

Agency Checklist

Contractors are required to provide the following documentation for each of their selected consumers.

- o Housing Support Plan
- o Receipts for each service under Housing Deposits for the applicable quarter
- o Breakdown of current Direct Service Employees for Housing Navigation and Tenancy Sustaining services
- o Documentation of consumer consent to services
- o Documentation of completed HCS-required trainings

8. Example Housing Support Plan

Note: An editable version of this form can be found on the HCS website.

1. HMIS ID #	2. Member Name (First, Middle, Last)
3. MediCal Member ID # (if applicable)	4. HSP START DATE _ _/_ _/_ _ _ _ ☐ Housing Transition & Navigation ☐ Tenancy & Sustaining Services ☐ Housing Deposit **HSP END DATE** _ _/_ _/_ _ _ _ ☐ Housing Transition & Navigation ☐ Tenancy & Sustaining Services ☐ Housing Deposit

NOTE: Any revision dates must occur within the overall HSP authorized START DATE & END DATE from Section 4. If changes are after this HSP end date, create a new HSP for authorization.
5. HSP Revision Date _ _/_ _/_ _ includes ☐ Housing Transition & Navigation ☐ Tenancy & Sustaining Services ☐ Housing Deposit   Added Service Activities _____   **HSP Revision Date** _ _/_ _/_ includes ☐ Housing Transition & Navigation ☐ Tenancy & Sustaining Services ☐ Housing Deposit   Added Service Activities _____   **HSP Revision Date** _ _/_ _/_ _ includes ☐ Housing Transition & Navigation ☐ Tenancy & Sustaining Services ☐ Housing Deposit   Added Service Activities _____

Developing a Housing Support Plan (HSP): Developing an individualized HSP must be based upon the housing assessment that addresses identified barriers, includes short- and long-term measurable goals for each issue, establishes the member's approach to meeting the goal, and identifies when other providers or services, both reimbursed and not reimbursed by Medi-Cal, may be required to meet the goal. An HSP should help the participant and provider identify strengths and attainable housing focused goals. **It should be updated at least every 180 days.** The HSP should also be revised as a person's situation changes, and steps are completed, or goals updated. If revised, add the revision date to Box 5.

6. Housing Navigation (HN) Service Activities: (Check all that apply and add details to sections 10-14 for each)	**7. Housing Tenancy & Sustaining Service (TSS) Activities:** (Check all that apply and add details to sections 10-14 for each)
☐ 1. Searching for housing and presenting options	☐ 1. Providing early identification and intervention for behaviors that may jeopardize housing, such as late rental payment, hoarding, substance use, and other lease violations.
☐ 2. Assisting in completing housing applications	
☐ 3. Assisting in obtaining ID and documentation for SSI	
☐ 4. Supporting SSI application process	☐ 2. Education and training on the role, rights, and responsibilities of the tenant and landlord.
☐ 5. Identifying and securing housing resources to assist with rent, matching available rental subsidy/voucher	☐ 3. Coaching on developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy.
☐ 6. Identifying and securing resources to cover security deposit, moving costs, adaptive aids, environmental modifications, and other one- time expenses	☐ 4. Coordination with the landlord and case management provider to address identified issues that could impact housing stability.
☐ 7. Assisting with requests for reasonable accommodations	☐ 5. Assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action including developing a repayment plan or identifying funding in situations in which the Member owes back rent or payment for damage to the unit.
☐ 8. Engaging and educating landlord/property management	
☐ 9. Ensuring living environment in prospective unit is safe and ready for move in	
☐ 10. Communicating and advocating on behalf of member to landlord/property management	☐ 6. Advocacy and linkage with community resources to prevent eviction when housing is or may potentially become jeopardized.
☐ 11. Assisting in arranging for and supporting details of the move	☐ 7. Assisting with benefits advocacy, including assistance with obtaining identification and documentation for SSI eligibility and supporting the SSI application process.
☐ 12. Establishing procedures and contacts to retain housing, including developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardy	
	☐ 8. Assistance with the annual housing recertification process.
☐ 13. Identifying, coordinating, securing or funding non-emergency, non-medical transportation to assist Members' mobility to ensure reasonable accommodations and access to housing options prior to transition and on move in day	☐ 9. Coordinating with the tenant to review, update and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers.
	☐ 10. Continuing assistance with lease compliance, including ongoing support with activities related to household management.
☐ 14. Identifying, coordinating, securing, or funding environmental modifications to install necessary accommodations for	☐ 11. Health and safety visits, including unit habitability inspections
	☐ 12. Other prevention and early intervention services identified in the crisis plan that are activated when housing is jeopardized (e.g., assisting with reasonable accommodation requests that were not initially required upon

---

8. Housing Deposit

Is housing deposit assistance authorized for this member? ☐ Yes or   ☐ No

Deposit start date _ _ /_ _/_ _ _ _ Deposit End Date _ _/_ _/_ _ _ _

---

9. Member Strengths identified to assist with goals:

10. Activity Number	11. Identified Barriers	12. Goal (short & long term)	13. Action Steps	14. Person(s) Responsible (Member/Staff)
Example: 6.3 *(Assisting in obtaining ID and documentation for SSI)*	*No transportation to SSI office; no phone number to get in touch with consumer to arrange ride to SSI*	*Short term: get SSI set up for member* *Long term: use ID and SSI for rental applications*		
Example: 7.10 (Continuing assistance with lease compliance, including ongoing support	*I need help remembering to pay my rent on the day that it is due, sometimes I forget what day*	*Short term: set up a calendar to track when rent is due and hang on fridge*	*Case manager to meet with consumer on the 1st of each month in person to remind and assist in paying rent.*	

15. Member's housing preferences:

16. My Emergency Contact Person is	**Name** **Phone Number** **Agency (if applicable)** **Email address**
17. My Primary Care Provider is	**Name** **Phone Number** **Agency (if applicable)** **Email address**
18. My Enhanced Care Management (ECM) Provider is	**Name** **Phone Number** **Agency (if applicable)** **Email address**

19. SIGNATURES

Member Name   Member Signature   Date

Staff Name   Staff Signature   Date

Staff Phone   Staff E-mail
Supervisor Name   Supervisor Signature   Date

9. Contractor Dashboard

Quarterly Reporting Period: ☐ FYQ3 / CYQ1 (January 1 – March 30) ☐ FYQ4 / CYQ2 (April 1 – June 30) ☐ FYQ1/ CYQ3 (July 1 – Sept 30) ☐ FYQ2 / CYQ4 (October 1 – December 31)	Date of Report:
Organization:	**Contact person:** **Email:**

Reporting Requirement	Data Source (HMIS)	Target Metric, if Applicable	Quarterly Report Results
Housing Navigation (HN) Number of unduplicated consumers served (at least one service encounter) in: • For current quarter • Calendar year to date	HMIS – Report Library →HUD Reports → Annual Performance Report (APR) → Q4a 'Total Active Households' Note – *exclude in count those without a service encounter*	N/A	Current quarter: Calendar YTD:
Tenancy Sustaining (TSS) Number of unduplicated consumers served (at least one service encounter) in**:** • For current quarter • Calendar year to date		N/A	Current quarter: Calendar YTD:
Housing Deposits (HD) Number of unduplicated consumers served (at least one housing deposit expense) in: • For current quarter • Calendar year to date		N/A	Current quarter: Calendar YTD:
Number of unduplicated consumers served (at least one service encounter) across all three Housing Community Supports: • For current quarter • Calendar year to date	HMIS – Report Library →HUD Reports → Annual Performance Report (APR) → Q8a 'Number of Households Served' Note – *exclude in count those without a service encounter*	N/A	Current quarter: Calendar YTD:
All HCS projects (agency) Number and Percent of consumers who have maintained or increased their	HMIS – Reports à Data Analysis à Built In Reports à Program Performanceà Income	75% or more	Number of consumers: % of consumers served:

income from program entry to their most recent annual/exit assessment. • Contract start to end of quarter	and Non-Cash Benefits à Increased/Maintained Total Household Income		☐ Meets or Exceeds Target ☐ Does Not Meet Target
HN Number and Percentage of consumers enrolled in Housing Transition Navigation services permanently housed within 6 months (will report on for the first time after second quarter)	HMIS – Reports →Data Analysis → Built In Reports → Program Performance → LoT - Leavers by Destination Category → Permanent Housing Situations/Average Days in Project (See detailed guidance below)	65%	Number of consumers: % of consumers served: ☐ Meets or Exceeds Target ☐ Does Not Meet Target
TSS Number and Percentage of consumers receiving Tenancy Sustaining Services who graduate from services or maintain housing (ie NOT exited to the streets, emergency shelter, unknown, or other non-permanent housing destinations) • Contract start to end of quarter	HMIS – Report Library →HUD Reports → Annual Performance Report (APR) (See detailed guidance below)	90%	Number of consumers: % of consumers served: ☐ Meets or Exceeds Target ☐ Does Not Meet Target

Reporting Requirement	Data Source (Non HMIS)	Target Metric, If Applicable	Quarterly Report Results
All HCS projects (agency) Number and Percentage of consumers who maintain health insurance enrollment • Contract start to end of quarter	*In development/consultation with HCSA DEU team*		Number of consumers: % of consumers served: ☐ Meets or Exceeds Target ☐ Does Not Meet Target
All HCS projects (agency) Number and Percent of consumers who have been enrolled for 15 days with an individualized housing support plan	Agency to retain records internally *HCSA will audit random selection of 5% of consumers for confirmation (biannually)*	100%	Number of consumers: % of consumers served: ☐ Meets or Exceeds Target ☐ Does Not Meet Target

Reporting Time Periods

Time Period	Quarterly Period	Cumulative Period	Due Date
FYQ3 / CYQ1	January 1 – March 30		April 30
FYQ4 / CYQ2	April 1 – June 30	January – June	July 30
FYQ1/ CYQ3	July 1 – Sept 30		October 30
FyQ2 / CYQ4	October 1 – December 31	July – December	January 30

FY – Fiscal Year

CY – Calendar Year

Additional space for notes or information:

Additional guidance on how to determine Number and Percentage of consumers enrolled in Housing Transition Navigation services permanently housed within 6 months:

1) In Program Performance (Reports →Data Analysis → Built In Reports), select reporting date range and your HCS-HN program from the "Program Name" list and click the "reload" circular arrow at the top
2) Scroll down to "LoT (Length of Time) – Leavers by Destination Category":

Destination Category	Average Days in Project	Client Count	%
Other	77.67	3	6%
Homeless Situations	81	3	6%
Permanent Housing Situations	184.88	41	85%
Temporary Housing Situations	202	1	2%
Totals	172.04	48	100%

3) Click the green bar in the "Average Days in Project" column and "Permanent Housing Situations" row. This will bring up a new window showing all Leavers into permanent housing. Click "download" at the top and download to excel.
4) In the excel file, sort the "Days in Project" column smallest to largest. Count how many consumers are at or below 180 days. Tip: click the top (smallest) number and drag down the column until you've reached all values 180 and below. At the bottom of the excel doc will be a count of the number of selected cells. This is your **Number of consumers enrolled in Housing Transition Navigation services permanently housed within 6 months.**
5) To get the percentage, we need to determine the denominator, which in this case is all Leavers plus Stayers > 6 months.
6) All Leavers can be found at the same "LoT (Length of Time) – Leavers by Destination Category" section in the "Client Count" column and "Totals" row at the bottom:

LoT - Leavers by Destination Category ⓘ ⋮

Destination Category	Average Days in Project ∧	Client Count	%
Other	77.67	3	6%
Homeless Situations	81	3	6%
Permanent Housing Situations	184.88	41	85%
Temporary Housing Situations	202	1	2%
Totals	172.04	48	100%

7) Stayers > 6 months can be found in the "LoT in Program" section:

LoT in Program ⓘ ⋮

Stayers/Leavers	Average ∨	Median	Min	Max	Long Term Stayers (365+ Days)	Client Count	Household Count	Enrollment Count
Leavers	172.0	202	21	364	0	48	48	48
Stayers	160.0	156	2	376	2	22	22	22
Totals	168.27	175	2	376	2	70	70	70

8) Click the bar in the "Average" column and "Stayers" row. This will bring up a new window showing all Stayers. Click "download" at the top and download to excel.

9) In the excel file, sort the "Project Start Date" column oldest to newest. Count how many consumers have an enrollment date prior to 6 months before the end of your reporting period. **Example**: if the reporting period you are working on is October – December, stayers with an enrollment date of June 30 or earlier are your stayers >6 months (because consumers enrolled July-on have not yet reached 6 months of enrollment on December 31st). This number plus "All Leavers" from (6) is your denominator. Divide your Number of consumers permanently housed within 6 months from (4) above by the denominator to get **Percentage of consumers enrolled in Housing Transition Navigation services permanently housed within 6 months.**

10) Example:

100 consumers permanently housed within 6 months

130 total Leavers

10 Stayers > 6 months

100 / (130 + 10) = 71.4%

Additional guidance on how to determine Number and Percentage of consumers enrolled in Tenancy Sustaining services who maintain housing:

1) In Annual Performance Report, the number of Stayers (Q5a) plus "Total persons existing to positive housing destinations" (Q23c) = **Number of consumers enrolled in Tenancy Sustaining services who maintain housing**

2) To get the percentage, we need to determine the denominator, which in this case is the number of stayers from (1) *plus* the total number of leavers from Q23c *minus total persons whose destinations excluded them from the calculation* from Q23c.

Example:

100 stayers (Q5a)

25 exited to positive housing destinations (Q23c)

= 125 **consumers enrolled in Tenancy Sustaining services who maintain housing**

50 total leavers (Q23c)

10 persons whose destinations excluded them from the calculation (Q23c)

125 / (100 + 50 − 10) = 89.3% = **Percentage of consumers enrolled in Tenancy Sustaining services who maintain housing**

10. Job Aid: HCS Project Entry in HMIS

Enrolling a Consumer in a HCS Project in HMIS

1. Search for the consumer (*follow HMIS search protocols)*

Only the individual who has been referred should be enrolled into the project, not all household members.

2. Click on Programs to view the consumer's Program History and verify the consumer is not actively enrolled in a HCS program

4. Select the appropriate HCS from the Agency project list and complete enrollment details. Do *not* toggle "on" linked household members. **Only the individual referred for services should be enrolled**.

5. HCS Projects & Enrollment Date

- **HCS – Housing Navigation (HN):** Enrollment Date is when the engagement & coordination with the individual began

- **HCS – Housing Deposits (HD):** Enrollment Date is on or before identified move-in date and should correspond with initial expense date

- **HCS – Tenancy Sustaining Services (TSS):** Enrollment Date is date of engagement for consumers in housing, or with an identified upcoming move-in date

6. Complete Current Living Situation Assessment

Complete the Current Living Situation Assessment for each consumer enrolled in an HCS Project. The assessment needs to be done in the HCS project even if it was done elsewhere in HMIS; however, the information will be prepopulated (cascade in) if data was previously captured within Coordinated Entry.

Enrollment   History   Provide Services   Assessments   Goals   Notes   Files   Chart   ✕ Exit

Assessments
LINK FROM ASSESSMENTS

Current Living Situation	START
Status Update Assessment	START
Annual Assessment	START
HCS Authorizations	START

ASSESSMENT HISTORY

Enrollment   History   Provide Services   Assessments   Goals   Notes   Files   Chart   ✕ Exit

Add Current living situation for client Andrea TestMig

Date of Contact   01/04/2022

Current Living Situation   Place not meant for habitation (e.g., a vehicle, an abandoned building, bus

Location Details

Select
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter
Safe Haven
Foster care home or foster care group home
Hospital or other residential non-psychiatric medical facility
Jail, prison or juvenile detention facility
Long-term care facility or nursing home
Psychiatric hospital or other psychiatric facility
Substance abuse treatment facility or detox center
Residential project or halfway house with no homeless criteria
Hotel or motel paid for without emergency shelter voucher
Transitional housing for homeless persons (including homeless youth)
Host Home (non-crisis)
Staying or living in a friend's room, apartment or house
Staying or living in a family member's room, apartment or house
Rental by client, with GPD TIP housing subsidy
Rental by client, with VASH housing subsidy
Permanent housing (other than RRH) for formerly homeless persons
Rental by client, with RRH or equivalent subsidy

Managed with Clarity Human Services

11. Job Aid: Documenting Housing Community Support Services in HMIS

1. Click on PROGRAMS & open the relevant HCS project enrollment
2. Click on Provide Services & select the service

3. Enter (1) Start Date, (2) End Date (same day as start date), and (3) input Service Note summary of service encounter
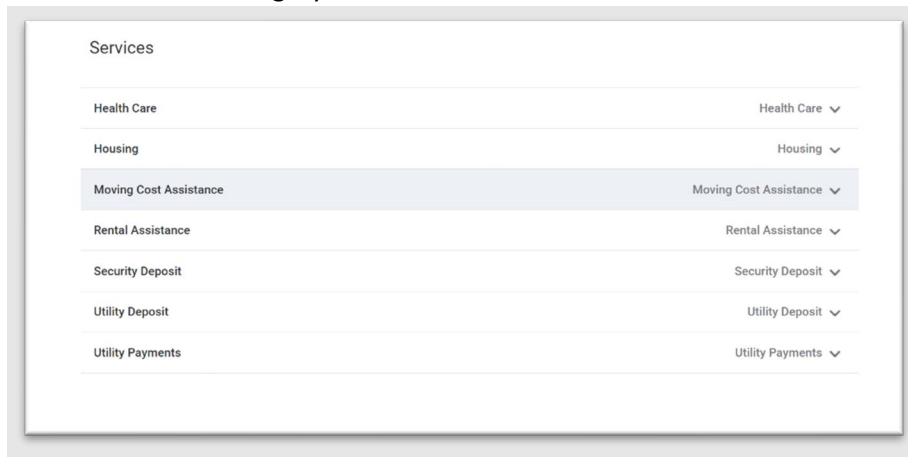
Expense Amount:
- Must be entered within HCS – Housing Deposits Project <u>ONLY</u>
- Enter Expense Amount and Expense Date (month of purchase)
- Total service costs cannot exceed $5,000 in total per consumer, per lifetime
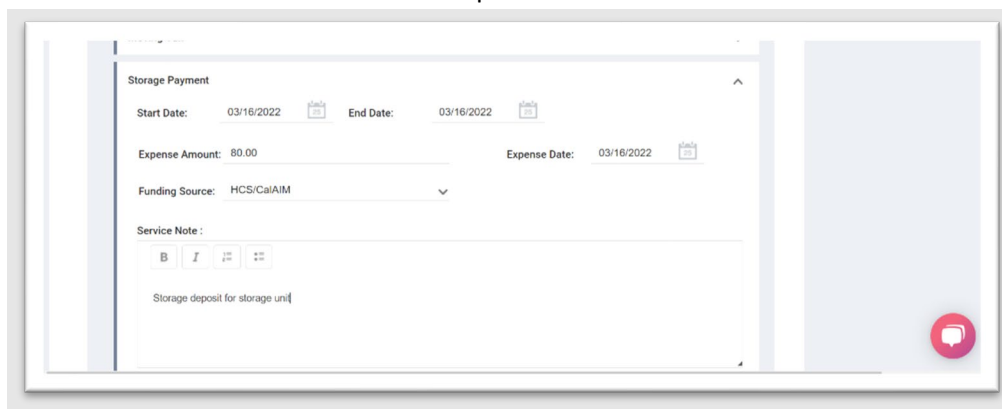
4. Click SUBMIT

Documenting Housing Deposits Services in HMIS

1. Go to the HMIS profile of the consumer enrolled in Housing Deposit services with HCS.
2. Under Active Programs section of profile or under the Programs tab open the program enrollment for HCS Housing Deposits
3. Click the Provide Services tab under the program name
4. Select the service category from the list:

5. Select more detailed service subcategory from the dropdown list
6. Enter Start, End, and actual Expense date, Expense Amount.
7. Funding Source should be listed as HSCA/CalAim
8. Provide a detailed note for what this expense covers

9. Click Submit. Your service will now appear in the History tab within the program.

To enter Multiple services of the same type on the same date:
For Security Deposit and Moving Cost Assistance categories you may simply follow the normal service entry directions.

For all Housing category services (regardless of subcategory) you will see the following error:

 Follow these steps to enter multiple Housing services on the same date

1. Create a service following the normal service entry directions, please select the subcategory which fits the majority of the services you will be entering.
2. Go to the History tab within the Housing Deposit program
3. Select the edit icon next to the housing service

4. In the Expenses section of the service select Add Expense

5. Fill in the amount, funding source, dates, and detailed explanation of this additional Housing expense and submit.

Your new expense will now appear in the Expense section of the service.

12. Job Aid: HCS Dual Enrollment Report

Report Purpose: This report can be run as part of agencies' routine Quality Assurance checks to ensure that consumers enrolled in their HN/TSS projects are not also dual-enrolled in either their own or another agency's HN/TSS projects, with the caveat that there is an allowable 30-day overlap period.

Report Access: HMIS users with Looker/Data Analysis licenses may view this dashboard and run this report.

1. From the home screen in HMIS, select the icon at the top of the screen with the nine squares, and then "Reports"→ "Data Analysis"→ "Alameda Clarity System Reports"→ "HCS Dual Enrollment Dashboard – HCS-HN & HCS-TSS", and click "run"
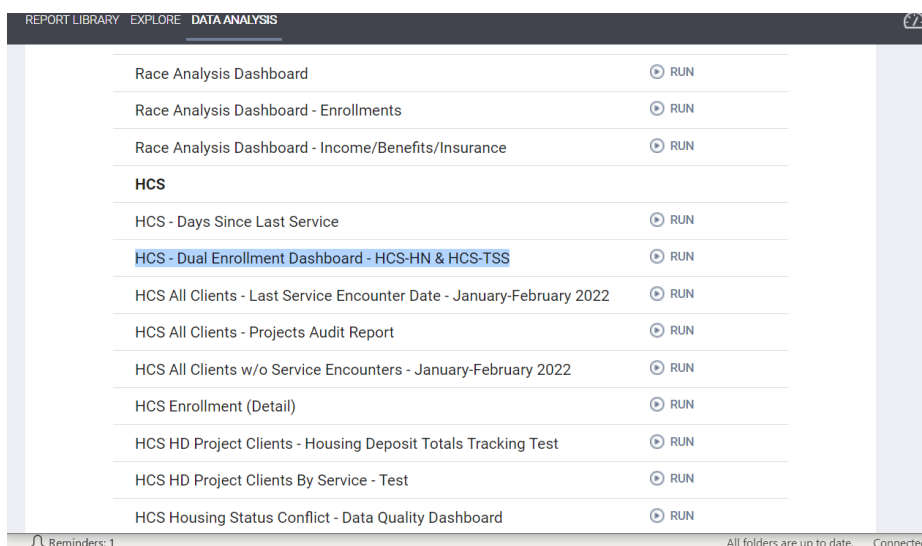
11. On the following screen, the Dual-enrollment dashboard displaying HCS consumers currently dual-enrolled will be displayed, like this:

This dashboard can be used to quickly get a snapshot of HCS TSS/HN dual-enrollments. If providers notice a consumer of theirs listed that does not have a plan for disenrollment by either their agency or the agency with which the consumer is dual-enrolled, providers can alert the OHCC HCS team at calaim@acgov.org to discuss. Keep in mind that the second to last column on the right lists "days since project start." Enrollments less than 30 days old are within the allowable overlap period.

12. For downloading the full data set to excel to allow for tracking and managing the dual-enrollment data, hover your cursor to the right of "HCS Dual Enrollment HCS-HN…Dual Enrollments Only View", where three dots will appear (highlighted below).

13. Click the three dots and select "Download data", then select excel spreadsheet from the format drop-down menu. Click the arrow next to "advanced data options" if you'd like to change the report output format (optional), otherwise select "Download".
14. Once the file is downloaded and opened, you can filter for consumers enrolled with your agency using the filter function.
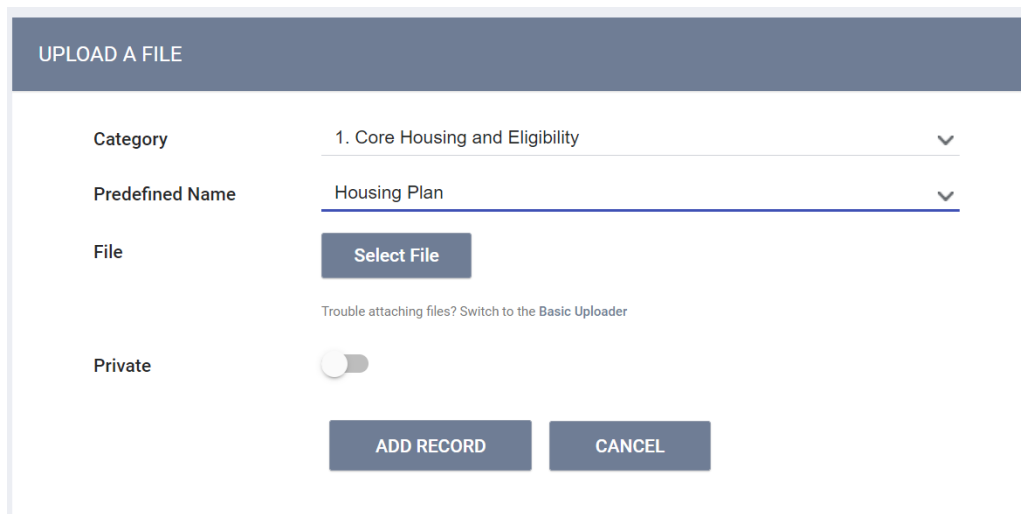
13. Job Aid: Uploading Housing Support Plans to HMIS

1. Pull up the consumer's profile and go to the "files" tab at the top

2. Select "ADD FILE" at the top right, which will lead to this page:

3. Leaving the "Category" as "1. Core Housing and Eligibility", select "Housing Plan" the Predefined Name dropdown list

4. Click "Select File" and find the Housing Support Plan you'd like to upload, then click "open"

5. Do NOT turn on the "private" toggle

6. Click "Add Record". Your document will now be listed in the consumer's files tab

7. If this doesn't work, click the "Basic Uploader" option and follow steps 3-6

14.   TSS Evaluation How-To

Key Points
- Consumers are eligible for Tenancy Sustaining Services as long as necessary
- This assessment is a tool to help demonstrate whether on-going services are needed or whether a consumer is ready to end services
- The assessment should be completed every 180 days after the first year of service
- You may complete this assessment with the client present if helpful, but this is not required; it was designed to be able to be completed without the client present.

1. **Navigate to the Assessments tab within the client's TSS project, find the Housing Community Supports TSS Evaluation and click "start"**

Figure 1: Screenshot of Assessments tab

2. **Complete the fields at the top of the assessment**
   1. Assessment Date (this is the date the evaluation is completed)
   2. Agency Contact/Case Manager (this should be the person who is completing the assessment)
   3. Service provider organization name from the dropdown list

Figure 2: Screenshot of start of assessment

3. **Complete Evaluation Criteria, Goals and Action Steps: 20 True/False Questions**

2. Moving on to the criteria section, read each carefully and select "true" or "false" from the dropdown list, *answering to the best of your knowledge.* It may be helpful to consult external sources of information, such as the Community Health Record, to help in your responses, but this is not required.

3. Under each criteria marked "false", a text box and a dropdown question about timeframe for completion will pop open. *For a minimum of three criteria marked "false",* provide a measurable goal, needed action steps, person responsible, and the estimated timeframe for completion of that goal. If consumers are assesses as having fewer than 3 false criteria but you are requesting continued services, you must submit a time-limited measurable goal for each false answer. The timeframe can be up to 6 months since the evaluation is to be completed every 180 days. *Note: minimum of 3 goals are only required in cases where continued services are recommended (see step 4 below). If it is determined that services are no longer needed (ie client is graduating), goals are not required.*

1. Tenant had NO lease violations in last 12 months	False ⌄
Measurable Goal, Action Step(s) , TSS staff responsible, and timeframe for completion (max 6 months)	
Timeframe for completion	Select ⌄
2. Tenant /Rep Payee paid rent on time every month {last 12 months}	Select ⌄

Figure 3: Screenshot of criteria 1-2 and popups when "false" is selected

15. Complete Case Manager Recommendation to Continue or Discontinue Services

    a. After completing criteria #20, note the number of criteria marked "true" either by manually counting the "trues" or by saving and exiting the assessment and noting the score in the "details" column under Assessment History (then re-open the assessment using the pencil icon).

    b. Next to "Case Manager Assessment: Client Needs Continued Services", select "Yes" or "No". Your recommendation to continue services or not is an important component of this evaluation, as you know the client's needs and goals best.

        i. It is recommended that graduation from services be *considered* for those that score 16 or above, however you may recommend continued services even when this is the case, if ongoing services are necessary, in your opinion, for the client to stay successfully housed.

    c. **If "Yes" is selected:** this means you are advocating that continued services are needed. You should provide a rationale for the need of continued services in the text box that pops up (and ensure that a minimum of 3 goals are completed- see step 3 above). This rationale is *required* in cases where the score is 16 or higher. *In cases where the score is 15 or lower, you may simply write "does not meet threshold score".*

d. **If "No" is selected:** you are advocating that the client is stable enough such that they no longer require TSS, discuss with your supervisor the needed next steps to move towards program exit.

TO SEE TOTAL ASSESSMENT SCORE, EITHER COUNT THE NUMBER OF "TRUES" OR EXIT THE ASSESSMENT BY CLICKING "SAVE" BELOW. THE SCORE WILL APPEAR IN THE "DETAILS" COLUMN. THEN RE-ENTER THE ASSESSMENT TO COMPLETE CASE MANAGER ASSESSMENT BELOW.

IF A CLIENT HAS SCORED 16 OR MORE, "GRADUATION OF SERVICES" (DISENROLLMENT FROM TSS) SHOULD BE CONSIDERED

Case Manager Assessment: Client Needs Continued Services (check one)	Yes ∨
Provide rationale here. Note: only required if score is 16 or higher	
Private	⊙

SAVE   CANCEL

Figure 4: "Case Manager Assessment: Client Needs Continued Services" and rationale text box.

16.   Do NOT turn on the "private" toggle, and click "SAVE"

17.   Editing a Completed Assessment

If you need to edit or make corrections to a completed assessment, you may select the pencil icon next to the existing assessment under "assessment history". It is very important when making corrections/edits to a previously completed assessment to update the "Assessment Date" at the top to reflect the date that changes were made. For example if the assessment was originally completed on June 30, 2023, this will be prepopulated when you re-enter the assessment at a later date. If edits are made to the assessment, you must change 6/30/23 to the date you are making the edits.

15. Outreach Policy: Pre-Enrollment

This policy is designed to clarify and add specific guidelines to the expectations around pre-enrollment outreach. If at any point in this process a consumer is located and either accepts or declines services, then there is no need to continue with the outreach efforts.

For tracking, Quality Assurance, and verification purposes, **all outreach attempts need to be documented in the HMIS Notes section**. If outreach is not documented in HMIS, HCSA staff may ask for continued outreach beyond the parameters listed below. If at any point HCSA staff believe that outreach has not been sufficient, they may request additional time and methods to locate and serve a consumer.

A core part of outreach is to **attend the Regional Housing Coordination and/or TAY Huddle** meetings, where providers can bring up hard-to-find consumers and collaborate with other service providers who might have helpful information. Housing Coordination meetings are broken down by region:
- North County: Berkeley, Albany, Emeryville (Andrea Zeppa: Andrea.Zeppa@acgov.org)
- Oakland (Lynette Ward: Lynette.Ward@acgov.org)
- Mid County (Phil Clark: Phil.Clark@acgov.org)
- East: Dublin, Pleasanton, Livermore (Hanna Toda: Hanna.Toda@acgov.org)
- South: Fremont, Union City, Newark (Hanna Toda: Hanna.Toda@acgov.org)
- TAY (Youth) (Hannah Moore: HMoore@acgov.org)

If you are not already attending these meetings, please email the regional coordinator listed above for the regional meeting(s) you would like an invitation for, depending on where you believe the consumer is currently staying. It may make sense for one person to attend for the HCS team. Requestor will be added to the recurring invite and can attend when needed.

Pre-enrollment outreach expectations (first 60 days):

Add a Public Alert in HMIS to contact HN if contact is made/whereabouts are known
> AND

Attend and present the consumer at the relevant Regional Housing Coordination Meeting at least once
> AND

Have at least six documented (as a note in HMIS- specify "outreach attempt" in the "Category" dropdown) attempts of any combination of the following strategies, with at least one being in-person
1. Phone calls/voicemails to consumer
2. Outreaching to any contacts in HMIS and the CHR
3. Contacting the person who completed or recently updated the Coordinated Entry Assessment
4. Visiting consumer's last known address/recent locations
5. Mailing a letter to consumer's last known address

Notes on contact attempts should be brief but paint a clear picture of what kind of outreach was attempted. Contractors are encouraged to attempt more than the minimum six attempts. There should be at least one outreach attempt every 10 days, and contractors should make reasonable attempts to conduct initial outreach within 24 hours of referral receipt.

Outreach attempts should be logged as pictured below:

If you are unable to attempt or exhaust all of these strategies prior to the 60 days, please email CalAIM@acgov.org for guidance on next steps.

AFTER 60 Days:
If you have met the standards outlined above for days 1-60:

    You are encouraged to request a new referral

        And

    Attempt to contact one more time

        And

    Continue to present the consumer in the relevant Regional Housing Coordination Meeting

At 90 Days:
You may request to return the referral to OHCC by e-mailing CalAIM@acgov.org
If HCSA approves the return of the referral, HCSA will also confirm if Housing or HCS organization should work with the Housing Resource Center (HRC) for the referred person to be exited from Coordinated Entry.

Unable to Complete:
Contractors that are not able to complete the minimum 6 documented attempts during the first 60 days of outreach may be asked to retain the referral until the minimum requirements have been completed and entered in HMIS, beyond the 90 days outlined in the policy.

If a contractor has more than 40 referrals in the pre-enrollment outreach phase, HCSA may pause referring new Housing Navigation consumers until the outstanding referrals have been resolved.

Office of Homeless Care and Coordination (OHCC)

Housing Community Supports (HCS) Grievance Policy

First approved/Last revised	December 15, 2022
Author of policy/ policy revision	Office of Homeless Care and Coordination (OHCC)
Approved by	Andrea Dodge
Effective date	December 15, 2022
Next review required by	December 15, 2024

1. Introduction

This document provides policies and procedures for Alameda County's OHCC Housing Services Office and Housing Community Supports (HCS) providers to ensure that any consumer may submit a grievance, receive a response, and, if necessary, appeal the response related to the provision of HCS services in a consistent, fair, and standard manner. This policy also covers requirements for tracking and reporting on grievances and appeals.

2. Definitions

- **Appeal –** an appeal is the elevation of a grievance to OHCC for review by a consumer who is dissatisfied with their HCS-contracted provider's response to their initial grievance.
- **Consumer** – a person who receives Housing Community Supports services from a HCSA-contracted HCS provider.
- **DHCS** – California Department of Health Care Services entity tasked with developing initiative to reform the Medi-Cal program and, in turn, improve the quality of life and health outcomes of Medi-Cal members.
- **Grievance** – an expression of dissatisfaction with any aspect of Housing Community Supports services provided. A grievance may or may not allege a failure to follow the prescribed policies, procedures, and practices of Housing Community Supports in a consistent and non-discriminatory manner resulting in a negative impact on a consumer.
- **HCSA** – Alameda County's Health Care Services Agency, serving as the intermediary between Managed Care Plans and HCS providers in administering the HCS program.
- **Hearing** – a meeting during which an HCS-served consumer and HCS provider may provide evidence in support of their positions related to a grievance. This evidence is then used to make a determination. Consumers may be accompanied by and receive assistance/guidance from an advocate (a consumer-designated representative, i.e., a family member, friend, service provider, or trained advocate) during a hearing.

- **Housing Community Supports** – medically appropriate, cost-effective services that are covered under the California Medicaid State. Community support services include Housing Transition Navigation Services; Housing Deposits; and Housing Tenancy and Sustaining Services.
- **Investigation** – a process which may be undertaken by OHCC to review a grievance, and, in the event that a consumer has brought an appeal to OHCC, the result or resolution by an HCS provider. The investigation may cover both how the grievance was handled and the resolution.
- **Managed Care Plan** – entity licensed by DHCS to provide health care to Medi-Cal enrollees. Alameda Alliance for Health is the Managed Care Plan in Alameda County.
- **Non-discrimination** – the requirement to ensure that HCS services are available to all eligible persons and administered without discrimination based on race, ethnicity, preferred language,, religion, national origin, sex, age, familial status, disability, sexual orientation or marital status. This includes requirements to comply all applicable civil rights and fair housing laws and requirements.
- **OHCC** - – HCSA's Office of Homeless Care and Coordination serves to implement expanded services and supports and lead the development of a strategic framework to address homelessness within Alameda County.

3. Policy Scope

This Policy applies to all Housing Community Supports providers contracted by OHCC to provide Housing Transition and Navigation, Tenancy Sustaining, and Housing Deposit services.

4. Policy Description

4.1 Purpose

This policy is intended to ensure that consumers in HCS services, including Housing Transition and Navigation, Tenancy Sustaining, and Housing Deposit services, have a consistent and clear ability to file a grievance, receive a response, and, if necessary, appeal any aspect of their experience or treatment in a similar manner and timeframe, regardless of from what HCS provider they receive services.

4.2 Policy

HCS providers shall follow their own agency or program procedures for receiving and responding to grievances related to the delivery of HCS services, provided that the applicable procedures:
- are clearly stated and made available to all consumers;
- allow the consumer to file their grievance and have it reviewed or heard by someone who is not involved in the grievance; the person reviewing the grievance and making the determination must be at a higher level within the organization;
- allows consumers to receive assistance in making their grievance known including reasonable accommodation(s);
- include the ability to have an advocate at any meeting or hearing;
- provide for a written response with a determination about the actions alleged and a proposed resolution if warranted, within a set and reasonable period of time, not later than 14 days from receipt of the grievance.

Any consumer grievance not resolved by the HCS provider must be submitted to OHCC, serving as oversight for Housing Community Supports providers and intermediary with Managed Care Plans.

HCS providers and OHCC shall keep a log of all grievances received, according to the procedures set out below. Provider grievance logs must be made available for review upon request by OHCC, which will use the information to recommend refinements and improvements in the process and delivery of services.

5. Procedure

5.1 All HCS providers will provide consumers with information about how they may file a grievance. This information should be made available at time of enrollment in HCS services and upon request during service duration period.

5.2 HCS providers will follow their procedures and document the results of any grievances received and actions taken in accordance with their internal procedures and supervision, provided these reflect the above required elements in 4.2.

5.3 HCS providers and OHCC will maintain a log of all grievances received regarding any aspect of HCS services. This log must at minimum record:
   a. when the grievance was first received;
   b. the primary concern or topic raised in the grievance and which aspect of HCS services (HD, HN, or TSS) the consumer was concerned with;
   c. whether the grievance included a concern regarding discrimination, and what type of discrimination was cited.
   d. when a response was submitted;
   e. what finding was made and what action was taken;
   f. whether the finding was appealed, and the outcome

5.4 The HCS provider's log should be kept updated, with each step recorded within 48 hours of its conclusion. OHCC may request to review the log at any time.

5.5 HCS providers will notify consumers at the time of their final response that if they are dissatisfied with the result, they may notify the HCS provider as such. The HCS provider will submit the grievance appeal to OHCC at calaim@acgov.org within 24 hours or the next business day. HCS providers must also inform consumers that they may file a discrimination complaint directly with DHCS.

At this point, the procedures followed are dependent upon whether the consumer is enrolled in Managed Care or not. If they are enrolled in Managed Care:

5.6a All grievances from a consumer enrolled with a Managed Care Plan (Alameda Alliance for Health) that are sent to OHCC will be submitted to the appropriate MCP per DCHS grievance regulations.

5.7a The HCS provider agrees to cooperate with and participate in both County and Managed Care Plan grievance procedures including responsiveness within required time limits by the Managed Care Plans and State and/or Federal law. The HCS providers shall comply with both County and Managed Care Plan's resolution of any such complaints or grievances including specific findings, conclusions, and orders of California Department of Managed Health Care (DMHC) or DHCS and shall adhere to these procedures for the prompt receipt, processing, and resolution of such matters.

If the consumer is not enrolled in Managed Care:

5.6b OHCC will respond to all appeals within 10 business days and will provide consumers with a written determination of whether the grievance was appropriately handled and will either uphold the HCS providers' determination or initiate an investigation, which may result in upholding the determination. Alternatively, OHCC may issue a different decision and proposed resolution. OHCC's determination is final and does not allow for an appeals process.

5.7b If OHCC opens an investigation, they may consult with HCS providers as they investigate. HCS providers must share with OHCC any information they have collected regarding the grievance and participate in any hearings or meetings called to review the result.

6. Policy Location

This Policy will be held in within the HCS Provider Manual and on the HCS website.

7. References, Related Resources, or Appendices

The HUD office of Fair Housing and Equal Opportunity online complaint portal
https://www.hud.gov/program_offices/fair_housing_equal_opp/online-complaint

17. HCS Policy: PMPM Reimbursement for Consumers Without a Documented TSS Evaluation

This document serves to (a) reiterate requirements that HCS Contractors complete and submit (via HMIS) to HCSA a "TSS Evaluation" for each consumer enrolled in TSS after 1 year of enrollment, and every 180 days thereafter; and (b) outline HCSA's policy regarding PMPM reimbursement to Contractors for consumers who do not have a submitted TSS Evaluation.

As stated in the 2024 HCS-SAN contracts[4,5] and the HCS Provider Manual[6], completed TSS Evaluations are required for each TSS consumer after one year of services, and every 180 days thereafter. These evaluations serve to assess, document, and justify the ongoing need for HCS-TSS services.

Effective October 1, 2023, Contractors will not receive PMPM reimbursement for services to TSS consumers who do not have a completed TSS Evaluation that documents the needs for continuing services on file by the 15th of the month that the TSS Evaluation was originally due. The table below illustrates this timeline:

Authorization End Date[1]	1st Notification Sent to Contractor that TSS Evaluation Required	TSS Evaluation Due Date	Grace Period Due Date[2]
January 31	October 31	January 1	January 15
February 28	November 30	February 1	February 15
March 31	December 31	March 1	March 15
April 30	January 31	April 1	April 15
May 31	February 28	May 1	May 15

[1] This is the last date for which PMPM reimbursement will be approved if TSS Evaluation is not completed
[2] If TSS Evaluation not completed by this day, services in the post-authorization period will not be reimbursed

As an example, say a consumer's service authorization period ends June 30th, and the original TSS Evaluation due date is June 1st. If the TSS evaluation is not completed by June 15th, then HCSA will not reimburse for services after July 1.

Transition Planning
If and when services are discontinued for any reason, contractors are responsible for supporting consumers with transition planning into other programs and services that meet their needs. This may involve coordination with other entities to ensure the individual has access to supports needed to maintain successful tenancy[7,8].

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[4] Exhibit A, Terms of Service #10, "Contractor shall provide the documentation required for the County to submit claims…"
[5] Exhibit A, Additional Requirements: "For TSS clients (that need to continue services for more than 12 months), Contractor shall attach a completed "TSS Needs Evaluation" to their HSP at each update."
[6] "Contractors are required to complete and upload to HMIS a "TSS Evaluation Checklist" for each consumer after one year of services, and every 180 days, thereafter. TSS Evaluation Checklists serve to assess whether services are still necessary and provide a mechanism for contractors to justify that need".
[7] Exhibit A, Referral, Enrollment, and Disenrollment
[8] Exhibit A, Housing Tenancy and Sustaining Services

If inability to contact or locate the client is causing significant delays in completing the TSS Evaluation or other required documents, contractors shall email calaim@acgov.org to ask for guidance on next steps.