



Homelessness Solutions
in Alameda County

Housing Community Supports (HCS) Provider Manual

Alameda County Health Care Services Agency
Office of Homeless Care and Coordination

2023 Contract Year

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Glossary/Acronyms

Acronym	Definition
AAH	Alameda Alliance for Health
ABC	Anthem Blue Cross
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
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) is the State's multi-year plan to transform the Medi-Cal program and included 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.

2. Roles and Responsibilities

Agency/Department	Role
Health Care Services Agency (HCSA)	<p><u>Office of Homeless Care and Coordination (OHCC)</u></p> <ul style="list-style-type: none"> • 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 <p><u>Data Exchange Unit (DEU)</u></p> <ul style="list-style-type: none"> • Uses HMIS data to prepare claims, invoicing, and encounter data for submission to the Managed Care Plans • Uses HMIS data to prepare reports for contractor payment
Community Development Agency (CDA) Housing and	<ul style="list-style-type: none"> • HUD Collaborative Applicant to the Continuum of Care (CoC) • Administers HUD grants for rental assistance and services • HMIS Lead Administrator

Agency/Department	Role
Community Development (HCD)	
California Department of Health Care Services (DHCS)	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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
HCS Contractor/Housing Services Provider	<ul style="list-style-type: none"> • 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 \(ca.gov\)](https://www.dhcs.ca.gov/CommunitySupportsPolicyGuide).

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

¹ In Alameda County, the MCPs are Alameda Alliance for Health (AAH) and Anthem Blue Cross (ABC); Kaiser Permanente is a delegated health plan under AAH and provides their own community supports

enrollment and retention in Medi-Cal or other health insurance coverage. As such, contractors will be held accountable for ensuring 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 the Alameda Alliance for Health (AAH) and Anthem Blue Cross.

1. Credentialing Requirements

Requirements for Organizations contracted with HCSA to Provide Housing Community Supports

HCS organizations 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.

Additionally, licensed Community Supports provider staff must enroll and submit their credentials to Anthem Blue Cross via [Council of Affordable Quality Healthcare, Inc. \(CAQH\)](#).

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

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 HCSA will notify providers as far in advance as possible of any upcoming required trainings. *This section will be updated as needed.*

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)	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • Consumer must be enrolled in HN 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)	<ul style="list-style-type: none"> • 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 a Managed Care Plan), 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 are expected to 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. 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 (please [see Appendix 14](#)). 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.

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 housed or have an identified move-in date who are not enrolled in HCS projects 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.

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).

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, moving costs, 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.
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).

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

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.

Restrictions and Limitations

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

This service provides tenancy and sustaining services, with a goal of maintaining 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).
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 do not 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

³ Does not include housing quality inspections.

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 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. The Checklist template How-To guide can be found in Appendix 16 and 17, respectively. 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.
- Voicemail messages or other outreach attempts that do not result in successful contact 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:
 - Getting and keeping public benefits for which consumers are eligible, including income / financial assistance and health insurance coverage
 - Assistance with connecting consumers with representative payee services
 - Access to and coordination of health and behavioral health services, including peer support for recovery and wellness
 - Identifying and reducing barriers to housing stability, including increasing motivation and providing support to reduce risks or harms related to substance use
 - Life skills including managing a budget and household
 - Employment / education
 - Community building / engagement in meaningful activities
 - 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. Check in regularly with the RALE program staff (monthly) or directly with the property owner / manager (every two months) to get updates on the status of tenancy and communicate more frequently if necessary to address problems and help the tenancy sustaining services consumer to avoid eviction.

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. To ensure HD project exits happen within the six-month timeframe, providers are advised to proactively set the exit date for the consumer six months from the enrollment date at the time of enrollment. This can be inputted within the HMIS project record exit page by setting the “project exit date” to six months in the future. 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

- 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.

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 attach a completed “TSS Evaluation Checklist” to their HSP at each update. (Note: the initial HSP does not require a TSS Evaluation.) For consumers that are recommended to continue TSS services, the TSS Evaluation Checklist 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, 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, 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 Checklist, 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.

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; such purchases must be made within 30 days after move-in. Consumers must be disenrolled from Housing Deposits within six months of the enrollment date. If additional time is needed, HCSA will require an 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, 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 any change in housing status. For a screenshot and details about entering Current Living Situation, see this resource: [Living Situation Updates for End Users.pdf \(achmis.org\)](https://www.achmis.org/Living-Situation-Updates-for-End-Users.pdf).

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 or exits from a HCS project, 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 discontinuing or 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.

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 14](#) for guidelines)
- Confirmation of verbal consent obtained (see [Appendix 5](#) for guidelines)
- Individual Housing Support Plan (see [Appendix 8](#) for guidelines) and TSS Evaluation Checklist, if applicable, (see Appendix 16 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: Documentation of policy and procedure for trainings in cultural competency, sensitivity, and diversity and dates and documentation of training provided to HCS staff including any new staff onboarded during the quarter
5. Agency Capacity: Direct Service 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 this information by e-mail to HCSA (calaim@acgov.org) monthly
Monthly	HMIS Data Quality Auditing	HCSA will perform data quality checks/audits on the following items, that may require contractor updates and action: <ul style="list-style-type: none"> • Medi-Cal enrollment and renewals • Current Living Situation Status • Overlapping enrollments in HN and TSS • Confirmation of enrollment of referrals • Service entry accuracy (e.g. voicemails to consumers are entered as case note, not service encounter)
Quarterly	Contractor Reporting and Audits	HCSA will perform audits and contractors are required to submit quarterly reports on the 15 th 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 15](#)) 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
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 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] 2023.”

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 clients 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	2/3/23	1/1/23-1/31/23	2/10/23	February 15
February	3/3/23	1/1/23-2/28/23	3/10/23	March 15
March	4/3/23	2/1/23-3/30/23	4/11/23	April 17
April	5/3/23	3/1/23-4/30/23	5/11/23	May 15
May	6/3/23	4/1/23-5/31/23	6/12/23	June 15
June	7/3/23	5/1/23-6/30/23	7/12/23	July 17
July	8/3/23	6/1/23-7/31/23	8/11/23	August 15
August	9/3/23	7/1/23-8/31/23	9/11/23	September 15
September	10/3/23	8/1/23-9/30/23	10/11/23	October 16
October	11/3/23	9/1/23-10/31/23	11/9/23	November 15
November	12/3/23	10/1/23-11/31/23	12/11/23	December 15
December	1/3/24	11/1/23-12/31/23	1/11/24	January 15, 2024

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

2. Capacity Building Contracts

The HCS Capacity Building contracts are incentive-based agreements to hire and retain case management staff to provide services under the HCS Services-As-Needed Contract.

- Case managers must be hired between January 1, 2023 and June 1, 2023 (inclusive).
- The final invoice must be received no later than January 15, 2024.
- Case managers shall not be a current HCS Case Manager for any HCS Contractor.
- FTEs may be split between two new case managers. Payments will not be processed for case manager staff below 0.5 FTE.

Invoicing

- Contractors may submit invoices as they meet each of the contract objectives, not more than monthly.
- Invoices should include all components referenced in the transmittal letter.
- Invoices should be submitted via email to ContractsOHCC@acgov.org and should CC CalAIM@acgov.org. The email Subject Line should read "[Contractor Agency] HCS CB Invoice [Month] 2023."

Payments will be based on written documentation that contractor has hired and retained staff. The following documentation should be included with the invoice.

Objective	Amount per FTE	Documentation
-----------	----------------	---------------

(1) Case Manager hired	\$15,000	Case manager name and date of hire; first pay stub or other written proof of hire
(2) Case Manager retained for 3 months with caseload of at least 12 consumers	\$5,000	HMIS Report: User Active Caseload
(3) Case Manager retained for 6 months with caseload of at least 20 consumers	\$10,000	HMIS Report: User Active Caseload
TOTAL per FTE	\$30,000	

In each invoice, each FTE should be captured only once as objectives are met. For example, for a case manager hired in January:

- In the January invoice, enter that staff's FTE into the invoice table for objective one *only*
- In the March invoice, if that person has been retained for three months, enter their FTE into the invoice table for objective two *only*
- In the June invoice, if that person has been retained for 6 months, enter their FTE into the invoice table for objective 3 *only*

If a new hire leaves after Objectives 1 or 2 are met, and Contractor hires replacement staff *prior to June 1, 2023*, Contractor may invoice for the remaining objectives that the initial hire did not meet.

Example:

- Contractor hires new staff effective January 15, 2023 and submits invoice for Objective 1.
- Newly-hired staff is no longer with the agency effective February 28, 2023.
- On March 31, Contractor hires another staff to take the vacant position.
- Contractor does *not* invoice for Objective 1 for the March 31 hire, as those funds were already expended.
- If staff has been retained as of June 30 with a caseload of at least 12 consumers, Contractor may submit invoice for Objective 2. In this case, Contractor should attach Case Manager name and date of hire, and proof of hire as well as the HMIS Report: User Active Caseload to the invoice for Objective 2.
- If staff has been retained through September 30 and has a caseload of at least 20 consumers, Contractor may submit invoice for Objective 3 and attach the HMIS Report: User Active Caseload to the invoice.

H. Appendices

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



ALAMEDA ALLIANCE FOR HEALTH ORGANIZATION PROVIDER APPLICATION

PART I. 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 Aggregate \$:	
National Provider Identifier (NPI)		

Organization Name _____

Revised: 11/2021

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).

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Does this facility/organization comply with all state and federal handicap access requirements?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Does this facility/Organization have a written and implemented quality management plan?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Does this facility/Organization have current liability insurance coverage?
<input type="checkbox"/> Yes <input type="checkbox"/> 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?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Has the facility/Organization been named in a professional malpractice action?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Has this organization ever been sanctioned, excluded, suspended or disqualified by Medicare, Medi-Cal or other federally funded programs?
<input type="checkbox"/> Yes <input type="checkbox"/> 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 then 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)



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

<h2 style="margin: 0;">AGENCY STAFFING PLAN</h2> <p style="margin: 0;"><AGENCY NAME></p>			
Instructions: Please list every position in your organization that will be covered under the 2023 contract. The first row provides an <i>example</i> 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 2023
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 required 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

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

INSERT ON AGENCY LETTERHEAD

Housing Community Supports: **Services-As-Needed**

Contract Number:

Contract Term:

January 1, 2023 - December 31, 2023

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:	\$ -
<i>Contract Advance (if applicable):</i>	
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

INSERT ON AGENCY LETTERHEAD

Housing Community Supports: Capacity Building

Contract Number:

Contract Term:

January 1, 2023 - December 31, 2023

Contract Amount:

Invoice Date:

Invoice Number:

PO Number:

Current Billing Month:

Month

Objective	FTE(s)	Rate	Total
(1) Case Manager(s) hired		\$15,000	\$ -
(2) Case Manager(s) retained for 3 months with caseload of at least 12 consumers		\$5,000	\$ -
(3) Case Manager(s) retained for 6 months with caseload of at least 20 consumers		\$10,000	\$ -
Total			\$ -

Each FTE should only be captured once in the above table.

Contract Summary

Payments to Date:	\$ -
Current Earned:	\$ -
Total Due:	\$ -
Contract Balance:	\$ -

Attachments:

*Objective (1) (a) Proof of hire: first pay stub or other written confirmation, **AND** (b) Case Manager name and date of hire*

Objectives (2) and (3) HMIS Report: User Active Caseload

Attachments:

*Replacement staff **ONLY** (new hire no longer with agency before meeting Objective 2 or 3)*

*(a) Proof of hire: first pay stub or other written confirmation, **AND** (b) Case Manager name and date of hire, **AND** (c) HMIS Report: User Active Caseload*

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)	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Documentation of consent should be shown for each consumer selected for review. Permitted examples of consent are: <ul style="list-style-type: none"> Participation Agreements Modified ROI's specifically stating consent to services HCS Authorization Assessments 	Jan-March, July-Sept
Housing Deposits	<ul style="list-style-type: none"> Receipts totaling the amount of each consumer's reported Housing Deposit expenses, and expenses do not exceed \$5,000 	ALL
Agency Capacity	<ul style="list-style-type: none"> 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. 	Jan-March, July-Sept
HCSA Required Trainings	Documentation of policy and procedure for trainings in cultural competency, sensitivity, and diversity and proof that staff have received training 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
	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 shown
	Missing Documentation	Documentation missing
Employee Training	Meets Requirements	Documentation of training
	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.

- Housing Support Plan
- Receipts for each service under Housing Deposits
- Breakdown of current Direct Service Employees for Housing Navigation and Tenancy Sustaining services
- Documentation of consumer consent to services
- Documentation of policy and procedure for trainings and proof of attendance of 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 __/__/____ <input type="checkbox"/> Housing Transition & Navigation <input type="checkbox"/> Tenancy & Sustaining Services <input type="checkbox"/> Housing Deposit HSP END DATE __/__/____ <input type="checkbox"/> Housing Transition & Navigation <input type="checkbox"/> Tenancy & Sustaining Services <input type="checkbox"/> Housing Deposit
<p>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.</p> <p>5. HSP Revision Date __/__/__ includes <input type="checkbox"/> Housing Transition & Navigation <input type="checkbox"/> Tenancy & Sustaining Services <input type="checkbox"/> Housing Deposit</p> <p>Added Service Activities _____</p> <p>HSP Revision Date __/__/__ includes <input type="checkbox"/> Housing Transition & Navigation <input type="checkbox"/> Tenancy & Sustaining Services <input type="checkbox"/> Housing Deposit</p> <p>Added Service Activities _____</p> <p>HSP Revision Date __/__/__ includes <input type="checkbox"/> Housing Transition & Navigation <input type="checkbox"/> Tenancy & Sustaining Services <input type="checkbox"/> Housing Deposit</p> <p>Added Service Activities _____</p>	
<p>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.</p>	

- ☐ 1. Searching for housing and presenting options
- ☐ 2. Assisting in completing housing applications
- ☐ 3. Assisting in obtaining ID and documentation for SSI
- ☐ 4. Supporting SSI application process
- ☐ 5. Identifying and securing housing resources to assist with rent, matching available rental subsidy/voucher
- ☐ 6. Identifying and securing resources to cover security deposit, moving costs, adaptive aids, environmental modifications, and other one-time expenses
- ☐ 7. Assisting with requests for reasonable accommodations
- ☐ 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
- ☐ 11. Assisting in arranging for and supporting details of the move
- ☐ 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
- ☐ 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
- ☐ 14. Identifying, coordinating, securing, or funding environmental modifications to install necessary accommodations for

- ☐ 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 role, 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 Member 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.
- ☐ 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
- ☐ 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

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

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 1 st of each month in person to remind and assist in paying rent.	

15. Member's housing preferences:

HMIS Data Entry: Enter the contact information below within the consumer "contact" fields in HMIS.

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: <input type="checkbox"/> FYQ3 / CYQ1 (January 1 – March 30) <input type="checkbox"/> FYQ4 / CYQ2 (April 1 – June 30) <input type="checkbox"/> FYQ1/ CYQ3 (July 1 – Sept 30) <input type="checkbox"/> 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: <ul style="list-style-type: none"> For current quarter Fiscal year to date 	HMIS – Report Library → HUD Reports → Annual Performance Report (APR) → Q4a ‘Total Active Households’ Note – <i>exclude in count those without a service encounter</i>	N/A	Current quarter: Fiscal YTD:
Tenancy Sustaining (TSS) Number of unduplicated consumers served (at least one service encounter) in: <ul style="list-style-type: none"> For current quarter Fiscal year to date 		N/A	Current quarter: Fiscal YTD:
Housing Deposits (HD) Number of unduplicated consumers served (at least one housing deposit expense) in: <ul style="list-style-type: none"> For current quarter Fiscal year to date 		N/A	Current quarter: Fiscal YTD:
Number of unduplicated consumers served (at least one service encounter) across all three Housing Community Supports: <ul style="list-style-type: none"> For current quarter Fiscal year to date 	HMIS – Report Library → HUD Reports → Annual Performance Report (APR) → Q8a ‘Number of Households Served’ Note – <i>exclude in count those without a service encounter</i>	N/A	Current quarter: Fiscal YTD:
All HCS projects (agency) Number and Percent of consumers who have maintained or increased their	HMIS – Reports → Data Analysis → Built In Reports → Program Performance →	75% or more	Number of consumers: % of consumers served:

income from program entry to their most recent annual/exit assessment. <ul style="list-style-type: none"> Contract start to end of quarter 	Income and Non-Cash Benefits → Increased/Maintained Total Household Income		<input type="checkbox"/> Meets or Exceeds Target <input type="checkbox"/> 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	65%	Number of consumers: % of consumers served: <input type="checkbox"/> Meets or Exceeds Target <input type="checkbox"/> Does Not Meet Target
TSS Number and Percentage of consumers receiving Tenancy Sustaining Services who maintain housing (ie NOT exited to the streets, emergency shelter, unknown, or other non-permanent housing destinations) <ul style="list-style-type: none"> Contract start to end of quarter 	HMIS – Report Library → HUD Reports → Annual Performance Report (APR) Total = Q5a ‘Number of stayers’ + Q23c ‘Total persons exiting to positive housing destinations’	90%	Number of consumers: % of consumers served: <input type="checkbox"/> Meets or Exceeds Target <input type="checkbox"/> 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 <ul style="list-style-type: none"> Contract start to end of quarter 	<i>In development/consultation with HCSA DEU team</i>		Number of consumers: % of consumers served: <input type="checkbox"/> Meets or Exceeds Target <input type="checkbox"/> 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 <i>HCSA will audit random selection of 5% of consumers for confirmation (biannually)</i>	100%	Number of consumers: % of consumers served: <input type="checkbox"/> Meets or Exceeds Target <input type="checkbox"/> Does Not Meet Target

Reporting Time Periods

Time Period	Quarterly Period	Cumulative Period	Due Date
FYQ3 / CYQ1	January 1 – March 30		April 15
FYQ4 / CYQ2	April 1 – June 30	January – June	July 15
FYQ1/ CYQ3	July 1 – Sept 30		October 15
FyQ2 / CYQ4	October 1 – December 31	July – December	January 15

FY – Fiscal Year

CY – Calendar Year

Additional space for notes or information:

--

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.

SEARCH FOR A CLIENT ADD CLIENT +

SEARCH

Use full name, partial name, date of birth or any combination.

	Date of Birth	Last Four SSN	Last Updated
Andrea TestMig	02/16/1954 Age: 67	4567	01/04/2022

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

Andrea TestMig

PROFILE HISTORY **PROGRAMS** NOTES FILES CONTACT LOCATION ASSESSMENTS REFERRALS

PROGRAM HISTORY

No results found

PROGRAMS: AVAILABLE

EBI-CA-RRH-Respite-HHAP	▼
EBI-CAF-SSO-HCS-HD-HCSA	▼
EBI-CAF-SSO-HCS-HN-HCSA	▼
EBI-CAF-SSO-HCS-TSS-HCSA	▼

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.

Andrea Festivity

PROFILE HISTORY **PROGRAMS** NOTES FILES CONTACT LOCATION ASSESSMENTS REFERRALS


PROGRAMS: AVAILABLE

EBI-CA-RRH-Respite-HHAP

EBI-CAF-SSO-HCS-HD-HCSA

EBI-CAF-SSO-HCS-HN-HCSA


PROGRAM DESCRIPTION:
Services project for Housing Navigation for CalAIM transition. 12/7/2021 - pmc

 **Funding Source**
N/A

Availability
Full Availability

Service Categories:

- ✓ Housing
- ✓ Case Management
- ✓ Health Care
- ✓ Safety Net Services
- ✓ Employment
- ✓ Life Skills
- ✓ Legal Services
- ✓ Financial
- ✓ Mental Health
- ✓ Food

 PRINT DIRECTIONS

ENROLL

EBI-CAF-SSO-HCS-TSS-HCSA

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

Current Living Situation

START

Status Update Assessment

START

Annual Assessment

START

HCS Authorizations

START

LINK FROM ASSESSMENTS

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/train/subway station/airport or anywhere outside)

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

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

PROGRAM: BOSS-CAF-SSO-HCS-TSS-HCSA

Enrollment History **Provide Services** Assessments Goals Notes Files Chart ✕ Exit

Services

Case Management	Case Management ▼
Employment	Employment ▼
Financial	Financial ▼
Food	Food ▼
Health Care	Health Care ▼
Housing	Housing ▼
Legal Services	Legal Services ▼
Life Skills	Life Skills ▼
Mental Health	Mental Health ▼
Safety Net Services	Safety Net Services ▼

3. Enter (1) Start Date, (2) End Date (same day as start date), and (3) input Service Note summary of service encounter

Housing Housing ▼

Disability/Accessibility Modifications ▼

Home Furnishings ▼

Household Items ▼

Housing Application Fees ▼

Navigation ^

Start Date: 01/06/2022 Calendar End Date: 01/06/2022 Calendar

Expense Amount: 0.00 Expense Date: 01/06/2022 Calendar

Funding Source: No Funding Source ▼

Service Note :

B I Link Unlink

SUBMIT

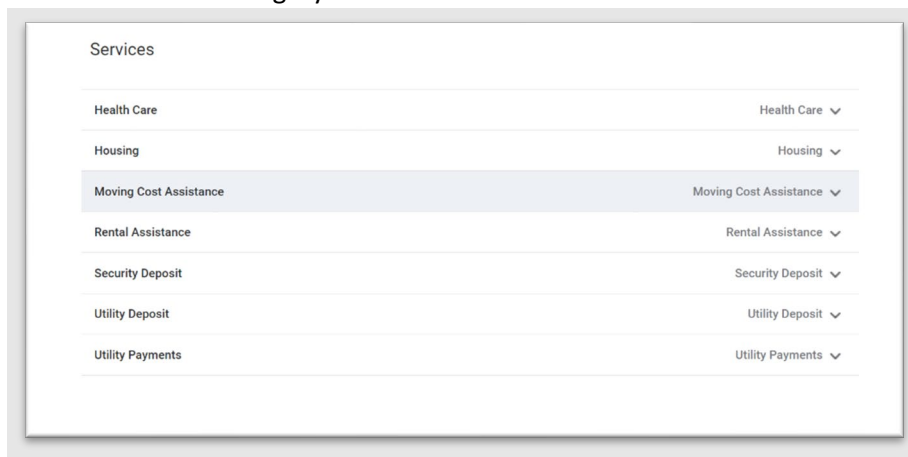
Expense Amount:

- Must be entered within HCS – Housing Deposits Project ONLY
- 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

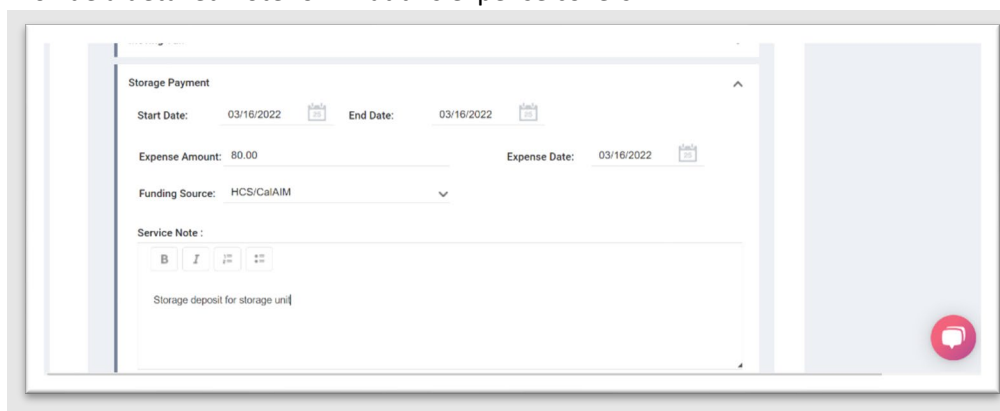
Documenting Housing Deposits Services in HMIS

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:



The screenshot shows a 'Services' dropdown menu with the following options: Health Care, Housing, Moving Cost Assistance (highlighted), Rental Assistance, Security Deposit, Utility Deposit, and Utility Payments. Each option has a corresponding dropdown arrow on the right.

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



The screenshot shows the 'Storage Payment' form with the following fields: Start Date (03/16/2022), End Date (03/16/2022), Expense Amount (80.00), Expense Date (03/16/2022), and Funding Source (HCS/CalAIM). Below these fields is a 'Service Note' section with a text area containing the note 'Storage deposit for storage unit'.

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:

The screenshot shows a web form titled "Home Furnishings". It contains fields for "Start Date" (03/15/2022), "End Date" (03/15/2022), "Expense Amount" (10), and "Expense Date" (03/15/2022). The "Funding Source" is set to "HCS/CalAIM". Below these is a "Service Note" section with a text area containing "TEST]". At the bottom, a red error message states: "Client is already placed in [Housing] at [AbS - Abode Services] during that period." A "SUBMIT" button is visible in the bottom right corner.

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

The screenshot shows the "Program Service History" tab in a software interface. The main area displays a table with columns for "Service Name", "Start Date", and "End Date". A single service is listed: "Housing:Home Furnishings" with subcategory "AbS - Abode Services", starting and ending on 03/15/2022. An "Edit" icon is next to this entry. Below the table are checkboxes for "Reservation", "Service", and "Referral". The right sidebar contains information about the program, including "Program start date", "Assigned Staff" (Joel), "Head of Household" (Deirdre Testi), and "Program Group Members" (No active members). It also shows "Status Assessments" (No Statuses) and a notification for "Assessment due every year" with a "Notification: ON" status.

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

The screenshot shows a web interface for managing expenses. At the top, there's a header bar with "EXPENSES (\$0.00)" on the left and "ADD EXPENSE +" on the right. Below this is a table with four columns: "Funding Source", "Agency Name", "Expense Date", and "Amount". The first row of the table contains the following data: "HCS/CalAIM" (with a trash icon to its left), an empty "Agency Name" field, "03/15/2022", and "\$0.00". Below the table is a section labeled "NOTES" with a text input field.

Funding Source	Agency Name	Expense Date	Amount
HCS/CalAIM		03/15/2022	\$0.00

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

The screenshot shows a modal window titled "ADD EXPENSE" with a close button (X) in the top right corner. The form contains the following fields: "Funding Source" (a dropdown menu showing "HCS/CalAIM"), "Expense Amount" (a text input field with "\$ 0"), "Expense Date" (a date picker showing "03/15/2022"), "Check Number" (a text input field), "Vendor" (a text input field), and "Notes" (a text area with the placeholder text "Detailed notes about the new expense"). A "SAVE" button is located at the bottom of the form.

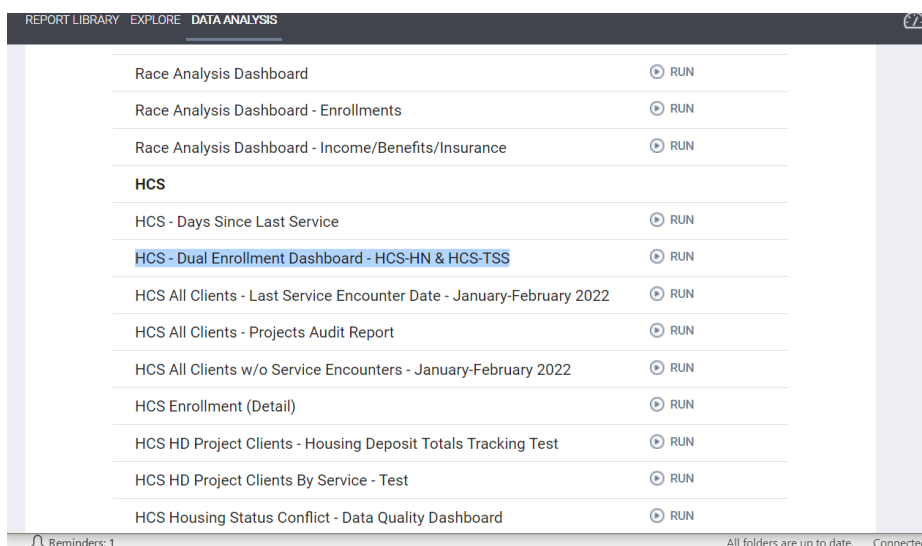
Your new expense will now appear in the Expense section of the service.

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:

HCS - Dual Enrollment Dashboard - HCS-HN & HCS-TSS

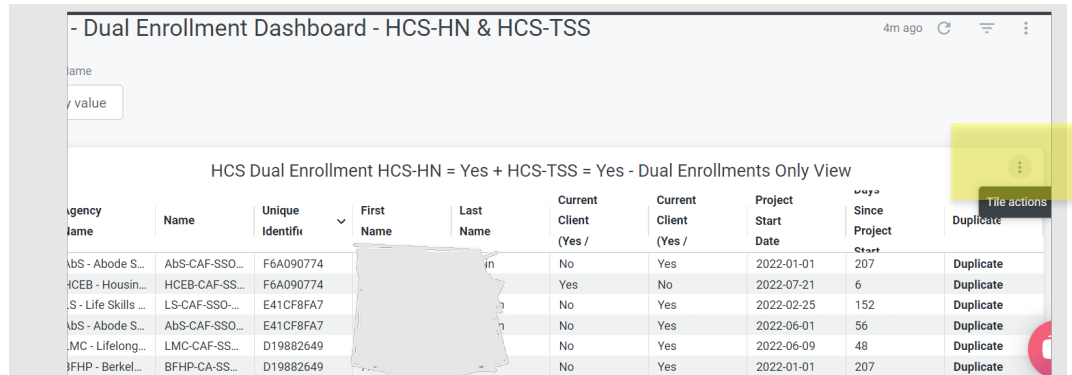
Agency Name:

HCS Dual Enrollment HCS-HN = Yes + HCS-TSS = Yes - Dual Enrollments Only View

	Agency Name	Name	Unique Identifier	First Name	Last Name	Current Client (Yes / No)	Current Client (Yes / No)	Project Start Date	Days Since Project Start	Duplicate
1	HCEB - Housin...	HCEB-CAF-SS...	F6A090774	[REDACTED]	[REDACTED]	Yes	No	2022-07-21	5	Duplicate
2	AbS - Abode S...	AbS-CAF-SSO...	F6A090774	[REDACTED]	[REDACTED]	No	Yes	2022-01-01	206	Duplicate
3	AbS - Abode S...	AbS-CAF-SSO...	E41CF8FA7	[REDACTED]	[REDACTED]	No	Yes	2022-06-01	55	Duplicate
4	LS - Life Skills ...	LS-CAF-SSO...	E41CF8FA7	[REDACTED]	[REDACTED]	No	Yes	2022-02-25	151	Duplicate
5	BFHP - Berkel...	BFHP-CA-SS...	D19882649	[REDACTED]	[REDACTED]	No	Yes	2022-01-01	206	Duplicate

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 = Yes + HCS-TSS = Yes - Dual Enrollments Only View”, where three dots will appear (highlighted below).



- Dual Enrollment Dashboard - HCS-HN & HCS-TSS

4m ago

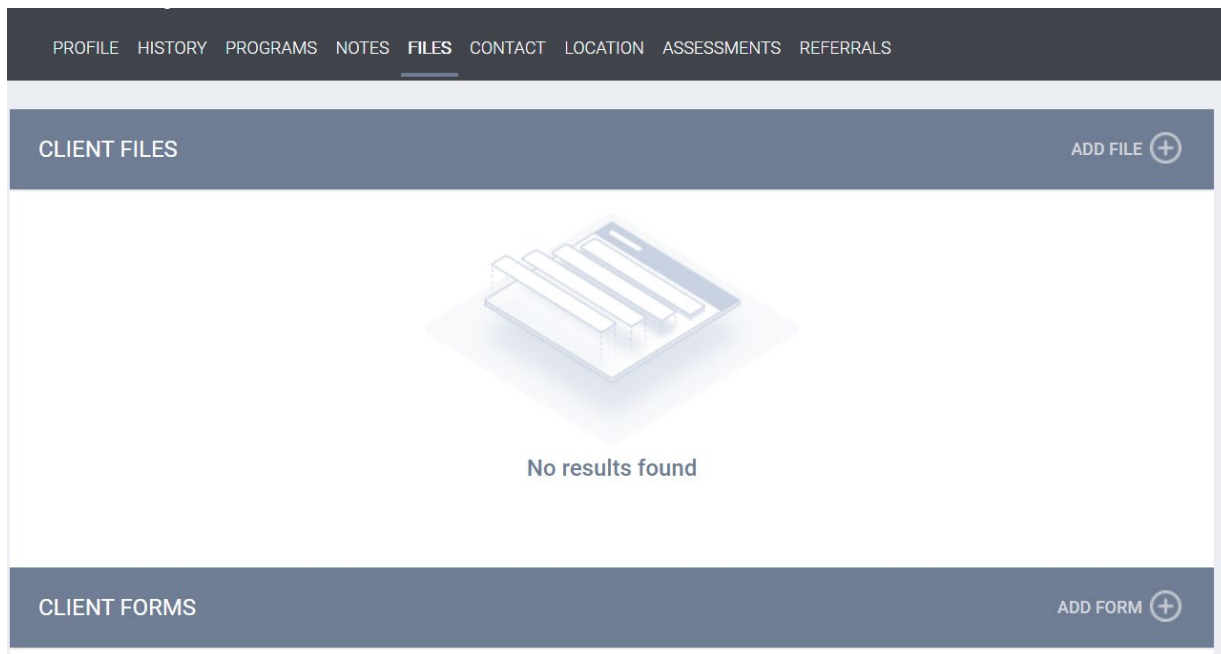
HCS Dual Enrollment HCS-HN = Yes + HCS-TSS = Yes - Dual Enrollments Only View

Agency Name	Name	Unique Identifier	First Name	Last Name	Current Client (Yes / No)	Current Client (Yes / No)	Project Start Date	Days Since Project Start	Tile actions
AbS - Abode S...	AbS-CAF-SSO...	F6A090774	[REDACTED]	[REDACTED]	No	Yes	2022-01-01	207	Duplicate
HCEB - Housin...	HCEB-CAF-SS...	F6A090774	[REDACTED]	[REDACTED]	Yes	No	2022-07-21	6	Duplicate
LS - Life Skills ...	LS-CAF-SSO...	E41CF8FA7	[REDACTED]	[REDACTED]	No	Yes	2022-02-25	152	Duplicate
AbS - Abode S...	AbS-CAF-SSO...	E41CF8FA7	[REDACTED]	[REDACTED]	No	Yes	2022-06-01	56	Duplicate
LMC - Lifelong...	LMC-CAF-SS...	D19882649	[REDACTED]	[REDACTED]	No	Yes	2022-06-09	48	Duplicate
BFHP - Berkel...	BFHP-CA-SS...	D19882649	[REDACTED]	[REDACTED]	No	Yes	2022-01-01	207	Duplicate

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.

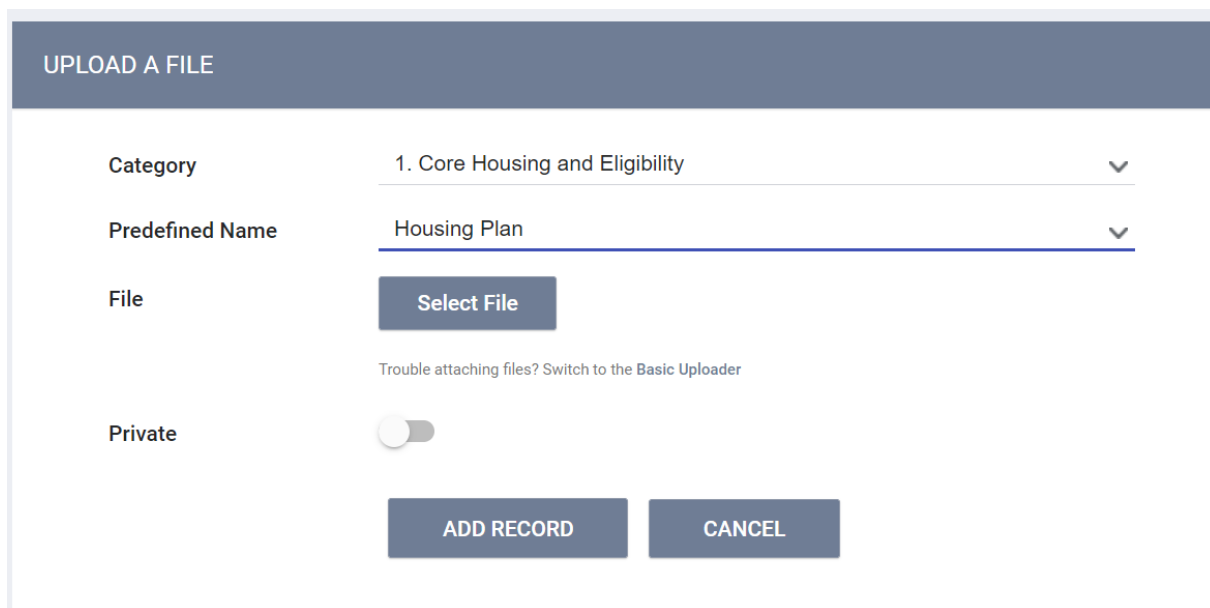
13. Job Aid: Uploading Housing Support Plans and TSS Evaluation Checklists to HMIS

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



The screenshot shows the HMIS interface with the 'FILES' tab selected in the top navigation bar. Below the navigation bar, there are two main sections: 'CLIENT FILES' and 'CLIENT FORMS'. The 'CLIENT FILES' section has a header bar with 'CLIENT FILES' on the left and 'ADD FILE (+)' on the right. The main content area of 'CLIENT FILES' displays a message 'No results found' with an icon of a stack of papers. The 'CLIENT FORMS' section is partially visible below, with a header bar showing 'CLIENT FORMS' and 'ADD FORM (+)'.

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



The screenshot shows the 'UPLOAD A FILE' form. The form has a header bar with 'UPLOAD A FILE'. Below the header, there are several fields and buttons: 'Category' is set to '1. Core Housing and Eligibility' with a dropdown arrow; 'Predefined Name' is set to 'Housing Plan' with a dropdown arrow; 'File' has a 'Select File' button; there is a link that says 'Trouble attaching files? Switch to the Basic Uploader'; 'Private' has a toggle switch that is currently off; and at the bottom, there are two buttons: 'ADD RECORD' and 'CANCEL'.

3. Leaving the "Category" as "1. Core Housing and Eligibility", select "Housing Plan" or "TSS Evaluation Checklist" from the Predefined Name dropdown list

UPLOAD A FILE

Category

1. Core Housing and Eligibility

▼

Predefined Name

TSS Evaluation Checklist

▼

File

Select File

Trouble attaching files? Switch to the Basic Uploader

Private

☐

ADD RECORD

CANCEL

- Click "Select File" and find the Housing Support Plan/TSS Evaluation Checklist you'd like to upload, then click "open"
- Do NOT turn on the "private" toggle
- Click "Add Record". Your document will now be listed in the consumer's files tab
- If this doesn't work, click the "Basic Uploader" option and follow steps 3-6

UPLOAD A FILE

Category

1. Core Housing and Eligibility

▼

Predefined Name

Housing Plan

▼

File

Select File

Trouble attaching files? Switch to the Basic Uploader

Private

☐

ADD RECORD

CANCEL

14. 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** 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
- Oakland
- Mid County
- East: Dublin, Pleasanton, Livermore
- South: Fremont, Union City, Newark

If you are not already attending these meetings, please email Colleen Budenholzer (Colleen.Budenholzer@acgov.org) and indicate which regional meeting(s) from the list above 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. If you request to be added you will be added to the recurring invite and can attend when needed.

Pre-enrollment outreach expectations (first 60 days):

Add an alert in HMIS to “contact HN” if contact is made

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) 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 the Coordinated Entry Assessment
4. Visiting consumer’s last known address/recent locations
5. Mailing a letter to consumer’s last known address

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:

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:

Housing or HCS organization works with the Housing Resource Center (HRC) for the person to be exited from Coordinated Entry

You may request to return the referral to OHCC by e-mailing CalAIM@acgov.org

15. Grievance Policy



Homelessness Solutions in Alameda County

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, 2023

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 Plans** – entities licensed by DHCS to provide health care to Medi-Cal enrollees. Alameda Alliance for Health and Anthem Blue Cross are the two Managed Care Plans 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 or Anthem Blue Cross) 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

16. TSS Evaluation Checklist

Note: An editable version of this form can be found on the [HCS website](#).

Community Supports Evaluation: Housing Tenancy & Sustaining Services

Client Name: _____

HMIS ID: _____

This evaluation supplements the Housing Support Plan. This supplemental evaluation is required to assess necessity of continued services and must be completed at least every 180 days after initial enrollment in Housing Tenancy and Sustaining Services to justify reauthorization.

Case Manager: _____ Date of Evaluation: _____

Service Provider Organization Name: _____

Criteria	Check if True	Check if False	Comments
Housing Stability			
1. Tenant had NO lease violations in last 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Tenant/ Rep Payee paid rent on time every month for the last 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Tenant has NO rent arrears.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Tenant has paid utility bills on time for at least 10 of the past 12 months OR utilities are included in the rent.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Tenant has NO utility arrears.	<input type="checkbox"/>	<input type="checkbox"/>	
6. Tenant has no known contacts with police and/or landlord regarding disruptive activities or unsafe conditions in the unit in the last 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	
7. Tenant has NO known landlord complaints regarding disruptive activities in unit.	<input type="checkbox"/>	<input type="checkbox"/>	
8. Tenant has capacity to independently navigate, and complete documentation, forms, and other processes related to housing stability, such as annual recertification and unit repair requests.	<input type="checkbox"/>	<input type="checkbox"/>	
Successful Engagement with Services			
9. Tenant independently and actively seeks out and successfully connects with community-based providers for needed services.	<input type="checkbox"/>	<input type="checkbox"/>	
10. Tenant has been able to keep mental health care appointments on a regular basis for the past 12 months or has no diagnosed mental illness or has sustained recovery and Harm Reduction behaviors for 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	
11. All must be true: Tenant: <ul style="list-style-type: none"> Is connected to community-based providers as needed for services (other than TSS service), and has a primary healthcare provider, and/or active Enhanced Care Management provider keeps appointments for health care and wrap-around services as needed. 	<input type="checkbox"/>	<input type="checkbox"/>	

12. Tenant has multiple supportive connections in building or neighborhood (other than TSS service).	<input type="checkbox"/>	<input type="checkbox"/>	
Criteria	Check if True	Check if False	Comments
13. Instrumental activities of daily living and ADL support needs are met (either by individual or another service provider): budgeting, monthly payments, grocery shopping, cleaning, addressing hoarding, cooking, hygiene, mobility.	<input type="checkbox"/>	<input type="checkbox"/>	
14. Tenant has not needed support from TSS for crisis intervention in the past 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	
15. 24/7 on call housing and tenancy support services have not been utilized after hours (evenings/weekends) AND behavioral support needs are being met by other providers currently partnering with tenant (harm reduction services, mental health treatments and support, substance use treatment).	<input type="checkbox"/>	<input type="checkbox"/>	
16. Tenant agrees that these services are no longer needed for their ongoing successful tenancy and housing stability.	<input type="checkbox"/>	<input type="checkbox"/>	
17. Tenant has been fully compliant with criminal justice supervision for more than 12 months OR has no criminal justice supervision requirements.	<input type="checkbox"/>	<input type="checkbox"/>	
Financial Stability			
18. Tenant has been employed for the past six months AND/OR is receiving benefits including income at a rate of SSI or higher.	<input type="checkbox"/>	<input type="checkbox"/>	
19. Tenant can meet their share of rent AND has not required TSS assistance in making timely payments or budgeting for the past 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	
20. Tenant does NOT have debt that requires payment of more than 50% of their income.	<input type="checkbox"/>	<input type="checkbox"/>	
Total (add up to total for "True" column)			

Score out of 20 (1 point for each check mark in "True" column): 0

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 ☐ No

If "yes" is checked, please provide rationale here and continue to Page 3 to update service goals and activities

For Every Criteria marked: "False" provide a measurable, time-related goal.
Type criteria #'s marked false from Pg 1 & 2:

(for example: #1,5,9,13)

Criteria # Marked "False"	Measurable Goal, Action Steps and TSS staff responsible	Timeframe for completion
Select Criteria # from Drop down-		
Select Criteria # from Drop down-		
Select Criteria # from Drop down-		
Select Criteria # from Drop down-		
Select Criteria # from Drop down-		
Select Criteria # from Drop down-		
Select Criteria # from Drop down-		
Select Criteria # from Drop down-		

For Every Criteria marked: “False” provide a measurable, time-related goal

Criteria # Marked “False”	Measurable Goal, Action Steps and TSS staff responsible	Timeframe for completion
Select Criteria # from Drop down-		
Select Criteria # from Drop down-		
Select Criteria # from Drop down-		
Select Criteria # from Drop down-		

17. TSS Evaluation Checklist How-To

Key Points
<ul style="list-style-type: none">• Consumers are eligible for Tenancy Sustaining Services as long as necessary• This form is a tool to help demonstrate whether on-going services are needed or whether a consumer is ready to end services• The form should be filled out every 180 days after the first year of service• After its completed, the form should be uploaded into HMIS as a “TSS Evaluation Checklist,” a dropdown option in the Core Housing and Eligibility file category

18. Complete demographic information fields at the top of the form

- a. Client name and HMIS ID
- b. Case Manager name (this should be the case manager who is filling out the form)
- c. Date of evaluation (this is the date the evaluation is completed)
- d. Service provider organization name

Community Supports Evaluation: Housing Tenancy & Sustaining Services
<p>This evaluation supplements the Housing Support Plan. This supplemental evaluation is <u>required</u> to assess necessity of continued services and must be completed at least every 180 days after initial enrollment in Housing Tenancy and Sustaining Services to justify reauthorization.</p> <p>Case Manager: _____ Date of Evaluation: _____</p> <p>Service Provider Organization Name: _____</p>

Figure 1: Screenshot of Demographic Information section

19. Complete Evaluation Criteria: 20 True/False Questions

- a. Moving on to the criteria table, read each carefully and select “true” or “false”, *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.
- b. You may complete this form with the client present if helpful, but this is not required; the form was designed to be able to be completed without the client present.
- c. For each criteria, you may optionally add comments in the far-right column to provide context or details that will help you to develop goals and activities in following section.

Criteria	Check if True	Check if False	Comments
Housing Stability			
1. Tenant had NO lease violations in last 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Tenant/ Rep Payee paid rent on time every month for the last 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Tenant has NO rent arrears.	<input type="checkbox"/>	<input type="checkbox"/>	

Figure 2: Screenshot of Evaluation Criteria section, questions 1-3

20. Complete Case Manager Recommendation to Continue or Discontinue Services

- a. After completing criteria #20, note the number of criteria marked “true”, which auto-calculates on page 2. 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.
- b. Select “Yes” or “No” for whether or not you recommend continued services. Your recommendation to continue or discontinue services is an important component of this evaluation, as you know the client’s needs and goals and are in closest relationship with the client.
- 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. This 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”.*

of more than 50% of their income.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Total (add up to total for “True” column)		
Score out of 20 (1 point for each check mark in “True” column): 5		
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): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If “yes” is checked, please provide rationale here and continue to Page 3 to update service goals and activities		
<div>Ongoing services are necessary. Does not meet threshold score for graduation of services.</div>		

Figure 3: Example of a “Yes” recommendation to continue services, threshold not met.

- d. **If “Yes” is selected:** after completing the rationale text box, continue to the next page and input at the top a minimum of three criteria #s marked false from pages 1 and 2 to prioritize for goal development. Prioritization depends on that particular client’s circumstances and should reflect the most pressing challenges the client is facing related to housing stability.
- e. **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. *No further action is required on the TSS Evaluation form.*

Goals and Action Steps to Support Tenancy for Selected Evaluation Criteria Marked False

21. For each false criteria you have prioritized for goal development, click the arrow button in the 1st column of the table and select that criterion from the dropdown list.
22. Provide a measurable goal, needed action steps, and person responsible in the middle column, and the estimated timeframe for completion of that goal in the far-right column. The timeframe can be up to 6 months since the evaluation is to be completed every 180 days.
23. If a client has same goals in their active HSP, you can refer to the goal and page #s in active HSP.

Type criteria #'s marked false from Pg 1 & 2: <small>(for example: #1,5,9,13)</small> 8, 13, 19		
Criteria # Marked "False"	Measurable Goal, Action Steps and TSS staff responsible	Timeframe for completion
8. Tenant has capacity to indec	Case manager will continue to support tenant in completing housing related forms, reading and interpreting the rights and responsibilities in tenant's lease, and completing all paperwork for ongoing rental assistance.	6 months
13. Instrumental activities of da	Case manager will support tenant in revising and reviewing monthly budget to ensure tenant is able to afford his portion of the rent and utilities due each month.	6 months
19. Tenant can meet their shar	See active Housing Supports Plan, page 1, goal #2 detailing how case manager and tenant are working together to ensure timely rent payments	6 months

Figure 4: Example Goals, Actions, person responsible, reference to HSP