

**Questions and Answers from the Housing Community Supports (HCS)
Tenancy Sustaining Services Evaluation Checklist
and Housing Navigation Extensions Training and Office Hours**

1. Question (Q): How often does the Evaluation Checklist need to be completed?

Answer (A): The HCS TSS Evaluation Checklist needs to be completed every 180 days, following the first 12 months of contiguous Tenancy Sustaining Services.

2. Q: Does the HCS TSS Evaluation Checklist need to be completed for people receiving Housing Transition Navigation (HN) services too?

A: No, the HCS TSS Evaluation Checklist is only needed after someone has moved into housing and received Housing and Tenancy Sustaining Services for 12 months.

However, for consumers who have been enrolled in Housing Navigation services for 12 months that need be extended, the 180-day Housing Support Plans must be updated and uploaded into HMIS. The HSP should include a justification for extending services with a measurable, time-related goal related to exiting into permanent housing.

3. Q: Can we submit an active care plan (Housing Support Plan) rather have having case managers copy and paste from the existing care plan to this template? A: You must submit both the active care plan (Housing Support Plan) 180-day review with the HCS TSS Evaluation Checklist. If referring to the active care plan in the HCS TSS Evaluation Checklist, the case manager should note the page or goal # in the care plan that aligns to support each false criteria. If the active care plan is set to expire soon, case managers will need to ensure that any activities and goals that support the checklist criteria be added to the next care plan, as well. If referencing the Housing Support Plan, the HSP should include measurable, time-related goals for items related to extending services.

4. Q: How can we still uplift client-centered goals in housing plans, if staff have to go through the checklist? Can this checklist co-exist with the client's hope and dreams?

A: You can include client-centered goals in the Housing Support plans and reference them in the TSS Checklist. Please refer to Question #3 above.

5. Q: Will there be a different form coming out for Housing Navigation extensions?

A: No, there will not be an analogous checklist for Housing Navigation extensions. Extensions in this group will be handled though the 180-day Housing Support Plan review. Generally, we don't expect consumers to be enrolled in Housing Navigation for more than a year. If you have a consumer who has a demonstrated need for on-going HN services, you must complete and upload their 180-day Housing Support Plan review. The review **must** include measurable, time-related goals toward the consumer exiting into permanent housing and a clear explanation on why the consumer has not yet been housed.

6. Q: Could we turn these evaluation checklists and plans in as the care plans instead of the care plan templates? Could we switch or could you merge them?

A: Please complete both the Housing Support Plan and the TSS Checklist for each consumer for whom you are requesting an extension. As noted in to Question #3 above, you may reference the Housing Support Plan in the TSS document rather than repeating information. In the future, it may be possible to combine the documents, however that is a longer-term goal.

7. Q: Do our case managers need to access other health records to see if someone utilized emergency services?

A: It is encouraged that case managers continue coordination and communications with consumers about emergency services utilized which can support the case manager in accurately completing the checklist, with or without the consumer present. There is no requirement to check other health records, however this information may be helpful to justify ongoing need for services for the individual served.

8. Q: Should the case manager assessment at the end focus only on those criteria that were false or can we recognize other elements not included in assessment? (For example, if someone has recently lost a loved one, had children removed by CPS, entered a new mental health episode, etc.)

A: The case manager can, and should, provide any additional information, including what isn't in the assessment, to help explain why the case manager recommends continuing services.

The open text box allows for input of additional information and details, such as life events or crises, impacting housing stability for this individual. This helps the checklist and evaluation process center on the individualized needs of each consumer.

9. Q: If someone does not meet the minimum score and the CM makes a case to keep the participant enrolled, who is the decision maker on whether they stay enrolled?

A: HCSA will review all checklists and will ultimately make this decision. Please provide as much information as possible to justify the need for continued services.

10. Q: If the extension request is rejected and the provider is told to disenroll, what is the timeline and how will that be handled? Will invoices still be paid during that exit transition time?

A: If an extension request is rejected, HCSA will notify your agency within 45 days after the request was uploaded into HMIS. Your agency will have 30 days after either 1) receipt of the rejection notice, or 2) a completed assessment determining that consumer should graduate from services to work with the consumer to close out services and disenroll them from their HCS project(s) in HMIS. Services during this close-out phase will be reimbursed.

11. Q: Can these evaluation checklists be completed in the office without the consumer present?

A: Yes, the checklist was designed such that case managers can complete them at the office without the presence of the consumer, although at times that may be helpful.

12. Q: If we consider consumers for “graduation of TSS services” what destination do we use in HMIS?

A: The program exit destination selected should reflect the clients current living situation, at time of TSS exit. Agencies have the option to internally track data related to clients graduated from the program.

13. Q: For everyday disenrollments, do we need to run it by OHCC for approval?

A: No, you do not need to notify OHCC for everyday disenrollments. The reason for disenrollment should be captured as a note within the “Notes” tab of the HMIS project. For additional details, please refer to the HCS Provider Manual.

14. Q: Are TSS Evaluation Checklists required to be submitted for clients that are being graduated from services?

A: Yes, it is required to submit TSS Evaluation Checklists for clients you are graduating. However, completing the goals or justifications for continued services sections is not required in these cases, only the 20 true/false questions. In these cases, exit the client from the HMIS project within 30 days of determining services are no longer needed.

15. Q: This is adding to the paperwork and administrative workload for service coordinator positions, how long will this evaluation take, on average?

A: It is anticipated that these evaluations will take roughly 20 minutes per consumer.

16. Q: Staff are leaving and citing increased responsibility without increased compensation as the primary cause. Are there plans to increase pay or reimbursement due to the increased administrative burden?

A: There is currently no funding available to increase the per member, per month (PMPM) rate. Providers have flexibility within the PMPM rate to adjust staff salaries.