



WV Balance of State Continuum of Care Program Standards for Permanent Supportive Housing Programs

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The WV Balance of State Continuum of Care developed the following Permanent Supportive Housing Program Standards for CoC Permanent Supportive Housing programs and HOPWA Tenant Based Rental Assistance programs to ensure:

- program accountability to individuals and families experiencing homelessness, specifically those who are experiencing chronic homelessness.
- program compliance with HUD, and/or other applicable federal partner, rules and guidance.
- program uniformity and enhance client services.
- adequate program staff competence and training, specific to the target population being served.
- an environment of effective, evidenced-based program guidelines for all permanent supportive housing programs.

INTRODUCTION TO PERMANENT SUPPORTIVE HOUSING

Permanent Supportive Housing is housing created for the purpose of keeping highly vulnerable individuals and families with complex issues from dying on the streets by providing them with a safe, stable place to live coupled with intensive case management. It is, by definition, a potentially permanent type of housing that seeks to provide a stable place for persons who otherwise would not succeed in remaining stable with a Housing Choice Voucher, Public Housing, market rate housing, or homeownership. Permanent supportive housing is a housing type designed for persons with prolific mental health, physical health, and/or substance use issues, including persons who are chronically homeless. Types of permanent supportive housing include HUD CoC Permanent Supportive Housing and HOPWA Tenant Based Rental Assistance, in addition to, other types of housing created specifically at a state or local level to house this population.

Successful permanent supportive housing utilizes a housing first philosophy—the philosophy that all persons can be housed immediately without preconditions of sobriety, income, or behavior. The housing first philosophy is further outlined throughout this document, and this practice is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues. Evidence has shown that people experiencing homelessness, even chronic homelessness, can be placed in an apartment with case management services, abide by their lease, and successfully remain in housing over a long period of time. Unsuccessful permanent supportive housing relies on rules, preconditions, and barriers to obtaining housing, and is not the environment where high need or chronically homeless persons typically thrive.

Permanent supportive housing also relies on the successful utilization by providers of the CoC's Coordinated Entry system. All Permanent Supportive Housing programs should be participating in the CoC Coordinated Entry referral process. In the WV BoS CoC, the Individual VI-SPDAT, Family VI-SPDAT, and TAY (Transition Age Youth) VI-SPDAT Prescreen Tools are utilized for prioritization and housing triage, while the full individual and family SPDAT tools are utilized for more developed housing placement purposes and for

intensive case management over time. All persons experiencing homelessness can be prioritized through the process utilizing acuity score on the VI-SPDAT, while trained Coordinated Entry staff assess a multitude of factors— program eligibility criteria, barriers to access housing, length of time homeless, disabling conditions, street homelessness, client location and unit availability by CoC region to identify and refer the household to the appropriate Permanent Supportive Housing program. The WV BoS CoC utilizes a Coordinated Entry Model with four primary access “entry” points for placement of Permanent Supportive Housing clients throughout the CoC. The three access “entry” points for Coordinated Entry are Emergency Shelter (including hotel/motel paid for by a charitable organization), Street Outreach, Supportive Services for Veteran Families (SSVF) providers, and the Coordinated Entry Intake Line operated by the WV Coalition to End Homelessness. Some areas throughout the BoS also have Transitional Housing resources funded through other federal partners and resources, and at this time, it is recommended that these providers communicate with Coordinated Entry staff to ensure these households are connected with appropriate housing resources. The BoS is divided into eight regions where persons experiencing homelessness are prioritized by region for the appropriate intervention. The Coordinated Entry System, operated by the WV Coalition to End Homelessness, oversees the housing guide and make referrals utilizing the Homeless Management Information System (HMIS) to the appropriate Permanent Supportive Housing intervention in each region. When making a referral the Coordinated Entry staff take into account eligibility of programs, unit availability, and client choice, and will then, refer the next household to the appropriate Permanent Supportive Housing intervention. For providers not using HMIS, or not permitted by law to utilize HMIS (Domestic Violence Providers), the VI-SPDAT can be completed outside of HMIS. Assessment data related to housing placement is collected without Personally Identifiable Information and can be inputted securely by the staff person at that agency, where it is then managed in an outside housing prioritization guide by the WV BoS CoC Point of Contact via a secure GoogleDoc. The WV BoS CoC Point of Contact will review the guide regularly and contact the DV provider to assist each household with obtaining documents for housing and when the next household on the guide is to be housed.

It is also important to note that the housing guide is to be utilized just as it is titled, as a “guide.” When a household is eligible for a particular Permanent Supportive Housing program in their area and the resource is not available or will not be available in a reasonable amount of time, the Coordinated Entry staff should work with the available housing resources in that area (e.g. Rapid Re-Housing) to ensure the household is connected quickly to housing. In respect to households who meet the eligibility criteria of CoC-funded Permanent Supportive Housing, but of which there is no Permanent Supportive Housing resource available in the community or region of the client’s choice, Rapid Re-Housing resources should be utilized as “bridge housing” until a Permanent Supportive Housing unit is available or the client may remain in Rapid Re-Housing if that intervention demonstrates it is meeting their housing stability needs. Since Coordinated Entry is the primary referral entity throughout the BoS, staff should be trained on standardized assessment techniques and always be aware of steering a protected class under the Fair Housing Act to a particular housing program. Although a household meets eligibility requirements for a specific program, it is important to ask assessment questions in such a way that a household is not being steered toward a particular program. For example, when assessing for eligibility of the HOPWA program, the assessor should gather information obtained from the following VI-SPDAT question, “If there was space

available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?,” along with all other necessary information, in order to make an informed decision on the most appropriate housing intervention for each household. The way the VI-SPDAT question is worded in the previous example helps to eliminate steering the household toward a particular program due to their disability status and allows the household to have options which is in compliance with Fair Housing law.

For additional guidance on the respective Permanent Supportive Housing Programs in the WV BoS CoC, please refer to:

Continuum of Care (CoC) Program Interim Rule:

<https://www.gpo.gov/fdsys/pkg/CFR-2017-title24-vol3/xml/CFR-2017-title24-vol3-part578.xml#seqnum578.99>

Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing:

<https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

Flowchart of HUD's Definition of Chronic Homelessness:

<https://www.hudexchange.info/resources/documents/Flowchart-of-HUDs-Definition-of-Chronic-Homelessness.pdf>

24 CFR Part 574 - Housing Opportunities for Persons With AIDS:

<https://www.ecfr.gov/cgi-bin/text-idx?rqn=div5&node=24:3.1.1.3.7>

HOPWA Program Administration Toolkit:

<https://www.hudexchange.info/resource/1025/hopwa-program-administration-toolkit/#hopwa>

On the WVCEH website there is a list of resources for CoC-funded programs, and all other homeless programs, to utilize in their staff trainings, strategic planning, and goal setting, while continuing to follow best practices and new developments within the field. Please note that these resources are here as a guide and not an exhaustive list or intended to replace existing documents at your organization which already capture all required information. As a reminder, all participating providers should be utilizing the WV BoS CoC forms for the following three components: documentation of homelessness status, documentation for length of time homeless (chronic verification) and verification of disabling condition, which can all be found below which can be found here: <https://wvceh.org/continuum-of-care/bos-coc-monitoring.html>

DEFINITIONS

Access – The engagement point for persons experiencing a housing crisis. Also refers to how a person enters the Coordinated Entry System.

Assessment – Progressive gathering of information at various phases in the coordinated entry process, for different purposes, by standardized, trained assessors.

Balance of State (BoS) – Geographical areas designated by HUD throughout a state that are not covered by other metropolitan continuums.

Acuity – When utilizing the VI-SPDAT Prescreens, acuity speaks to the presence of a presenting issue based on the prescreen score. In the context of the Full SPDAT assessments, acuity refers to the severity of the presenting issues. In the case of an evidence-informed common assessment tool like the SPDAT, *acuity* is expressed as a number with a higher number representing more complex, co-occurring issues that are likely to impact overall housing stability.

Chronically Homeless – An individual who:

- 1) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter;
- 2) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions totaling 12 months or more in the last 3 years; and
- 3) Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000. 42 U.S.C. 15002.), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
- 4) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria (*listed above*) of this definition [as described in 24 CFR Parts 91 & 578 of the CoC Final Rule], before entering that facility;
- 5) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria (*listed above*) of this definition [as described in 24 CFR Parts 91 & 578 of the CoC Final Rule], including a family whose composition has fluctuated while the head of household has been homeless.

Comparable Database – HUD-funded providers of housing and services (recipients of ESG and/or CoC funding) who are not permitted, by law, to enter into HMIS (only victim service providers as defined under the Violence Against Women and Department of Justice Reauthorization Act of 2005) must operate a database that is comparable to HMIS. The term “comparable” has yet to be defined in the HMIS Data Standards Manual or HMIS Data Dictionary, but was defined under the HEARTH Act and ESG Interim Rule as: “a comparable database that collects client-level data over time (i.e. longitudinal data) and generates unduplicated aggregate reports based on the data” (page 32) (https://www.hudexchange.info/resources/documents/HEARTH_ESGInterimRule&ConPlanConfOrmingAmendments.pdf) The recipient or subrecipient of Continuum of Care funds may use a portion of those funds to establish and operate a comparable database that complies with HUD’s HMIS requirements. §578.57 of the CoC Interim Rule.

Continuum of Care (CoC) – A regional or local planning body that coordinates housing and services funding for homeless families and individuals. A CoC is designed to promote

communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

CoC Collaborative Applicant – Agency that is designated to carry out the activities of the CoC or grant including fiscal and compliance activities. Regular administrative tasks may include, but are not limited to: management of the annual HUD application, facilitation of funding to ensure providers comply with 24 CFR 578, coordination of other funding opportunities, project and system monitoring, meeting management, etc. WV Coalition to End Homelessness is the CoC Lead Agency for the BoS CoC.

Coordinated Entry – “A centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals across a geographic area. The Coordinated Entry system covers the geographic area (designated by the CoC), is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.” [as described in 24 CFR Section 578.3 and further detailed in CPD-17-01.] It is the responsibility of each CoC to implement Coordinated Entry in their geographic area. OrgCode Coordinated Access Video: <https://vimeo.com/64190826>

Crisis Response System – All of the services and housing available to persons who are at imminent risk of experiencing literal homelessness and those who are homeless.

Department of Housing and Urban Development (HUD) – The Federal Agency that oversees the CoC and ESG Programs.

Disabling Condition – (1) a condition that: (i) is expected to be long-continuing or of indefinite duration; (ii) substantially impedes the individual’s ability to live independently; (iii) could be improved by the provision of more suitable housing conditions; and (iv) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; or (2) a development disability, as defined above; or (3) the disease of Acquired Immunodeficiency Syndrome (AIDS) or any conditions arising from the etiologic agent for Acquired Immunodeficiency Syndrome, including infection with the Human Immunodeficiency Virus (HIV). 24 CFR 583.5.

Diversion – Diversion is a strategy that prevents homelessness for people seeking shelter, or other homeless assistance, by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion programs can reduce the number of families becoming homeless, the demand for shelter beds, and the size of program wait lists.

Emergency Services – Services typically accessed by a person experiencing a housing crisis, they include, but are not limited to, homelessness prevention assistance, domestic violence

and emergency services hotlines, drop-in service programs, domestic violence shelters, emergency shelters and motel voucher programs, and other short-term crisis residential programs.

Emergency Shelter (ES) – A place for people to live temporarily when they cannot live in their previous residence. This includes programs that provide motel vouchers to persons experiencing homelessness. Emergency shelters assist persons experiencing homelessness in regaining permanent housing.

Family - includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status: (1) A group of persons residing together, and such group includes, but is not limited to: (i) a family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family); (ii) an elderly family; (iii) a near-elderly family; (iv) a disabled family; (v) a displaced family; and (vi) the remaining member of a tenant family. 24 CFR 5.403.

Homeless – means (*Category 1*) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (ii) an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution; (*Category 2*) An individual or family who will imminently lose their primary nighttime residence, provided that: (i) the primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; (ii) no subsequent residence has been identified; and (iii) the individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing; or (*Category 4*) Any individual or family who: (i) is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; (ii) has no other residence; and (iii) lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing. 24 CFR 578.3.

Homeless Management Information System (HMIS) – A local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. The information system designated by the Continuum of Care must comply with the HMIS requirements prescribed by HUD. The HMIS used in West Virginia Statewide HMIS Implementation, which includes all four CoCs, is ServicePoint.

Household – Covers any configuration of persons in crisis, whatever their age or number (adults, youth, or children; singles, couples or multiple adults; with or without children).

Housing Interventions – Housing programs and subsidies; these include transitional housing, rapid re-housing, and permanent supportive housing programs, as well as permanent housing subsidy programs (e.g. Housing Choice Vouchers).

Housing First – An approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing *without preconditions* and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

Housing Opportunities for Persons with Aids (HOPWA) – Federal grant program fund by the Department of Housing and Urban Development (HUD) as part of the Community Development Block Grant. HOPWA was established to help those with low-income, living with HIV/AIDS, and their families establish and/or maintain stable housing, reduce risk of homelessness, and improve access to health care and other needed support services.

Housing Prioritization Guide – A guide, or multiple guides by population group, of persons who are experiencing homelessness in the CoC and imminently “house-able”. This guide is lives virtually within HMIS. The Coordinated Entry staff oversees the housing guide along with a larger list of those who are engaged in services, but may still need additional information prior to connecting with appropriate housing intervention. Street Outreach staff will be linked to Coordinated Entry to assist with those who are not yet engaged and maintain engagement with those who are on the list.

Non-HMIS Housing Prioritization Guide – A Housing Guide that uses anonymous, unique identifiers in order to accommodate domestic violence survivors and other households that do not consent to sharing their information in HMIS.

Permanent Supportive Housing (PSH) – A housing intervention that combines housing assistance with voluntary support services to address the needs of chronically homeless people. PSH assistance is offered without preconditions and the resources and services provided are longer-term and more intensive than RRH, while still tailoring to the unique needs of the household

Program Standards – A set of expectations and policies developed by program funders/grant recipients across the state for each project type, based on HUD guidance and best practices, that the CoC-funded agencies, and other agencies funded through federal partners, are required to follow.

Project – Housing and/or supportive services intended to help people exit homelessness and sustain housing.

Provider – Organizations that serve program participants in projects funded by the CoC Program, ESG Program grants, and other federal partners. This includes grant recipients and sub-recipients.

Rapid Re-Housing – An intervention designed to help individuals and families exit homelessness as quickly as possible, return to permanent housing, and achieve stability in that housing. Rapid Re-Housing assistance is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of the household. The core components of a Rapid Re- Housing program are housing identification and relocation, short-and/or medium term rental assistance and move-in (financial) assistance, and case management and housing stabilization services. This assistance is subject to the definitions and requirements set forth in 24CFR§576.2 “Homeless” paragraph (1) and paragraph (4) who are residing in a place set forth in (1), 24CFR§576.105, 24CFR§576.106 and 24CFR§576.400. (24CFR§576.104 & *Core Components of -Re-Housing*, National Alliance to End Homelessness)

SPDAT – (Service Prioritization Decision Assistance Tool) the evidence-based assessment utilized by all trained CoC providers in either enacting more detailed determinations of acuity for housing placement and/or ongoing use in case management to ensure housing stabilization. The SPDAT (or “Full SPDAT”) has an individual, family, and transition age youth tool. Staff must be trained by OrgCode Consulting or Balance of State CoC staff to use the SPDAT. The SPDAT can be completed on paper or in HMIS and attached to a client record.

SSI/SSDI Outreach, Access, and Recovery (SOAR) – Initiative to train case managers on how to prepare a Social Security disability benefits application and properly document behavioral health issues to increase access to benefits for those with behavioral health issues experiencing or at risk of homelessness.

Street Outreach – A project type that meets people experiencing homelessness where they live and provides supportive services, advocacy, and access to emergency services and housing options.

VI-SPDAT – (Vulnerability Index-Service Prioritization Decision Assistance Tool) the evidence- based Prescreen utilized by all projects in the WV Balance of State CoC to determine initial acuity (the presence of an issue) and utilized for housing triage prioritization and housing placement.

PERSONNEL

STANDARD: The program shall be adequately staffed by qualified personnel to ensure quality case management, effective program management, and the safety and stabilization of program participants.

CRITERIA:

- 1) The agency selects, for its service staff, only those employees with appropriate knowledge, or experience, of working with individuals and families experiencing

homelessness and/or other issues that put individuals or families at risk of housing instability.

- 2) The program provides training to all paid staff on both the policies and procedures employed by the program and on specific skill areas as determined by the program.
- 3) All paid service staff participate in ongoing and/or external training (including the full SPDAT), and development to further enhance their knowledge and ability to work with individuals and families experiencing homelessness and/or other issues that put individuals or families at risk of housing instability.
- 4) For programs that use HMIS, all HMIS users must abide by the standard operating procedures found in the WV Statewide HMIS Policies and Procedures manual. Additionally, users must adhere to the privacy and confidentiality terms set forth in the User Agreement and attend all trainings as applicable.
- 5) Agency staff with responsibilities for supervision of the casework, counseling, and/or case management components have, at a minimum, a bachelor's degree in a human service-related field and/or demonstrate ability and experience working with individuals and families experiencing homelessness and/or other related issues that put individuals or families at risk of housing instability.
- 6) Staff with supervisory responsibilities for overall program operations shall have, at a minimum, a bachelor's degree in a human service-related field and/or demonstrated ability and experience that qualifies them to assume such responsibility.
- 7) All staff have a written job description that, at a minimum, address the major tasks to be performed and the qualifications required for the position.
- 8) The program operates under an affirmative action/civil rights compliance plans or letters of assurance.
- 9) Case supervisors review current cases and individual service plans on a regular and consistent basis to ensure quality/coordinated services through regular (minimum of bi-weekly) case management staff meetings and one-on-one client file quarterly monitoring.
- 10) Case managers provide case management with the Full and Family SPDATs (if trained) on a frequent (minimum of weekly during initial phase and tapering off as household stabilizes over time) basis for all clients.

Nondiscrimination Requirements:

All programs throughout the WV BoS CoC must comply with the nondiscrimination provisions of Federal civil rights laws, including, but not limited to, the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II or III of the Americans with Disabilities Act, as applicable.

Personal Responsibility and Work Opportunity Act of 1996 (PRWORA) and HUD's Homeless Assistance Programs. Congress restricted immigrant access to certain federal public benefits but also recognized exceptions to protect life or safety, based on a 3-part test. The link below covers the types of assistance funded through the Emergency Solutions Grants (ESG) and the Continuum of Care (CoC) Programs that are covered by the life or safety exceptions to the Act. <https://www.hudexchange.info/resources/documents/PRWORA-Fact-Sheet.pdf>

ORDER OF PRIORITY FOR PERMANENT SUPPORTIVE HOUSING

CoC-FUNDED DEDICATED CHRONICALLY HOMELESS BEDS

A critical role of any Coordinated Entry System is to provide the quickest access to housing and supports for persons who are most likely to die on the streets. In the West Virginia Balance of State CoC, these would be considered those individuals and families who meet the criteria for chronic homelessness, have the longest length of time homeless, severe service needs, and highest acuity scores on the VI-SPDAT. Given the questions asked on the VI-SPDAT as to length of time homeless, residence prior, the presence of mental health and acute health conditions, and risk factors, the VI-SPDAT tool is an excellent tool for the WV BoS CoC to use for the prioritization of people for housing. The following is the priority by which all Chronically Homeless individuals and families will be prioritized for permanent supportive housing for projects with dedicated beds for those experiencing chronic homelessness. Dedicated Permanent Supportive Housing beds are those which required through their grant agreement to only serve persons experiencing chronic homelessness unless there are no persons within the CoC's geographic area that meet that criteria. If there are no persons experiencing chronic homelessness at the time of a bed vacancy, Coordinated Entry staff will follow the Order of Priority listed below to make a referral to the next available Dedicated bed. Once a new Dedicated bed becomes vacant again, the Coordinated Entry staff will assess to determine if there is a chronically homeless individual or family throughout the CoC (by region) at the time.

CoC-FUNDED NON-DEDICATED CHRONICALLY HOMELESS BEDS

Non-Dedicated beds are always encouraged to change their Permanent Supportive Housing programs to Dedicated beds, and at a minimum, are encouraged to prioritize the chronically homeless beds as they become vacant until there are no persons throughout the entire CoC's geographic area (per CoC region) who meet this criteria. Non-Dedicated beds being prioritized for chronically homeless individuals and families may be increased at any time during the operating year and may occur without an amendment to the grant agreement.

CoC-FUNDED DEDICATEDPLUS CHRONICALLY HOMELESS BEDS

During the FY2017 NOFA, the concept of DedicatedPLUS Permanent Supportive Housing beds was introduced, allowing for households who are highly vulnerable, but not currently experiencing chronic homelessness, to be served in a timely manner. This concept was not released in order for programs to "get around" serving those who are highly vulnerable and often thought to be, difficult to serve. The concept of DedicatedPLUS was strictly created to eliminate the barriers to services for the following areas:

- The challenge of working with an individual who likely meets the definition of chronically homeless and is highly vulnerable, yet adequate third-party verification is not readily available.
- A household who had met the eligibility criteria for Permanent Supportive Housing, but then resided in Transitional Housing because there were no other options available at the time.

- A household experiencing chronic homelessness that the initial permanent housing situations did not work, and they ended back on the street. However, they were in the unit long enough to count as a break and affect their status.
- Persons who had been residing on the street for several years, and recently had a stay longer than 90 days in an institutionalized setting. However, they were discharged back to the street or shelter.
- A household whose length of time homeless equals 12 months or longer in the past three years, but the number of episodes is less than four.

A DedicatedPLUS project is a CoC-funded permanent supportive housing project where the entire project will serve individuals and families that meet one of the following criteria at project entry:

- 1) Experiencing chronic homelessness as defined in 24 CFR 578.3;
- 2) Residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- 3) Residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- 4) Residing in transitional housing funded by a Joint transitional housing (TH) and rapid re-housing (PH-RRH) component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- 5) Residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- 6) Receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

STANDARD: Programs receiving CoC-funded Permanent Supportive Housing which have beds that are dedicated to serve individuals and families who are identified as chronically homeless are required to follow the order of priority in accordance with the Order of Priority section of Notice CPD-16-11, and per the agreed-upon Order of Priority as established by the WV Balance of State CoC when selecting participants for housing. The WV BoS CoC utilizes a Coordinated Entry Model with four primary access “entry” points for placement of Permanent Supportive Housing clients throughout the CoC. The four access “entry” points for Coordinated Entry— Emergency Shelter (including hotel/motel paid for by a charitable organization), Street Outreach, SSVF providers, and the Coordinated Entry Intake Line— must exercise due diligence when conducting outreach and assessment to ensure that

persons are served in order of priority as adopted by the Balance of State CoC. Chronic Homeless status is clearly indicated on the CoC-wide housing guide, making adherence to the following priority simple and straightforward. The prioritization process by CoC region considers access for all population groups, barriers to service, and allows Coordinated Entry staff to work with local access “entry” points to assess, beyond eligibility criteria, and evaluate the household’s needs and vulnerability when referring specifically Non-Dedicated and DedicatedPLUS beds.

CRITERIA: The following is the Order of Priority by which all Chronically Homeless individuals and families will be prioritized for Permanent Supportive Housing resources for projects with Dedicated, Non-Dedicated, and DedicatedPLUS beds throughout the WV BoS CoC. HOPWA programs should also utilize this Order of Priority, with the understanding that clients who may be eligible for HOPWA services, and who meet the highest priority, will also be prioritized concurrently for CoC-funded Permanent Supportive Housing resources in their area.

First Priority – Chronically Homeless Individuals and Families as defined in 24 CFR 578.3 for which all of the following are true:

- Longest History of Homelessness (3 or more years)
- Most Severe Service Needs (tri-morbidity)
- Residing in a Place Not Meant for Human Habitation
- VI-SPDAT acuity score is 13 or above

Second Priority – Chronically Homeless Individuals and Families as defined in 24 CFR 578.3 which all of the following are true:

- Longest History of Homelessness (3 or more years)
- Most Severe Service Needs (tri-morbidity)
- Residing in a Place Not Meant for Human Habitation
- VI-SPDAT acuity score is 8-12

Third Priority – Chronically Homeless Individuals and Families as defined in 24 CFR 578.3 which all of the following are true:

- Longest History of Homelessness (3 or more years)
- Most Severe Service Needs (tri-morbidity)
- Residing in an Emergency Shelter (or Safe Haven if applicable to your area)
- VI-SPDAT acuity score is 13 or above

Fourth Priority – Chronically Homeless Individuals and Families as defined in 24 CFR 578.3 which all of the following are true:

- Longest History of Homelessness (3 or more years)
- Most Severe Service Needs (tri-morbidity)
- Residing in an Emergency Shelter (or Safe Haven if applicable to your area)
- VI-SPDAT acuity score is 8-12

Fifth Priority – Chronically Homeless Individuals and Families as defined in 24 CFR 578.3 which all of the following are true:

- Longest History of Homelessness (3 or more years)
- Less Severe Service Needs
- Residing in a Place Not Meant for Human Habitation
- VI-SPDAT acuity score is 8+

Sixth Priority – Chronically Homeless Individuals and Families as defined in 24 CFR 578.3 which all of the following are true:

- Longest History of Homelessness (3 or more years)
- Less Severe Service Needs
- Residing in an Emergency Shelter (or Safe Haven if applicable to your area)
- VI-SPDAT acuity score is 8+

Seventh Priority – Chronically Homeless Individuals and Families as defined in 24 CFR 578.3 which all of the following are true:

- Longest History of Homelessness (1-3 years)
- VI-SPDAT acuity score is 8+

Eighth Priority – Literally Homeless Individuals and Families as defined in 24 CFR 578.3 which all of the following are true :

- VI-SPDAT acuity score is 8+

The following outlines the criteria that Coordinated Entry staff is to follow once they are down to the 8th priority for any CoC region that does not currently have any chronically homeless households on their guide, or in a CoC region with highly vulnerable households that has DedicatedPLUS beds available:

1. Longest History of Homelessness:
 - a. Household whose length of time homeless equals 12 months or longer in the past three years, but the number of episodes is less than four.
 - b. Length of time homeless just shy of one year and is about to age into chronicity.
2. Most Severe Service Needs (tri-morbidity)
3. Residing in a Place Not Meant for Human Habitation
4. Household member over the age of 60
5. Person is currently residing in a literally homeless situation; but the individuals or families experiencing chronic homelessness had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement.
6. Persons who have been residing on the street for several years, and now currently residing in an institutionalized setting with no current facility discharge plan. The person still must meet the definition of literally homeless, so this current stay in the

institutionalized setting must have been less than 90 days, and they must have entered the institution from a homeless situation.

7. Persons who had been residing on the street for several years, and recently had a stay longer than 90 days in an institutionalized setting long enough to count as a break and affect their status. However, they were discharged back to the street or shelter.
8. Household who had met the eligibility criteria for Permanent Supportive Housing, but then resided in Transitional Housing because there were no other options available at the time. There must be documentation in the client file for why PSH is the best housing intervention now for this client. Household cannot be transferred from Transitional Housing to a Dedicated PSH bed.

IMPORTANT NOTE: When observing the Eighth Priority, it is important to note that the eligibility requirements for ALL CoC-funded Permanent Supportive Housing programs, require that the head of household must have a documented disabling condition, as defined in 24 CFR 583.5.

For DEDICATED CHRONICALLY HOMELESS BEDS only, CoC-funded projects may only serve the Eighth Priority in regions where there are no other chronically individuals or families have been identified by Coordinated Entry.

CLIENT INTAKE PROCESS

STANDARD: All types of Permanent Supportive Housing programs will be active members of the Coordinated Entry system throughout the WV BoS CoC. Permanent Supportive Housing programs will act as a referral point for Coordinated Entry who will utilize the Order of Priority (listed above), knowledge of all program eligibility criteria, client need and location, and unit availability to identify and refer the household to the appropriate Permanent Supportive Housing program. Coordinated Entry staff will host regional bi-weekly provider calls with access “entry” points and housing providers to ensure that the process for notification of unit vacancies, sending referrals, accepting referral, unit location and move-in is reviewed on a regular basis, as households enter and exit the system. The goal of these calls is to speed up the process of connecting people with housing through identifying needs of particular households, increasing knowledge of when units are available, and also working together to ensure HMIS information and documentation is up-to-date and as accurate as possible. This referral process will be tracked in HMIS. There is an expectation for all Permanent Supportive Housing programs that once a household is referred from Coordinated Entry to a particular program, that the assigned staff at the agency will be directed by the program supervisor to follow up with the appropriate access “entry” point— Coordinated Entry, Street Outreach, SSVF, or the Emergency Shelter— where the household is residing in order to make contact to begin the housing process with the goal of project start date/enrollment to move-in being within 50 days or less. It is important to note here for sheltered households, the case manager will make initial contact with the client, allotting 10 days from referral to enrollment. For unsheltered households, Coordinated Entry will refer directly to outreach, when appropriate, allotting 10 days to locate and refer to the permanent housing project. The process from referral to housing in its entirety should be less than 60 days for Permanent Supportive Housing projects. In an CoC-wide effort to ensure the most vulnerable of the population are being served, referrals to Permanent Supportive Housing providers will be tracked in HMIS and during annual review process, be allotted a 10% denial rate. Any projects falling below this criteria, will not obtain maximum points regarding

participation with the Coordinated Entry System during annual CoC ranking and rating. Denial rates will also be tracked in HMIS for all participating providers and information will be provided to funders upon request. All programs will ensure active client participation and informed consent.

CRITERIA:

1) All adult program participants must meet the program eligibility requirements for their respective Permanent Supportive Programs. *The household must meet the homeless status as defined under the specific program type.*

a. CoC-funded Permanent Supportive Housing:

- i. Adults in the Household are Literally Homeless or Fleeing Domestic Violence (See definitions listed above for Category 1 and Category 4 of the Homeless Definition) and;
- ii. Programs may require participants to meet only these additional program eligibility requirements if they have targeted specific populations under their grant application:

1. Chronic homelessness only (See definition listed above)--- for CoC-funded Dedicated Permanent Supportive Housing beds or those programs which have dedicated turn-over CoC-funded beds to those experiencing chronic homelessness.

a. For Dedicated: Projects will be required to serve all chronically homeless individuals and families in the CoC (by region), and then, following the Order of Priority when no households meet the chronic criteria.

b. For Non-Dedicated: Projects will be required to serve households by following the Order of Priority for the WV BoS CoC.

c. DedicatedPLUS: Projects will be required serve populations/criteria targeted in their grant application and serve households by following the Order of Priority for the WV BoS CoC.

2. ALL CoC-funded Permanent Supportive Housing programs require that the head of household must have a documented disabling condition (See definition listed above).

3. Residency requirements --- abide by the language of the lease.

iii. There are no income requirements for CoC-funded Permanent Supportive Housing.

iv. There are no exclusions for CoC assistance due to criminal background.

v. It is also important to note that if a client enters in to Transitional Housing chronically homeless, that they are still eligible for homeless housing assistance post exit, but they are no longer eligible for Dedicated Permanent Supportive Housing beds.

b. HOPWA Tenant Based Rental Assistance:

- i. Household has a least one person who has Acquired Immunodeficiency Syndrome (AIDS) or related diseases (Human Immunodeficiency Virus, that is, HIV infection). This includes households where the only eligible person is a minor. Medical verification of status is required.

- ii. Total household income is less than 80% of the Area Median Income (AMI), as defined by HUD.
 - iii. There are no exclusions for HOPWA assistance due to criminal background.
- 2) CoC-funded Permanent Supportive Housing recipients shall use the standard Order of Priority When Obtaining Documentation to determine homeless status and chronically homeless status. Recipients must document in the client intake that demonstrates due diligence to obtain the evidence in the following preferred order. The documentation types in order of preference are as follows:
- a. Third-party documentation first (e.g. a letter on agency letter head with specific dates of contact)
 - b. Intake worker observations second (e.g. a letter on agency letter head and/or form with intake worker signature documenting specific dates of contact; intake worker may include pictures in case file of where household is sleeping, if authorized to do so by household)
 - c. Certification from the person seeking assistance third (e.g. when no other documentation can be obtained and client completes and signs form documenting homeless status/dates they experienced homeless)

Though HOPWA TBRA is classified as a housing program and not “homeless program”, it is still important to gather documentation of homeless status and length of time homeless, when appropriate.

Already available documentation:

- a. Discharge paperwork (e.g. paperwork when discharged from institutionalized setting where they resided less than 90 days, such as jail, hospital, treatment facility, etc.)
- b. HMIS record: (may include any of the follow: current project enrollment/shelter stay, recent outreach contact, recent service transactions)

Documentation types in order of preference for households who are Fleeing/Attempting to Flee DV and meet other eligibility criteria for PSH:

For victim service providers:

- a. An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker.

For non-victim service providers:

- b. Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; and
- c. Certification by the individual or head of household that no subsequent residence has been identified; and
- d. Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

It is important to note that each program type has specific procedures and forms for documenting homeless status. All CoC-funded programs are required to use the standard Balance of State documentation forms which can be located on the WVCEH website. Please reference specific program guidance for details in the process.

- 3) Evidence of diagnosis with one or more of the following conditions; substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability, must include one of the following forms of documentation:
 - a. Written verification of the condition from a professional licensed by the state to diagnose and treat the condition;
 - b. Written verification from the Social Security Administration;
 - c. Copies of a disability check (e.g., Social Security Disability Insurance check or Veteran Disability Compensation);
 - d. Intake staff (or referral staff) observation that is confirmed by written verification of the condition from a professional licensed by the state to diagnose and treat the condition that is confirmed no later than 45 days of the application for assistance and accompanied with one of the types of evidence above; or
 - e. Other documentation approved by HUD.
- 4) Programs cannot disqualify an individual or family because of evictions or poor rental history, criminal history, or credit history. It is important for case management staff to be knowledgeable of the housing market in their catchment area, understanding that certain landlords may require background/credit/rental history checks. Ensuring that your agency has built relationships with several landlords in the area, and understanding which landlords clients with barriers to housing can be matched with is crucial to not wasting all party's time. Additionally, programs may not disqualify an individual or family from program entry for lack of income or employment status.
- 5) The program explains the services that are available and encourages each adult household member to participate in program services, but does not make service usage a requirement or the denial of services a reason for disqualification or eviction. It is recommended that all programs provide each adult household members with program mutual expectations and agreements document, outlining the roles and responsibilities of both the client(s) and the case manager, as well as, your agency's termination and grievance policy. Both the agency representative and client(s) should sign this document.
- 6) The program will maintain Release of Information, Case notes, and all pertinent demographic and identifying data in HMIS. Paper files may also be kept as long as they are stored in a secure location. Below is a list of required/recommended documents and helpful case management tools for Permanent Supportive Housing:
 - a. Agency Release of Information
 - b. HMIS Release of Information
 - c. Program Mutual Expectations and Agreements
 - d. Proof of Citizenship
 - e. Proof of Immunodeficiency Syndrome (AIDS) or related diseases (Human Immunodeficiency Virus, that is, HIV infection). *For HOPWA only.*
 - f. Homelessness Verification/Documentation
 - g. Lease

- h. Sublease (for CoC-funded Permanent Supportive Housing)
 - i. Habitability Checklist or HQS depending on program requirements
 - j. Lead-based paint acknowledgement/inspection form
 - k. Fair Housing acknowledgment form
 - l. Rental agreement with landlord, agency, and client (for allotted months and re-assessed regularly and only applicable if client is the primary lease holder)
 - m. Payment requests (e.g. costs such as, security deposit, utility deposits, utilities w/ bills, rent, etc.). *It is important to note here that eligible costs will vary by specific program type.*
 - n. Rent payment receipts (from client if they are paying a portion of rent)
 - o. Landlord W-9 form
 - p. VI-SPDAT (in HMIS)
 - q. Full SPDAT (in HMIS)
 - r. Verification of Income
 - s. Monthly Budget
 - t. Client outstanding bills or fines
 - u. Housing Stabilization Plan/ Service Plan – with signed acknowledgement from client
 - v. Guest Policy
 - w. Crisis Plan
 - x. Risk Assessment
 - y. Exit Plan
- 7) The only reasons programs may have the option to disqualify an individual or family from program entry are:
- a. Household does not meet eligibility requirements for the program as outlined in specific program regulations (See links to program specific guidance and regulations on page 3 of this document). The issue of ineligible clients being referred to programs should be reduced significantly, since all referrals will go through Coordinated Entry.
 - b. Household make-up, provided it does not violate HUD's Fair Housing and Equal Opportunity requirements (Singles-Only programs can disqualify households with children, Families-Only programs can disqualify single households, etc.)
 - c. All program beds are full.
 - d. If the housing has in residence at least one family with a child under the age of 18, the housing may exclude registered sex offenders and persons with a criminal record that includes a violent crime from the project so long as the child resides in the same housing facility. (24 CFR 578.93).
 - e. For HOPWA TBRA only, it is important to observe income limits for program eligibility.

PROGRAM COMPONENTS/OPERATIONS

STANDARD: The program will provide safe, affordable housing that meets participants' needs in accordance with client intake practices and within CoC established guidelines for Permanent Supportive Housing programs. The program will also provide intensive, evidenced-based case management services to clients to ensure housing stability. These standards and criteria are applicable for all types of Permanent Supportive Housing.

CRITERIA:

- 1) In providing or arranging for housing, the program considers the needs of the individual or family experiencing homelessness. The program explains the program guidelines and expectations prior to enrolling the individual or family into the program. These guidelines and expectations should attempt to assure fairness, to avoid arbitrary decisions that may vary from client to client, or staff to staff.
- 2) *Assisting with Housing Location, when applicable.* CoC-funded Permanent Supportive Housing rental assistance programs should work to build and maintain relationships with landlords in their service area. The unit itself is leased by the agency and subleased by the program participant. For HOPWA Tenant Based Rental Assistance, the program should always consider the needs of the individual or family experiencing homelessness during the housing location process. The case manager should be assisting the household in the housing search process. The case manager should have knowledge of the rental market in their catchment area and relationships with local landlords. All PSH programs should also have a relationship with the PHA in their area/region and have access to the current Section 8 landlord listing, in addition to, utilizing the local newspaper and other online resources to assist the client with their housing search at project entry, in addition to, project exit to mainstream housing resources. Tasks that align with the housing location process also include, the case manager assisting the client with contacting and meeting the landlord, and viewing potential apartments.
- 3) *Housing Quality Standards and Leasing/Subleasing.* The program provides assistance in accessing suitable housing. Programs will assess potential housing for compliance for Basic Habitability Standards/Housing Quality Standards inspections and fair market rent standards/rent reasonableness *per specific program requirements* prior to the program participant signing a lease (or sublease for CoC-funded Permanent Supportive Housing programs) with the landlord. The potential unit must be visually assessed for lead-based paint, and the program participant should be provided education on tenant rights and the Fair Housing Act. There should be documentation of all of this in the program participant's case file. When the program participant is the primary lease holder, a rental assistance agreement or similar document is also signed by the program/voucher holder, program participant and landlord to demonstrate the responsibility of payment by the program for an allotted timeframe. For CoC-funded Permanent Supportive Housing programs specifically where the agency is the primary lease holder, the landlord has ideally already agreed to work with the program and signed a lease. The CoC funded-program needs to have either a sub-lease with the client or a three-way lease between client, recipient and landlord. If the recipient is running a PSH leasing program, they cannot have an occupancy agreement, and the sub-lease must confer all of the legal rights and protections of the lease between agency and landlord. The program enters into a lease agreement with program participant for a term of at least one year, which is terminable for cause. The lease must be automatically renewable upon expiration for a minimum term of one month. Assistance may be extended as stated in 24 CFR 578.79. The agency must ensure that the unit leased by the program meets rent reasonableness standards.
- 4) Fair Market Rent and Rent Reasonableness:
 - a. *Fair Market Rent (FMR).* HUD establishes FMRs to determine payment standards or rent ceilings for HUD-funded programs that provide housing assistance, which it publishes annually for 530 metropolitan areas and 2,045 non-metropolitan county areas. Federal law requires that HUD publish final FMRs for use in any

fiscal year on October 1—the first day of the fiscal year (FY). The FMR standard is applied to ensure that a reasonable supply of adequate but modest rental housing is accessible to program participants. To accomplish this objective, FMRs must be high enough to permit a selection of units and neighborhoods and low enough to maximize the number of low-income families that can be served. Determining FMR standards is straight forward; no geographic area has more than one FMR standard. However, if a recipient or sub-recipient serves multiple cities or counties, it must use the appropriate FMR for the geographic area in which the assisted housing unit is located. Recipients and sub-recipients should place a copy of the applicable FMR data in the program participant's case file to document the FMR for that program participant's unit size and geographic area. **The amount of CoC Program funds used for leasing an individual unit may not exceed the current FMR for that unit size and location. For each assisted unit, recipients and sub-recipients must ensure that CoC Program leasing funds do not exceed the current published FMR for their geographic area (even if an earlier FMR was used as the basis for the recipient's CoC Program grant). The applicable FMR should be documented in the case file for each program participant assisted with leasing funds.**

- b. *Rent Reasonableness.* HUD's rent reasonableness standard is designed to ensure that rents being paid are reasonable in relation to rents being charged for comparable unassisted units in the same market. Recipients and sub-recipients should have a procedure in place to ensure that compliance with rent reasonableness standards is documented prior to a executing the lease for an assisted unit. Under the CoC Program, all units and structures for which rent is paid must be reasonable. Recipients and sub-recipients should determine rent reasonableness by considering the gross rent of the unit and the location, quality, size, type, and age of the unit, and any amenities, maintenance, and utilities to be provided by the owner. To calculate the gross rent for purposes of determining whether it meets the rent reasonableness standard, consider the entire housing cost: rent plus the cost of any utilities that must, according to the lease, be the responsibility of the tenant. Utility costs may include gas, electric, water, sewer, and trash.
- c. *Comparable rents* can be checked by using a market study of rents charged for units of different sizes in different locations or by reviewing advertisements for comparable rental units. Comparable rents vary over time with market changes, so it is important to ensure that the comparison you are using is up-to-date and appropriate for each prospective unit. Information on comparable rents should be updated at a minimum, every 6 months, throughout locations in the recipient or sub-recipients service area. For example, one list of properties for a whole county service area is not sufficient, particular if the cost of living in one area of the county is significantly different than another area of the county. The rent reasonableness document should be available for review in the program participant's case file and demonstrate that the proposed contract rent does not exceed \$50 above the average of the three comparable units.
<https://www.hudexchange.info/resources/documents/CoC-Rent-Reasonableness-and-FMR.pdf>

5) Eligible costs. Please note here that is important to reference specific program guidance and your agency's specific grant agreement for questions concerning eligible cost by program.

- a. CoC-funded Permanent Supportive Housing: Permanent Supportive Housing can only provide assistance to individuals with disabilities and families in which one adult or child has a disability. Supportive services designed to meet the needs of the program participants must be made available to the program participants.
 - i. *Leasing*: The costs of leasing a structure or part of a structure in which supportive services or housing are provided to homeless persons.
 - ii. *Rental assistance*: Rental assistance for homeless individuals and families provided on a short-, medium-, or long-term basis. Long-term can fund more than 24 months of rent, and is only eligible under Permanent Housing for the Permanent Supportive Housing program component. The rental assistance may be tenant-based, project-based, or sponsor-based.
 - 1. Unit rent
 - 2. First and/or last month's rent
 - 3. Security Deposit (up to two months of rent)
 - 4. Property damages (up to one month of rent)
 - 5. Vacancy payments (up to 30 days)
 - 6. Staff costs in carrying out eligible activities- e.g. moving costs
 - iii. *Supportive services*: The costs of eligible supportive services that address the special needs of program participants.
 - iv. *Operating costs*: The daily costs of operating housing.
 - v. *Project administrative costs*: Up to 10 percent of any grant amount to be used for costs of grant administration.
- b. HOPWA Tenant Based Rental Assistance: Under HOPWA TBRA, funding is provided to an eligible client and the client selects a housing unit of his or her choice. If the client moves out of the unit, the contract with the owner ends and the client can move with continued assistance to another unit. In other words, TBRA is portable and moves with the client. Eligible TBRA housing activities include --- rental assistance, security deposits, utility deposits and utility payments.
 - i. Eligible non-housing activities include:
 - 1. Supportive Services to provide access to mainstream resources, public benefits, and improve access to healthcare and other needed support to maintain stable housing and positive health outcomes;
 - 2. Housing Information Services to assist beneficiaries in locating appropriate housing; and
 - 3. Administrative Costs which include costs for data collection and annual performance reporting to HUD. Administrative costs are subject to the limit of three percent of the amount requested for project activities for grantees and seven percent of the amount requested for project activities for project sponsors.

6) Determining a Program Participant's Rent Contribution.

- a. CoC-funded Permanent Supportive Housing: In accordance with CFR 578.77 agencies are not required to impose occupancy charges on program participants as a condition of residing in the housing. However, if occupancy charges are

- imposed, they must be imposed on all participants of the program and they may not exceed the highest of:
- i. 30% of the household's monthly adjusted gross income;
 - ii. 10% of the household's monthly income; or
 - iii. If the household is receiving payments for welfare assistance from a public agency and a part of the payments is specifically designated by the agency to meet the household's housing costs, the portion of the payments that is designated for housing costs.
- b. Rent collected from program participants is program income. Program income for Permanent Supportive Housing clients may not be reserved for clients when they move out, unlike Transitional Housing. Program income for Permanent Supportive Housing programs earned during the grant term must be expended during that grant term, and may be utilized for any eligible activity under any budget line item that your CoC program is funded under.
- c. HOPWA Tenant Based Rental Assistance: After verifying the determination of both annual income and adjusted income, the next step is to calculate how much the resident will pay for housing—the payment to the landlord and resident paid utilities. Attachment 4-2 (previously mentioned) provides a comprehensive sample format for calculating the resident rent contribution. By regulation (24 CFR 574.310(d)), residents receiving HOPWA rental assistance must pay as rent, including utilities, an amount which is the higher of:
- i. 30% of monthly adjusted income;
 - ii. 10% of monthly annual income (annual income before adjustments, divided by 12); or
 - iii. welfare payments specifically designated to meet housing costs.
 - *Except for unusual circumstances, 30% of monthly adjusted income will be higher than 10% of monthly annual income. So in most cases, the resident rent contribution will be 30% of adjusted income. HOPWA requires that residents pay the amount calculated regardless of the rent for the unit (as long as housing costs for the unit meet the rent standard and rent reasonableness requirements as noted earlier).*
 - *In a few areas, the agency administering "Temporary Assistance to Needy Families" (TANF) designates a portion of the welfare payments for rent. In these localities, the file must include documentation of this amount.*
- 7) *Use with other subsidies.* Except for when a program allows for rental arrears assistance on the tenant's portion of the rental payment, rental assistance cannot be provided to a program participant who is receiving tenant-based rental assistance, or living in a housing unit receiving project-based rental assistance or operating assistance, through other public sources. Rental assistance may not be provided to a program participant who has been provided with replacement housing payments under the URA during the period of time covered by the URA payments.
- 8) *Environmental Reviews.* Environmental Reviews should be completed for CoC-funded Permanent Supportive Housing programs every 5 years. For more detailed information on the level of Environmental Review required for your CoC-funded project, please visit the <https://www.hudexchange.info/resource/4045/coc-program-environmental-review-flow-chart/>.

CASE MANAGEMENT SERVICES

STANDARD: The program shall provide access to case management services by trained staff to each individual or family participating in the program. Acceptance or refusal of all services offered should be documented in thorough case notes.

CRITERIA:

- 1) Individual case management is provided to program participants on a regular and consistent basis as determined by the individual's case plan, if the participant so elects to receive case management. Case management includes the following:
 - a. *Housing Stability Case Management* assists participants in locating and obtaining suitable permanent housing, including:
 - i. Assessment of housing barriers, needs, and preferences
 - ii. Development of an action plan for locating housing, when appropriate, with current knowledge rental market in service area
 - iii. Participating in housing search with household, when appropriate
 - iv. Tenant counseling
 - v. Assessment of housing for compliance with basic habitability standards/ HQS requirements, lead-based paint, and fair market rent/rent reasonableness depending on specific program requirement
 - vi. Assistance with submitting rental applications, when applicable
 - vii. Understanding leases/subleases
 - viii. Arranging for utilities, when applicable
 - ix. Making moving arrangements
 - b. *Ongoing Case Management Services* include assessing, arranging, coordinating, and monitoring the delivery of individualized services to facilitate housing stability for a program participant who has obtained permanent housing through the Permanent Supportive Housing program by, for example:
 - i. Assessing, planning, coordinating, implementing and evaluating the overall service delivery to the participant
 - ii. Helping participants maintain their housing in a safe manner, and develop positive relationships with fellow tenants and the landlord
 - iii. Developing an individualized housing stabilization and service plan, including planning a path to permanent housing stability
 - iv. Developing, securing, and coordinating services to access Federal, State and local benefits, increase income, connect with and build community supports, and obtain resources for basic needs/health care
 - v. Utilizing the Full SPDAT case management tools in HMIS (if trained) to monitor and evaluate program participant progress and determine the effectiveness of case management
 - vi. Individualized budgeting and money management services, monthly at a minimum
 - vii. Providing information about, and referrals to, other providers
 - viii. Conducting re-evaluations to determine on-going program eligibility
 - c. *Other Services* may be provided, such as:
 - i. Assistance with or referral to food, clothing and/or transportation services
 - ii. Referral to Representative Payee services

- iii. Referral to Basic Life Skills information: housekeeping, menu planning and food preparation, consumer education, leisure-time activities, transportation, and obtaining vital documents (e.g. Social Security card, birth certificate, etc.) may be provided.
 - iv. Referral to Interpersonal Skills Building resources: developing positive relationships with others, parenting skills, effective communication, decision making, conflict resolution, and stress management.
 - v. Mediation between the program participant and the owner or person(s) with whom the participant is living
 - vi. Referral to Legal Services to resolve a legal problem that prohibits a program participant from obtaining or retaining permanent housing, including:
 - 1. Client intake
 - 2. Preparation of cases for trial
 - 3. Provision of legal advice
 - 4. Representation at hearings
 - 5. Counseling
 - 6. Filing fees and other necessary court costs
 - vii. Credit Repair, including:
 - 1. Referral to a credit counselor
 - 2. Assistance with accessing a free personal credit report
 - 3. Assistance with resolving personal credit problems
 - 4. Connection to other services needed to assist with critical skills related to household budgeting and money management
 - viii. Referral to educational advancement resources, such as GED preparation and attainment, post-secondary training, and vocational education
 - ix. Assistance with or referral to job preparation and attainment services, such as career counseling, resume building, job interview training, dress and grooming, job placement and job maintenance
 - x. Referral to Mental Health services, such as relapse prevention, crisis intervention, outpatient therapy, psychiatric services, medication monitoring and/or dispensing
 - xi. Referral to Substance use services, such as outpatient treatment, relapse prevention and crisis intervention
 - xii. Referral to Health Care System, such as routine physicals, health assessments, and family planning education
- 2) Case Management includes the following types of contact: home visits, office visits, meeting at a location in the community, or phone calls. Case management services should be guided by the use of the Full SPDAT assessment tools for families and individuals.
- 3) Recertification for continued eligibility:
- a. The program will re-evaluate the household for continued eligibility at a minimum, annually.
 - b. Case manager should regularly (every 3-6 months) be evaluating the household's overall stability, working with the household to develop a long term housing plan with the goal of exiting to mainstream housing.
 - c. To continue to receive CoC Permanent Supportive Housing assistance, the household must demonstrate:

- i. Lack of resources and support networks. The household must continue to lack sufficient resources and support networks to retain housing without program assistance.
 - ii. Need. The program must determine the amount and type of assistance that the household needs to (re)gain stability in permanent housing.
- d. HOPWA requires at least annual income and rent recertification, presenting an opportunity for reassessment.

SERVICE COORDINATION

STANDARD: The program will assist program participants, pursuant to 24 CFR §576.400, in obtaining appropriate supportive services and other Federal, State, local, and private assistance available for such individuals as needed and requested by the household. Staff should be knowledgeable about mainstream programs and services in the community.

CRITERIA:

- 1) Arrangements shall be made as appropriate with community agencies and individuals for the provision of education, employment, and training; schools and enrichment programs; healthcare and dental clinics; mental health resources; chemical dependency assessments and treatment; legal services; budgeting and credit repair; and other assistance requested by the participant, which are not provided directly by the program.
- 2) Other homeless and mainstream resources for which, if eligible, a client should be assisted in obtaining, include: Emergency Financial/Food Assistance; domestic violence shelters; local Housing Authorities, public housing, rent subsidies and subsidized housing; temporary labor agencies; childcare resources and public programs that subsidize childcare; consumer credit counseling service agencies; youth development and child welfare; Community Support Programs; WIC; Food Share; Unemployment Insurance; Social Security benefits; Medicaid/Medicare.

TERMINATION

STANDARD: Termination is expected to be limited to only the most severe cases. Programs will exercise judgment and examine all extenuating circumstances when determining if violations are serious enough to warrant termination.

CRITERIA:

- 1) For CoC-funded Permanent Supportive Housing, termination guidance is described in 24 CFR §578.91 of the HEARTH Continuum of Care Program Interim Rule as follows:
 - a. CoC-funded Permanent Supportive Housing programs may terminate services when a participant ceases to follow the terms of their lease.
 - b. In terminating assistance to a program participant, the agency must follow the due process provisions. In cases when a participant is terminated from services for other than the above stated reasons, the burden is on the Program to provide evidence that it considered extenuating circumstances and made significant attempts to help the participant continue in the program before deciding to terminate as is outlined in 24 CFR 578.91. This includes a formal process that recognizes the rights of individuals receiving assistance under the due process of law. This process, at minimum, must consist of:
 - i. providing the program participant with a written copy of the program rules and the termination process before the participant begins to receive assistance;

- ii. written notice to the program participant containing a clear statement of the reason for termination;
 - iii. a review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
 - iv. prompt written notice of the final decision to the program participant.
 - c. The program follows a termination process and has a process for appeals/grievance in accordance with 24 CFR 578.91 in regard to due process. This information is provided to participants at the beginning of the program, and if/when termination of services occurs.
 - d. Termination under this section does not bar the recipient or sub-recipient from providing further assistance at a later date to the same individual or family.
 - e. *Retention of Assistance/Unit Vacancies*: Clients who are entering an institution (medical, mental health, or crisis) should not immediately be terminated from PSH projects. HUD SHP PSH providers are permitted to maintain open units for individuals and families who are institutionalized for a maximum of 90 days.
 - i. If the qualifying member of PSH is incarcerated or institutionalized for longer than 90 days, or passes away, the other members of the household may remain in the unit through the remainder of the current lease. It is important for the PSH case manager to begin working with the other households members to develop a plan to transition to mainstream housing during this time.
 - ii. Assistance may remain for a maximum of 30 days from the end of the month when the unit was vacated, unless occupied by another eligible person. The PSH unit/bed should not be “held” beyond that allotted timeframe. Brief periods of stay in institutionalized settings, not to exceed 90 days for each occurrence, are not considered vacancies.
- 2) As described in 24 CFR 574.310(e), HOPWA regulations require a formal process for handling the termination of participants from HOPWA assistance. Procedures for termination should address termination due to violation of program requirements and termination in the event of death of the HOPWA-eligible participant when there are surviving family members. These procedures should be reviewed and signed by rental assistance program participants at intake, and the signed document should be kept in each participant’s file. Although termination of assistance for violation of requirements should be a last resort, it is important for programs to develop and uniformly enforce rules governing termination of assistance to program participants in alignment with local landlord-tenant laws. Such rules should include due process that must be followed before termination as described in 24 CFR 574.310(e). Termination procedures should include the following elements:
- a. Written notice to the participant containing a clear statement of the reasons for termination.
 - b. Opportunity for a participant to review the decision, allowing them to confront opposing witnesses, present written objections, and be represented by their own counsel or representative; this review should be presented to someone other than the person who made or approved the termination decision (or a subordinate of that person).
 - c. Prompt written notification of the final decision to the participant.
- Procedures should also be outlined for serving and transitioning surviving family members who were living in a unit with a HOPWA-eligible client receiving rental assistance at the time of his or her death. The HOPWA regulations require that housing and supportive services to survivors continue for a reasonable grace period not to exceed one year; the regulations also

allow programs to assist the family with housing information and moving expenses (i.e., expenses such as those provided under permanent housing placement) (24 CFR 574.310(e)). Appropriate initial support could focus on bereavement support, followed by counseling on available assistance to facilitate a reasonable transition well within the maximum one year period. The client should be informed about these policies. Organizations should consider whether to include this information in the client participant agreement or address it separately.

FOLLOW-UP SERVICES

STANDARD: The program shall provide a continuity of services to all participants following their exit from the program. These services can be provided directly and/or through referrals to other agencies or individuals.

CRITERIA:

- 1) The program develops exit/post discharge plans with the participant to ensure continued housing stability and connection with community resources.
- 2) The program develops a plan for the effective, timely exit of individuals whose acuity is determined to be low enough to maintain housing stability in market rate or subsidized housing outside of the PSH program.
- 3) The program should attempt to follow up with phone or written contact at least once after the client exits the program. A program may provide follow-up services that include identification of additional needs and referral to other agency or community resources.
- 4) CoC-funded PSH and HOPWA programs may provide up to six months of follow-up case management under the funded program.

CLIENT FILES

STANDARD: The documentation necessary for the effective delivery and tracking of services will be kept up to date and the confidentiality of program participants will be maintained.

CRITERIA:

- 1) The file maintained on each participant should, at a minimum, include information required by HUD, such as verification of homeless status and chronic homelessness, participation agreements, service plans, case notes, information on the services provided both directly and through referrals to community agencies and individuals, and any follow-up and evaluation data that are compiled.
- 2) Client information must be entered into HMIS in accordance with the data quality, timeliness and additional requirements found in the HMIS Policies and Procedures manual. At a minimum, programs must record the date the client enters and exits the program, and update the client's information as changes occur.
- 3) The program will maintain each participant file in a secure place and shall not disclose information from the file without the written permission of the participant as appropriate except to project staff and other agencies as required by law. Participants must give informed consent to release any client identifying data to be utilized for research, teaching and public interpretation.
- 4) *Retention Requirements for Client Files:*

- a. All records pertaining to CoC funds must be retained for the greater of 5 years or the participant records must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served. Copies made by scanning, photocopying, or similar methods may be substituted for the original records. Where Continuum of Care funds are used for the acquisition, new construction, or rehabilitation of a project site, records must be retained until 15 years after the date that the project site is first occupied, or used, by program participants. Records pertaining to other funding sources must adhere to those record retention requirements.
- b. Each sponsor must maintain all HOPWA-related program and financial records for a four-year period, in order to document compliance with the provisions of HOPWA regulations. The sponsor must ensure that sub-recipients also maintain these records for the four-year period after the grant agreement ends.

EVALUATION AND PLANNING

STANDARD: Ongoing program planning and evaluation will be conducted.

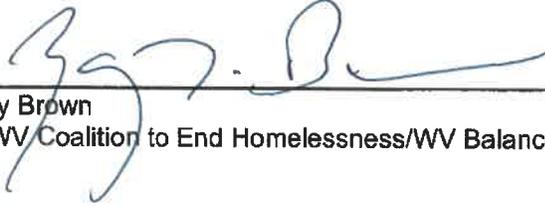
CRITERIA:

- 1) The program has written goals and objectives for its services to meet the outcomes required by HUD and the WV Balance of State Continuum of Care. The program reviews the case management, housing, and follow-up needs of program participants and the existing services that are available to meet these needs. As appropriate, revisions to goal, objectives and activities are made based on program evaluation.
- 2) The program reviews and revises as appropriate, its goals, objectives, and activities based upon the data generated through the review of participant's needs, existing services, and the follow-up evaluations on at least an annual basis.
- 3) The program conducts an on-going evaluation of its services to participants.
- 4) The program will utilize the HMIS, when applicable, allowing for project performance outcomes to be measured and compared to the overall system performance targets.
- 5) The program exhibits due regard for participant privacy in conducting and reporting its evaluation.



Wayne Bailey

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