

PERMANENT SUPPORTIVE HOUSING POLICIES AND PROCEDURE MANUAL

11/20/2013

**POLICIES AND PROCEDURES
PERMANENT SUPPORTIVE HOUSING PROGRAM
LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS**

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Policy: Policy on Policies

EFFECTIVE DATE: October 9, 2013

DATE REVIEWED/REVISED:

AUTHORIZED BY: Michell Brown, DHH PSH Director

PURPOSE STATEMENT:

To define the steps by which DHH promulgates policy necessary to meet PSH program goals consistently, understandably and in accordance with applicable legal and contract requirements and regulations governing all aspects of this program which is operated across multiple agencies, contract authorities and regulatory boundaries. Procedures for policy implementation shall be written to articulate how and by program policies will be formulated, approved, communicated and distributed .

Authority:

This manual draws from a combination of federal and state laws and regulations, policy memorandums and agreements, and other governing documents issued by the OMB, HUD, the Louisiana Housing Agency, the Office of Community Development, and others as operationalized in the Cooperative Endeavor Agreement between the Office of Community Development/Louisiana Housing Authority and the Department of Health and Hospitals (CFMS#655224). This manual specifies the standards and procedures that must be followed regarding the provision of Permanent Supportive Housing Services in Louisiana. Should a conflict exist between this manual's content and pertinent federal and state laws or regulations, the latter will take precedence.

- (a) **Applicability.** The rules and polices referenced in this manual apply to the provision of Permanent Supportive Housing Services administered through the Department of Health and Hospitals in Louisiana, regardless of payer source. Where Permanent Supportive Housing Services providers are reimbursed through Medicaid, additional requirements may apply as specified in Medicaid rules or provider manuals governing the particular Medicaid program under which a recipient is authorized to receive Permanent Supportive Housing Services.
- (b) **Program Administration and Operation.** The Department of Health and Hospitals, through the Office of Aging and Adult Services, administers Permanent Supportive Housing Services for the State of Louisiana and develops program rules, regulations, policies, and procedures for the operation and oversight of Permanent Supportive Housing.

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POLICY:

It is the policy of the Louisiana Department of Health and Hospitals that the DHH PSH Program be conducted consistent with the applicable laws, contract agreements and regulations and best practices. In order to achieve this goal, PSH policy development as well as the form and dissemination of policies must meet PSH requirements and standards for compliance with laws and regulations across multiple programs and agencies and be subject to a consistent and understandable formulation, review and promulgation process.

The DHH PSH Program Director will be the primary DHH Issuing Authority and as such is principally accountable for the development and promulgation of PSH Program policies.

PROCEDURES:

1. As principal Issuing Authority, the DHH PSH Program Director is responsible for creating a majority of the DHH PSH policies and is accountable for the formulation, issuance and timely updating of policies.
2. The DHH PSH Program Director is responsible for analyzing policies for analyzing the proposed policy or amendment for their consistency with applicable contracts, regulations and/or laws, the cost impact and impact on current and/or potential participants. The DHH PSH Director may request all or part of this analysis be carried out by the LHA, Program Office(s), the Bureau of Health Services Financing, the SMO or other DHH staff as needed.
3. The PSH Program Director submits policies to the DHH PSH Executive Management Council for approval before final issuance of a policy.
4. It is the responsibility of the DHH PSH Program Director to distribute draft policies to DHH Program Offices and Bureau of Health Services Financing, the SMO, Subsidy Administrators (where applicable) and the LHA at least fifteen days before planned submission to the EMC for input and review. Comments are due back to the DHH PSH Program Director ten working days prior to the EMC and the DHH PSH Program Director forwards final drafts to the EMC five working days before a scheduled EMC meeting for review and approval.
5. The exception to this schedule may occur when the DHH PSH Director is requested to submit a new or amended policy within fifteen days of a scheduled EMC meeting. If this occurs the DHH PSH Program Director is requested to submit the rationale for and proposed new policy or amendment to EMC members as soon as practically possible prior to the scheduled EMC meeting.
6. The DHH PSH Director maintains and distributes policies following their approval by the EMC. Policies are distributed to the LHA, EMC members, the Program Offices, the SMO, certified PSH Providers, Districts and Subsidy Administrators. Program Offices have responsibilities to distribute to

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their referrals sources as necessary.

7. The PSH Program Director is also responsible for implementing policies as required in his/her area of responsibility.
8. Other DHH officials may be Issuing Authorities upon the request of DHH PSH Director, the LHA Director and concurrence of EMC.
9. The Louisiana Housing Authority Director is also an Issuing Authority for LHA and LHC policies.
10. DHH Program Offices and the Statewide Management Organization may issue policies related to services provided to PSH participants that are of matters of interest to the DHH Program and as such the DHH PSH Program Director and LHA Director reviews those for consistency with applicable DHH and LHA PSH Policies.
11. A number of DHH PSH Program Policies may require or request the DHH Program Offices, the Bureau of Health Services Financing, the SMO or Shelter Plus Care Subsidy Administrators develop procedures to carry out PSH Program Policies. It is the responsibility of these entities to develop procedures on a timely and consistent basis, submit to the DHH PSH Program Director for review and consistency where applicable.
12. In the event disputes occur on any aspect of the development or adoption of the DHH Program Office or Statewide Management Organization policies and procedures, the DHH PSH Program Director, Program Offices, Bureau of Health Services Financing or SMO may ask the EMC to resolve the dispute. The DHH Deputy Secretary as the Chair of the EMC makes the final disposition of disputes if necessary.

REFERENCES/LEGAL AUTHORITY:

1. Attachment A. Addendum to the Scope of Work (OBH-SMO RFP)
2. The LHA Section 8 PBV Administrative Plan
3. The LHA Shelter Plus Care Program Manual
4. LHA-DHH PRA 811 Inter-Agency Partnership Agreement

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POLICY: Management and Program Responsibilities

EFFECTIVE DATE: October 9, 2013

DATE REVIEWED/REVISED:

AUTHORIZED BY: Michell Brown, DHH PSH Director

PURPOSE:

Define management and program responsibilities of the DHH PSH Program, Program Offices and Bureau of Health Services Financing, the Statewide Management Organization (SMO) and S+C Subsidy Administrators

POLICY:

The Louisiana Permanent Supportive Housing Program is a cross disability services and housing program operated across Louisiana and is managed and operated through a cross agency management and services model. In order to effectively manage this enterprise, the DHH manages this program through an Executive Management Council and responsibilities delegated to multiple offices, contractors and agreements.

These responsibilities include:

- A. The DHH Deputy Director chairs the EMC and makes final policy and operations decisions for DHH.
- B. Executive Management Council recommends executive decisions, approve plans, recommends policy for, and ensures DHH meets obligations pertaining to Permanent Supportive Housing units or subsidies funded and/or managed by the Louisiana Housing Corporation (LHC) either through local, state, or federal agreements including the LHC-DHH Cooperative Endeavor Agreement (CEA) and the Inter-Agency Partnership Agreement for the Section 811 Project Rental Assistance Demonstration Program (811 PRA Demo).
- C. DHH PSH Program: Provides overall program, policy, design and direction for the DHH PSH Program, is responsible for DHH meeting requirements of its Cooperative Program Agreement with the Louisiana Housing Corporation (LHC), serves as primary Issuing Authority for DHH PSH policies, assures priority populations are identified, timely lease-up and tenant services management is provided outside the GO Zone, carries out responsibilities as defined in DHH Policies and is a member of the DHH EMC. The DHH PSH Program Director works in partnership with the SMO and DHH Program

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offices to assure there is an adequate service provider network to serve the PSH priority populations across the state and reports on the sufficiency of this network to the EMC on a routine basis.

- D. Program Offices: Provide outreach, services and housing referrals, services monitoring directly or through provider contracts for persons who are in need of and eligible for PSH, facilities services availability for potential PSH participants, establishes procedures as indicated DHH Policies and participates in DHH PSH program activities as stated in PSH Policies and requests from the DHH PSH Director. Assistant Secretaries are members of the DHH EMC. The Office of Behavioral Health contracts with the SMO to provide PSH management responsibilities as identified in the DHH PSH-SMO Contract and Contract Addendum (Attachment A) and carries out the PSH Provider Certification Program as part of the LHBP in partnership with the DHH PSH Program.
- E. Bureau of Health Services Financing: Consults on relevant program eligibility, services availability and federal and state services requirements and facilitates services financing expansion opportunities when available. The Bureau Director is a member of the EMC.
- F. Statewide Management Organization: Carries out responsibilities as set forth in the PSH Contract Addendum, establishes policies and procedures as set forth in Addendum and DHH Policies and works with the DHH PSH Program to assure there is an adequate network of service providers across the state.
- G. S+C Administrators: Responsible for referral of individuals who meet the Shelter Plus Care (S+C) program requirements. Responsible for the S+C housing program including contracting for housing under the director of the LHA.

PROCEDURES:

- 1. The above referenced entities are responsible for assignment of their responsibilities and development of their policies and procedures within their operation and for communicating those to the DHH PSH Program Director.
- 2. The DHH PSH Program Director is responsible for assigning duties, for PSH unit internal policies and procedures, for reviewing all of the above entities assignments and policies and procedures for consistency with overall program requirements.

REFERENCE/LEGAL AUTHORITY:

- 1. Attachment A. Addendum to the Scope of Work (OBH-SMO RFP)
- 2. The LHA Section 8 PBV Administrative Plan
- 3. The LHA Shelter Plus Care Program Manual
- 4. LHA-DHH Section 811 PRA Inter-Agency Partnership Agreement

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POLICY: Discrimination

EFFECTIVE DATE: October 9, 2013

DATE REVIEWED/REVISED:

AUTHORIZED BY: Nicole Sweazy, LHA Director

PURPOSE STATEMENT:

Establish a Discrimination Policy to meet federal housing and services requirements.

POLICY:

DHH and its sub-recipients and their contractors agree to abide by the requirements of the following as applicable: Title VI of the Civil Rights Act of 1964 and Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972, Federal Executive Order 11246 as amended, the Rehabilitation Act of 1973, as amended, the Vietnam Era Veteran's Readjustment Assistance Act of 1974, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, the Fair Housing Act of 1968 as amended, and the requirements of the American with Disabilities Act of 1990.

DHH and its sub-recipients and their contractors shall agree not to discriminate in its employment practices, and will render services under this agreement without regard to race, color, religion, sex, sexual orientation, national origins, veteran status, political affiliation, or disabilities.

Any act of discrimination committed by DHH, or failure to comply with these statutory obligations when applicable, shall be grounds for termination of the Cooperative Endeavor Agreement with the Louisiana Housing Corporation.

REFERENCES/LEGAL AUTHORITY:

1. The LHA Section 8 PBV Administrative Plan
2. The LHA Shelter Plus Care Program Manual

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3. LHA-DHH Section 811 PRA Inter-Agency Partnership Agreement

POLICY: Accommodations for People with Disabilities

EFFECTIVE DATE: October 9, 2013

DATE REVIEWED/REVISED:

AUTHORIZED BY: Michell Brown, DHH PSH Director

PURPOSE:

State LA PSH Program "reasonable accommodation" requirements.

POLICY:

In accordance with Title II of the ADA and Section 504 of the Rehabilitation Act of 1973, the DHH and its contractors will make reasonable accommodation to the known disabilities of otherwise qualified applicants or participants with disabilities, unless the DHH PSH Program can show that the accommodation would impose an "undue hardship" on the operation of its program.

"Reasonable accommodation" means any change or adjustment to the program that permits a qualified applicant or participant with a disability to participate equally in the program.

However, any particular change or adjustment would not be required if, under the circumstances involved, it would result in an undue hardship.

"Undue hardship" means significant difficulty or expense relative to the operation of the program. Where a particular accommodation would result in an undue hardship, the DHH and its contractor must determine if another accommodation is available that would not result in an undue hardship.

PROCEDURES:

The DHH PSH Program Director shall communicate these requirements to the DHH Program Offices, Tenant Services Managers and their designees through written and verbal communication and training.

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REFERENCES/LEGAL AUTHORITY:

1. The LHA Section 8 PBV Administrative Plan
2. The LHA Shelter Plus Care Program Manual
3. LHA-DHH Section 811 PRA Inter-Agency Partnership Agreement

POLICY: Outreach

EFFECTIVE DATE: October 9, 2013

DATE REVIEWED/REVISED:

AUTHORIZED BY: Michell Brown, DHH PSH Director

PURPOSE STATEMENT:

The purpose of Outreach to potential PSH eligible individuals is to: 1) provide information to stakeholders, referrals sources and the target populations regarding the program, its benefits and how to access the program; 2) assure that outreach targets individuals/households that are highly likely to be eligible for program participation; 3) assure outreach to eligible individuals/households who may not know about the program; and 4) support the overarching program policy goals of preventing and reducing homelessness and preventing and reducing unnecessary institutionalization.

POLICY:

The DHH/PSH Program will develop and implement a coordinated Outreach Plan and strategy for the entire PSH program. To assure effective implementation of the Outreach Plan, PSH Program Director or delegated staff meet regularly with the LHA on outreach, convenes and leads meetings of the Outreach Implementation Team (OIT), documents outreach activities and outcomes, and prepares quarterly outreach reports for submission to LHA.

PROCEDURES:

1. The DHH/PSH Program Director will create and implement a coordinated Outreach Plan to assure effective, targeted and efficient outreach to potential PSH eligible individuals across all PSH housing programs.

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- a. See DHH PSH Program Outreach Plan, September 30, 2013
2. The DHH/PSH Program Director will create, lead, and convene regular meetings of the Outreach Implementation Team, comprised of representatives from DHH Program Offices of OBH, OAAS, and OCDD; The Department of Public Health for Ryan White eligible tenants; the Louisiana Housing Authority; and The SMO Health Services.
3. The DHH/PSH Program Director will document outreach activities and outcomes.
4. The DHH/PSH Program Director will prepare quarterly reports for submission to the LHA and EMC.
5. Program Offices will develop their internal Outreach Plan procedures as necessary to meet Outreach plan expectations.

REFERENCE/LEGAL AUTHORITY:

1. Attachment A. Addendum to the Scope of Work (OBH-SMO RFP)
2. The LHA Section 8 PBV Administrative Plan
3. The LHA Shelter Plus Care Program Manual
4. LHA-DHH Section 811 PRA Inter-Agency Partnership Agreement

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POLICY: PSH Program Eligibility

EFFECTIVE DATE: October 9, 2013

DATE REVIEWED/REVISED:

AUTHORIZED BY: Michell Brown, DHH PSH Director

PURPOSE STATEMENT:

The Permanent Supportive Housing Program aims to provide housing and supportive services to households who meet all 3 established program criteria.

POLICY:

A household shall be considered to be in need of permanent supportive housing (PSH) if all three of the following conditions are met:

1. A household member has a substantial, long-term disability including but not limited to serious mental illness, addictive disorder with a co-occurring disorder, developmental disability, physical, cognitive, or sensory disability, or a disabling chronic health condition, which substantially impedes that person's ability to live independently without supports; and is of such nature that the ability to live independently could be improved by more suitable housing conditions; and as a result
2. The household member with the condition in (1) above is receiving Medicaid-funded or other funded supports and services operated or managed by the Department of Health and Hospitals program offices for Behavioral Health, Developmental Disabilities, Public Health or Aging and Adult Services; and

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3. The supports and services in (2) above expressly include those services and supports a qualified member needs to get and keep housing.

Income Eligibility

Eligible applicants may have a maximum gross income of 50% of the AMI based on HUD's most recent Income Limits for relevant household size.

REFERENCE/LEGAL AUTHORITY:

1. The LHC (OCD)-DHH Cooperative Program Agreement
2. The LHC 811 PRA 2012 Proposal

POLICY: PSH Services

EFFECTIVE DATE: October 9, 2013

DATE REVIEWED/REVISED:

AUTHORIZED BY: Michell Brown, DHH PSH Program Director

PURPOSE STATEMENT:

To define the services availability, management, access and requirements for services to be provided to PSH participants from the point an individual is referred for a PSH housing unit or subsidy through the housing application and move in process, after the individual moves into the housing unit through the household exiting the program.

POLICY:

The DHH Program Offices and their designated entities shall make services available to prospective PSH participants from the point of their referral for PSH through the housing application process, move in, after they have moved into PSH housing through their exiting the program. The services made available may vary in scope, intensity and type depending on the identified household member's disability, specific program requirements related to eligibility, the participant's level and type of service needs and other related program requirements.

The following PSH service requirements are applicable for each Program Office and for all PSH referrals:

1. Service Contact. Each potential participant shall have a service point of contact who has primary responsibility for providing assistance to the individual as the individual moves through each phase

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of the program (pre-tenancy, move, in, post tenancy) beginning when the individual enters the program, progresses through approval, move in and after they have moved in.

Because of the nature of the DHH service systems, this primary contact may change during the course of the participants progression through the program. It is the responsibility of the referring DHH Program Office or their appointed designee to assure each participant has a primary service contact throughout each phase and to report (or their designee report) any change immediately to the DHH PSH Program Unit and the SMO.

2. Management of Services. Each DHH Program Office is responsible for assuring services are made available to PSH participants and delivered in a manner consistent with this policy as follows:
 - i. Each Program Office makes these arrangements through contracts, program descriptions, job responsibilities, allocation of resources and requiring providers to become certified(OBH PSH Certification).
 - ii. Each Program Office designates an individual to be the Program Office Point of Contact for communication, program management and related duties such as maintaining the Program Office's Outreach Plan, troubleshooting issues with referrals, etc. to the PSH Program office, the LHA and SMO.

3. Primary Services Responsibility. There shall be one entity identified as the primary service provider with responsibility for:
 - i. Assessing housing support needs and assuring those needs are identified in goals and action steps, agreed upon by the participant and stated in the appropriate service planning documents.
 - ii. Support to develop skills to locate, rent and keep a home, negotiate with a landlord, select a roommate, and understand renter's rights and responsibilities.
 - iii. Assistance with effectively responding to or avoiding identified precursors or triggers that would risk him or her remaining in a natural community location. This includes assisting the individual and family members or other collaterals with identifying a potential crisis, developing a crisis management plan and/or, as appropriate, seeking other supports to restore stability and functioning.
 - iv. Assistance to develop daily living skills specific to managing his or her own home to include managing their money, medications and using community resources and other self care

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requirements.

4. Multiple Provider Services Responsibilities. PSH participants may have multiple service needs related to their disabling condition(s). It is also likely because many PSH participants are receiving services prior to their referral to PSH from an organization not certified as a PSH Service Provider. Therefore it is the responsibility of the service designated as the PSH Service Provider to maintain contact with the existing or any new provider including requesting the provider(s) to be part of the PSH participant's service planning process consistent with service practice standards and program requirements and with the permission of the participant.

There shall not be duplicate primary PSH service providers. Each program office and their designees shall develop consistent procedures for assuring there is not duplication of services and where multiple provider assistance is warranted these arrangements are made consistent with best practice standards and Medicaid or other regulations.

5. Services are Voluntary. Participants are not required to participate in services after they move into their unit. As tenants, when participants fail to comply with their lease requirements, staff working with the participant will actively and appropriately encourage the participant to access services. Staff will document their requests to encourage participants to access services.
6. Change in Provider. A change in primary PSH provider, under contract to a DHH (Program Office) or serving as a subcontractor may occur when a person qualifies for a different level or type of care, when they move, dis-continue services or under other circumstances. It is the responsibility of the DHH Program Office or their designee to notify the SMO and DHH Program Office of the change and effective date. If the DHH Program Office designates their providers to make these notifications, the DHH Program Office shall notify the SMO and PSH Program unit of this designation.
7. Service Availability and Location. Services shall be available to the individual on an as need basis consistent with the Program Office requirements. The primary service provider shall visit a participant in their home at a minimum once per month and more often as necessary.

PROCEDURES:

1. The DHH PSH Program Unit shall establish procedures as necessary to implement these policies.
2. The LHA shall establish procedures as necessary to implement these policies.

REFERENCE/ LEGAL AUTHORITY:

1. Attachment A. Addendum to the Scope of Work (OBH-SMO RFP)
2. The LHA Section 8 PBV Administrative Plan

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3. The LHA Shelter Plus Care Program Manual
4. LHA-DHH Section 811 PRA Inter-Agency Partnership Agreement

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POLICY: Pre-tenancy Support

EFFECTIVE DATE: October 9, 2013

DATE REVIEWED/REVISED:

AUTHORIZED BY: Michell Brown, DHH PSH Director

PURPOSE STATEMENT:

To define the support available to assist individuals approved for PSH housing and related services to complete the housing application process, conduct a housing search, select an available PSH unit, and sign a lease for tenancy.

POLICY:

The DHH Program Offices and their designated entities shall make pre-tenancy services available to PSH participants from the point of their referral for PSH, through the housing application process to lease-up. The services made available may vary in scope, intensity, and type depending on the identified household member's disability, specific program requirements related to eligibility, the participant's level and type of service needs, and other related program requirements.

Assistance will be available for the following pre-tenancy activities and tasks as part of services authorized and arranged by each Program Office and for all PSH referrals:

1. Developing the Housing Plan
2. Determining eligibility for housing and services
3. Understanding the role and responsibilities of being a tenant
4. Completing the housing application
5. Engaging in services and support
6. Assessing strengths, preferences, housing retention, and tenant selection barriers
7. Planning for support and service needs
8. Housing search
9. Choosing a unit

PROCEDURES:

1. The DHH PSH Program Unit shall establish procedures as necessary to implement these policies
2. The DHH Program Offices and their designated contracts shall develop procedures as necessary to meet these policies.

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REFERENCE/LEGAL AUTHORITY:

1. The LHC (OCD)-DHH Cooperative Program Agreement
2. Attachment A. Addendum to the Scope of Work (OBH-SMO RFP)
3. The LHC 811 PRA 2012 Proposal

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POLICY: Support for Moving In to PSH Unit

EFFECTIVE DATE: October 9, 2013

DATE REVIEWED/REVISED:

AUTHORIZED BY: Michell Brown, DHH PSH Director

PURPOSE STATEMENT:

To define the support available to assist individuals approved for PSH housing and related services to move into their selected PSH unit.

POLICY:

The DHH Program Offices and their designated entities shall make services available that support the moving in process to prospective PSH participants from the point of lease signing, to moving and settling into their new apartment. The services made available may vary in scope, intensity and type depending on the identified household member's disability, specific program requirements related to eligibility, the participant's level and type of service needs and other related program requirements.

Assistance will be available for the following moving in activities and tasks as part of services authorized and arranged by each Program Office and for all PSH referrals:

3. Update Assessment and Housing Plan to address the key tasks
4. Continued education on tenancy rights, responsibilities, and lease requirements
5. Assistance with obtaining security deposits, securing furniture and other household items
6. Assisting to set up telephone and utilities
7. Accessing available resources for move-in (Housing Establishment & Preservation (E&P) funds, community organizations, etc)
8. Arranging and/or assisting with actual move into the PSH unit
9. Assisting with packing and unpacking belongings
10. Orienting to new neighborhood
11. Providing increased support during move and initial adjustment period
12. Develop initial Crisis Prevention and Intervention Plan

PROCEDURES:

1. The DHH PSH Program Unit shall establish procedures as necessary to implement these policies
2. The DHH Program Offices and their designated contracts shall develop procedures as necessary to meet these policies.

REFERENCE/LEGAL AUTHORITY:

1. The LHC (OCD)-DHH Cooperative Program Agreement

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2. The LHC 811 PRA 2012 Proposal

POLICY: Support for On-going PSH Tenancy

EFFECTIVE DATE: October 9, 2013

DATE REVIEWED/REVISED:

AUTHORIZED BY: Michell Brown, DHH PSH Director

PURPOSE STATEMENT:

To define the support available to assist individuals receiving on-going PSH housing and related services to maintain successful tenancy and community inclusion.

POLICY:

The DHH Program Offices and their designated entities shall make services available that support PSH participants to maintain successful tenancy and begin to engage in recovery and rehabilitative goals including employment, education, social/recreation, and establishing natural and supportive networks. The services made available may vary in scope, intensity and type depending on the identified household member's disability, specific program requirements related to eligibility, the participant's level and type of service needs, and other related program requirements.

Assistance will be available for the following activities and tasks as part of services authorized and arranged by each Program Office and for all PSH referrals:

1. Obtaining entitlements and benefits
2. Assistance with medications and appointments
3. Accessing social and recreational opportunities
4. Pursuing employment or education goals
5. Continued engagement with supports and services
6. Intervening early in housing and landlord issues
7. Updating assessment and service plan to reflect current needs and interests
8. Skill building to promote competence and self-sufficiency in managing apartment
 - a. Financial literacy, budgeting, paying rent and bills
 - b. Apartment upkeep
 - c. Household and personal safety
 - d. Good neighbor
 - e. Conflict resolution
 - f. Developing supportive and positive relationships
9. Service linkage and coordination

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PROCEDURES:

1. The DHH PSH Program Unit shall establish procedures as necessary to implement these policies
2. The DHH Program Offices and their designated contracts shall develop procedures as necessary to meet these policies.

Reference/Legal Authority:

1. The LHC (OCD)-DHH Cooperative Program Agreement
2. The LHC 811 PRA 2012 Proposal

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POLICY: Housing Application Request

EFFECTIVE DATE: October 9, 2013

DATE REVIEWED/REVISED:

AUTHORIZED BY: Michell Brown, DHH PSH Director

PURPOSE STATEMENT:

To describe responsibilities for assisting eligible applicants to complete and submit applications for housing.

POLICY:

At the point individuals are determined eligible for PSH by the SMO per the Program Eligibility Policy, the referring organization shall assist applicants apply for one or more of the PSH housing programs including but not limited to Project-based Vouchers (PBV), Shelter Plus Care (S+C) and Section 811 PRA Demo. The referring organization may be a Program Office, their designated providers or care/transition coordinators, Subsidy Administrators or a provider assigned by the SMO.

The following assistance shall be provided to the applicant by the referring organization:

1. Reviewing program options and assisting applicant to determine which programs are appropriate, e.g. Shelter Plus Care is not appropriate for non-homeless applicants such as those living in institutions for more than 30 days;
2. Completing required application forms for all appropriate programs;
3. Gathering required documentation including but not limited to birth certificates, social security cards, bank statements, employment records and others;
4. Making appeals to LHA and Subsidy Administrator determinations;
5. Completing Owner application forms;
6. Securing application fees;
7. Securing criminal record related information; and
8. Requesting and documenting requests for reasonable accommodations.

PROCEDURES:

1. The DHH PSH Program Unit shall establish procedures as necessary to implement these policies.
2. The LHA shall establish procedures as necessary to implement these policies.

COMPLIANCE:

1. Attachment A. Addendum to the Scope of Work (OBH-SMO RFP)

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2. The LHA Section 8 PBV Administrative Plan
3. The LHA Shelter Plus Care Program Manual
4. LHA-DHH Section 811 Inter-Agency Partnership Agreement

POLICY: Housing Transfer

EFFECTIVE DATE: October 9, 2013

DATE REVIEWED/REVISED:

AUTHORIZED BY: Michell Brown, DHH PSH Director

PURPOSE STATEMENT:

The purpose of a housing transfer is to offer tenants a solution when their current unit is no longer a viable option for their household based on the guidelines outlined below.

POLICY:

Transfer requests are granted for the following reasons:

- Relocation directed by the subsidy administrator
- Owner caused failed HQS, provided the tenant is in compliance with program requirements and their lease
- Family need for an accessible unit to accommodate a member's disability or other medical condition
- Verified catastrophic disaster, e.g., floods;
- Change in family's voucher size

Other requests will be evaluated on an as needed basis.

PROCEDURES:

1. Transfer requests are submitted by the Service Provider to the DHH PSH Program Director. All requests must include documentation that supports the reason for the request. When necessary this documentation should include a summary of actions taken to prevent the transfer and an action plan to prevent the need for future transfers. Transfer tenants are offered only one unit unless a reasonable accommodation is deemed necessary.
2. Once all proper documentation is received, the PSH DHH Program Director will review and respond within 2 business days with a decision.
3. If a favorable decision is made the approved request will be sent to the subsidy administrator and all applicable parties.

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4. When a transfer is denied the service provider and all applicable parties will receive written notification within 2 business days.

REFERENCES/ LEGAL AUTHORITY: none

POLICY: Establishment and Preservation Funds

EFFECTIVE DATE: October 9, 2013

DATE REVIEWED/REVISED:

AUTHORIZED BY: Michell Brown, DHH PSH Director

PURPOSE STATEMENT:

Housing Establishment and Preservation funds are made available to assist PSH applicants and tenants, within the GoZone, with move in costs and emergency cost associated with tenancy and to the extent possible funds will be made available for applicants outside the GoZone.

POLICY:

Housing Establishment and Preservation System

Funds are set aside within the SMO for Housing Establishment & Preservation funds to assist PSH-eligible individuals with one-time costs associated with moving into permanent supportive housing (PSH) as well as some allowable costs to help clients maintain tenancy. These funds will be administered by the SMO in accordance with the guidelines provided below. DHH expects that these resources will only be utilized when other resources are not available to meet tenant needs and encourages contracted providers to establish partnerships with entities in the community (second hand furniture banks, utility company deposit waiver fee programs, etc.) to meet these needs whenever possible.

Eligible Use of Funds:

In order to support eligible individuals in establishing themselves in PSH, the Housing Establishment & Preservation System may be used to pay for the following move-in expenses to each tenant once during the five-year grant period:

- tenant move-in costs including security and utility deposits. (Security deposit cannot exceed the amount of one month of the contract rent for the unit)
- essential furniture and other household goods (*see Attachment A for eligible items and additional requirements*)
- reasonable travel for a person during their housing search

Other allowable expenses may include the following as approved on a case-by-case basis:

- short-term/emergency rental assistance for up to 3 months per tenant to cover the cost of lost rental income when a tenant is unable to pay

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- short-term/emergency temporary housing when a PSH unit become uninhabitable (e.g. due to fire, water damage, etc.)

Ineligible Use of Funds:

Housing Establishment & Preservation System may not be used in the following ways:

- To make cash payments directly to tenants; payment must be made to the vendor
- To cover the costs of goods or services not allowable under CDBG including but not limited to clothing, food, alcohol, entertainment and long-term shelter (i.e., longer than 3 months)
- To cover support services costs
- To cover the costs of birth certificates, driver's licenses, or other forms of identification

Allowable Per Tenant Amount:

The ceiling amounts per household are \$1,250 for Project Based Voucher households and \$750 for Shelter Plus Care households. The justification for the difference is that Shelter Plus Care subsidy administrators pay security deposits on these units. Exceptions will be made on a case by case basis with written approval of the DHH PSH Program Director or their designee.

PROCEDURES:

1. Application, Management & Approval:

All requests for funds must be made in writing and include:

- date of request
- client identifier, name or number
- name of vendor to whom payment will be remitted
- amount of request
- specify use of requested funds (e.g., security deposit, furnishings)
- justification for expenditure including an explanation of the fact that other resources are unavailable to client
- staff person making request
- date(s) and amount of previously requested and/or approved funding requests

2. Any request over the established average per tenant must have the approval signature of the DHH PSH Program Director or their designee (*see Attachment B*). This is required for all purchases/expenses for a household once they have exceeded their ceiling amount over the lifetime of the program.
3. The SMO tracks and report on fund usage and expenses on a quarterly basis. Attached is a request form (*see Attachment C*) and a tracking spreadsheet (*see Attachment D*) to record/report the amount of Housing Establishment & Preservation System funds used per tenant.
4. All expenses are charged to CDBG funding and require backup documentation at the time of billing. Additional documentation may be requested at the discretion of the Louisiana Housing Authority or the Office of community Development. Lack of documentation could result in a delay or denial of payment. Required documentation is outlined in Attachment E.

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REFERENCES/LEGAL AUTHORITY

1. Attachment A. Addendum to the Scope of Work (OBH-SMO RFP)
2. The LHA Section 8 PBV Administrative Plan
3. The LHA Shelter Plus Care Program Manual

Attachment A: Eligible Furniture & Essential Household Items

Any **durable item** purchased using the Housing E&P System is the property of the program. CDBG requires that any **durable item** purchased be tracked using the OCD Property Control Tracking spreadsheet (see Attachment C).

Dining Room:

-dining table

Living Room:

-sofa

-love seat or chair

Bedroom(s):

-dresser

-full or queen bed

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Attachment B: Request to access additional funds for a household

Tenant Name _____

List of all previous expenses and amount covered by E+P funds

Attempts to secure alternative funds for the current request

Signature of staff submitting request

Date

Approved ___ Denied ___

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Signature of DHH PSH Program Director

Date

POLICY: Tenant Services Management

EFFECTIVE DATE: October 9, 2013

DATE REVIEWED/REVISED:

AUTHORIZED BY: Michell Brown, DHH PSH Director

PURPOSE STATEMENT:

Tenant Services Management is intended to support and facilitate positive and effective relationships among the tenants, service providers, and property managers or landlords. This is accomplished by clarifying PSH requirements, initiating regular contact with property managers and landlords and service providers, and responding to disputes or tenancy specific issues.

POLICY:

Tenant Services Management ensures timely communication and coordination occurs among the tenant, services providers and property manager or landlord to facilitate successful tenancy and resolution to any tenancy specific issues that may arise.

PROCEDURES:

As the contracted State Management Organization (SMO), The SMO Health Services will be responsible for Tenant Services Management for PSH tenants within the GO-Zone. The DHH PSH Program Office will be responsible for Tenant Services Management for PSH tenants outside of the GO-Zone.

Tenant Services Management tasks include:

1. Identity role, staff assignment and contact information to the LHA, property managers and landlords, subsidy administrators and services providers connected with the PSH program at the time they are connected in their housing or services role.

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2. Communicate on a regular basis with property managers and landlords, subsidy administrators, and services providers connected with the PSH program.
3. Inquire and maintain information regarding tenancy issues through regular contact with property managers/landlords, subsidy administrators, or service providers and as needed become involved in elevated tenant and property manager or landlord issues to resolve issues as necessary.
4. Intervene in dispute resolution as defined in the Dispute Resolution Policy.
5. Provide technical assistance and education to identified stakeholders including providers and referring organizations on HUD regulations, landlord-tenant issues, tenant rights, reasonable accommodations, etc.

REFERENCES/LEGAL AUTHORITY:

1. Attachment A. Addendum to the Scope of Work (OBH-SMO RFP)
2. The LHA Section 8 PBV Administrative Plan
3. The LHA Shelter Plus Care Program Manual
4. LHA-DHH Section 811 Inter-Agency Partnership Agreement

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POLICY: Dispute Resolution

EFFECTIVE DATE:

DATE REVIEWED/REVISED:

AUTHORIZED BY: Nicole Sweazy, LHA Director

TO BE ADDED WITH HUD 811 PRA GUIDANCE

The DHH Program Office and LHA will work with the SMO and Program Offices to manage disputes until finalized

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POLICY: Changes in Family Size, Family Separations, Absences and Moves

EFFECTIVE DATE: October 9, 2013

DATE REVIEWED/REVISED:

AUTHORIZED BY: Nicole Sweazy, LHA Director

CHANGES IN FAMILY SIZE, FAMILY SEPERATIONS, ABSENCES AND MOVES

Changes in Family Size

1. If the family size increases while the family is receiving assistance under the voucher program, and the family becomes eligible for a larger voucher, the SA/LHA will work with owners to provide a PBV unit of suitable size if one is available. Situations will take priority where the increase in family size results in the assisted unit failing HQS space standards.
2. If the family size decreases while the family is receiving assistance under the PBV program, and the family becomes ineligible for the unit size it currently occupies, the SA/LHA will work with owners to provide a PBV unit of suitable size if one is available. The SA/LHA may require the family move to a PBV unit of suitable size.
3. If the SA/LHA determines that a family is occupying a wrong size unit, based on the PHA's subsidy standards, or a unit with accessibility features that the family does not require, and the unit is needed by a family that does require the features, the SA/LHA must promptly notify the family and the landlord/owner of this determination and offer the family the opportunity to receive continued housing assistance in another PBV unit, if available.

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4.If the SA/LHA offers the family another unit and the family does not accept the offer, does not move out of the PBV unit within a reasonable time as determined by SA/LHA, or both, the SA/LHA must terminate the housing assistance payments for the unit at the expiration of a reasonable period determined by the SA/LHA.

Family Separations

If a family separates during the time it is receiving Section 8 assistance, the SA/LHA will determine who retains the assistance as follows:

1. First consideration will be given to a family member forced to leave the household as a result of actual or threatened violence by a spouse or other family member.

2. Second consideration will be given to an adult family member with custody of minor children.

3. Third consideration will be given to an adult family member with custody of ill, elderly, or disabled family members.

4. If none of the above applies, the adult member initially designated as head of household will retain the PBV unit.

When the separation involves two or more parties, in which both the head of household and a person in the separating group is eligible for PSH (e.g. roommates who each have a disability and are PSH eligible), the LHA will treat the person or group leaving the unit as a transfer.

Death of a household member

When the death of a household member results in household which is eligible for continued occupancy based on income but does not meet criteria for "In Need of PSH", the household may remain, subject to the rules regarding change in family size. This applies only to those household members who are on the lease, i.e. does not include a live-in-aide. The LHA will reevaluate this policy should a significant number of units become occupied by households that are not in need of supports.

Family Absences from the Assisted Unit

1. An assisted family that finds it necessary to be absent from the unit for more than 30 consecutive days is

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required to notify the owner and the SA/LHA of their absence, and the date by which they expect to return. If no notice has been given or if the proper notice was not given and the SA/LHA finds the assisted unit unoccupied, or occupied by someone other than the designated head of household or other adult member of the family, it will assume that the family has vacated the unit and will terminate assistance for the family.

2. Under no circumstances may the family be absent from the assisted unit for more than 90 consecutive days. If the family's absence exceeds 90 days, the SA/LHA will terminate assistance for the family.

Family Moves with Continued Assistance

One of the primary goals of the PSH Program is to assist tenants to maintain tenancy in the community; the LHA policies and procedures are intended to assist tenants in preserving tenancies and/or to transfer to another unit in order to remain in the community. An assisted family in good standing may be transferred to a new PBV unit, if available, at any time with continued assistance if the HAP for the old unit has been or will be terminated for reasons not caused by the family, or for the following reasons:

- Relocation directed by the SA/LHA;
- Owner caused failed HQS, provided the tenant is in compliance with program regulations;
- Family need for an accessible unit to accommodate a member's disability or other medical condition;
- Verified catastrophic disaster, e.g., floods
- Change in family's voucher size;
- Other good cause as determined by the SA/LHA and approved by LHA

Assisted families who require a transfer for the reasons listed in this section will be given absolute preference for the next available vacant unit on the waiting list to be rehoused/transferred. Unless otherwise approved by the SA/LHA, mutual rescissions of a lease between tenant and landlord are not allowed. A participant who chooses to rescind a current lease with a landlord without SA/LHA approval may be subject to termination of assistance.

EVICTIONS AND OWNER CLAIMS

Evictions and Terminations of Tenancy

1. An owner may evict a Section 8 PBV tenant at any time for serious or repeated violations of the lease; violation of local, State, or federal laws applicable to the tenant's occupancy of the unit; violent criminal behavior by the tenant, a household member, or guest that threatens other residents or persons residing

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near the unit; or drug-related criminal.

2. After the first year, an owner may give notice of lease termination to a Section 8 tenant for good cause, except that good cause does not include the owner's desire to use the unit for personal or family use, or for a purpose other than as a residential unit; or for business or economic reason for termination of the tenancy. Regulations 983.257.

3. The owner must give the tenant a written notice of intention to terminate the lease, and the grounds for the termination, and must give a copy to the SA/LHA. If the lease is not being renewed, the owner is required to give the tenant 90 days' notice.

4. A Section 8 PBV tenant who is evicted for serious or repeated violations of the lease; violation of local, State, or federal laws applicable to the tenant's occupancy of the unit; violent criminal behavior by the tenant, a household member, or guest that threatens other residents or persons residing near the unit; or drug-related criminal activity will have his/her assistance terminated and will not be eligible to move to a new unit with Section 8 assistance.

5. If the owner refuses to renew the lease without good cause, the SSA/LHA will transfer the tenant to another PBV unit when available, and may remove the PBV unit from the HAP contract.

6. Eviction actions must be in compliance with the Violence Against Women and Department of Justice Reauthorization Act of 2005, P.L. 109-162.

TERMINATIONS AND INFORMAL HEARINGS

This section applies only to Section 8 PBV participants. Applicants to the PBV program are not eligible for Informal Hearings. Applicants are eligible for Informal Reviews, per Section III of this Policy.

It is the goal of the PSH Program to assist tenants to maintain their tenancies and live successfully in the community. In this context, it is the LHA's intention to terminate participants only when required to do so by HUD statute or regulation or for serious or repeated violations of the lease which the PSH supports are unable to successfully resolve.

Terminations

1. The SA/LHA may terminate assistance to Section 8 participants who fail to meet their family obligations under the program. These obligations include supplying required information, maintaining the unit and supplying tenant-paid utilities and appliances as required under HQS, allowing the SA/LHA

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to inspect the unit, complying with the provisions of the lease, notifying the SA/LHA and the owner before moving, giving the SA/LHA a copy of any eviction notice, and using the assisted unit as the family's only residence.

2. The SA/LHA may terminate assistance to participating families if any member of the family commits violent or drug-related criminal activity.

Drug-related criminal activity includes the use, possession, transport, purchase or sale of any controlled substance, whether or not the activity occurs in or near the assisted unit. The LHA will make its decision regarding the termination of assistance based on the preponderance of evidence indicating that a family member has engaged in such activity, regardless of whether the family member has been arrested or convicted.

3. Criminal activity directly relating to domestic violence, dating violence, or stalking shall not be considered cause for termination of assistance for any participant or immediate member of a participant's family who is a victim of the domestic violence, dating violence, or stalking. If an incident or incidents of actual or threatened domestic violence, dating violence or stalking occur that may affect a tenant's participation in the housing program, the LHA/SA will request in writing that the individual complete, sign and submit, within 14 business days of the request, a HUD-approved certification form. On the form, the individual certifies that he/she is a victim of domestic violence, dating violence, or stalking, and that the incident or incidences in question are bona fide incidences of such actual or threatened abuse. On the certification form, the individual shall provide the name of the perpetrator. Nothing limits LHA from terminating assistance for other good cause unrelated to the incident or incidents of domestic violence, provided that the victim is not subject to a more demanding standard than non-victims.

4. The SA/LHA will terminate assistance to tenants who commit fraud in connection with the Section 8 program. Intentional misrepresentation of the family's income, preferences, or allowable deductions at the initial eligibility interview or annual reexamination will be considered fraud, and will be grounds for the immediate termination of the family's assistance.

5. The SA/LHA will terminate assistance to tenants who refuse to enter into repayment agreements for amounts owed the SA/LHA.

6. The SA/LHA will terminate assistance to tenants who fail to make three consecutive payments under an existing repayment agreement.

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7. Prior to any termination the SA/LHA may consult with the PSH Program or SMO as requested by the DHH Program to the extent the SA/LHA deems appropriate, in the SA/LHA's sole discretion.

8. Termination actions must be in compliance with the Violence Against Women and Department of Justice Reauthorization Act of 2005, P.L. 109-162.

Informal Hearings for Participants

1. The SA/LHA will provide the opportunity for an informal hearing to program participants who are being terminated from the program for cause as stated above, for absenting themselves from the assisted unit per Section VII B, because of a determination of ineligible immigration status, or for continued occupancy of an oversized unit. The SA/LHA will send written notice of the reason(s) for the proposed action, and advise the participant that if he/she does not agree with the decision, he/she may request an informal hearing, in writing, within 10 working days of the notice. If the participant requests a hearing, the assistance will not be terminated until the final decision is made.

The SA/LHA will also provide the opportunity for an informal hearing as a result of the adverse effect (no reduction in rent) due to reductions in welfare benefits for welfare fraud or failure to comply with welfare department economic self-sufficiency program requirements. However, SA/LHA will not provide an informal hearing on the welfare department's decision to reduce benefits; the informal hearing will be held on LHA's decision to not reduce the rent.

2. When a participant requests a hearing, the SA/LHA will schedule the hearing promptly and notify the participant of the date and time of the hearing. Prior to the hearing, the participant will be given an opportunity to examine and copy any documents pertinent to the family's termination.

3. At the hearing, the family may be represented by a lawyer or other representative at its own expense. The hearing officer may regulate the conduct of the hearing to assure that it is fair and expeditious. The family will be given the opportunity to present evidence, and to question any witness. The hearing officer will issue a written decision within 10 working days, stating the reasons for the decision. The decision of the hearing officer must be in compliance with the Regulations.

4. An informal hearing also will be provided for participants who believe that their annual or adjusted income, utility allowance, or allowable unit size has not been determined in accordance with the law, HUD regulations, or the LHA's policies. These participants will first be given an explanation of the basis for the SA/LHA's determination. If the family still does not agree with the determination, an

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informal hearing will be scheduled as above.

5. The same subject matters excluded from informal reviews for denial of eligibility shall be excluded from informal hearings for denial of assistance. In addition, the SA/LHA may exclude any subject matters listed in 24 CFR 982.555(b).

6. In all respects the informal hearing process shall conform with Section 982.555 of the Regulations.

POLICY: Critical Incidents

EFFECTIVE DATE: October 9, 2013

DATE REVIEWED/REVISED:

AUTHORIZED BY: Michell Brown, DHH PSH Director

PURPOSE STATEMENT:

The Critical Incident Reporting policy is established to ensure consistent reporting and monitoring of critical incidents across the PSH program.

POLICY:

Critical incidents shall be reported by providers to the PSH DHH Program Director or his/her designee. The PSH DHH office shall submit reports as applicable to the LHA, SMO, Program Offices and Subsidy Administrators. This reporting requirement is not in lieu of requirements providers have to report potential abuse, criminal activity, deaths or other incidents as required by law, their contracts or other requirements.

Reportable Incidents

- A. All providers will immediately notify the DHH PSH office in the following situations:
1. Death of a tenant
 2. Harm to someone (involving a tenant/household member)
 3. Major damage to a PSH unit

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4. An event likely to cause media interest
- B. A written incident report must be completed and submitted to DHH PSH office within forty-eight (48) hours of the following types of incidents:
1. Death of a tenant
 2. Tenant's whereabouts are unknown for more than two (2) weeks
 3. Tenant assaults or injures another person
 4. Tenant is assaulted or injured by another person
 5. Tenant attempts suicide
 6. Allegation or suspicion of child abuse in a tenant home
 7. Allegation or suspicion of elder abuse in a tenant home
 8. Emergency that results in medical attention or services
 9. Tenant is incarcerated
 10. Tenant behaves in a manner that directly impairs his/her well-being, or the care and safety of another person
 11. Whenever the provider goes out for a face-to-face contact or site visit in response to a crisis call.
- C. The DHH Program Director will provide a format and indicate the information to be included in reporting incidents. Providers may use their agency incident reporting format or they may request an incident report format from the DHH PSH office when their format includes all the necessary information for reporting the incident as required by the DHH Program.
- D. Whenever a law enforcement officer is on-site during an incident, the provider on-site should record the officer's badge number and include this information in the incident report.
- E. Whenever Emergency Medical Services is on-site during an incident, the provider on-site should record the EMS staff's names, title and contact numbers on the incident report.
- F. If the tenant is taken to the emergency room, the provider on-site should record the name, title and telephone number for a contact person at the emergency room on the incident report.
- G. The provider staff person with direct knowledge of the incident shall document the incident in the progress notes of the record(s) of all households' involved in the incident. This note should include a summary of the incident and all actions taken at the time of incident.

Review of Incidents

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- A. The DHH PSH Director or designee will review the incident report within twenty-four of its submission and will determine if an incident review should be conducted.
- B. If an incident review is indicated, the Provider Program Director will be contacted and arrangements made to conduct the review within 72 hours. All applicable parties will be notified when arrangements for a review is scheduled.
- C. The DHH PSH Director or designee will conduct the incident review to evaluate the response to the incident and make any needed recommendations regarding policy and practices specific to incident management.
- D. The PSH Service Director will complete a written report of the incident review within five (5) business days of the review and provide a copy to all applicable parties.

REFERENCES/LEGAL AUTHORITY:

NA

POLICY: Tracking and Reporting

EFFECTIVE DATE: October 9, 2013

DATE REVIEWED/REVISED:

AUTHORIZED BY: Michell Brown, DHH PSH Director

PURPOSE STATEMENT:

The Tracking and Reporting Policy establishes DHH responsibilities for providing monthly and quarterly reporting data to meet the terms of the LHA-DHH Cooperative Agreement, federal and state reporting requirements and to provide DHH EMC the PSH Program's operations and performance data.

POLICY:

1. The DHH PSH Program shall report information as required by the LHC-DHH Cooperative Agreement including DRGR for CDBG recipients, contract activities, policy changes, training, monitoring, outreach activities, changes in programs that impact sustainability, services tracking by type of housing, referral, occupancy, participant data, transfer, separations, reporting and tracking of referrals and utilization of the Establishment and Preservation fund on the schedule established by the LHA.
2. The DHH PSH Program shall collect, maintain and report program information to meet Cooperative Agreement requirements in a timely manner. The DHH PSH Program shall request tracking

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information from the SMO and track and report non GoZone PRA information necessary to meet the tracking and reporting requirements for the 811 PRA program.

3. DHH Program Offices shall report program information including a summary of their outreach activities, services data, their PSH program procedures and other PSH related information as requested by the DHH PSH Program to meet the terms of the DHH-LHC Cooperative Program Agreement and the LHC-DHH 811 PRA Agreement. The Bureau of Health Services Financing shall report services utilization data on PSH services recipients as requested to demonstrate DHH PSH services utilization.
4. The SMO shall track housing referrals and services and report tracking data and program information including a summary of their outreach activities, their PSH program procedures and other PSH related information as requested by the DHH PSH Program to meet the terms of the Attachment 1 PSH Addendum, DHH-LHC Cooperative Program Agreement and the LHC-DHH 811 PRA Agreement.

PROCEDURES:

3. The DHH PSH Program shall establish procedures and maintain records as necessary to meet their responsibilities as forth in this policy.
4. Each Program Office, Subsidy Administrator and the SMO shall establish procedures and contractual requirements to meet their responsibilities as set forth in this policy.

REFERENCES/LEGAL AUTHORITY:

1. Attachment A. Addendum to the Scope of Work (OBH-SMO RFP)
2. The LHA Section 8 PBV Administrative Plan
3. The LHA Shelter Plus Care Program Manual
4. LHA-DHH PRA 811 Inter-Agency Partnership Agreement

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POLICY: Monitoring

EFFECTIVE DATE: October 9, 2013

DATE REVIEWED/REVISED:

AUTHORIZED BY: Michell Brown, DHH PSH Director

PURPOSE STATEMENT:

The delivery of DHH PSH program services is achieved through a series of agreements and contracts including those with sub-recipients. In order to ensure excellence in management and services delivery and compliance with all federal and state contract requirements, the PSH program shall meet the LHC (OCD) Cooperative Endeavor Agreement (CEA) and the LHA-DHH PRA 811 Inter-Agency Partnership Agreement (811 PRA Agreement) monitoring requirements and monitor its intra-agency performance and sub-recipient performance.

POLICY:

The DHH Program Director is responsible for compliance with the CEA and 811 PRA Agreement between the LHC/LHA and DHH. In compliance with HUD requirements and good practice, DHH will

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monitor its sub-recipients to ensure:

- Compliance with all regulations governing their administrative, financial and programmatic operations; and
- Performance objectives are achieved on schedule and within budget;
- Sub-recipient contracts for provision of housing support services meet these requirements.

Monitoring PSH performance is a multi layered activity and DHH will establish and maintain detailed monitoring requirements, policies and procedures in a PSH Compliance Manual which is submitted to and approved by the LHA. These requirements and policies and procedures will delineate roles and responsibilities to reduce overlapping activities, assure monitoring is done in a timely manner and sufficient to assure that DHH program requirements, related to services are delineated from PSH program requirements.

Monitoring will be on-going in order to identify issues early, resolve issues in a timely fashion and prevent problems from developing where possible. DHH will ensure that monitoring staff are adequately trained. Staff will be familiar with program rules and current monitoring protocol.

DHH overall responsibilities fall into the following areas: (A) general program administration, (B) fiscal management and (C) performance. Recordkeeping requirements will be consistent with federal requirements. DHH will provide financial oversight of sub-recipients to ensure compliance with federal requirements and the CEA between the LHC/OCD

PROCEDURES:

1. The DHH PSH Program is responsible for the developing and maintaining the DHH PSH Compliance Manual which includes all the requirements for CDBG billing, CEA and PRA requirements and policies and procedures for monitoring across the program and with sub-recipients.
2. The DHH PSH Program Director develops and modifies the requirements and policies and procedures in this manual with consultation for the DHH Program Offices and the LHA.
3. The DHH PSH Program Director submits this manual to the LHC (OCD)/LHA for review and approval annually as requested.

REFERENCES/LEGAL AUTHORITY

1. Attachment A. Addendum to the Scope of Work (OBH-SMO RFP)
2. The LHA Section 8 PBV Administrative Plan

Issued November 20, 2013

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3. The LHA Shelter Plus Care Program Manual
4. LHA-DHH PRA 811 Inter-Agency Partnership Agreement

POLICY: Provider Certification

EFFECTIVE DATE: October 9, 2013

DATE REVIEWED/REVISED:

AUTHORIZED BY: Michell Brown, DHH PSH Director

PURPOSE STATEMENT:

Establish a certification program to assure service providers are meeting applicant requirements, are meeting PSH "fidelity standards", delivering services consistent with PSH "best practice standards" and have established a quality review process within their organization. Provider service agencies must meet the Louisiana Behavioral Health Provider (LBHP) organizational certification requirements, PSH requirements and additional services requirements as set forth by the OAAS, OCDD, OPH and the LHA to assure services are provided in accordance with services requirements and regulations.

POLICY:

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The DHH shall ensure the DHH services are delivered consistent with state and federal housing and services requirements, meet PSH "fidelity standards", are delivered in a manner consistent with PSH "best practice standards" and that providers have established a quality review process within their organization.

The DHH PSH Program Director with input from Program Offices and the LHA Executive Director shall identify the fidelity and best practice standards and minimum requirements for the provider quality review process. OBH shall establish a PSH Certification process within their overall LBHP program.

The SMO assures through there are an adequate number of providers in their provider network who are willing to meet the LHBP PSH Provider requirements in each DHH region in the state.

To be eligible to provide services to individuals in a PSH program, providers must meet requirements in the following areas:

A. PSH Services Philosophy

Service providers must articulate and describe how they will deliver voluntary PSH services to reflect the core PSH principles of flexible, voluntary and recovery-focused services and a housing first approach and allowable within each specific DHH program that is approved to meet the basic services requirements of the DHH PSH program.

B. PSH Program Structure, Policies and Procedures

Within, or separate from the agency or organization's general policies and procedures, the agency must promulgate and follow specific PSH policies and procedures that demonstrate the PSH program is structured in a manner that adheres to Louisiana PSH Program policies and procedures, and reflect the core PSH principles listed above.

The agency's PSH Program Specific Policy and Procedure Manual shall be submitted as part of the LBHP Organization Certification Application. Agencies already serving individuals in the PSH program will submit an updated certification application, completing only the relevant PSH sections and include their PSH Policy and Procedure Manual for review. Agencies not yet certified through OBH will submit the full application, and include their PSH Policy and Procedure Manual. This manual will be reviewed as part of the certification approval process. If policies or procedures are determined to be insufficient or unclear, applicants may be asked to resubmit.

Policies are aligned with the Louisiana PSH Program policies and procedures, indicate the program's role and procedures, and cover, at a minimum, the following areas:

- a) Outreach and engagement;

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- b) Referral and intake processes;
- c) Service delivery (hours; location including in home and other community settings; type of services available)
- d) Housing focused assessment, goal planning and interventions;
- e) Pre-tenancy, move-in and on-going support requirements;
- f) Relationship to property manager;
- g) Dispute resolution;
- h) Eviction prevention and intervention;
- i) Requesting changes in lease arrangements;
- j) Request to change provider;
- k) Annual housing re-determination;
- l) Request for reasonable accommodation;
- m) Housing establishment and preservation (E&P) requests;
- n) Crisis prevention and intervention; and
- o) Working with individuals when services are assessed as needed yet refused.

C. PSH Quality Management Process

To ensure individuals admitted to the state's PSH program receive the maximum benefit from the PSH program and that services are provided in a consistent manner across the state, certified PSH Service Providers must demonstrate adherence to fidelity to the PSH model. To do this, the SAMHSA PSH Fidelity Scale shall be used as a quality management tool. This tool, and others that may be added, will be used at initial certification application and at annual recertification. A PSH Readiness Assessment will also be conducted at initial certification application to ensure the agency is ready to deliver services in PSH settings, in accordance with LBHP requirements.

These assessments are intended to support the agency in effective program design, service delivery, daily operations and business practices. As such, these tools are also intended to be used by agencies as on-going self assessment and quality management supports. Corrective action plans will be required when significant deficiencies are noted to ensure the highest quality standards are maintained for certified PSH service providers.

In addition the DHH PSH Program Director will assess the provider's performance in assisting PSH housing requirements including but not limited to the provider's understanding of and actions to assure tenants are in compliance with HCV, S+C, 811 PRA leasing and other requirements, assuring services are voluntary, providing assistance with annual housing and services eligibility determinations and intervening to prevent property destruction or abandonment and reporting unusual incidents.

D. PSH Staff and Training

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All supervisory and direct service staff must meet LBHP qualification and requirements for providing any of the PSH core 1915(i) services an agency will deliver. Service providers will meet requirements established by the OAAS, OCDD, OPH and the LHA necessary to meet requirements of programs outside the LBHP framework and meet housing requirements as set forth by the LHA. In addition, all staff are required to complete Module 1 of the training series "Supporting People in Permanent Supportive Housing" which is an orientation to PSH prior to submitting the Certification application.

All staff must complete the entire training series "Supporting People in Permanent Supportive Housing" within one year of their date of hire. Records of staff attendance at training will be maintained for review during the recertification process.

PROCEDURES:

1. The DHH PSH Program Director, the SMO and DHH Program Offices will provide information to service providers in each region of the state on the PSH Provider Certification including the requirements to become providers, the certification and training requirements, how to request orientation to begin the process and the initial and annual certification process.
2. The DHH PSH Program Director establishes PSH fidelity and best practice standards in consultation with the LHA Executive Director and DHH Program Office designees.
3. The OBH designs and manages the PSH Service Provider Certification process in consultation with the DHH PSH Program Director, the LHA Executive Director, the DHH Program offices and the DHH Bureau of Health Services Financing. The OBH notifies the SMO and the DHH Program when providers meet certification and re-certification requirements.
4. The DHH PSH Program will make the PSH Orientation available at least quarterly if three or more providers have made a request to be certified in the previous quarter. The DHH PSH Program will be responsible for scheduling training in manner that assures providers can meet annual training requirements.
5. The DHH PSH Program Director maintains provider certification and training attendance records, notifies the LHA, Subsidy Administrators, DHH Program Offices other than OBH and the Bureau of Health Services Financing when providers are certified or when there are changes in their certification status.
6. The DHH PSH Program Director and OBH designee set the schedule, conduct baseline and annual provider site visits thereafter and additional site visits as necessary to review records, policies and procedures, fidelity assessments and provider quality management plans and makes a

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recommendation to the OBH for re-certification. DHH Program Offices make staff available to assist with these reviews. The DHH PSH Program Director recommends providers be certified to the OBH Assistant Secretary or his/her designee as certified PSH Providers. In the event the DHH Program Director does not recommend certification, the PSH Director provides a written review to the provider on areas that need improvement or changes within thirty days of the review. The provider may re-submit a request for certification any time.

7. The OBH and DHH PSH Program requests service providers to: 1) submit their LBHP Organizational Certification application to OBH; 2) go through an on-site baseline assessment of readiness to provide PSH services; 3) complete required PSH training by all staff who will provide PSH services; and 4) document adherence to PSH model fidelity standards.
8. The provider shall submit their PSH Program Specific Policy and Procedure Manual as part of the LBHP Organization Certification Application. Service providers already serving individuals in the PSH program will submit an updated certification application, completing only the relevant PSH sections and include their PSH Policy and Procedure Manual for review. Agencies not yet certified through OBH will submit the full application, and include their PSH Policy and Procedure Manual. This manual will be reviewed as part of the certification approval process. If policies or procedures are determined to be insufficient or unclear, applicants may be asked to resubmit.

REFERENCES/LEGAL AUTHORITY

1. Attachment A. Addendum to the Scope of Work (OBH-SMO RFP)
2. The LHA Section 8 PBV Administrative Plan
3. The LHA Shelter Plus Care Program Manual
4. LHA-DHH Section 811 Inter-Agency Partnership Agreement
5. The LBHP Certification Manual

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POLICY: Disaster Planning

EFFECTIVE DATE: October 9, 2013

DATE REVIEWED/REVISED:

AUTHORIZED BY: Michell Brown, DHH PSH Director

PURPOSE STATEMENT:

The Disaster Planning policy is developed to ensure that adequate planning, response, and follow up is performed during times of emergency and that DHH is able to access this information in a reasonable amount of time as requested.

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POLICY:

The SMO must have a written plan for their management of services in the event that a natural or man-made disaster threatens to impact the safety and well-being of the Permanent Supportive Housing (PSH) tenants. This plan is separate from the individual tenant's plan which should be part of their individualized service plan. Tenants who decline to have an individualized service plan must be approached about developing a disaster plan separate from the service plan. All efforts to work with the tenant on the disaster plan must be well documented.

Although PSH is a service program for people living independently in their own units and people are free to choose to not partake in the disaster planning done on their behalf, there is still the expectation by the public and the program that we will do everything possible to prepare people, assist them and keep them safe to the greatest extent possible. It will be important for the LLAs and the HSTs to document all efforts made to assist the tenant. Any tenant who refuses assistance must sign a statement that they have been explained the purpose of the assistance and they choose to not participate with the understanding that to do so may put them at risk.

PROCEDURES:

1. Planning

The following is guidance on the elements that need to be in the overall disaster plan.

- **Tenant Care** – Preparation & evacuation – describe the responsibilities of the providers in preparing tenants for hurricanes, including evacuation if ordered.
- **Method of Contact and Tracking** – Describe how the providers will keep in contact with tenant's whereabouts and status.
- **Care/Contact** upon evacuation – Describe the kind of care or assistance that the providers will provide or arrange once a person has evacuated.
- **Repatriation** – describe the process that will be used to assist tenants in returning to their homes.

2. Chain of Reporting:

Because the DHH PSH program will be monitoring the activities during disasters, contact will need to be maintained to report and coordinate activities.

3. Provider reports to SMO;

SMO reports to DHH PSH Program Director and the DHH PSH Program Director reports as requested by DHH Secretary's office.

4. A status report on each household will be required as soon as a disaster is declared or, in the case of a hurricane, as soon as the hurricane is in the Gulf and daily until the threat of disaster is passed. Keep this in mind when developing your method of tracking tenants. The report must include:

1. household name,

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2. address,
 3. contact information,
 4. sheltering /evacuation status,
 5. assigned provider
5. Status reports will continue once the disaster has passed and until repatriation is complete. It is critical that DHH be aware of the status in order to respond most appropriately and keep any emergency personnel informed as needed.

REFERENCES/LEGAL AUTHORITY:

DHH Disaster Planning requirements

POLICY: On Call Services

EFFECTIVE DATE: October 9, 2013

DATE REVIEWED/REVISED:

AUTHORIZED BY: Michell Brown, DHH PSH Director

PURPOSE STATEMENT:

The On Call Policy is developed to ensure PSH participants have access to services when crisis situations occur and that providers are responsive to these situations.

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POLICY:

Each PSH provider agency must have a written on call policy that addresses the following areas:

1. Minimum Training Period – the specific training required before a new staff person serves on-call.
2. Duties and Responsibilities for On-Call – the person responsible for developing and managing the on-call schedule for each provider.
3. Answering Crisis Calls – the process for ensuring crisis calls are answered by a live person and in the event the call cannot be answered the process for ensuring a timely call back.
4. On-Call Response Requirements – the expectations for the level of response required by the on-call staff person based on the nature of the call and the unique needs of the tenant/household and landlord. This should include requirements for when face to face contact should occur and the timeframes in which responses should occur.
5. On-Call Preparedness – the process for ensuring that the on-call person has current information regarding all tenants/households served by the provider and information on how to resolve the crisis. This information should include contact information, the tenant’s crisis plan, supervisor telephone numbers, etc.
6. Documentation of On-Call Events – the process for ensuring that all calls received are recorded and categorized for data tracking; all responses to each call are recorded and categorized by data tracking; each on-call event is recorded in the tenant file; and completion of Incident Reports as needed.
7. Notification of DHH PSH Program Office – the process for ensuring that the DHH PSH office is notified of major issues and concerns (i.e., death, harm to someone, major damage to a PSH unit, and event likely to cause media interest) that occur during an on-call event in a timely manner.
8. Quality Improvement – the process for ensuring that each provider is collecting and analyzing data from the on-call system and using this information to make improvements to the on-call system.

PROCEDURES:

Each service provider is responsible for establishing their procedures to be in compliance with this policy.

REFERENCES/LEGAL AUTHORITY:

NA