HCS Subsidies

Chapter 6A outlines the policies and procedures related to the HCS Subsidy, providing guidance on its administration and management. Additionally, it addresses protocols for managing cases where a client no longer receives Long-Term Services and Supports (LTSS) but continues to have an HCS Subsidy. The chapter ensures consistency in case handling and provides steps for transitioning clients appropriately while maintaining compliance with policies.

Ask the Expert

If you have questions or need clarification about the content in this chapter, please contact:

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For additional information please visit our website: Office of Housing and Employment (OHAE)

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BACKGROUND

The HCS Office of Housing and Employment (OHAE) is dedicated to offering housing and supported employment resources that honor client choice. We work to eliminate barriers and expand opportunities that align with an individual's vision for their life regardless of mental health, substance use disorder, race, language, age, ability, or other status.

OHAE brings together federal, state, and local resources to create opportunities and strategies to help clients access independent housing, and in collaboration with our community partners, help build an individualized array of services to support them. This chapter provides specific guidance around the HCS Housing Subsidies and the process to refer HCS clients who are eligible.

Whenever possible, we offer guidance about difficult housing situations you might encounter with your client, including tips about working with clients experiencing homelessness. Affordable housing and tenancy support are complex topics that often do not have easy or quick solutions. Please let us know about other topics or obstacles you would like to see addressed in this chapter.

HCS Housing Subsidy Vouchers

The **HCS Bridge** subsidy program was launched in 2012 as a part of the Roads to Community Living Demonstration program. Bridge rental subsidies are intended to support individuals moving from Skilled Nursing Facilities (SNFs) to community settings.

The **HCS Acute Care Hospital (ACH)** subsidy was launched in 2024 to help transition individuals from an Acute Care Hospital (ACH) setting when housing is a barrier.

The **HCS GOSH** subsidy is available as part of the larger Governor's Opportunity for Supportive Housing (GOSH) program for individuals discharging or diverting from Western State Hospital or Eastern State Hospital. The GOSH subsidy is paired with Supportive Housing services that assist the person with their transition back to the community and remains with the person if they are eligible.

The **Roads to Community Living** short-term rental assistance service is federal funding that comes via the Centers for Medicare and Medicaid Services (CMS) to support transitions out of SNFs. When individuals apply for the Bridge subsidy, this funding is utilized for 6 months of subsidy payments during the individual's RCL enrollment period.

The 1115 Health Related Social Needs short-term rental assistance service is federal funding via CMS to support individuals who are Medicaid eligible with 6 months of subsidy payments. When an individual applies for a Bridge, Acute Care Hospital or GOSH subsidy, they are screened by OHAE PMs for eligibility, and this funding is then utilized in combination with state subsidy dollars.

HCS contracts with the Spokane Housing Authority (SHA) to issue, track, and monitor these subsidy payments throughout all of Washington State to housing providers to help streamline the program.

Video: HCS Subsidy Training Overview

What is the goal of the HCS subsidies? HCS subsidies provide rental assistance for eligible HCS clients in the form of a monthly rent subsidy that is paid directly to housing providers, like tenant-based Housing Choice Vouchers. The client is responsible for a portion of the rent, paid directly to the landlord, calculated at approximately 30 percent of the household's total income.

HCS subsidies are intended to assist clients in transitioning into affordable housing while they remain on waitlists for permanent, affordable housing.

Where in Washington State are HCS subsidies available?

HCS subsidies are available statewide. The Spokane Housing Authority is contracted to administer the subsidy on behalf of HCS, but clients may live in any area of the state.

What are the basic eligibility standards for HCS subsidies?

There are three eligibility tracks for an HCS subsidy:

1. **HCS Bridge**: Clients exiting from a Skilled Nursing Facility who will transition to the community on In Home services.

2. **HCS Acute Care Hospital**: Clients transitioning from an Acute Care Hospital (ACH) setting when housing is a barrier.

3. **HCS GOSH**: Clients exiting or diverting from Eastern or Western State Hospitals. The HCS GOSH subsidy is a part of the larger GOSH service that includes Supportive Housing services. Please see the GOSH section for more in-depth information on the GOSH service and how to make a referral.

To receive the HCS Bridge, GOSH, or Acute Care Hospital Subsidy an individual must sign the HCS Subsidy Participant Agreement.

What is Global Leasing?

Global Leasing is an option for HCS subsidy recipients. Global Leasing centers on Housing First principles, aiming to quickly lease up referred clients who face high barriers to accessing housing. It braids HCS Long-Term Services & Supports (LTSS) and housing resources with risk mitigation funds as an added layer of security for both landlords and lease holders while offering housing options for clients.

What are Spokane Housing Authority's and HCS's responsibilities in determining eligibility for the HCS subsidy?

Both HCS HPMs and the Spokane Housing Authority play a role in determining eligibility for the HCS subsidy.

HCS Housing Program Managers:
Are responsible for screening and referring eligible HCS subsidy applicants to the Spokane Housing Authority. Individuals that contact the Spokane Housing Authority outside of this process will be directed to HCS Housing Program Managers.

Spokane Housing Authority (SHA):
After receiving initial application packets from HCS, SHA will process subsidy applications and manage the subsidy process statewide for HCS. SHA communicates with landlords for inspections, provides documents needed during the lease-up process, calculates the monthly HCS subsidy amount to be paid to the landlord, and communicates with client.

How do I make a referral for a client who I believe is eligible for an HCS subsidy?

- For **HCS Bridge subsidy referrals**, contact your Regional Housing Program Manager with the client's name and ACES ID or complete a Bridge Subsidy Referral SharePoint referral and submit it to your regional HPM. An individual must have been determined both functionally and financially eligible for LTSS through an assessment to receive the HCS subsidy. HPMs will screen your client by looking in CARE to determine setting and eligibility. If clients are financially eligible for HCS services, then they are financially eligible to receive the subsidy. If your client is eligible to apply, the HPM will send you the application.

- For **HCS Acute Care Hospital subsidy referrals,** completely fill out the HCS Subsidy - Acute Care Hospital Referral SharePoint referral form. Once the referral is received, a Regional Program Manager will follow up with the HCS/AAA case manager within 2 business days. If the individual is found eligible for the HCS Acute Care Hospital (ACH) subsidy, the Program Manager will provide the case manager with the subsidy application. **Please note: At the time of the referral submission, the individual needs to have been assessed and determined both functionally and financially eligible and be in an Acute Care Hospital setting.** The HCS/AAA case manager will need to authorize a Community Choice Guide for housing search and transition services for the individual, or if the individual desires ongoing housing supports, a Supportive Housing Provider will need to be authorized.
- For information regarding the **HCS GOSH subsidy**, contact your regional GOSH Program Manager

What is the documentation required for my client to apply?

The HCS subsidy is a low-barrier application. Below is a list of documentation to include with the application:

- Copy of current state-issued photo ID
- Copy of Social Security card
- If available: copy of current year's Social Security award letter or other first party income verification. If not, HPM can provide an income verification letter for the application.

Please reach out to the HPM if your client does not have the above documentation. Clients should be actively working on obtaining the above documents as they will be needed to apply for units where the subsidy will be used.

How will I know when there are HCS subsidies available?

Based on the funding availability for the HCS Bridge subsidy, Program Managers will announce waitlist openings. This information is also available on the Housing SharePoint.

HCS Acute Care Hospital (ACH) subsidies are limited. Program Managers will announce availabilities. This information is also available on the Housing SharePoint.

HCS GOSH subsidies are regularly available to clients who are accepted in the GOSH program.

Is there a waitlist for HCS subsidies?

Currently, there is a waitlist maintained for HCS Bridge subsidies as they are limited by funding availability. Referrals and applications are only accepted when funding is available. Please check in with your regional HPM for availability.

The HCS Acute Care Hospital (ACH) Subsidy is limited. There is no waitlist.

The HCS GOSH Subsidy is regularly available to clients who are accepted to the GOSH program. There is no waitlist for the HCS GOSH Subsidy.

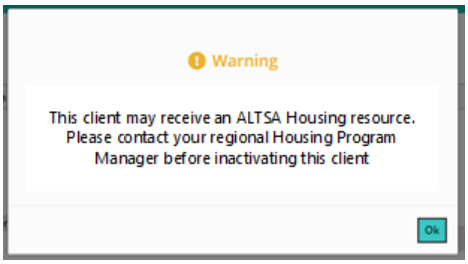
How do I document the HCS subsidy in CARE?

The HCS CM must enter the following into the CARE assessment:

- Add "Housing subsidy (HCS/AAA)" as a Treatment for HCS Bridge and HCS GOSH subsidy recipients.
    - On the Medical Screen in CARE, choose the Program "Housing Subsidy (HCS/AAA)"
    - Check "No" for Received in the Last 14 days?
    - Check "Yes" for Need
    - Choose "Agency" for the Provider
    - Choose "PRN" for Frequency
    - For Comments, type: "*Client will be receiving the HCS Housing Subsidy administered by Spokane Housing Authority.*"
    - Add Spokane Housing Authority as a Paid Provider in the Care Planning section under the Supports Screen and assign the provider the task of "Housing subsidy (HCS/AAA)".

The Housing Subsidy treatment identifies a client who is receiving the HCS rental subsidy. This subsidy is paid for and managed by HCS and should be added when an individual receives the subsidy. This treatment should not be removed at annual or change of circumstances assessments unless approved by a Housing Program Manager.

When "Housing Subsidy (HCS/AAA)" is in the Treatment screen and you go to inactivate a client, you will receive the following pop-up message:



This warning is informational only and it will not prevent the user from inactivating the client. That said, policy is to reach out to your Housing Program Manager prior to closing the client.

Additionally, the CM must:

- Add HCS Housing Program Manager as a collateral contact.
- SERs regarding housing should be entered using *Housing* purpose code.

After transition, the client's file is typically transferred from HCS to the local AAA office. For clients utilizing the HCS Bridge subsidy, the AAA CM will be notified by the HPM that their client is receiving an HCS Bridge subsidy and will be informed on how the subsidy will be maintained. An initial email from the HPM to the AAA CM is sent, introducing themselves as the HCS Bridge subsidy contact. This email will also share information and expectations about working with a client who has an HCS Bridge subsidy. The email will include information on:

- The expectation of supporting the client's tenancy through utilizing Community Transition Services or Foundational Community Supports - Supportive Housing program.
- Assisting the HPM with the annual subsidy recertification process.

What is needed to transfer an HCS subsidy client from HCS to the AAA?

- Please see Chapter 6D - section "*Pairing Services with Housing Resources section*".
- Clients should transition from institutional settings to independent housing with an open Community Choice Guide authorization for the client's continued utilization as needed once the case is transferred to the AAA. An exception to this would be if a client has been referred to FCS Supportive Housing or GOSH services. However, clients can still access other goods and services through Community Transition Services as needed.

How do CM's assist in maintaining the HCS Subsidy?

- For Bridge recipients, HPMs typically utilize CARE to verify the client is still residing in their unit. However, the HPM may reach out to the CM and may ask for assistance in contacting the client when needed.
- CMs can utilize GOSH Supportive Housing Providers (SHPs) to assist with the recertification for GOSH clients. CMs can also authorize a Community Choice Guide (CCG) or make a referral for

Foundational Community Supports - Supportive Housing Provider to assist Bridge clients with this task.

- HCS Subsidy clients are required to complete an annual recertification to maintain their subsidy. It is a simple packet, mostly requiring client signatures. The process is as follows:

1. The HPM will send CM recertification documents, along with a cover letter that indicates to the client a return due date.
2. The CM will send documents to the client and collect them back with signatures.
3. CM will scan and send the completed documents back to the HPM.
4. If the CM is unable to connect with the client, the HPM must be informed prior to the due date on the cover letter. HPM may ask that a CCG be authorized to assist with the task.

How are the HCS subsidy payments made?

The HCS subsidy rent payments are made utilizing a process between HCS HQ and Spokane Housing Authority (SHA). ProviderOne is no longer utilized to make rent payments to SHA. Please note: an HCS Subsidy is an LTSS service.

"May a client be absent from the unit for an extended period?"
Yes, a client with a subsidy may be out of the unit and retain the subsidy in the following situations: When a client is absent from their unit for health-related reasons or incarcerated, HCS will pay the subsidy for up to 6 months (180 days).

GOVERNORS OPPORTUNITY FOR SUPPORTIVE HOUSING (GOSH SERVICES)

Supportive Housing (SH) is a philosophy and a program that is rooted in the belief that no one should have to prove "housing readiness" to be housed. The service is an evidence-based practice with decades of research, as well as personal and professional stories, that highlight the success of community living paired with intensive, personalized supports. A person is supported in the process of securing community-based, affordable housing of their choice along with individualized support to assist the person with stabilization and self-identified goals. Harm Reduction, Trauma Informed Care, Motivational Interviewing, Person Centered Planning, and Strengths-Based Approach. Program participation, medication adherence, and abstinence are not required to keep one's housing.

SH services are available in two ways for HCS recipients:

- Individuals who are currently residing in the community may be eligible for Supportive Housing services under Healthier Washington Medicaid Transformation: Foundational Community Supports (FCS) - Supportive Housing services. For more information about FCS-SH services, see Chapter 30d.
- Individuals who are currently residing at Eastern or Western State Hospital or can be diverted from these institutions may access Supportive Housing Services through the Governor's Opportunity for Supportive Housing (GOSH) For more information about how Supportive

Housing services can complement other Long-Term Services and Supports or for information on working with Supportive Housing clients who are not currently receiving personal care services, please see LTC Manual Chapter 30d: Foundational Community Supports: Supportive Housing, specifically the ***Supportive Housing and Case Coordination*** section. For more information or materials on HCS Housing resources, please see our website Office of Housing and Employment .

History

In 2016, as part of the Governor's Behavioral Health Innovation Fund, created in ESSB 6656, HCS was awarded a small amount of state funds to pursue Supportive Housing services for individuals eligible for discharge from Eastern or Western State Hospitals. The original budget allowed for approximately 15 individuals to transition out of the state hospitals with Supportive Housing services with the option of a state-funded housing subsidy. HCS began contracting directly with community Supportive Housing Providers and the Governor's Opportunity for Supportive Housing (GOSH) was born. In the 2017-2019 enacted budget, funding for GOSH was expanded and HCS was authorized to hire 3 FTEs dedicated to GOSH Program Management across the state. The HCS State Hospital Discharge and Diversion (SHDD) unit was also created. While GOSH pre-dates SHDD, it is one part of this larger initiative that has been approved by the state legislature under Mental Health Transformation.

Eligibility

The GOSH service is available for individuals who choose In-Home setting and:

- are willing to work with a Supportive Housing Provider, and
- qualify for HCS services (financially & functionally eligible), and
- are discharging or being diverted from Eastern or Western State Hospitals,
    - HCS clients who are currently living in a residential setting who transitioned or were diverted from Western/Eastern State Hospital within the past 18 months, as documented in CARE and counted by SHDD team, and LTCS has not terminated during the period and wishes to live independently.
    - Individuals eligible for HCS currently in an IBHTF/RTF setting and **discharging in the next 90 days** who discharged to the facility from ESH/WSH or a GOSH eligible setting in the past 18 months and wish to live independently.
- Diversion is defined as: An individual with a 90- or 180-day commitment order for further involuntary treatment who is discharging from a local community psychiatric facility into Home and Community Services Long-Term Services and Supports (HCS LTSS); or an individual who is detained through the Involuntary Treatment Act who is stabilized and discharged into HCS LTSS prior to the need to petition for a 90- or 180-day commitment order.
- If you have a diversion client who is discharged from the hospital immediately after an assessment was completed a referral can be made 30 days post discharge.

Please note, acceptance into the GOSH program is contingent on provider capacity and discretion.

Note: An HCS client who is discharging or diverting from Eastern or Western State Hospital who already has an apartment or other independent housing in the community can still be referred to GOSH for transition support and intensive, ongoing tenancy support services to help maintain their housing.

Presumptive Eligibility

Through the Medicaid Transformation Project 2.0. Long-Term Services & Supports (LTSS) Presumptive Eligibility (PE) is an opportunity for individuals to quickly access an abbreviated benefit package of services while full functional and financial eligibility are being determined. One service included in the Presumptive Eligibility NFLOC package is Supportive Housing.

- Where does Presumptive Eligibility and GOSH Overlap?
  - Phase 1 of Presumptive Eligibility is for HCS clients who are discharging or diverting from an acute care hospital and/or a psychiatric hospital, and have an ITA hold in this setting, are eligible for GOSH. For additional information about Presumptive Eligibility, see chapter 30e.

"Does a person experiencing homelessness qualify for Presumptive Eligibility?"
GOSH clients are eligible to utilize the Motel for Interim Stay Transitions (MIST) program. MIST can be authorized for up to 6 months. If the HCS client qualifies for Presumptive Eligibility, and desires GOSH, and has no safe place to stay or resources to pay for a place, the HCS/AAA case manager can utilize MIST. When a GOSH recipients are paired with MIST, they are not considered homeless and can then access the PE benefits.

GOSH Referral Process

1. Obtain confirmation that the client would like to be referred for Supportive Housing (SH) services and additional information needed for GOSH Referral Form. Please note, there is no participation for Supportive Housing.

Note: For more information on HCS assessment and transitions for those currently residing in the state psychiatric hospitals, please see LTC Manual Chapter 9.

2. Completely fill out DSHS Form 11-153, "Governor's Opportunity for Supportive Housing (GOSH) Referral" and email GOSH@dshs.wa.gov

The email must include all additional required documents as attachments, as outlined on the GOSH Referral. Please note:

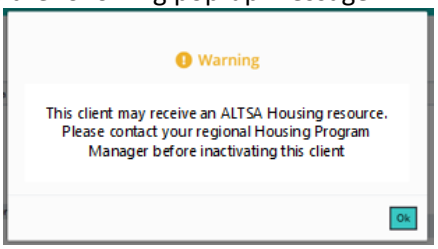
   a. For referrals meeting diversion criteria to be verified, CMs must include a copy of the court commitment paperwork, signed by a judge or commissioner, which documents that:
      i. the client is on a 90- or 180-day commitment order for further involuntary treatment, or
      ii. the client is on a civil commitment detainment under the Involuntary Treatment Act (this includes 120-hour, 14-day, 90-day or Revoked 90/180 LRA orders).
   b. Commitment orders must be verified and uploaded to DMS by Primary CM. State Hospital screen needs to be updated.
      i. If a client meets diversion criteria and is being case managed by an Area Agency on Aging (AAA), the AAA CM may refer the client for GOSH.
3. As of the March 31, 2023 CARE Release, GOSH is on the State Hospital/Hospital/E&T screen in CARE. When you are entering a client's most recent psychiatric hospital stay, you now will be prompted to enter if a GOSH referral was made, the referral date and whether they were approved for GOSH. If you select "no" for "Was GOSH referral made?" there will be no further questions.
4. If a client is eligible for GOSH, the SHPM will make a direct referral to the HCS contracted Supportive Housing Provider (SHP) and complete a Service Episode Record (SER) with their actions. The SHP has two business days to respond to the SHPM.
5. If a client is not eligible for GOSH, the SHPM will inform the referring CM by email and enter a SER with this information.

GOSH Client Accepted

1. Once the referral has been accepted by the SHP:
   a. The SHPM will communicate this through a secure email to CM, additional care team (discharge social worker, MCO liaison, Peer Bridger, Outpatient Behavioral Health Provider, etc.) and the SHP. The SHPM will update their section of DSHS Form 11-153 and include the complete referral form as an attachment in their email.
   b. The referring CM will submit the GOSH Referral to DMS.
   c. The CM will open RAC 3131 – LTSS Housing Stabilization and then the pre-tenancy Supportive Housing service code, SA299-U1, to open the SH authorization in CARE. The CM will document these actions in a SER.
      i. RAC 3131 is the RAC the SH service code is tied to.
      ii. It is the case manager's responsibility to open, extend and close authorizations for service code SA299, U1.
      iii. It is the CM's responsibility to complete the remaining steps for authorization of services, as outlined in LTC Chapter 3, including complete electronic form DSHS 14-443 in Barcode.
   d. The case manager will create and send the client a Planned Action Notice (PAN) informing them that SH services are approved.

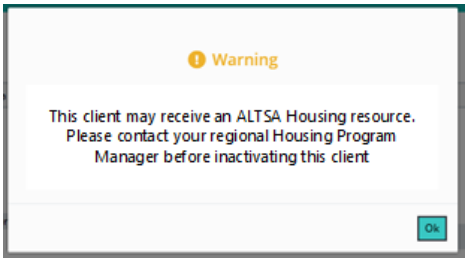
2. Once client is authorized for Supportive Housing, the CM must:
   a. Add Supportive Housing Provider to Collateral Contacts screen
   b. Add "Supportive Housing" as a Treatment
      i. On the Medical Screen in CARE, choose the Program "Supportive Housing (HCS/AAA)"
      ii. Check "No" for Received in the Last 14 days?

iii. Check "Yes" for Need
iv. Choose "Agency" for the Provider
v. Choose "PRN" for Frequency
vi. For Comments, type: "*Client has been referred to the Governor's Opportunity for Supportive Housing (GOSH) service. [Enter name of Supportive Housing Provider] to assist with pre-tenancy search for affordable housing or transition back to their apartment, assist with community integration, and to provide ongoing intensive tenancy support services."*
vii. The Supportive Housing treatment identifies a client who is receiving Supportive Housing services through the Governor's Opportunity for Supportive Housing (GOSH) or Foundational Community Supports - Supportive Housing. This treatment should not be removed at annual or change of circumstances assessments unless approved by a Housing Program Manager.
viii. When "Supportive Housing (HCS/AAA)" is in the Treatment screen and you go to inactivate a client, you will receive the following pop-up message:



This warning is informational only and it will not prevent the user from inactivating the client. That said, policy is to reach out to your Housing Program Manager prior to closing the client.

c. If client is receiving the GOSH Subsidy, add "Housing Subsidy (HCS/AAA)" as a Treatment
i. On the Medical Screen in CARE, choose the Program "Housing Subsidy (HCS/AAA)"
ii. Check "No" for Received in the Last 14 days?
iii. Check "Yes" for Need
iv. Choose "Agency" for the Provider
v. Choose "PRN" for Frequency
vi. For Comments, type: "*Client will be receiving the HCS Housing Subsidy administered by Spokane Housing Authority."* The Housing Subsidy treatment identifies a client who is receiving the HCS rental subsidy. This subsidy is paid for and managed by HCS and should be added when an individual receives the subsidy. This treatment should not be removed at annual or change of circumstances assessments unless approved by a Housing Program Manager.
vii. When "Housing Subsidy (HCS/AAA)" is in the Treatment screen and you go to inactivate a client, you will receive the following pop-up message:



viii. This warning is informational only and it will not prevent the user from inactivating the client. That said, policy is to reach out to your Housing Program Manager prior to closing the client.

d. Add "Other" for Community Supports under Treatments
   i. On the Medical Screen in CARE, choose the Program "Other"
   ii. Check "No" for Received in Last 14 days?
   iii. Check "Yes" for Need
   iv. Choose "Agency" for Provider
   v. Choose "PRN" for Frequency
   vi. For Comments, type: *"Community transition items and services as identified to assist with the client's return to independent living."*
e. Add the Supportive Housing Provider as a Paid Provider in the Care Planning section under the Supports Screen and assign the provider the task of "Supportive Housing (HCS/AAA)" and "Other" (for Community Transition Services)
f. If the client is receiving the GOSH Subsidy, add Spokane Housing Authority as a Paid Provider in the Care Planning section under the Supports Screen and assign the task of "Housing Subsidy (HCS/AAA)"
g. Please note, per Case Management policy, a task must be assigned to a Paid Provider to move an assessment to Current. You do not need to assign all paid tasks specifically to a paid care provider in order to move an assessment to Current. For GOSH clients who only have Supportive Housing services at the time of the assessment, adding the Supportive Housing Provider as a Paid Provider and assigning the provider the paid task of "Supportive Housing (HCS/AAA)" will suffice to move the assessment to Current. Do not assign the Supportive Housing Provider caregiving tasks.
h. Use the Purpose Code "Housing" for any SERs related to GOSH services or subsidy.
i. If there are any issues or concerns regarding a GOSH client, including eligibility concerns, protocol is for the case manager to staff with SHPM. Do not close a GOSH client prior to staffing with a SHPM.

Note: DSHS contracts directly with GOSH SHPs and the scope of work is spelled out in the contract. Therefore, SHPMs and CMs do not fill out the Sustainability Goals screen in CARE for SHPs.

GOSH Discharge Planning

1. Once Supportive Housing Provider (SHP) accepts the client, they start working with the client on:

a. Paperwork – running a background check, Housing Assessment form, GOSH subsidy, rental applications, etc.
b. Documentation – in partnership with the discharge workers, ensuring the client has a current ID or someone is working with the client on obtaining a current ID, Social Security card, income verification letters, etc.
c. Independent housing search – the SHP does not conduct residential searches.
d. Determining what items the client has or can access through community resources and items the SHP might request CM to authorize through the appropriate Community Transition services (e.g., furniture, household items, phone).
e. Discussion around all services the client needs in the community – these conversations should be ongoing with the client and the care team.

2. Best practice is for the SHP to provide weekly email updates to the care team (CM, ~~SHPM,~~ discharge social worker, MCO liaison, Peer Bridger, Outpatient Behavioral Health Provider, AAA as applicable, etc.).
   a. If you are not hearing from the SHP, reach out to the provider directly to request client updates.
   b. If you have ongoing communication challenges with the SHP that you are not able to work out directly, elevate to the SHPM for support.
3. Multidisciplinary meetings will determine which agency/provider will address service referrals pending community transition.
   a. If need for additional staffing or more support needed from multidisciplinary team, CM can consider reaching out to Regional Transition Coordinator to add client to the appropriate Cross Systems committee staffing.
4. Any situation where a client is at risk of losing eligibility for LTSS should be staffed with the SHPM. See green box below.
5. Do not close a GOSH client without staffing with SHPM. This can be done 1:1 with SHPM or the client can be brought to the Housing Supports Case Staffing meeting. For more information please see chapter 6d.

Note: When an HCS client is already enrolled in a housing service (GOSH, MIST, housing voucher) and any type of assessment (Initial, Annual, Interim, or Significant Change) is conducted with the client, and there is a possibility client is no longer functionally eligible for LTSS, HCS/AAA CM will review the assessment with the client prior to scheduling a staffing with SHPM, and before moving the assessment to current/history. A SER note is required for the assessment review with the client.

Once discharge date has been set:

Best practice for is the CM or SHP schedule a discharge planning conference meeting approximately 7-10 days in advance of a discharge. The timeline might be shorter for clients discharging from an Evaluation and Treatment Facility or inpatient from an acute care hospital.

1. Meeting should include:
   a. HCS CM, Public Benefits Specialist, Discharge SW, SHP, receiving AAA or HCS CM (if transitioning to Interim Setting), MCO Liaison, Outpatient Behavioral Health Team, Peer Bridger, Caregiving Agency supervisor (if known), client and any support individuals.
2. Discharge Planning Call should cover:

a. Discharge logistics (e.g., transportation, personal items of client, medications – how much will they discharge with, what prescriptions, etc., what pharmacy, any cash that client received while working or "gate" money, confirmation they have a copy of their ID and Social Security card, etc.).
b. Overview of the state of the apartment (furniture, food, household items, etc.).
c. Overview of appointments for the first week and discussion on who will be assisting in transportation.
d. Discussion on what "after care" services the client will have once discharged and what additional supports or services need to be authorized and by whom.
e. Financial logistics (will food stamps be turned on, what cash benefits will client receive, who will coordinate taking client to DSHS or Social Security Administration office, etc.).

"Does GOSH services end if client cannot return to their previous residential setting & is admitted to the hospital?" No, if the GOSH client cannot return to their previous residential setting, the residential case manager will transfer the case immediately to an HCS hospital case manager. See Chapter 9 for additional information.

GOSH Interim Setting Process

HCS'S GOSH program supports in-home transitions for those discharging/diverting from Eastern or Western State Hospital by connecting them with a Supportive Housing Provider (SHP). The SHP works to transition clients to an independent apartment in the client's community of choice with supports. Apartments are not always secured before discharge occurs. Rather than delaying discharge, and when a client is in agreement, an interim setting may be sought while a client is waiting for housing to be secured.

To ensure there are no interruptions to Supportive Housing services or the independent housing search, any transitions in case management or the service team should include the HCS Supportive Housing Program Manager (SHPM) and Supportive Housing Provider (SHP) in communication and coordination. The Housing Team encourages discharge planning calls in advance of any transitions to an interim setting.

Please note: the role of the SHP is to search for independent housing. If a residential setting is being pursued as an interim setting and the CM is unable to conduct this search directly, they can look into the authorization of a Community Choice Guide (CCG) to search for and secure a residential setting for the client. The CCG should not also conduct a search for independent housing, as this would be a duplication of services with the SHP. The SHP's independent housing search does not cease during this period unless the participant no longer wishes to live independently or participate in GOSH.

Options on when to use the Interim Setting process

1. An individual has been deemed ready to discharge prior to independent housing being secured and all parties agree that a continued stay is not in the individual's best interest.
2. The individual requests an interim setting and all parties agree it is a safe, viable discharge plan while waiting for independent housing.
3. An individual is diversion eligible and ready for/must discharge from their current setting.

When not to use the Interim Setting process

1. To explore a participant's "housing readiness."
2. An individual has been approved for independent housing, but the move-in date has delayed discharge. For example, repairs need to be made on the unit, so the move-in date is four weeks out. In this instance, every effort should be made to have the person wait in the State Hospital or diversion facility to avoid the extra move.

Procedures

1. HCS Case Managers search for interim housing options that are willing to accept clients in an interim status as they wait for independent housing through GOSH. It is important to locate an interim housing option in the county where the participant intends to reside permanently as this will aid the housing process. If an interim housing option is not available in the county the participant intends to reside in permanently, speak with your SHPM.

2. Once an interim housing option has been identified, the HCS/AAA Case Manager will speak with the client and/or their authorized representative and explain the temporary nature of the interim housing option while the client is still working with their SHP on securing independent housing. The HCS/AAA Case Manager will get verbal confirmation from the client that they understand and agree with this plan.

3. If an HCS residential setting is being utilized as an interim housing option, the HCS/AAA Case Manager will speak with the owner/operator/manager of the residential setting and explain that the client will reside there while they pursue independent housing. The HCS/AAA Case Manager will get verbal confirmation from the owner/operator/manager that they understand the client will be working with their SHP to find independent housing and that once independent housing is found, the client will be moving out of this setting.

4. For interim housing options that are not HCS residential settings, prior to transition, the HCS/AAA Case Manager will speak with the appropriate representative to inform them that the client is working with a SHP on securing independent housing.

5. Regardless of interim housing option, prior to transition, the HCS/AAA Case Manager will notify the SHP of the contact information for the appropriate representative of the interim housing.

An Interim Housing Option is considered anything outside of a client's own apartment/house. Examples include: HCS residential setting, Transitional Housing, motels, family/friends, etc.

6. After completing items 1-5, HCS/AAA Case Manager must enter the following SER:

"The writer has spoken with this client and/or their authorized representative and explained the temporary nature of the interim option and they understand and agree with this plan.
The writer has spoken with the owner/operator/manager of [*enter facility name*] and explained that the client will reside at this facility as an interim setting as they pursue independent housing and understand that this is temporary.

Appropriate representative of the interim housing understands client will be working with Supportive Housing team to find independent housing. Provider also understands that once independent housing is found, client will be moving out of this setting.

I have notified the SHP the contact information for the appropriate representative of the interim housing."

7. Depending on the type of facility selected as the interim setting, the following will take place:

   a. **Adult Family Home (AFH):** If both client and home approve of the placement, HCS Case Manager will transfer the case to the local HCS office and communicate that the client is on GOSH and working with a SHP.

   b. **All Interim Settings that are not licensed should be considered "In-Home":** HCS Case Manager should authorize needed Long-Term Services and Supports while the client is staying in the interim setting. HCS Case Manager should approach the local AAA office to determine if they are willing to accept the case. If AAA office declines, the local HCS office should hold the case. Transferring HCS Case Manager should communicate that the client is on GOSH and working with a SHP.

   c. **Regardless of Interim Setting:**

      - HCS or AAA CM keeps the case open. SHP will work with HCS/AAA Case Manager for authorization around Community Transition and Sustainability Services.
      - SHP should schedule time with interim setting staff working with the client (if applicable) and new HCS/AAA Case Manager to clarify roles and responsibilities and provide housing search updates.
      - SHP should include new HCS/AAA Case Manager in regular updates regarding housing search. Interim setting staff should be included as appropriate (if applicable).
        - If a client is re-hospitalized or jailed, they are not automatically exited from their GOSH services or subsidy. GOSH is a state-funded service and, as noted in Chapter 3, page 3.26, state-only exceptions exist for paying for services when a client is institutionalized. Supportive Housing

Providers continue to provide support services to clients through short-term hospitalizations or jail stays. Service authorizations are to remain open and clients active, as Supportive Housing Providers continue to work with the clients and the GOSH subsidy continues to be provided.

- If you are made aware that a participant is in jail – staff case with the GOSH Program Manager. If a participant faces multiple court hearings, hold the case until final decision of the court is carried out. During this time, HCS/AAA CM, GOSH Provider and GOSH PM will have regular staffing meetings. GOSH program and HCS/AAA will still hold case on their case load. GOSH authorization remains active and the GOSH Provider is billing during this time.
- If you are made aware that a participant is institutionalized – keep case open, regular staffing will occur between HCS/AAA CM and GOSH Provider. GOSH Provider will follow up with hospital/institution regarding the status of the client and provide updates to HCS/AAA CM. GOSH authorization remains active and the GOSH Provider is billing during this time.
- If you have any questions or concerns, reach out to your Regional SHPM. Do not close a GOSH client prior to staffing with a SHPM.

Transition to Independent Living

Once the client has moved into their own apartment:

a. The case manager will ensure RAC 3131 – LTSS Housing Stabilization's end date matches the CARE Plan end date.
b. The case manager will close pre-tenancy service code SA299, U1, and open tenancy service code H0044.
    i. Please note, the date when the tenancy service code, H0044, is opened will vary based on the terms of the SHP's contract:
        1. The tenancy service code may start the first full day in independent housing, OR
        2. The tenancy service code may start after a 90-day transition period in independent housing.
    ii. It is the responsibility of the case manager to close the authorization for SA299, U1 and open an authorization for H0044.
c. The case manager will document these actions in a SER.
d. The case manager will update the tenancy service code, H0044, on an annual basis. If there are any concerns around client eligibility, staff with the SHPM.
e. If the case has not yet been transferred to the local Area Agency on Aging (AAA), it is best practice to have a meeting between the HCS CM, assigned AAA CM and GOSH Provider. If it is not feasible to have this meeting, the HCS CM should let the GOSH Provider know they are transferring the case and the assigned AAA CM should reach out to the GOSH Provider to let them know they are now case managing the case.

f. The SHP continues to provide intensive tenancy support services and work with the care team for cross-system collaboration.
g. At the time of Annual Assessment, the assigned HCS/AAA CM should reach out to the GOSH Provider as a collateral contact. The GOSH Provider provides an array of support to a client and the CM should speak with them about the services they are providing the client as part of the assessment process.
h. SHPM remains available for any support needs.
i. If a client is re-hospitalized or jailed, they are not automatically exited from their GOSH services or subsidy. GOSH is a state-funded service and, as noted in Chapter 3, state-only exceptions exist for paying for services when a client is institutionalized. Supportive Housing Providers continue to provide support services to clients through short-term hospitalizations or jail stays. Service authorizations are to remain open and clients active, as Supportive Housing Providers continue to work with the clients and the GOSH subsidy continues to be provided.
    i. If you are made aware that a participant is in jail, staff case with the GOSH Program Manager. If a participant faces multiple court hearings, hold the case until final decision of the court is carried out. During this time HCS/AAA CM, GOSH Provider and GOSH PM will have regular staffing meetings. GOSH program and HCS/AAA will still hold case on their case load. GOSH authorization remains active and the GOSH Provider is billing during this time.
    ii. If you are made aware that a participant is institutionalized, keep case open, regular staffing will occur between HCS/AAA CM and GOSH Provider. GOSH Provider will follow up with hospital/institution regarding the status of the client and provide updates to HCS/AAA CM. GOSH authorization remains active and the GOSH Provider is billing during this time.
    iii. If you have any questions or concerns, reach out to your Regional SHPM. Do not close a GOSH client prior to staffing with a SHPM.
    iv. See chapter 6d for guidelines when a client is exiting services, but has an HCS Subsidy.

When performing a CARE assessment for a GOSH client, consider the following:

1. Ask the client who they would like to attend the assessment appointment with them. Offer suggestions for who may be helpful in providing useful information (family, friends, Supportive Housing Provider, etc.).
2. Gather information from the client's legal representative or substitute decision-maker, as appropriate.
3. Gather other information from collateral contacts if it is needed to complete the client's assessment. See Chapter 3.

- What if a client is receiving a housing service, but declining personal care? (See chapter 6d-Housing & Service Coordination) for guidance.

GOSH Planned Action Notice (PAN)

The assigned case manager is responsible for issuing a Planned Action Notice (PAN) for all GOSH services, including approvals, terminations, and withdrawals. This will create one single notice for the client to receive. Please see Chapter 27 for additional guidelines about Planned Action Notices.

The supportive housing WAC chapter starts at WAC 388-106-1700 with definitions and goes through WAC 388-106-1765. The most used WAC references for PANs have been:

- WAC 388-106-1720 - Am I eligible for supportive housing funded services?
- WAC 388-106-1730 - How do I remain eligible for Supportive Housing?
- WAC 388-106-1750 - Are there limits to the supportive housing services I receive?
- WAC 388-106-1765 - When may the department terminate or deny supportive housing services?

GOSH State Subsidy

The HCS GOSH Subsidy is a state funded housing subsidy that is available for individuals discharging or diverting from Western State Hospital or Eastern State Hospital. The subsidy is paired with Supportive Housing services that assist with transition and follow the person in the community to support housing stabilization over the long term. For more information on the HCS GOSH Subsidy, please see 6.3

Reimbursements

DSHS contracts directly with GOSH SHPs. While GOSH SHPs are reimbursed for Supportive Housing services, there are no set aside monies tied to GOSH for goods. GOSH is a Long-Term Service and Support that funds Supportive Housing services and a housing subsidy. In order to support the GOSH participant's transition and sustainability in independent housing, CMs should utilize Community Transition Services or Housing & Employment Stabilization Services dependent upon participant eligibility. With prior approval from the AAA/HCS CM or SHPM, the SHP is reimbursed by the CM for the authorized purchases after it is verified that the individual received the goods. If a CM has questions or concerns about a SHP's invoice or receipt, the CM should communicate these concerns directly with the SHP. If there are repeated concerns, after attempts have been made by the CM to clarify, reach out to your Regional SHPM.

1. Based on an individual's eligibility, the following services could be reimbursed to the SHP: tenant background screening to aid housing search, paying for rental deposit and first month's rent, utility hookup fees, purchase of furniture, purchase of essential items including needed clothing, and emergency rental assistance, etc.
2. For more information regarding Community Transition Services including eligible goods/services, appropriate RACs and service codes to reimburse purchases, please review the CTS section in the LTC Manual Chapter 9.
    a. For HCS clients who have received a housing subsidy or had their housing coordinated through HCS **and** are only eligible for state funding, the HCS/AAA case manager will authorize the goods & services under RAC 3131- LTSS Housing Stabilization.
    b. Use Service Code SA294,U4 to authorize the necessary goods and services Please note, an ETR will be required if the total amount of goods & services exceeds $5000.

c. Select the appropriate reason code. Options are "In-Home Community Stabilization or Employment Stabilization"
d. When submitting an ETR, select "other" for both ETR/ETP category & type.
e. Submit the ETR for approval/denial to "Committee, Housing ETR"
f. Note in the Service Episode Record (SER) that the client is eligible for LTSS Housing Stabilization services and that you have Supervisory approval to authorize state only funds.
g. Complete a SER outlining the service you are authorizing and/or the items you are purchasing and how they are necessary for the client's service plan.
h. Receipts or/and invoices for all purchases must be included in the participant's electronic case record (ECR). Attach all receipts/bids to the Packet Cover Sheet: Social Services Packet Cover Sheet (DSHS Form 02-615)

Note: When an HCS client is enrolled in Supported Employment, RAC 3131- LTSS Housing Stabilization Service Code SA294,U4, can be utilized to assist the client in obtaining or/and maintaining employment. This is a one-time expense to get identification card, food handlers' card, interview clothes, and first set of uniforms to begin work. This is not limited to once in a lifetime but once per occurrence. See Chapter 30c.

How is this funded?

Governor's Opportunity for Supportive Housing is one part in the larger State Hospital Discharge and Diversion (SHDD) initiative that has been approved by the state legislature under Behavioral Health Transformation. These services and subsidies are funded 100% through state dollars. Utilizing state dollars only allows for greater flexibility than programs also receiving federal funding. If you have policy questions on working with GOSH participants, please contact your GOSH Program Manager.

Note: There is no participation required for GOSH services.

Can a DDA services recipient receive GOSH services?

An individual receiving DDA services who is transitioning out of or diverting from Eastern or Western State Hospital, meets all other eligibility criteria, and can exit the hospital on an HCS program is eligible for GOSH. An individual receiving DDA services who is already residing in the community is not eligible for GOSH Supportive Housing.

What about contracting?

Governor's Opportunity for Supportive Housing contracts are executed and held at HCS headquarters. All contractors providing Governor's Opportunity for Supportive Housing services must have a current contract for waiver or RCL/LTSS Housing Stabilization individual services before providing services. Services are performed within the scope of practice of the contractor's license and in compliance with professional rules, as defined by law or regulation, and are provided in a manner consistent with protecting and promoting the individual's health and welfare, and appropriate to the individual's physical and psychological needs.

If you know of an agency that is interested in contracting for GOSH, please refer them to the GOSH Provider Passport for more information.

Note: In addition to specific contracted duties, each provider is responsible for reporting any instances of abuse, neglect, or exploitation of a vulnerable adult or child.

Working with an individual who is found ineligible for LTSS. Please see more information regarding exiting HCS subsidy holders in Chapter 6d.

1. Assign the LTSS Housing Stabilization RAC (3131) and move the assessment to History, but do not inactivate the case; you will still be able to authorize Housing & Employment Stabilization services should they be needed as long as the LTSS-Housing Stabilization RAC is assigned.

    a. Per LTC Manual Chapter 27: "When an Annual or Significant Change CARE assessment results in a decrease in residential rate, in-home units or other service, or a termination of a service, the department must provide clients at least 10days' notice prior to implementing the reduction or termination."
        i. Per policy, the CM should send a termination PAN for LTSS per current protocols (being 10 days before the current plan period).
        ii. Add the option of "Other" to the PAN (in CARE) and, dependent on circumstances, enter:
            1. If a GOSH client, on the LTSS termination PAN, include this language:
                a. "Supportive Housing services via GOSH will continue for 90 days. GOSH services will end (xx/xx/xxxx)."
                b. Please note, the Case Manager is the one to send the GOSH services termination PAN.
                c. The Case Manager will extend RAC 3131 and the Supportive Housing authorization for the 90-day period.
            2. If the client is a Bridge or ACH subsidy holder, include this language in the PAN under "other" reasons:
                a. "Your Long-Term Services and Supports are being terminated, therefore your housing subsidy/rent assistance will also be terminated at the end of your current lease, or earlier if you choose."
                b. The Housing Program Manager will inform the case manager of the subsidy termination date, and this information can be included in the termination PAN under "other" reasons.
    b. The HCS/AAA case manager should hold the case for 90 days.
    c. If there is a determination that the individual needs and wants LTSS within the 90-day period, the HCS/AAA case manager should contact the HCS office for an Initial/Reapply assessment. Once the Initial/Reapply assessment is complete, the case is transferred back to the AAA.

d. If there is no determination that the individuals needs and wants LTSS within the 90-day period, after a conversation with the Housing Program Manager, the HCS/AAA case manager may inactivate the case.
   i. For GOSH clients, at this time, the Case Manager will end the GOSH authorization and end RAC 3131 - LTSS Housing Stabilization.
   ii. The Case Manager will send the GOSH services PAN.

RESOURCES

Housing Team Contacts

Office of Housing and Employment SharePoint

HCS Housing Resources

LTSS One-Pager

Global Leasing One-Pager

GOSH Interim Setting One-Pager

GOSH Provider Passport

Civil Transitions Program One-Pager

Governor's Opportunity for Supportive Housing (GOSH) GOSH-SH-One-Pager

Presumptive Eligibility Supportive Housing

Zero Income One-Pager

Income Discrimination Flyer Tenants: Legal Protection from Source of Income Discrimination

HCS Bridge Subsidy Brochure

Video: Options for Housing Through Long-Term Care Services

RAC 3132: Health Related Social Needs - Federal

Motel Interim Stays for Transitions (MIST) SA294u1

Motel Interim Stays for Transitions (MIST): is a service to pay for a short-term motel/hotel stay offered to minimize the number of clients who discharge to and/or experience episodes of homelessness. MIST aims to minimize the time it takes to get vital LTSS in place and increase the client's chances of ending up on services in their own home. The service is authorized for up to a 6-month period. Federal MIST is funded via the 1115 waiver in which the Washington State Health Related Social Needs Services Program (HRSN) will allow Medicaid enrollees to receive evidence-based, non-medical services to address an individual's unmet, adverse social conditions that contribute to poor health. This includes temporary housing.

Who is eligible for federal MIST?	HCS/AAA clients who are receiving Medicaid long-term services who have one of the following qualifications: 1. **HCS Subsidy (Bridge or Acute Care Hospital)** • Bridge Subsidy: HCS clients who have a Bridge voucher issued and are working with an authorized contracted provider on an independent housing search. Client must be required to leave their SNF for non-medical reasons; Bridge clients cannot choose to leave their SNF in order to utilize a MIST funded hotel. • Acute Hospital Care (ACH) Subsidy: HCS clients transitioning from an Acute Care Hospital (ACH) setting, when housing is a barrier. 2. **GOSH Program:** HCS clients who are enrolled in the Governor's Opportunity for Supportive Housing (GOSH) and are at risk of or experiencing homelessness. 3. **Other Housing Resource:** • HCS clients who will be living independently and currently have a resource from a housing agency or program. Examples might include Mainstream, NED, Housing Choice, Apple Health & Homes, HEN, HOPWA, VASH, etc. • HCS clients who have been approved for a project-based resource and have a move-in-date. Examples might include Tax Credit units, 811 units, or Permanent Supportive Housing Unit from homeless service agency. 4. **In-Home Short-Term Displacement:** HCS clients who have their own home **and** a short-term situation that requires them to temporarily vacate. Ex: Pest control or eradication, fire, or flooding. 5. **Experiencing Homelessness**: HCS clients experiencing homelessness, at risk of homelessness or fleeing domestic violence or other unsafe situations. Ex: staying in a car, park, abandoned building, tent, shelter, or couch surfing.
What is covered under MIST 294u1?	1. Payment for up to 6-month period for a Medicaid HCS client to stay at a motel/hotel.
What is not covered under MIST 294u1?	1. Deposits 2. Damages (Please see RAC 3131 SA294,U2)
How much can I spend?	1. Up to $5,000 per month for a total of six months. • Note: not to exceed six months
Do I need to use a Community Choice Guide (CCG) or GOSH provider?	**Yes.** 1. The HCS/AAA CM will need to coordinate with the CCG or GOSH provider and notify them that the client has been authorized for Motel Interim Stays for Transitions for a period of up to 6 months.

	2. The Contracted Provider should be authorized for the duration of the MIST authorization period. 3. The Contracted Provider should make periodic visits to the client to provide support and assist in a housing search, as needed. 4. The CCG or GOSH provider can make payments, or Spokane Housing Authority can be authorized to make payments.
How do I authorize federal MIST payments?	1. Upon receiving approval for MIST, the HCS/AAA CM will receive an approval email with specific instructions. should open RAC 3132. 2. For instructions on how to authorize MIST payments, please see the MIST Authorization Desk Guide. 3. If you are using Spokane Housing Authority to make the MIST payments, please see the MIST Guide for Spokane Housing Authority Payments.
When do I authorize this service?	1. MIST should only be authorized after a referral has been submitted and approved by the Supportive Housing Program Manager and a hotel/motel have been found.
Are ETRs allowed for federal MIST?	**No.** 1. When the approved MIST amount is above $2000, this will generate an error message in CARE and will require the HCS/AAA CM to reach out to the Housing Program Manager to force the error.

Emergency Rental Assistance SA298

Emergency Rental Assistance (ERA) can be used as a one-time payment made directly to landlords on behalf of an HCS client who is facing an immediate eviction due to non-payment of rent. As part of the assistance request, clients must demonstrate they are able to pay their rent going forward and maintain their independent housing as a part of being stabilized in their community setting. This resource should only be requested when there are no other community options to meet the need fully or partially. Federal Emergency Rental Assistance is funded via the 1115 waiver, in which the Washington State Health Related Social Needs (HRSN) Services Program will allow Medicaid enrollees to receive evidence-based, non-medical services to address an individual's unmet, adverse social conditions that contribute to poor health. These includes rent.	
Who is eligible for federal ERA?	1. An HCS or AAA client who is experiencing or at risk of experiencing homelessness, including facing immediate eviction due to non-payment of rent.
What is covered under federal ERA?	1. A one-time payment made directly to landlords on behalf of an HCS or AAA client who is facing an immediate eviction due to non-payment of rent. 2. Late fees can be included.

What is not covered under federal ERA?	1. ERA does not include pre-tenancy deposits or move-in costs. 2. ERA cannot pay in excess of 150% Fair Market Rent per month and can only pay for a total of six months back rent. 3. Any fees other than late fees.
How do I make payment?	1. The HCS/AAA case manager will need to authorize a Contracted Provider (Community Choice Guide, GOSH Supportive Housing Provider, or Spokane Housing Authority) to make the ERA payment on the client's behalf.
How do I authorize federal ERA	1. Use RAC 3132. 2. Use Service Code SA298 to reimburse the contracted provider for the ERA payment amount approved by the HPM.
When do I authorize this service?	1. ERA should only be authorized after an ERA referral has been submitted and approved by the Housing Program Manager.
Are ETRs allowed for the federal ERA?	**No.** 1. Note: When the approved ERA amount is above $4000, this will generate an error message in CARE and will require the HCS/AAA CM to reach out to the Housing Program Manager to force the error.

RAC 3131: Long-Term Services and Supports Housing Stabilization – State Funds

Governor's Opportunity for Supportive Housing (GOSH) Pre-Tenancy SA299u1

Governor's Opportunity for Supportive Housing (GOSH) Pre-Tenancy	
Who is eligible for GOSH?	HCS/AAA clients who are receiving Medicaid long-term services who are choosing In-Home setting and: 1. Are willing to work with a Supportive Housing Provider, **and** 2. qualify for HCS services (financially & functionally eligible), **and** 3. are discharging or being diverted from Eastern or Western State Hospitals. 4. An individual with a 90- or 180-day commitment order for further involuntary treatment who is discharging from a local community psychiatric facility into Home and Community Services Long-Term Services and Supports (HCS LTSS), or an individual who is detained through the Involuntary Treatment Act who is stabilized and discharged into HCS LTSS prior to the need to petition for a 90- or 180-day commitment order. 5. HCS clients who are currently living in a residential setting who transitioned or were diverted from Western/Eastern State Hospital within the past 18 months, as documented in CARE and counted by

	the State Hospital Discharge and Diversion (SHDD) team, and wish to live independently.
What is covered under GOSH SA299,U1?	Services that support an individual's ability to prepare for and transition to housing, including direct and collateral services: 1. Screening and housing assessment for individual's preferences and barriers. 2. Developing an individual housing support plan: identifying goals, addressing barriers, establishing approaches to meet goals, including identifying available services and resources. 3. Assisting with eligibility determination, housing applications, subsidy applications, and housing searches. 4. Identifying resources for modifications and/or one-time move-in needs. 5. Assisting in arranging for and supporting details of moving into housing. 6. Training on roles, responsibilities, and rights of tenant and landlord. 7. Developing housing support crisis plan. 8. Maintaining participant and collateral contacts, and timely completion of supportive housing deliverables as outlined in "Service Standards for Providers."
What is not covered under GOSH SA299u1?	1. Rent 2. Move-in costs 3. Utilities
How much can I spend?	1. 160 units per month
Do I need to use a contracted provider?	**Yes.** 1. After a referral has been submitted and approved for GOSH Services, the SHPM will contract a GOSH SHP to work with the client.
How do I authorize GOSH SA299u1?	Once the referral has been accepted by the SHPM: 1. The SHPM will open RAC 3131 – LTSS Housing Stabilization and then the pre-tenancy Supportive Housing service code, SA299-U1, to open the SH authorization in CARE. 2. It is the SHPM's responsibility to open, extend and close authorizations for service code SA299, U1.
When do I authorize this service?	1. After a referral has been submitted and approved for GOSH Services, the SHPM will contract a GOSH SHP to work with the client.
Are ETRs allowed for GOSH SA299u1?	**No.**
What about SA299,U1 for Civil Transitions Program?	1. Supportive Housing services are available through GOSH for those who meet Civil Transition Program eligibility (see Chapter 9b).

	2. For clients meeting Civil Transition Program (CTP) eligibility only, use the appropriate CTP RAC and then authorize SA299u1 with the Reason Code "Civil Transitions Program". 3. If a Civil Transition Program client ends up eligible for LTSS: • End CTP RAC • End SA299,U1 authorization, then: ○ Open RAC 3131 LTSS Housing Stabilization ○ Open SA299,U1 and use Reason Code "5440 FEFE", which stands for 5440 Functionally Eligible Financially Eligible.

Governor's Opportunity for Supportive Housing (GOSH) Tenancy H0044

Governor's Opportunity for Supportive Housing (GOSH) Tenancy	
Who is eligible for GOSH?	1. HCS/AAA clients who are receiving Medicaid long-term services who: are choosing In-Home setting **and**: 2. Are willing to work with a Supportive Housing Provider, **and** 3. Qualify for HCS services (financially & functionally eligible), **and** 4. Are discharging or being diverted from Eastern or Western State Hospitals. 5. An individual with a 90- or 180-day commitment order for further involuntary treatment who is discharging from a local community psychiatric facility into Home and Community Services Long-Term Services and Supports (HCS LTSS); or an individual who is detained through the Involuntary Treatment Act who is stabilized and discharged into HCS LTSS prior to the need to petition for a 90- or 180-day commitment order. 6. HCS clients who are currently living in a residential setting who transitioned or were diverted from Western/Eastern State Hospital within the past 18 months, as documented in CARE and counted by SHDD team, and wish to live independently.
What is covered under GOSH H0044?	Services to support individuals to maintain tenancy once housing is secured, such as: 1. Early intervention for behaviors that might jeopardize housing, e.g., late rent payment, lease violations, etc. 2. Training on responsibilities and rights of tenant and landlord. 3. Coaching on relationship building with landlords, property managers, and neighbors, and assisting in dispute resolution. 4. Linking with community resources to prevent eviction
What is not covered under GOSH H0044?	1. Rent 2. Move-in-costs 3. Utilities

How much can I spend?	1. 1 unit per month (rate $575)
Do I need to use a contracted provider?	**Yes.** 1. After a referral has been submitted and approved for GOSH Services, the SHPM will contract a GOSH SHP to work with the client.
How do I authorize GOSH H0044?	Once the client has moved into their own apartment: 1. The SHPM will ensure RAC 3131 – LTSS Housing Stabilization's end date matches the CARE Plan end date. 2. The SHPM will close pre-tenancy service code SA299, U1, and open tenancy service code H0044. 3. It is the responsibility of the SHPM to close the authorization for SA299, U1 and open an authorization for H0044. 4. The SHPM will update the tenancy service code, H0044, on an annual basis. If there are any concerns around client eligibility, staff with the SHPM.
When do I authorize this service?	GOSH Services should only be authorized after a referral has been submitted and approved by the Supportive Housing Program Manager. Once the client has moved into their own apartment: 1. The SHPM will ensure RAC 3131 – LTSS Housing Stabilization's end date matches the CARE Plan end date. 2. The SHPM will close pre-tenancy service code SA299, U1, and open tenancy service code H0044. Please note, the date when the tenancy service code, H0044, is opened will vary based on the terms of the SHP's contract.
Are ETRs allowed for GOSH H0044?	**No.**
What about H0044 FOR Civil Transitions program?	1. H0044 should not be used for a client only eligible for the Civil Transition Program. 2. If a Supportive Housing client who was originally Civil Transition Program client ended up eligible for LTSS and secures housing use Reason Code "5440 FEFE", which stands for 5440 Functionally Eligible Financially Eligible.

Motel Interim Stays for Transitions (MIST) SA294u2

Motel Interim Stays for Transitions (MIST): is a service to pay for a short-term motel/hotel stay offered to minimize the number of clients who discharge to and/or experience episodes of homelessness. MIST aims to minimize the time it takes to get vital LTSS in place and increase the client's chances of ending up on services in their own home. The service is authorized for up to a 6-month period.

Who is eligible for state MIST?	HCS/AAA clients who are receiving Medicaid long-term services who have one of the following qualifications: 1. **HCS Subsidy (Bridge & Acute Care Hospital)** • Bridge Subsidy: HCS clients who have a Bridge voucher issued and are working with an authorized contracted provider on an independent housing search. • Acute Hospital Care (ACH) Subsidy: HCS clients transitioning from an Acute Care Hospital (ACH) setting~~,~~ when housing is a barrier. 2. **GOSH Program:** HCS clients who are enrolled in the Governor's Opportunity for Supportive Housing (GOSH) and are at risk of or experiencing homelessness. 3. **Other Housing Resource:** • HCS clients who will be living independently and currently have a resource from a housing agency or program. Examples might include Mainstream, NED, Housing Choice, Apple Health & Homes, HEN, HOPWA, VASH, etc. • HCS clients who have been approved for a project-based resource and have a move-in-date. Examples might include Tax Credit units, 811 units, or Permanent Supportive Housing Unit from homeless service agency. 4. **In-Home Short-Term Displacement**: HCS clients who have their own home and a short-term situation that requires them to temporarily vacate. Ex: pest control or eradication, fire, or flooding. 5. **Experiencing Homelessness**: HCS clients experiencing homelessness, at risk of homelessness or fleeing domestic violence or other unsafe situations. Ex: staying in a car, park, abandoned building, tent, shelter, or couch surfing.
What is covered under MIST 294u2?	1. Payment for up to 6-month period for a Medicaid HCS client to stay at a motel/hotel. 2. Deposits. 3. Damages- (Requires HQ Approval. Please contact the Supportive Housing Program Manager).
What is not covered under MIST 294u2?	1. Monthly payment that exceeds $4,000.
How much can I spend?	1. Up to $4,000 per month for a total of six months.
Do I need to use a Community Choice Guide (CCG) or GOSH Provider?	**Yes.** 1. The HCS/AAA CM will need to coordinate with the CCG or GOSH provider and notify them that the client has been authorized for Motel Interim Stays for Transitions for a period of up to 6 months. 2. The Contracted Provider should be authorized for the duration of the MIST authorization period.

	3. The Contracted Provider should make periodic visits to the client to provide support and assist in a housing search, as needed. 4. The CCG or GOSH provider can make payments, or Spokane Housing Authority can be authorized to make payments.
How do I authorize state MIST?	1. Upon receiving approval for MIST, the HCS/AAA CM will receive an approval email with specific instructions. should open RAC 3131. 2. For instructions on how to authorize MIST payments, please see the MIST Authorization Desk Guide. 3. If you are using Spokane Housing Authority to make the MIST payments, please see the MIST Guide for Spokane Housing Authority Payments. 4. If a client is enrolled in GOSH services, HCS/AAA CM will need to select "2017 Governors Request Supportive Housing" as the reason code. If client is not enrolled in GOSH Service, please select "No reason code needed" as the reason code.
When do I authorize this service?	1. MIST should only be authorized after a referral has been submitted and approved by the Supportive Housing Program Manager and a hotel/motel have been found.
Are ETRs allowed for state MIST?	**No.** 1. Note: When the approved MIST amount is above $2000, this will generate an error message in CARE and will require the HCS/AAA CM to reach out to the Housing Program Manager to force the error.

Housing Subsidy - Purchasing SA294u4

Housing & Employment Stabilization Services (H&ES). These state funded services are intended to fill specific gaps to provide transitional or stabilizing supports for clients who have received a housing or Supported Employment resource or had their housing/employment coordinated through HCS to sustain community living.	
Who is eligible for state H&ES?	When an HCS client meets these qualifications: 1. Is found functionally and financially eligible and received a housing resource or had their housing coordinated through HCS; **or** 2. Is found functionally and financially eligible and enrolled with Supported Employment or had their employment coordinated through HCS; **and** 3. Are transitioning from a hospital, nursing facility, licensed assisted living facility, enhanced services facility, or adult family home to their own home, or are living in the community and need stabilization services to remain there; **and**

	4. Do not have other programs, services, or resources to assist them with these costs; **and** 5. Are not eligible for federal funding.
What is covered under state H&ES?	Goods necessary to establish a residence such as essential household furnishings. 1. Items needed to help stabilize community living for a client. 2. Packing assistance. 3. Moving assistance. 4. Utility set-up fees or deposits. 5. Non-recurring health and safety assurances such as pest eradication, allergen control and/or extreme cleaning. 6. Rental deposits: all pre-tenancy payment requirements, including first month's rent, can be bundled as one deposit and reimbursed to a Community Choice Guide or a DSHS contracted Supportive Housing provider.
What is not covered under state H&ES?	1. Recreational or diversional items such as television, cable or DVD players. 2. Assistive Technology.
When do I need a provider contract?	1. A contracted provider (Community Choice Guide or GOSH SHP) will need to be authorized to complete purchases or/and payments on the behalf of the client.
How do I authorize state H&ES?	1. Open RAC 3131-LTSS Housing Stabilization. 2. Use Service Code SA294,U4 to authorize the necessary goods and services. 3. Select the appropriate reason code. Options are "In-Home Community Stabilization or Employment Stabilization" 4. Note in the Service Episode Record (SER) that the client is eligible for LTSS Housing Stabilization services and that you have Supervisory approval to authorize state only funds. 5. Complete a SER outlining the service you are authorizing and/or the items you are purchasing and how they are necessary for the client's service plan. 6. Receipts for all purchases must be included in the participant's electronic case record (ECR). Attach all receipts/bids to the Packet Cover Sheet: Social Services Packet Cover Sheet (DSHS Form 02-615), prior to sending to DMS.
When do I authorize this service?	When an HCS client meets these qualifications: 1. Is found functionally and financially eligible and received a housing resource or had their housing coordinated through HCS; **or** 2. Is found functionally and financially eligible and enrolled with FCS Supported Employment or had their employment coordinated through HCS; **and**

	3. Are transitioning from a hospital, nursing facility, licensed assisted living facility, enhanced services facility, or adult family home to their own home, or are living in the community and need stabilization services to remain there; **and** 4. Do not have other programs, services, or resources to assist them with these costs; **and** 5. Are not eligible for federal funding.
Are ETRs allowed for state H&ES?	**Yes.** 1. An ETR will be required if the total amount of goods & services exceeds $5000. 2. Select "other" for both ETR/ETP category & type. 3. Submit the ETR to "Committee, Housing ETR" 4. Note: If the amount Exceeds $2500, this will generate an error message in CARE and will require the HCS/AAA CM to reach out to the Housing Program Manager to force the error.

Emergency Rental Assistance SA298

Emergency Rental Assistance (ERA) can be used as a one-time payment made directly to landlords on behalf of an HCS client who is facing an immediate eviction due to non-payment of rent. As part of the assistance request, clients must demonstrate they are able to pay their rent going forward and maintain their independent housing as a part of being stabilized in their community setting. This resource should only be requested when there are no other community options to meet the need fully or partially.	
Who is eligible for state ERA?	1. An HCS client who is facing immediate eviction due to non-payment of rent.
What is covered under state ERA?	1. A one-time payment made directly to landlords on behalf of an HCS client who is facing an immediate eviction due to non-payment of rent. 2. Late fees. 3. Other fees that are tied into the lease where client is at risk of eviction if they are not paid.
What is not covered under state ERA?	1. ERA does not include pre-tenancy deposits or move-in costs, including first month's rent.
How do I make payment?	1. The HCS/AAA case manager will need to authorize a Contracted Provider (Community Choice Guide, GOSH Supportive Housing Provider, or Spokane Housing Authority) to make the ERA payment on the client's behalf.
How do I authorize state ERA?	1. Upon approval, the Housing Program Manager will provide instructions to authorize payment to a CCG or GOSH provider.

	2. To authorize payment for Spokane Housing Authority, please see the ERA-SHA Reimbursement Guide.
When do I authorize this service?	1. ERA should only be authorized after an ERA referral has been submitted and approved by the Supportive Housing Program Manager. The HCS/AAA CM is only allowed to authorize the amount approved by the SHPM.
Are ETRs allowed for the state ERA?	**Yes.** 1. When the ERA request amount is above $4000, this will generate an error message in CARE that will require the HCS/AAA CM to reach out to the Housing Program Manager to request an ETR and force the error. There is no formal ETR request process.

Community Choice Guide SA263

Payment for specialty services which provide assistance and support to ensure the eligible client's successful transition to the community and/or maintenance of independent housing as authorized by HCS and/or AAA staff.

CCG services may include but are not limited to the following:

- Locating and arranging appropriate, accessible housing; including working with local housing authorities and other community resource providers when applicable.
- Maintaining or assisting with obtaining affordable housing.
- When relevant, liaising among and with the client, nursing or institutional facility staff, case managers, housing providers (including AFH providers), medical personnel, legal representatives, formal caregivers, family members, informal supports and any other involved party.
- Necessary assistance to support the client's community living, including assistance in settling disputes with landlord.
- Educating client on tenant rights, expectations and responsibilities.
- Assisting client with filling out forms and obtaining needed documentation to aid in maintaining successful community living (forms may include initial and renewal voucher forms, lease agreements, etc.).
- Providing emergent assistance to avoid utility shut-off and/or eviction.
- Assisting client with locating and arranging transportation resources to effectively connect with community resources.
- Assisting client to locate and engage community integration activities.
- Training or education to client about accessing community settings or health services.
- Assisting client with finding a qualified caregiver.

Detailed instructions on how to make a CCG referral using Service Codes SA263 can be found in the Chapter 7d: COPES of the LTC Manual.

The updated CCG Activity Tracking Form can be found in the resources section of this chapter and in Chapter 29: Roads to Community Living.

Related WACs:

WAC 388-106-0270: What services are available under Community First Choice (CFC)?

WAC 388-106-0030: Where can I receive services?

WAC 388-106: Long Term Care Services

WAC 388-106-1700 to WAC 388-106-1765: Supportive Housing

Acronyms:

HPM: Housing Program Manager	LTSS: Long-Term Services and Supports	SHPM: Supportive Housing Program Manager
GOSH: Governor's Opportunity for Supportive Housing	FCS: Foundational Community Supports	SH: Supportive Housing
CCG: Community Choice Guide	SHA: Spokane Housing Authority	PHA: Public Housing Authority
	AMI: Area Median Income	FMR: Fair Market Rent

REVISION HISTORY

DATE	MADE BY	CHANGE(S)	MB #
5/2020		Established	
8/2020		Added Chapter Section hyperlinks, Section 5B.6 GOSH and link to Supportive Housing WACs	
10/2020		Updated GOSH Pre-Tenancy service code and provided clarification around SHPM vs CM responsibility in "GOSH Client Accepted" section. Added Housing Team contacts under section 5b.11. In section 5b.4 added instruction on how to document HCS subsidy into CARE and Bridge file transition information. Added *Forms* to section 5b.11 including (2) new forms: HCS Bridge Referral and Bridge Referral and Application Process.	

2/2021		Added SA294 subsidy payment authorization information to section 5B.4. Moved GOSH Section from 5B.6 to 5B.5. Added clarification that there is no participation for Supportive Housing services. Added GOSH "Discharge Planning" and "Transition to Independent Housing" sections to 5B.5. Updated hyperlinks.	
5/2021		Deleted SA294 payment authorization process for P1. Added the need for CM support with quarterly Bridge tenancy verifications as well as annual re-certifications. Clarified steps to add "Housing subsidy (HCS/AAA)" and "Supportive Housing (HCS/AAA)" as Treatments on the Medical Screen in CARE. Added new procedure for referring to GOSH, hyperlinked to new DSHS 11-153 GOSH Referral form. Clarified GOSH eligibility and HCS and AAA CMs can refer. Clarified GOSH authorization responsibility. Hyperlinked to Chapter 30d to connect Supportive Housing service consults and consideration. Clarified on-going eligibility for GOSH clients regarding services and subsidy. Hyperlinked to Chapter 30d in the 'How can I use CTS/CTSS/WA Roads section'. Updated PM Roles.	
8/2021		Added new staff contacts for all regions by way of link to RCL Housing Resources website. Updated Bridge Referral form, Participant Agreement and Referral and Application Process form. Added updated ERA form. Updated 811 HCS HPM role regarding DDA/DBHR referrals. Added expanded GOSH eligibility criteria.	
2/2022		Updated various links throughout the chapter. Updated HCS Subsidy P&P inserted Document. Updated Participant Agreement inserted document. Added *What is needed to transfer an HCS subsidy client from HCS to the AAA?* Section. Updated GOSH section to add protocol to staff cases with SHPM prior to closing a GOSH client and protocol related to clients with short term institutional stays (e.g., re-hospitalization or jail).	
8/2022		Added RVP eligibility and availability. Update ERA with Hotel/Motel stay information and Process. Update link to ERA form. Add info from Chapter 5a regarding WA Roads and eligibility from HCS housing resources. Updated language around HCS to AAA case transfers and Annual Assessments for GOSH. Added some hyperlinks into the GOSH Section to animated YouTube Videos: What is the Governor's Opportunity for Supportive Housing?;	

		You've Been Referred to GOSH – Now What?; Governor's Opportunity for Supportive Housing (GOSH): Good Discharge Planning	
11/2022		Added more detailed payment/authorization information for ERA SA298. Added in section from Chapter 5a on how to work with individuals on HCS Housing Resources who are not currently receiving LTSS. Added language on keeping GOSH participants open who are in jail or institutional stays into the Interim Setting section. General text/grammar corrections throughout document. Added Bellingham/Whatcom and Spokane RVP resource.	
2/2023		Updated Unit Manager titles. Updated "NED" section to "permanent HUD voucher" section and added more process details. Updated Chapter Section list to include new 5b.5. Updated 811 sections with more details regarding application process. Removed old versions of forms and added updated versions (Participant Agreement, Tips for Maintaining LTSS, Chapter Version HCS Subsidy P&P and Bridge referral). Added page numbers to footer. Added links to Brochures and Video.	
5/2023		HCS subsidy video link. Updates to Section 5b.5. Updated ERA form.	
8/2023		Updated information in the HCS Subsidy and GOSH sections related to CARE Changes. Clarified language related to ineligibility for permanent HUD vouchers.	
11/2023		Updated Emergency Rental Assistance Form. Clarified language and updated language in section 5b.5 "Working with individuals on HCS housing resources who are not currently receiving HCS LTSS". Updated GOSH Section to include new regional referral email addresses.	
1/2024		Chapter Links added and updated ERA form added	
2/2024		Added a green box in pages 14 & 24 & 29 & 34 with a process for possible no longer functionally eligible HCS clients who are already enrolled in a housing service. Added on page 33 & 34 Motel Interim Stay for Transitions (MIST) program description. Added MIST to Table of contents Page 2. Replaced Washington Roads RAC info in pages 17 & 21 & 29 with new info (RAC 3131- LTSS Housing Stabilization). Added on page 17 (1 d. and the HCS/AAA CM will extend the WA Roads RAC) & (2 i. GOSH Program Manager will end the GOSH authorization and end RAC 3131- LTSS Housing	

		Stabilization, and HCS/AAA CM will end the WA Roads RAC). Removed from page 30 & 31 under reimbursements "while the Supportive Housing services are authorized by SHPM under the service code SA299,U1 the CM would authorize use of any CFC CTS/CTSS/WA Roads funds under a separate service code, dependent upon eligibility and funds used."	
3/27/2024		Updated Bridge documents at bottom of document with most recent versions. Page 11 &12 amended for HCS Bridge Subsidy.	
5/7/2024		Removed Motel/Hotel language from ERA section. Corrected MIST referral email address. Added MIST Request Form. Added bullet on Civil Transition eligibility.	
6/17/2024		Added ERA email address. Updated ERA referral process. Removed "How do I make a referral for a client who I believe is eligible for ERA?" Updated MIST eligibility criteria (Bridge Subsidy, GOSH program, Civil Transitions Program, Other Housing Resource, In-Home Short-Term Displacement, & Limited Residential). Updated MIST referral Process outline. Updated & added "How is payment made for MIST?" process/procedure. Updated MIST Referral Form.	
9/3/2024		Added information regarding Bridge Subsidy waitlist, added information regarding Presumptive Eligibility, added policy information from chapter 9 regarding GOSH client unable to return to residential setting and being admitted to the hospital. Added policy information regarding if a client is incarcerated or hospitalized and how HCS pays the subsidy for up to 6 months. Added Stephen Miller contact info. Added Housing and Employment website, updated links to one pager. Updated table of contents to include Presumptive Eligibility. Added Global Leasing info. Updated GOSH eligibility criteria.	
10/2024	Joana	Chapter 5b changed to Chapter 6. Chapter 6 Established	
11/2024	Joana	Added information regarding the HCS Acute Care Hospital Subsidy, and the referral/process and referral.	
01/2025	Joana	Edited information regarding the HCS Acute Care Hospital Subsidy	
03/2025	Joana	Chapter 6 was divided up into 4 sections and renamed. Chapter 6A- HCS Subsidies & GOSH Services established. Update policy & procedure regarding	

		Housing and Employment Stabilization Services. Updated OHAE background and EDAI statement. Added a chart describing all the RACs and Service Codes associated with OHAE.	
07/2025	WJH, Jonnie	Removed Whitney Joy Howard under "ask the expert" section; Throughout chapter changed language that referenced "ALTSA" to "HCS"; changed "DDA" to "DDCS"; In GOSH section: Updated GOSH eligibility language to reflect current eligibility; In GOSH interim section: Removed "RFT" language as option for Interim Housing per updated eligibility language; Added information on RCL and HRSN STRA and how it is used in combination with state dollars to support a client's interim HCS Subsidy.	
9/2025	Jonnie	Added GOSH referral email. Removed GOSH region emails. Removed ARTF as an interim setting option for GOSH.	H25-057
3/2025	Joana	Remove language about clients able to sustain subsidy when found ineligible for services.	
04/2026	Jonnie	Removed funding chart Updated information regarding SA294,U4 Updated information regarding CMs completing PANs for GOSH services. Updated information regarding GOSH authorizations to be completed by CMs. Updated language/policy regarding clients no longer on LTSS.	
07/2026	Tom	Added that HCS subsidy referrals can now be submitted through electronic SharePoint forms. Added information to the Q&A section regarding Spokane Housing Authority making payments for MIST and ERA.	