

Governor’s Opportunity for Supportive Housing (GOSH)

Desk Guide: LTC Case Managers

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LTC MANUAL CHAPTERS

- [Chapter 5b:](#)
Housing Resources for ALTA Clients
- [Chapter 5a:](#)
Washington Roads
- [Chapter 30d:](#)
Foundational Community Supports:
Supportive Housing

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ACRONYMS

AAA	Area Agencies on Aging	LTSS	Long-Term Services and Supports
CARE	Comprehensive Assessment Reporting Evaluation	PAN	Planned Action Notice
CM	Case Manager	SER	Service Episode Record
CTSS	Community Transition and Sustainability Services	SHA	Spokane Housing Authority
DMS	Document Management System	SHDD	State Hospital Discharge & Diversion
ESH / WSH	Eastern / Western State Hospital	SHP	Supportive Housing Provider
ETR	Exception to Rule	SHPM	Supportive Housing Program Manager
GOSH	Governor’s Opportunity for Supportive Housing	WAC	Washington Administrative Code

GOSH Eligibility

Services for individuals who are:

- Choosing in-home setting
- Willing to work with Supportive Housing Provider (SHP)
- Financially and functionally eligible for ALTSA services
- Discharging or diverting from Eastern or Western State Hospital (E/WSH)

DIVERSION

Discharged with a 90 or 180-day commitment order for **involuntary treatment**

OR

Detained by **Involuntary Treatment Act**; stabilized & discharged prior to 90 or 180-day commitment order petition

Referral Process

Complete [DSHS Form 11-153](#): "Governor's Opportunity for Supportive Housing Referral"

Attach all requested documents listed on referral form.

Send referral and documents to the regional email of client's desired residency.

For example, if Client would like to reside in Pierce County (Region 3), send to R3 email.

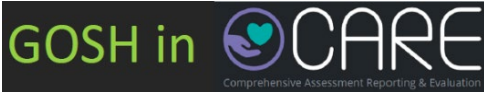
R1GOSHReferral@dshs.wa.gov
R2GOSHReferral@dshs.wa.gov
R3GOSHReferral@dshs.wa.gov

For **DIVERSION** criteria to be verified:

- Include copy of commitment order (signed by judge or commissioner)
 - 90 or 180-day order for further involuntary treatment
 - 120-hour, 14-day, 90-day, or Revoked 90/180 LRA
- Upload to DMS
- Update State Hospital/Hospital/E&T Screen in CARE

Client is Approved

Supportive Housing Program Manager (SHPM) will:	Case Manager (CM) will:
<ul style="list-style-type: none"> • Email CM, collateral contacts, SHP • Open RAC 3131 in CARE • Add Supportive Housing Code SA299-U1 	<ul style="list-style-type: none"> • Send completed referral to DMS • Update Client details and Assessment in CARE per steps on page 3



STEP 1: Add **Supportive Housing Provider (SHP)** in **Contact Details**.

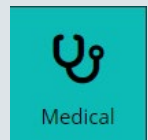
Overview	<input type="checkbox"/>
Profile	<input type="checkbox"/>
Contact Details	<input checked="" type="checkbox"/>

STEP 2: If Client is in a state or local psychiatric facility, add GOSH into the **State Hospital Screen**.

State Hospital/Hospital/E&T

Hospital detail	
Facility	Was GOSH referral made?
<input type="text"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
GOSH Referral date:	Was client approved for GOSH?
<input type="text" value="mm/dd/yyyy"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

STEP 3: In Medical Screen, add **"Supportive Housing (HCS/AAA)"** and **"Housing Subsidy (HCS/AAA)"** as Treatments.



- Received in the last 14 days? **NO**
- Need: **YES**
- Provider: **AGENCY**
- Frequency: **PRN (as needed)**

Comment Insert:

Client has been referred to the Governor's Opportunity for Supportive Housing (GOSH) service. [Supportive Housing Provider Name] 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.

Treatment	Supportive Housing (HCS/AAA)						
Received in the last 14 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes				
Need	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> No				
Provider list	<table border="1"> <thead> <tr> <th>Provider</th> <th>Frequency</th> </tr> </thead> <tbody> <tr> <td>Agency</td> <td>PRN (as needed)</td> </tr> </tbody> </table>			Provider	Frequency	Agency	PRN (as needed)
Provider	Frequency						
Agency	PRN (as needed)						
Comments	<p>Client has been referred to the Governor's Opportunity for Supportive Housing. Supportive Housing Provider to assist with pre-tenancy search for affordable housing, assist with community integration, and to provide ongoing support with community sustainability.</p>						

Comment Insert:

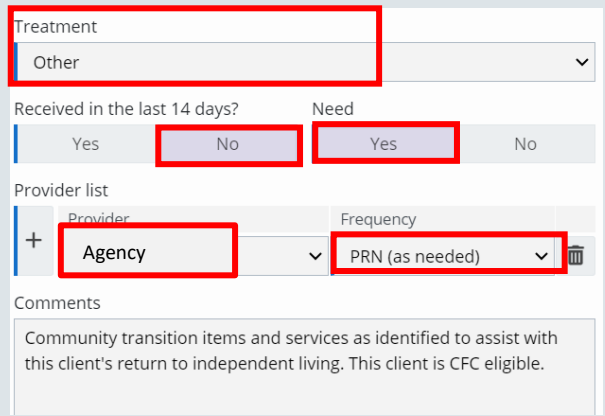
Client will be receiving the ALTSA Housing Subsidy administered by Spokane Housing Authority.

Treatment	Housing subsidy (HCS/AAA)						
Received in the last 14 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes				
Need	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> No				
Provider list	<table border="1"> <thead> <tr> <th>Provider</th> <th>Frequency</th> </tr> </thead> <tbody> <tr> <td>Agency</td> <td>PRN (as needed)</td> </tr> </tbody> </table>			Provider	Frequency	Agency	PRN (as needed)
Provider	Frequency						
Agency	PRN (as needed)						
Comments	<p>Client will be receiving the ALTSA Housing Subsidy administered by Spokane Housing Authority.</p>						

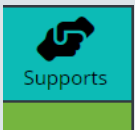
STEP 4: Add "Other" for Community Supports as a Treatment.

- Received in the last 14 days? **NO**
- Need: **YES**
- Provider: **AGENCY**
- Frequency: **PRN (as needed)**

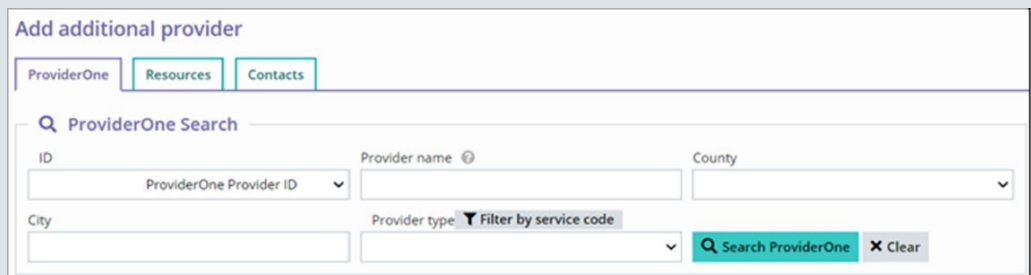
Comment Insert:
Community transition items and services as identified to assist with the client's return to independent living.



STEP 5: In the Supports Screen, add the Providers.



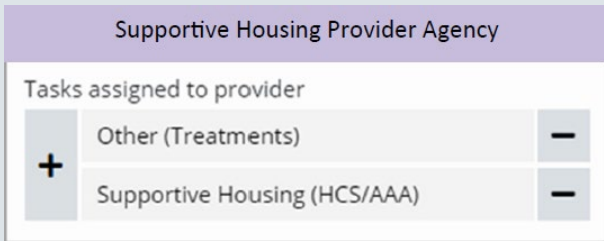
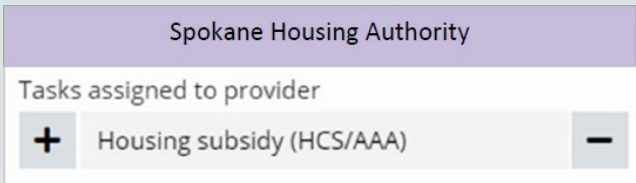
- Add the Supportive Housing Provider Agency.
- If Client is also utilizing an *AL TSA Subsidy*, add *Spokane Housing Authority* as a Provider.



- Add each Provider as **PAID**.



STEP 6: Assign applicable treatments to the Providers as shown.

Please staff all GOSH cases with your local GOSH Program Manager prior to inactivating a case.

Note: When an AL TSA 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 LTC services, 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. SER note required, for the assessment review with the client.

Interim Housing: Motel Interim Stay Transition (MIST) Program

If the client has a GOSH voucher issued and is at risk of, or experiencing homelessness, please consider sending a referral for the Motel Interim Stay Transition (MIST) program.

- Send the MIST Request Form to: mistreferral@dshs.wa.gov
- If approved, RAC 3131 will be open to authorize **SA 294 u2**.
- Follow the same procedure for "Authorizing and Approving Funds" on page 6.

Community Transition and Sustainability Funds

- Case managers will receive an email from Supportive Housing Provider with **requests for funds** to use on Client's behalf.

SERVICES	GOODS
<i>Such as:</i> <ul style="list-style-type: none"> • Background Check • Credit Report • Application Fees • Deposits • Moving Services • First Month's Rent 	<i>Such as:</i> <ul style="list-style-type: none"> • Furniture • Household Items • Cell Phone • Landline • Food • Public Transit Pass

- Determine which funding source will be utilized to approve goods and services, based on Client's eligibility (see [Chapter 5a](#) and [7](#)).

FEDERAL	FUND	LIMIT	SERVICE CODES	SUBJECT TO ETR?	See LTC Chapter 7
	Roads to Community Living (RCL)	\$7500	Goods: SA296	✗	
	Community Transition Services	\$2500	Services: SA297	✓	
	COPEs	\$1700		✓	
<i>If Client is not eligible for one of the programs above, see the following:</i>					
STATE	Washington Roads <i>(requires supervisor approval)</i>	\$2500	Goods: SA290	✓	See LTC Chapter 5a
	Community Transition or Sustainability Services (CTSS)	\$850	Services: SA291	✓	

How to Complete the ETR for Transition or Sustainability Funds

Submit an ETR when the request for funds exceeds the maximum spending limit of a program

1. Complete the [7 Steps for ETR Process](#).
2. Refer to the justification examples on page 2 of the template.

Authorizing and Approving Funds



I've received requests for funds from the Supportive Housing Provider.

STEP 1: Email with preapproval to proceed with the requested purchase.



"[SHP Agency Name] is authorized to make [X purchase/payment] on behalf of the [client's name]."

Example: [Provider] is authorized to pay \$150 toward rental applications on behalf of Jane Doe."

STEP 2: Make the authorization for the good/service in CARE.

- Place the authorization in **REVIEWING** status.
- DO NOT** move to **APPROVAL** until you have received an invoice/receipt from SHP.
- Add a comment to describe the requested good/service.

Community Transition or Sustainability: Services - SCDS

Line #	Service code	Service name
	SA291	Community Transition or Sustainability: Services

Start: 10/10/2022 End: 10/24/2022

of Units: 1 Unit type: Each

Rate: \$40.95 Total: \$40.95

Business status: Reviewing Reason code: In-Home

Cancel line

Comments



I've received an invoice or receipt from the Supportive Housing Provider.

STEP 3:

- Verify the invoice/receipt amount matches the authorization.
- Move the "Business Status" from **REVIEWING** to **APPROVAL**.

QTY	DESCRIPTION	DATE OF SERVICE	UNIT PRICE	TOTAL
1	Background/Credit Check	10/18/22	40.95	40.95

CARE	
Total	\$40.95

STEP 4: Submit all receipts/invoices to DMS using [DSHS Form 02-615](#).

Using the **Housing Purpose Code**, make a SER note in CARE for:

- | | |
|------------------------------------|---------------------------------------|
| ✓ Every interaction with SHP | ✓ Authorization in "Reviewing" |
| ✓ Requests for funds | ✓ Received invoice/receipt |
| ✓ Verbal authorization preapproval | ✓ Moving from Reviewing to "Approval" |

GOSH Frequently Asked Questions (FAQ)

I've received a case transfer. How do I identify if my client is a GOSH recipient?

You can verify if the Client is already on GOSH in the following three CARE screens:

Authorizations

Service lines					
Recent service lines		Unresolved errors	All service lines		
#	Status	Service code	Service name	Start date	
2.1	Approved	SA299,U1	Supportive Housing Specialist (...)	01/01/2024	
1.1	Approved	SA299,U1	Supportive Housing Specialist (...)	11/14/2023	

State Hospital / Hospital / E&T

Hospital detail		
Facility	Was GOSH referral made?	GOSH Referral date:
Eastern State Hospital	Yes No	01/16/2024
Was client approved for GOSH?	Yes No	

Assessments > Medical Treatments

Treatment type/name		
Programs : Mental health therapy/program		🗑️
Programs : Other		🗑️
Programs : Supportive Housing (HCS/AAA)		🗑️
Treatments : Injections		🗑️

Can a client continue to receive GOSH services if they decline personal care services?

Yes, GOSH is a standalone LTSS service; GOSH clients are active LTSS clients.

Client is missing in action - What to do?

CM will make a SER note documenting the last date of attempted contact. Keep the case open for 90 days while conducting an active client search. Case staff the client with the SHPM, SHP, and HCS Supervisor at the 30-day mark and 60-day mark. At 60-day mark if client is not located, the team will plan for case closure. At 90-day mark, and client is not located, inactivate the case.

GOSH Client no longer meets functional eligibility during annual review/annual assessment.

Ineligible for LTC services, but eligible for WA Roads: Assign the WA Roads RAC 3120 and move assessment to History. *Do not inactivate.*

Ineligible for LTC services and does not have housing voucher/subsidy: Case staff with SHP and SHPM.

GOSH client is hospitalized or jailed - What to do?

Supportive Housing Provider continues to provide services; service authorizations are to remain open. Clients remain active as early engagement starts. If the participant is in jail, the case will be staffed with the Case Manager, Provider, and GOSH Program Manager. Hold the case until the final court decision is carried out.