

# The Aging and Long-Term Support Administration's Home and Community Services

(Governor's Opportunity for Supportive Housing)

# GOSH Provider Manual

## Governor's Opportunity for Supportive Housing (GOSH) Provider Manual

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# 1 Welcome

## 1.1 Introduction

We are glad you decided to partner with us and look forward to working collaboratively to support the Department of Social and Health Services (DSHS) Aging and Long-Term Support Administration (AL TSA) clients to live independently in the community.

This manual contains information you need to know for service delivery of the Governor’s Opportunity for Supportive Housing (GOSH) program. This information is subject to change. We encourage you to access the manual at [AL TSA Supportive Housing Services](#) website for the most up-to-date information.

### **Purpose of GOSH Provider Manual**

GOSH contractors have several sources they may reference to understand GOSH program requirements, including those mentioned below. This guide highlights important sections of the contract and the Service Standards for Providers and provides additional process information.

### **Program resources**

1. [GOSH Contract](#)
2. [Service Standards for GOSH Program Providers](#)
3. DSHS [AL TSA Regional Map with Contacts](#) (GOSH Program Managers in your area)
4. GOSH Contractor Onboarding training materials
5. GOSH Provider Manual

### **Provider Feedback**

We want to hear from you! Participate in our GOSH provider quarterly meetings or email our Supportive Housing team at [SupportiveHousing@dshs.wa.gov](mailto:SupportiveHousing@dshs.wa.gov).

## 1.2 Important contact information

<p>DSHS Region 1 Program Contact</p> <p>Covering Pend Oreille, Spokane, Whitman, Asotin, Garfield, Columbia, Walla Walla, Franklin, Benton, Klickitat, Yakima, Kittitas, Grant, Adams, Lincoln, Stevens, Ferry, Okanogan, Douglas, Chelan counties</p>	<p><b>GOSH Program Managers</b></p> <p>Amme Paluch <a href="mailto:Amme.Paluch@dshs.wa.gov">Amme.Paluch@dshs.wa.gov</a> 564-200-2262</p> <p>Mike Christie <a href="mailto:Michael.Christie@dshs.wa.gov">Michael.Christie@dshs.wa.gov</a> 564-200-2188</p>
<p>DSHS Region 2 Program Contact</p> <p>Covering King, Snohomish, Island, Skagit, San Juan and Bellingham counties</p>	<p><b>GOSH Program Manager</b></p> <p>Christine Cricchio <a href="mailto:Christine.Cricchio@dshs.wa.gov">Christine.Cricchio@dshs.wa.gov</a> 360-763-2689</p>
<p>DSHS Region 3 Program Contact</p> <p>Covering Pierce, Thurston, Lewis, Skamania, Clark, Cowlitz, Wahkiakum, Pacific, Grays Harbor, Mason, Kitsap, Jefferson and Clallam counties</p>	<p><b>GOSH Program Managers</b></p> <p>Tammy Stewart <a href="mailto:Tammy.Stewart@dshs.wa.gov">Tammy.Stewart@dshs.wa.gov</a> 360-764-0109</p> <p>Emily Prather <a href="mailto:Emily.Prather@dshs.wa.gov">Emily.Prather@dshs.wa.gov</a> 564-200-2260</p>
<p>Statewide Program Contracts</p>	<p>Supportive Housing Unit Manager</p> <p>Stephen Miller <a href="mailto:Stephen.miller@dshs.wa.gov">Stephen.miller@dshs.wa.gov</a> 564-200-3510</p> <p>Housing Contract and Systems Specialist</p> <p>Sandra Guerra Pellegrini <a href="mailto:sandra.guerradepellegrini@dshs.wa.gov">sandra.guerradepellegrini@dshs.wa.gov</a> 253.625.8303</p>

	<p>AL TSA Office Chief, Community Living and System Support</p> <p>Liz Prince</p> <p><a href="mailto:Elizabeth.Prince@dshs.wa.gov">Elizabeth.Prince@dshs.wa.gov</a></p> <p>360-725-2561</p>
Billing assistance	<p>If you have billing questions or need assistance, please contact the Health Care Authority's ProviderOne help desk at <a href="mailto:mmishelp@hca.wa.gov">mmishelp@hca.wa.gov</a></p> <p>Please make sure you get a ticket number.</p>
ProviderOne Training Resources	<p><a href="#">ProviderOne for Social Services</a></p>

## 2 Program Basics

### 1.2 What is the GOSH program?

The Governor’s Opportunity for Supportive Housing (GOSH) program was established as part of Washington State’s Behavioral Health Transformation project’s [plan](#) to modernize the mental health system. The GOSH program is 100% funded through State General Funds to provide Supportive Housing services (with small caseload sizes of approximately 1:15) paired with a rental subsidy for Department of Social and Health Services’ (DSHS’s) Aging and Long-Term Services Administration (AL TSA) clients discharging or diverting from Eastern and Western State Hospitals.

#### **DSHS AL TSA contracts with supportive housing service providers to:**

- 1) provide person-centered supportive housing services,
- 2) assist participants in locating and maintaining affordable housing, and
- 3) work collaboratively with other service providers to create cross-sector teams of care.

#### **DSHS AL TSA supports our supportive housing service providers by:**

- 1) Assigning a regional AL TSA Supportive Housing Program Manager (SHPM) to help facilitate referrals to your agency.
- 2) Offering regular technical assistance and provider trainings.
- 3) Supporting case staffing. When the supportive housing service provider needs additional support, your agency supervisors may case staff with an AL TSA SHPM.
- 4) Help facilitate the use of other funds available to assist secure interim hotel housing for GOSH participants during housing search.
- 5) Providing a temporary, long-term rental subsidy (AL TSA GOSH Subsidy) while you assist the client secure permanent, affordable housing.
- 6) Facilitating the “exception to policy” process for the GOSH Subsidy.
- 7) Hosting quarterly webinars with your statewide peers.
- 8) Troubleshooting and brainstorming, in partnership with your agency, ways to build collaboration in your area.

9) Escalating provider issues to the state level (e.g., if you are having challenges with Program for Assertive Community Treatment, PACT, services, AL TSA team can bring issue to Managed Care Organization, MCO, or the Health Care Authority, HCA, to help resolve).

10) Collaborate with the long-term care case manager (Home and Community Services, HCS/Area Agency on Aging, AAA).

### **GOSH program participant eligibility**

Clients interested in GOSH must meet eligibility requirements, which DSHS will determine. Upon enrollment the individual must:

- want to live independently and be willing to work with a supportive housing provider, **and**
- be eligible (financially & functionally) for AL TSA services; **and**
- be discharging or being diverted from Eastern/Western State Hospitals, **OR**
  - AL TSA 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.

## **2.2 Contractor General Requirements**

To provide GOSH Program services, the supportive housing service provider and its employees must meet eligibility requirements, and successfully contract to provide the services. Please review the Special Terms sections in the [GOSH Contract](#)'s for important details on program performance requirements, including:

- Section 2: Statement of work
- Section 3: Provider qualifications
- Section 4: Reports, monitoring, quality standards and deliverables
- Section 5: Consideration
- Section 6: Background check
- Section 7: Billing and Payment
- Section 8: Insurance
- Section 9: Additional client rights

Further program detail may be found in the [Service Standards for Providers](#), which includes a list of the audited deliverables on service documentation, quality of care, and system of care.

### **ProviderOne System**

Once contracted, the GOSH provider must be 1) registered in the Statewide [Payee System](#), and 2) have an account in ProviderOne in order to submit claims in the ProviderOne system. Once contracted, clients are referred to the GOSH Provider, and services are authorized by your regional SHPM. Please refer to the training information on using the [ProviderOne system for Social Services](#). The training covers topics such as creating a ProviderOne profile, submitting claims, researching authorization information and other billing for service information at the Health Care Authority's website.

## **2.3 Provider Role**

The role of the GOSH provider is to assist participants to locate housing, if needed, that is affordable, independent, and permanent, and to help participants sustain their tenancy. The GOSH provider does all things necessary for or incidental to the performance of the contracted work. Below are highlights of responsibilities and requirements for the GOSH provider, including managers, supervisors, and direct service staff:

### **GOSH Provider manager or supervisor role**

- Understands policies and procedures for the GOSH program and other Long-Term Services and Supports (e.g., what are the GOSH contract expectations, what is the GOSH subsidy application process; how are ALTSA funds authorized and reimbursed, etc.).
- Completes initial, and bi-annual background checks on direct service staff.
- Screens direct service staff for appropriate work experience and education consistent with [GOSH Contract](#).
- Manages agency's person-centered service delivery.
- Performs monthly review of direct staff service activity for adherence to the Service Standards for Providers, and Billing documentation.
- Submits invoices for authorized ALTSA funds timely to the client's ALTSA AAA/HCS case manager for reimbursements.
- Monitors for GOSH FTE to client caseload ratio (recommended 1:15).
- Provides internal supportive housing training and require staff participation in ALTSA hosted trainings and GOSH related meetings.



- Provides GOSH onboarding for their new staff and provides ongoing supervision of their staff. Please note that case staffing with your participants happens at the agency level.
- Ensures timely submission of required reports: Monthly billing on the [Monthly Activity Report \(MARs\) \(Excel template\)](#)/[Monthly Activity Report \(MARs\) \(Adobe Reader Template\)](#) form, and [GOSH Quarterly Reports](#).

#### **Direct service staff role**

- Contacts and meets in-person with participants according to the standards detailed in the [Service Standards for Providers](#).
- Completes the following forms with participants to build a client centered service plan:
  - Housing Assessment;
  - Temporary hotel funding paperwork, when applicable;
  - Subsidy application;
  - Goal and Service Plans (GASP form); and
  - Crisis Plan.
- Works with participants, regardless of current setting, to support independent housing goals. Identifies and problem solve barriers to securing independent housing.
- Conducts housing search, and assists with move in.
- Seeks pre-approval from ALTSA HCS/AAA case manager for any purchases that would be reimbursed utilizing ALTSA funds.
- Utilizes client's self-defined goals to support their ongoing tenancy and community integration goals.
- Maintains current contact information on the community partners, including the ALTSA AAA/HCS case manager assigned to the client.
- Coordinates and collaborates with community partners.
- Sends a weekly supportive housing service update to care team via email during pre-tenancy or periods of client instability.
- Attends ALTSA sponsored trainings, and GOSH related meetings.
- Locates and adds clients to permanent subsidy waitlists in areas where the participant would like to live.
- Maintains client confidentiality by using secure email systems and does not include confidential/private information on MARs billing forms.
- Completes [GOSH Quarterly Report](#) including all GOSH recipients.

- Maintain [Monthly Activity Report \(MARs\) \(Excel template\)](#)/[Monthly Activity Report \(MARs\) \(Adobe Reader Template\)](#) for each client in client files.
- Writes and maintains case notes in the participant's file. These case notes are detailed descriptions of services provided.
- Adheres to Evidence Based Practices associated with Supportive Housing services.
- Advocates for participants in support of securing and maintaining independent housing and seeks out legal support to clarify Landlord Tenant Law.
- Coordinates with Long-Term Care case manager on participant's CARE Assessment.

### **Orientation and on-boarding of new agencies**

New GOSH providers must have their direct service staff and supervisors or managers participate in an onboarding provided by ALTSA SHPM. The training will cover all steps from the referral process through community stabilization and will provide the agency with an opportunity to learn the role of community partners on the client's team of care. The ALTSA lead onboarding is provided three times a year and conducted over four 90-minute sessions.

### **GOSH Provider's role to provide ongoing training**

The goal of onboarding is to provide the supportive housing service provider with the tools, information, and resources to independently oversee delivery of its contracted services. Providers should use the onboarding training to develop internal documents, materials, and a training plan for staff. Agency supervisors or managers are required to provide GOSH onboarding to new staff within two weeks of starting to work with GOSH, if there is no ALTSA lead onboarding scheduled during that time. ALTSA SHPM will provide agencies with the four onboarding PowerPoints and brief notes. ALTSA staff are available to provide technical support where needed.

ALTSA hosted trainings are a great way to ensure your direct service staff maintain their understanding of the GOSH program and further develop their understanding of supportive housing services. These trainings are free to your agency, and it is [acceptable to bill](#) for staff attending the classes. Attendance at ALTSA hosted trainings is contractually required of direct service staff and supervisors working with GOSH.

### GOSH contract monitoring and reviews

Consistent with the GOSH contract, your GOSH program will undergo formal contract monitoring where DSHS staff will review client records, agency filings, agency policies and other materials to ensure consistency with the GOSH contract terms. Reviews may be conducted in-person or as a virtual desk audit. Generally, your agency will be provided with advance notice of the monitoring process, the clients selected to be monitored, and the period of review. Agency staff will be interviewed for their understanding of the GOSH practices, as well as their familiarity and use of supportive housing principles. A draft report will be provided to the agency prior to finalizations where you may provide a response. A GOSH provider may be placed on a performance improvement plan or provided with technical support, as necessary.

Please be aware that the GOSH Contract Service Standards outlines the list of audited deliverables that will be reviewed during contract monitoring.

### Quality of service documentation to be audited

- 1) Maintains participant confidentiality by using secure email.
- 2) Completes Housing Assessment with participant and maintains copy.
- 3) Submits Monthly Activity Reports (MARs) during pre- tenancy, transition, and tenancy periods.
- 4) Completes a Crisis Plan with participant within 24 hours of community relocation (includes crisis hotline numbers), maintains document in participant's file, updating as necessary, and files copy with GOSH SHPM.
- 5) Completes a goal and service planning form (GASP form) with participant within 30 days of returning to community, maintains document in participant's file, and files copy with GOSH SHPM.
- 6) Reviews goal and service planning form (GASP form) with participant once they are in the community, and updates plan every 90 days, or as needed (minimum is 4x per year).
- 7) Maintains supportive housing service documents in a participant's file, including:
  - GOSH referral with the release of information;
  - reimbursement receipts;
  - information on permanent affordable or subsidized housing waitlist applications;
  - credit checks, background checks, and lease;
  - copies of Housing Assessment, GASP and Crisis plans (and updates); and

- tracks and documents work with and on behalf of participant (including case notes, and MARs).
- 8) Maintains documentation of 24/7 Coverage.
  - 9) Files agency Quarterly Reports according to schedule.
  - 10) Maintains documentation of supportive housing staff required attendance at training.

### Quality of care items to be audited

- 1) Accepts or denies referral within two business days.
- 2) Meets with participant within ten business days of referral.
- 3) Client contact requirements - contact includes phone calls, video calls and in-person visits:

### Contact and Visit Requirements

Pre-tenancy	Monthly minimum of 5-hours of contact: <ul style="list-style-type: none"> <li>• 2-hours spent in-person.</li> </ul>
Tenancy: Month 1	Monthly minimum of 5-hours of contact: <ul style="list-style-type: none"> <li>• 4-hours spent in-person.</li> <li>• Two visits (in-person) per week.</li> </ul>
Tenancy: Month 2-3	Monthly minimum of 5-hours of contact: <ul style="list-style-type: none"> <li>• 2-hours spent in-person.</li> <li>• One visit (in-person) per week.</li> </ul>
Tenancy: Month 4-8	Monthly minimum of 5-hours of contact: <ul style="list-style-type: none"> <li>• 2-hours spent in-person.</li> <li>• One visit (in-person) every other week.</li> </ul>
Tenancy: Month 9-12	Monthly minimum of 5-hours of contact: <ul style="list-style-type: none"> <li>• 1-hour in-person.</li> <li>• One visit (in-person) per month</li> </ul>
Tenancy: Month 13 or more	Monthly minimum of 1 hour of contact: <ul style="list-style-type: none"> <li>• One visit (in-person) per month</li> </ul>
Transition/Crisis	The number of home visits must be increased to provide appropriate support for the situation.

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- 4) Annually, Direct Service Staff and Supervisors must participate in 6-hours of DSHS AL TSA hosted trainings. Documentation of attendance must be retained in employee file.
  - 5) Direct service staff new to supportive housing work must complete 12- hours of training within first year of employment in basic supportive housing curriculum. Documentation of attendance must be retained in employee file.

### System of care items to be audited

- 1) Connects with collateral partners within one week of referral.
- 2) During pre-tenancy, direct service staff sends a weekly housing search update to the case managers. These emails should be brief.
- 3) Attends regularly scheduled staffing meetings.

## 2.5 Reporting Requirements

### Monthly Activity Report of Client Services

There is an [Adobe Acrobat PDF](#) and [Microsoft Excel version](#) of the form. The provider can choose which version to use. Both formats of the form will not allow the user to change the form, and it will be rejected should any alterations to the structure of the form be made. Questions regarding appropriate billing practices and procedures are outlined in [Agency Billing Instructions](#).

GOSH PM's will be meeting with providers on a quarterly basis to review MARS and billing with providers. GOSH PM's will review 4 client's MARS and billing. Providers will share screen to show GOSH PM MARS. The MARS that will be reviewed are MARS from the prior quarter, for example Q1 MARS will be reviewed in Q2. GOSH PM's will schedule a 1-hour meeting scheduled with who completes MARS and billing for the providers for each quarter.

### Quarterly Agency Reporting

The agency must submit a [GOSH Quarterly Report](#) according to the schedule in the form and Service Standards.

- January to March (quarter 1) activity – Due May 15<sup>th</sup>
- April to June (quarter 2) activity – Due August 15<sup>th</sup>
- July to September (quarter 3) activity – Due November 15<sup>th</sup>
- October to December (quarter 4) activity – Due February 15<sup>th</sup>

The quarterly report documents all clients served by the agency during the three-month period, and includes details on referral date, lease date, number of contacts with the client, client's location at the end of the quarter period, and

number of events the client experienced, if any. These events include hospitalizations, incarcerations, and treatment stays. This information will be used to describe overall GOSH performance.

### **Mandatory reporter information**

GOSH providers and their staff are [Mandatory Reporters](#). As a mandatory reporter, you **MUST** by law make a report if you have reason to believe abuse, abandonment, neglect, or financial exploitation of a [vulnerable adult](#) has occurred.

To report abuse or neglect of a vulnerable adult in Washington State, call the:

- Complaint Resolution Unit toll-free hotline at **1-800-562-6078** if the person that you suspect is being abused or neglected is **living in a nursing home, boarding home, or adult family home**.
- Local Adult Protective Services (APS) office if the person you suspect is being abused is **living in their own home or somewhere other than a residential care facility**. Find the [APS office](#) in your county. Learn more about [what happens after you call APS](#).

When you call you will be asked to give the person's name, address, contact information and details about why you are concerned. You will also be asked for your name and number or some way of contacting you if the investigator has follow-up questions. Unless there is a court action, law enforcement has been called in, or you agree, your identity is confidential. If you report in good faith, you cannot be held liable for any damages resulting from reporting.

**When You Must Also Call Law Enforcement:** Mandatory reporters must also make a report to law enforcement if they suspect a vulnerable adult has been sexually or physically assaulted, or if they have reasonable cause to believe that an act has caused fear of imminent harm. Mandatory reporters may not have to make a report to law enforcement for some types of physical assault between two vulnerable adults. For these types of physical assault, see [RCW 74.34.035\(4\)](#).

**Medical Examiner or Coroner:** Mandatory reporters are also required by law to report a death to the local Medical Examiner or Coroner if there is reason to suspect that the death of a vulnerable adult was caused by abuse.

## **2.6 Billing Guidance**

Authorizations for the GOSH service are handled directly by your regional GOSH SHPM. This authorization is transmitted to ProviderOne so the provider can claim for services provided. The client is authorized 160 units (15 minutes = 1 unit) per month of Pre-Tenancy Services (SA299-U1).

If a GOSH Provider chose, on the GOSH contract, to keep a client in Pre-Tenancy billing for the first 90 days in their housing, this transition period is also authorized monthly for 160 units.

Should your work require more than 160 units, you must seek pre-approval from your regional GOSH SHPM.

Once the client is in housing, the regional GOSH SHPM will authorize for a monthly Tenancy Service (H0044).

To receive payment for services, the GOSH provider must enter claims in ProviderOne using the appropriate service code (SA299, U1 or H0044).

For clients who are housed and experiencing a period of crisis, following a staffing meeting with the SHPM, providers may request for either continuation of the pre-tenancy rate (\$16.25 per 15-minute unit) or to switch back to the pre-tenancy rate based on individual client needs for a predetermined period of time. The unit rate may not exceed the 160 units per month limit without prior approval by your regional GOSH SHPM.

### **Services for other Long-Term Services and Supports (LTSS)**

Authorization for other LTSS such as transition services, personal care assistance, environmental modifications, etc., is handled by the client's HCS or AAA Case Manager. Invoices or requests for reimbursements for these services must be submitted to the HCS or AAA Case Manager for payment. It is important to get invoices in timely, especially if a case will be transferred from HCS to AAA due to a client securing housing.

For examples of items able to be purchased through AL TSA transition funds, please see the [AL TSA Shopping List](#). This document is intended to be a guide. Approval to purchase transition or sustainability goods and services is dependent upon the HCS or AAA Case Manager.

## **3 Who's Who: Partners, Roles and Responsibilities**

Directory of entities and people referred to in this Manual and their role.

Title	Role
<a href="#">DSHS Aging and Long-Term Support Administration (AL TSA)</a>	<p>The administration within the Department of Social and Human Services (DSHS) that is responsible for promoting, planning, developing, and providing long-term care services responsive to the needs of persons with disabilities and older adults.</p>
<a href="#">Home and Community Services (HCS)</a>	<p>AL TSA’s Home and Community Services (HCS) Division promotes, plans, develops, and provides long-term care services for persons with disabilities and the elderly who may need state funds (Medicaid) to help pay for them.</p> <p>The settings where HCS clients may choose to live and receive services include residential (adult family homes, assisted living facility, enhanced services facility) or in-home (one’s own home).</p>
<p>AL TSA Home Community Services (HCS) Case Manager</p>	<p>The primary goals of HCS case management include assisting clients develop a plan of care to enable them to live in the setting of their choice and monitoring that plan.</p> <p>Case managers (CMs) support a client’s independence by coordinating and offering assistance to access needed services. CMs are custodians of the state’s resources and must balance a client’s choice with program limits.</p> <p>The HCS CM completes the initial assessment when a client is applying for Long-Term Services and Supports and authorizes services. When the GOSH provider is aware of a LTSS resource a client needs, they should contact the HCS CM.</p> <p>GOSH clients typically start with a HCS CM and then, once housed, are transferred to an Area Agency on Aging case manager (AAA CM). The AAA CM is responsible for the client’s ongoing Long-Term Care case management. When clients are residing at an interim setting, there may be another CM assigned during that period.</p> <p>When you are unsure who is the client’s CM, please ask the GOSH SHPM.</p>
<p>AL TSA Supportive Housing Program Manager (SHPM)</p>	<p>Every GOSH provider has an assigned GOSH Program Manager (SHPM). When a client is referred to GOSH, the GOSH SHPM ensures the client meets eligibility requirements, and then sends out referrals for those clients that are eligible.</p>



Title	Role
	<p>When a GOSH provider accepts a referral, the GOSH SHPM authorizes GOSH services and sends an email connecting the supportive housing service provider with the other people on the participant’s care team.</p> <p>The GOSH SHPM:</p> <ul style="list-style-type: none"> <li>• can assist as a liaison amongst the HCS CMs, the AAA CMs, the GOSH providers, and the community partners.</li> <li>• is available to provide support when your agency staff (managers, and direct service staff) have questions or need assistance after your agency has provided its own internal staffing and problem solving. GOSH SHPMs are also available to provide training assistance.</li> <li>• provides oversight of service delivery per the Service Standards outlined in the GOSH contract.</li> </ul>
<p>GOSH provider – Manager/Supervisor</p>	<p>This is your agency’s manager or supervisor overseeing your direct service staff.</p> <p>The manager:</p> <ol style="list-style-type: none"> <li>1) Understands policies and procedures for the GOSH program and other Long-Term Services and Supports (e.g., what are the GOSH contract expectations, what is the GOSH subsidy application process; how are ALTSA funds authorized and reimbursed, etc.).</li> <li>2) Completes initial, and bi-annual background checks on direct service staff.</li> <li>3) Screens direct service staff for appropriate work experience and education consistent with <a href="#">GOSH Contract</a>.</li> <li>4) Manages agency’s person-centered service delivery.</li> <li>5) Performs monthly review of direct staff service activity for adherence to the Service Standards for Providers, and Billing documentation.</li> <li>6) Submits invoices for authorized ALTSA funds timely to the client’s ALTSA AAA/HCS case manager for reimbursements.</li> <li>7) Monitors for GOSH FTE to client caseload ratio (recommended 1:15).</li> </ol>

Title	Role
	<p>8) Provides internal supportive housing training and require staff participation in ALTSA hosted trainings and GOSH related meetings.</p> <p>9) Provides GOSH onboarding for their new staff and provides ongoing supervision of their staff. Please note that case staffing with your participants happens at the agency level.</p> <p>10) Ensures timely submission of required reports: Monthly billing on the <a href="#">Monthly Activity Report (MARs) (Excel template)</a>/<a href="#">Monthly Activity Report (MARs) (Adobe Reader Template)</a> form, and <a href="#">GOSH Quarterly Reports</a>.</p>
<p>GOSH provider – Direct Service Worker</p>	<p>This is your agency’s direct service staff working directly with GOSH participants.</p> <p>The direct service staff is responsible for:</p> <ol style="list-style-type: none"> <li>1) Contacts and meets in-person with participants according to the standards detailed in the <a href="#">Service Standards for Providers</a>.</li> <li>2) Completes the following forms with participants to build a client centered service plan: <ol style="list-style-type: none"> <li>a. Housing Assessment;</li> <li>b. Temporary hotel funding paperwork, when applicable;</li> <li>c. Subsidy application;</li> <li>d. Goal and Service Plans (GASP form); and</li> <li>e. Crisis Plan.</li> </ol> </li> <li>3) Works with participants, regardless of current setting, to support independent housing goals. Identifies and problem solve barriers to securing independent housing.</li> <li>4) Conducts housing search, and assists with move in.</li> <li>5) Seeks pre-approval from ALTSA HCS/AAA case manager for any purchases that would be reimbursed utilizing ALTSA funds.</li> <li>6) Utilizes client’s self-defined goals to support their ongoing tenancy and community integration goals.</li> </ol>

Title	Role
	<p>7) Maintains current contact information on the community partners, including the ALTSA AAA/HCS case manager assigned to the client.</p> <p>8) Coordinates and collaborates with community partners.</p> <p>9) Sends a weekly supportive housing service update to care team via email during pre-tenancy or periods of client instability.</p> <p>10) Attends ALTSA sponsored trainings, and GOSH related meetings.</p> <p>11) Locates and adds clients to permanent subsidy waitlists in areas where the participant would like to live.</p> <p>12) Maintains client confidentiality by using secure email systems and does not include private information on MARs billing forms.</p> <p>13) Completes <a href="#">GOSH Quarterly Report</a> including all GOSH recipients.</p> <p>14) Submits <a href="#">Monthly Activity Report (MARs) (Excel template)</a>/<a href="#">Monthly Activity Report (MARs) (Adobe Reader Template)</a> for each client to GOSH program managers prior to billing for services in the ProviderOne System. Information on the services provided should be general descriptions. Supervisor must review and sign off prior to submitting MARs.</p> <p>15) Writes and maintains case notes in the participant’s file. These case notes are detailed descriptions of services provided.</p> <p>16) Adheres to Evidence Based Practices associated with Supportive Housing services.</p> <p>17) Advocates for participants in support of securing and maintaining independent housing and seeks out legal support to clarify Landlord Tenant Law.</p> <p>18) Coordinates with Long-Term Care case manager on participant’s CARE Assessment.</p>
<p><a href="#">Area Agency on Aging (AAA)</a></p>	<p>Area Agencies on Aging (AAAs) are entities that plan, coordinate and advocate for comprehensive service delivery systems for older adults, family caregivers and people with disabilities. AAAs conduct local planning, coordination and administration of Federal and State funds for Long-Term Services and Supports (LTSS) to support community living for older adults, adults with disabilities, and their caregivers.</p>

Title	Role
	<p>For individuals choosing their homes as the setting (referred to as “in-home”) in which they would like to receive their LTSS, after the HCS CM establishes services, they transfer the client’s case to the local AAA for ongoing case management.</p> <p>The timing of when a GOSH participant’s case will be transferred to the local AAA varies by community. When you are unsure whether a GOSH participant has yet transferred to the AAA for ongoing case management, reach out to your GOSH SHPM.</p>
AAA Case Manager (CM)	<p>AAA case managers (CMs) assist individuals to access services and supports they need to safely live in their home. Once a case has been transferred from HCS to the AAA, any client concerns or LTSS authorization needs should be communicated with the AAA CM.</p> <p>The AAA CM conducts the client’s Annual Assessment to determine when the person is functionally eligible for LTSS and to update their care needs. The GOSH provider must speak with the AAA CM in advance of this Annual Assessment and connect with the AAA CM as part of the assessment’s collateral contact information gathering.</p> <p>If a participant has a change in circumstances and needs additional Long-Term Services and Supports or increased hours of caregiving a month, the AAA CM can conduct a Significant Change Assessment prior to the date of the Annual Assessment. The GOSH Provider should reach out to the AAA CM to make sure they are aware of the participant’s change in circumstances and can request a Significant Change Assessment.</p>
DSHS Behavioral Health Administration ( <a href="#">BHA</a> )	<p>DSHS Behavioral Health Administration oversees the State Hospitals which provides evaluation and inpatient treatment for individuals with serious or long-term mental illness that have been referred to the hospital through a behavioral health organization, the civil court system or through the criminal court system. There are two state hospitals, described below:</p>

Title	Role
	<p><a href="#">Western State Hospital</a> (WSH) - located in Lakewood, Washington and is an 800-bed hospital.</p> <p><a href="#">Eastern State Hospital</a> (ESH) - located in Medical Lake, Washington and is a 300-bed hospital accredited by the <a href="#">Joint Commission</a> and certified by the federal <a href="#">Centers for Medicare and Medicaid Services</a>.</p>
Health Care Authority (HCA)	<p>The Health Care Authority serves Washington residents through the Apple Health (Medicaid) program and other programs.</p> <p>HCA is committed to whole-person care, integrating physical health and behavioral health services for better results and healthier residents. HCA provides funding and oversight for mental health services for people enrolled in Apple Health (Medicaid).</p>
HCA's Division of Behavioral Health and Recovery (DBHR)	<p><a href="#">Division of Behavioral Health and Recovery (DBHR)</a> is the division within the Health Care Authority that encompasses community and human services, ensuring people with mental health and substance use disorders receive the services they need.</p>
Managed Care Organizations (MCO)	<p>The Health Care Authority contracts with <a href="#">Managed Care Organizations</a> (MCOs) to provide services to Medicaid enrollees under the Integrated Managed Care (IMC) program. The MCOs contract with community providers to provide outpatient physical and behavioral health services.</p> <p>Each GOSH participant has an assigned MCO liaison. This individual should be part of the participant's care team as they are able to authorize specific services and MCO resources.</p> <p>The MCO liaison schedules after care appointments for outpatient behavioral health and primary care. They are also the one to authorize Residential Treatment Facility stays for clients discharging to these settings.</p>
Program for Assertive Community Treatment (PACT)	<p><a href="#">Program for Assertive Community Treatment</a> (PACT) is for people with severe mental health disorders, who frequently need care in a psychiatric hospital or</p>

Title	Role
	<p>other crisis service. These clients often have challenges with traditional services and may have a high risk or history of arrest and incarceration.</p> <p>PACT serves people statewide through effective and intensive outreach services. These services are evidence-based, recovery-oriented, and provided through a team approach.</p> <p>Full teams serve up to 100 people and half teams serve up to 50 people. With small caseloads, PACT teams can address each person’s needs and strengths to provide the right care at the right time.</p> <p>Services are provided by a multidisciplinary team of professionals including mental health professionals, registered nurses, peer supports, and a psychiatric care provider. Up to 85 percent of services are available within communities.</p> <p>Oversight of PACT fidelity is managed by the University of Washington (UW). The UW conducts fidelity reviews for PACT to follow the model. If a team is not at fidelity, UW works with the team to meet requirements.</p> <p>If you are having ongoing difficulty connecting with a GOSH participant’s PACT team, contact your GOSH SHPM for support.</p>
<p>Evaluation and Treatment Facilities (E&amp;Ts)</p>	<p>Evaluation and Treatment Facilities (E&amp;Ts) are community-based facilities that provide inpatient services to individuals aged 18 and older. The facility typically has 16-beds.</p> <p>The goal of E&amp;T services is to help individuals who are experiencing psychiatric instability, who are at risk of harming themselves or others, or who are gravely disabled because of their psychiatric condition.</p> <p>Individuals may be referred to E&amp;T services on either a voluntary or involuntary basis. The length of the inpatient services varies depending on the needs of the individual. All GOSH clients who are at an E&amp;T at the time of referral will be on an involuntary hold in accordance with Washington State Involuntary Treatment Act, RCW 71.05</p>

Title	Role
	<p>If you are having ongoing difficulty connecting with a GOSH participant’s E&amp;T facility for care and/or discharge coordination, contact your GOSH SHPM for support.</p>
<p>Substance Use Treatment Facilities</p>	<p>HCA provides funding and oversight for substance use treatment services for people enrolled in Apple Health (Medicaid).</p> <p>There are various services available for those needing substance use treatment. Please see <a href="#">HCA’s website</a> for more information.</p>
<p>Peer Bridger</p>	<p>HCA’s DBHR contracts with providers statewide for the <a href="#">Peer Bridger program</a>.</p> <p>Peer Bridger staff deliver peer support services to individuals in state hospitals prior to discharge and after their return to their communities.</p>
<p>HARPS</p>	<p>HCA’s DBHR contracts with providers statewide for the <a href="#">Housing and Recovery through Peer Services (HARPS)</a>.</p> <p>The HARPS project reduces homelessness and supports the recovery and resiliency of individuals with serious mental illness. HARPS services and short-term funding is available for the following priority populations:</p> <ul style="list-style-type: none"> <li>· Individuals who experience behavioral health disorders (either a mental health disorder, substance use disorder or both) and who demonstrate a medical necessity for inpatient behavioral health services; or</li> <li>• Individuals who are discharged from or at risk of entering: <ul style="list-style-type: none"> <li>o Psychiatric inpatient settings; or</li> <li>o Substance abuse treatment inpatient settings.</li> </ul> </li> <li>• Individuals who are experiencing homelessness or at-risk of homelessness</li> </ul>
<p>RTF</p>	<p>Residential Treatment Facilities (RTF) are facilities that are residential settings that are run by a mental health agency and funded by MCOs. These facilities are staffed 24/7.</p> <p>If a person is authorized to reside in an RTF, the staff will work with the individual on training/education on activities of daily living skills.</p>

## 4 How do I Accept a Referral and Begin Services?

### 4.1 General Eligibility Criteria

The GOSH service is available for AL TSA clients who are choosing to live in an In-Home setting and:

- are willing to work with a GOSH provider, and
- qualify for AL TSA services (financially & functionally eligible), and
- are discharging or being diverted\* from Eastern or Western State Hospitals.
  - 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 to 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.

#### **GOSH Eligibility Expansion\***

To ensure AL TSA's mission (which is to transform lives by promoting choice, independence, and safety through innovative services), GOSH eligibility has been expanded to include:

- AL TSA clients who are currently living in a residential setting who transitioned or were diverted from Western or Eastern State Hospital within the past 18 months, as documented in CARE and counted by SHDD team, who wish to live independently.

The AL TSA GOSH SHPM will review referrals to ensure eligibility criteria is met prior to sending the referral to a provider.

\*Starting in February 2023, GOSH eligibility is temporarily restricted to those discharging Eastern or Western State Hospitals due to budget restrictions. GOSH SHPM will inform contractors once GOSH is able to start accepting diversion referrals and referrals meeting GOSH eligibility expansion again.

### 4.2 Referrals



## GOSH Referral Form

The GOSH Referral Form (DSHS 11-153) must be used to refer for GOSH services. The form can be found on the DSHS website under [Electronic DSHS forms](#). The GOSH Referral Form provides general demographic information, what county the client wants to live, whether it's a discharge or diversion, and the initial care team with contact information.

The ALTA GOSH SHPM will ensure all the pertinent information and the proper attachments have been included. Once the GOSH SHPM has determined a client is eligible for GOSH services, they will send a secure email to the selected GOSH provider. The email referral information will include:

1. The GOSH Referral Form
2. DSHS Consent Form: Consent to share confidential information on a continuing basis about a client within DSHS or to disclose that information to other agencies to coordinate services for treatment, payment, or agency operations, or for other purposes recognized by law.
3. Detainment Documentation (when the client is diverting from WSH or ESH)
4. Long-Term Services and Supports Assessment Details: These functional assessment tools are sets of questions about a client's health conditions and functional needs that Medicaid programs use to determine functional eligibility for long term services and supports (LTSS) and create specific care plans for eligible individuals.
5. Long-Term Services and Supports Service Summary: document that summarizes the services available to the Client. This document is used by HCS and AAA to comply with federal person-centered service plan signature requirements.
6. Psychosocial Assessment and Ward Social Worker notes (when available)
7. Scanned copies of ID, driver's license and/or social security card (when available): ID and driver's license is a means of proving a person's identity. Social security number is a unique nine-digit number assigned to U.S. citizens, permanent residents, or temporary working residents. The social security card has the social security number on it.

When you received the GOSH Referral, ensure you have received the client's CARE Assessment details, service summary, and the client's DSHS Consent Form.



## Responding to the Referral

The GOSH provider must respond to the secure email within **2-business days** to indicate that they accept or decline the referral. When additional information is needed to make this determination, the GOSH provider should request this within the **2-business days**.

If the provider declines a referral, the GOSH SHPM determines if there are additional GOSH providers to send the referral to.

When the GOSH provider doesn't respond either way within the 2-business days, the GOSH SHPM will contact the Supportive Housing Provider with a reminder with a short deadline. The GOSH SHPM has the discretion to refer the client to another provider, if available.

### **When You Accept the Referral**

When the GOSH provider accepts the referral, you must indicate in the secure email which staff person will be working with the client and their contact information (email and phone number). Once accepted, the GOSH SHPM opens an authorization for services with a start date corresponding with the date the referral was sent. The GOSH SHPM then sends a secure email to the team of individuals, or care team, working with the client to notify of the start of the GOSH services.

### **The Client's Care Team**

For clients currently residing in WSH or ESH, the client's care team generally consists of the Home and Community Services (HCS) Case Manager, the State Hospital Discharge Social Worker, the Managed Care Organization (MCO) liaison, the Peer Bridger and the GOSH provider. For clients currently residing in community psychiatric facilities, the client's care team generally consists of the HCS or Area Agency on Aging (AAA) Case Manager, the psychiatric facility discharge social worker, the behavioral health provider and the GOSH provider. Each client's care team is unique based upon the services involved. The care team will change once a client has discharged the psychiatric facility.

### **When a Client Transfers from another GOSH provider**

When the client transfers to your caseload from another GOSH provider, the GOSH SHPM will indicate this in the referral and include the current GOSH provider in the email. If your agency accepts the referral, your agency will schedule a warm hand-off meeting with the current GOSH provider. During this time of transition, the GOSH SHPM will allocate 80 of the 160 units authorized per month to each provider to aide in transition for a period. The amount of time that units will be split will be discussed during the meeting between providers and can be altered, if needed. It is also important that the current GOSH provider transfer all relevant documents to new GOSH provider (e.g., crisis plan, GASP, housing needs assessment, subsidy application, voucher, search packet, case notes, etc.). When the referral is accepted, you must retain a copy of the email in your client participant file.

It's important to accurately track the individuals who are working with the client as changes occur. If your agency doesn't have a tracking system in place, consider creating a cover sheet or spreadsheet you can update as needed. Having accurate, easily accessible information will help you get more support within your role and the client's situation.



## 5 I Accepted a Referral, Now What?!

### Document Review

Staff assigned to work with the client should ensure they have received all the documents provided with the referral from their supervisor. These documents contain valuable information on the client. Review the documents and make note of any questions you have. You should also make note of when the long-term care assessment expires, so you can track when the Annual Assessment will be due. GOSH clients need to complete their Annual Assessment to determine continued functional eligibility for GOSH. The assigned Home and Community Services (HCS) or Area Agency on Aging (AAA) case manager (CM) might need your support in connecting with the client to complete the Assessment.

### Care Team Review

On the GOSH Referral Form, you will have a list of the other individuals working with the GOSH participant, including their role. The GOSH Program Manager will have email introduced you to the larger care team also working with the client and let them know your agency accepted this referral.

### Initial Contacts

Once the referral is accepted, you should reach out to the assigned HCS or AAA CM. This individual will be identified on both the GOSH Referral Form and in the initial email sent by the SHPM. Any questions you may have related to what you have found in the Assessment Details should be discussed with the HCS/AAA CM.

Additionally, you should reach out to the collateral contacts working with the client. Contractually you have one week from the point of receiving the referral to connect with any collateral contacts. For clients currently at the state psychiatric hospitals or on an Involuntary Treatment Act (ITA) hold at a community behavioral health facility, you will want to contact the discharge social worker. For clients currently in a residential setting, you will want to reach out to the primary contact for that setting.

### Meet the client

The discharge social workers and residential setting contacts can assist you in scheduling time to meet with client. Contractually you have 10 business days from the time you receive the referral to meet in-person with the participant. One of the most important parts of successful, ongoing engagement with a client is rapport and relationship building. The most effective way to ensure this happens is to be proactive in your engagement with the client and the members of their care team. Do not wait for the client to be the one to reach out; be as proactive as possible and work on establishing rapport in order to build a positive connection with the client.

AL TSA has created a brief, animated video for GOSH clients to have a better sense of the support they can expect as a result of being enrolled in GOSH. You could watch [this video](#) with the client upon meeting them to help orient them to the service. It is found on the [AL TSA Housing Resources](#) webpage.

If you experience challenges connecting with the care team, escalate to the HCS or AAA supervisor identified on the GOSH Referral Form. If you still are not getting a response, talk to your supervisor to see what other avenues you can pursue. If more support is needed, reach out to the SHPM for assistance.



1. Explain your role and GOSH – do not assume the people you are speaking with will know what your role is or what GOSH is.
2. Ask questions. The care team is made up of individuals with different roles, but all having experience with the client. Ask about the client’s behavioral triggers, how they have engaged at the facility, areas of interest, etc. Ask questions beyond housing.
3. Be empowered to advocate for the client from day one. Discharges to independent settings from psychiatric settings are sometimes met with reluctance/opposing viewpoints. The GOSH participant has said they want to live independently, advocate for this.

### **The GOSH Subsidy**

Clients enrolled in GOSH are eligible for a state funded housing subsidy referred to as ‘the GOSH subsidy’. The GOSH subsidy is temporary but not time limited and its policy was modeled off Housing and Urban Development’s (HUD) Housing Choice Voucher Program. It is available to the individual to bridge the time between exiting a costly facility and securing permanent rent assistance via a federal voucher, tax credit property, or other affordable housing. The GOSH provider is to work with the client to actively pursue permanent voucher opportunities to move onto from the GOSH subsidy. If the client is added to waitlists for permanent vouchers, the GOSH provider must support the client maintain their place on the waitlist.

The GOSH subsidy is administered statewide by Spokane Housing Authority. The SHPM acts as an intermediary between the GOSH provider and Spokane Housing Authority. There is a brief GOSH Subsidy Application that the GOSH

provider should fill out with the client to apply for the subsidy. The completed application is submitted to the SHPM, who will send it to Spokane Housing Authority. If the application is appropriately completed, Spokane Housing Authority will issue a search packet with the subsidy within a few business days. The issued subsidy will list the amount of rent the subsidy can pay to help guide the search. For more detailed information regarding the GOSH Subsidy procedure, please see the Appendices section at the end of this document.

While the first meeting with the client is mainly meant to establish rapport, it is recommended that you bring the GOSH Subsidy Application with you when you meet with the client. You will receive a copy of the most up-to-date application from your SHPM. It is important to meet the client where they are at. If the client is only open to rapport building during the first meeting, schedule a follow up meeting shortly after to work on housing paperwork.

ALTSA has created a [Housing Assessment form](#) to aid this discussion and provide a place to document information to assist in the housing search. The Housing Assessment helps identify individual needs and barriers related to housing. This information should be utilized to focus the pre-tenancy work related to a housing search but also securing needed financial assistance and support to maintain housing ongoing (e.g., low income resources for internet or utilities). If services needed to support tenancy are not pursued until housing is found, a client could be at risk of losing housing shortly after moving in.



**Know before you go:**

WSH has computers you can use with a client. In advance of your meeting with the client, reach out to the discharge/treatment team social worker to arrange access to a computer.

ESH allows providers to bring computers to the hospital. You will not be allowed to access the DSHS Wi-Fi, so you will need to have a hotspot if you need to access the internet, or you could save copies of the paperwork on your computer. Be prepared, cell signal within the hospital can be unreliable.

For clients in residential settings, check with the primary contact. If internet access is not an option, some suggestions are to take a hotspot, look to meet with client elsewhere, or ask the residential setting if they have a computer for use.



There is a monthly virtual training on the ALTSA/GOSH Subsidy process for contracted providers. ALTSA/GOSH Subsidy trainings are also available as needed. Ask your SHPM for the monthly training calendar invite and speak with them about any additional support needs.

## 6 Housing Search

The GOSH provider, in conjunction with the client, is primarily responsible for conducting housing search tasks. This includes, but is not limited to, searching for available units, reaching out to landlords/property managers, viewing apartments, assisting with application paperwork/process, and reviewing leases. Clients should be actively participating in pre-tenancy activities when able. There might be some circumstances where the client won't be able to participate fully but alternatives should be attempted to include the client as much as possible. A client who is currently in a secured facility may not be able to view an apartment in person. In these situations, the GOSH provider should provide pictures and describe the unit/complex as much as possible so an educated decision about the property can be made. Including the client in the steps of housing search not only empowers them in their goals regarding housing but also helps them to attain skills they can use in the future.

**Care Team Email Updates:** During the pre-tenancy process the GOSH provider must communicate with the care team (HCS/AAA CM, behavioral health, caregiver, peer support, etc.) housing search efforts and any other pertinent information that may need to be shared. It is recommended that the GOSH provider email at least weekly any updates to the care team. While there will be weeks that contain little/no update, it is important to email regardless to encourage open communication within the care team and remind them that work is happening. The GOSH provider should use discretion in how much detail is shared to the wider care team. Consider why you are sharing the information and who specifically needs to know the information. The update emails should not be utilized as case notes. If more specific details should be provided to a specific care team member, the GOSH provider should reach out separately.

**Housing Search Delay – Client Choice:** Some clients may want housing search to halt while other supportive services are accessed, or various aspects of their situation resolved. Supportive Housing services are client-centered so allowing the client to drive the process is recommended. It is important to help the client make informed decisions – let them know that while housing search can halt, finding housing can take a long time so delaying it further could add additional weeks/months to the effort. Have conversations to better understand their concerns and make sure to check in at an agreed upon frequency.

### Interim Housing

GOSH participants tend to have barriers to securing independent, market rate housing. As a result, it can take several months of an active housing search before a client is able to find an apartment that will rent to them. The timeline for

the client to discharge the facility does not always match up with the timeline for securing independent housing. There are some options available to support interim housing – somewhere safe a client can discharge directly into while continuing to work with the GOSH provider to secure independent housing. Please note, interim housing is not to determine ‘housing readiness’ or ability to live independently. Interim housing is utilized to ensure a GOSH participant has a safe place to live following discharge in instances where an apartment has yet to be secured.

Since August 2021, AL TSA has been paying for temporary, short-term (up to six months) motel stays for GOSH participants who would otherwise be experiencing homelessness. This resource is referred to as Motel Interim Stays for Transition (MIST). If a GOSH participant is at risk of discharging to/experiencing homelessness, reach out to their HCS/AAA CM and the SHPM to request use of MIST. If approved, additional information will be provided.

GOSH clients may also use a residential setting as Interim Housing. There is a [Process for GOSH Interim Setting](#) for the HCS/AAA CM to communicate with the residential setting the temporary nature of the stay. A GOSH provider should confirm with the HCS/AAA CM that the process was followed and gather contact information for the residential provider from the HCS/AAA CM.

While there are other types of Interim Housing a GOSH client might utilize between discharging a facility and securing independent housing, these two are the most common. Speak with your SHPM to discuss additional options. An active housing search should continue while a client is living in an interim setting.

## 6.1 Documentation Needs

Most landlords/property managers will need a copy of a client’s government-issued ID, social security card, and income verification. You may find that some clients have all these documents readily available, some of these, or none of these. To expedite housing search and provide more options for housing, GOSH providers should be assisting the client to identify barriers to obtaining the documents.

Clients who are institutionalized may be restricted from leaving the facility thus making it more difficult to obtain documents that might require an office/in-person visit. Institutions such as Western/Eastern State Hospital may have direct communication routes with outside agencies (SSA, DOL, etc.) to help clients navigate obtaining these documents. It is also part of the discharge process for Western/Eastern State Hospitals to assist in obtaining these documents. Before trying to directly assist the client in getting these documents issued, you should speak with the assigned discharge/treatment team social worker to see if they are already working on obtaining these documents or if they can more easily assist.

While most landlords/property managers want documentation, there are some landlords who are willing to accept copies or substitutions. For instance, a landlord might accept a copy of an expired ID card in lieu of a current ID. It is recommended that you talk to landlords/property managers to find out ways the client can meet their application requirement in another way.

Establish with the client the best way to store/secure documents. It is encouraged that you take a photocopy of any updated IDs, social security card, or income-verification documents received and keep record in your agency's client file. These documents can easily be misplaced and lost so having a copy of them is helpful.



SHPMs do not have access to Social Security Administration award letters. If an award letter is needed, this can only be obtained through Social Security Administration.

## 6.2 Working through Barriers to Housing

Clients connected with supportive housing might have barriers that make housing more difficult to obtain. When barriers are identified, work with the client to utilize resources that will lower or remove the barrier.

It is the duty of the GOSH provider to increase relationships with landlords in the community. Navigating through some of the below barriers can sometimes become easier when relationships have been formed and communication is positive. It is also important that landlords are aware of what supportive housing services are and how your agency is helping to support potential tenants throughout their tenancy.

The ways you can identify barriers is by reviewing the Assessment Details (provided as part of the referral), discussing possible barriers with the client/natural supports/informal supports, and requesting a comprehensive background check.

Common Barriers include:

- Lack of/poor rental history
- Prior Evictions on Record
- Low/No Credit



- High amount of debt
- Criminal convictions
- Lack of documents (income verification, ID, social security card)
- Bias

A landlord cannot:

- Refuse to rent to an individual because of the [source of income](#).
- Cannot charge an individual more rent than someone who does not get benefits.
- Tell an individual the unit is not available when it is.
- Advertise a property for rent only for tenants with certain types of income.



See RCW [59.18.040](#) for the full list of who is not covered by the source of income discrimination law. And the source of income discrimination law itself is here: RCW [59.18.255](#)

### Background Check:

It is recommended that you run a comprehensive background check on the client to better understand any potential barriers to housing, with the client’s consent. The check should review criminal history, rental history, credit/debt profiles, etc. There are a variety of agencies who provide this service. We recommend you find an agency that you find most useful.



DSHS/ALISA has partnered with Moco Inc. to receive a reduced cost for a comprehensive report through their service MyScreeningReport.com. A specific URL link has been provided to ensure our providers receive the specialized pricing: <https://mocoinc.quickleasepro.com/signup/dshs>

Once you have created a new account, this will be the login URL (also accessible from the MSR website): <https://mocoinc.quickleasepro.com/login>

Here are some brief video tutorials you can reference:

How to setup your new MyScreeningReport.com Account

How to screen applicants (clients)

**Please note:** The MyScreeningReport tool was designed to assist private landlords in their screening process. The tool is designed to allow the landlord to sign up for a “landlord account” and invite potential tenants to fill out their own screening information and pay for the report. Because you are a contracted provider (not a landlord), you will create an account as if you are the landlord and invite your clients to complete the screening in their own, separate account. You will need to assist the client in filling out the information necessary to complete the screening and submit payment. Results of the screening tool will be provided to the client (via email address provided).

## Landlord Screenings

Keep in mind that all landlords/property managers screen potential tenants differently and utilize various screening tools. It is important to explore this information prior to applying for an apartment. Just because one landlord/property manager has denied the client, doesn't mean all will. Corporate owned buildings/properties tend to have less flexibility regarding their screening requirements. Smaller complexes or those that are privately owned may offer more flexibility.

## Overcoming Barriers

**Appeal:** If a landlord denies an application, they must provide, in writing, the reason(s). Many landlords, regardless of complex size, offer an appeal process to an application denial and the GOSH provider should consider utilizing that option if the client is agreeable.



A landlord who rejects you because of something they found in the screening report must tell you in writing why they rejected you. [RCW 59.18.257\(2\)](#). If you think the landlord rejected you unfairly, you can file a complaint. [Tenant Screening: Your Rights](#) has forms you can use.

**Reasonable Accommodation:** A reasonable accommodation is a change, exception, or adjustment to a rule, policy, practice, or service that allows a person with a disability to use and enjoy housing, including public and common areas. Examples of reasonable accommodations provided by rental management includes: providing rental forms in large print, providing a reserved accessible parking space near a dwelling, allowing a service animal in a "no pets" building, or granting a move to the ground floor when someone can no longer climb stairs. For more information, GOSH providers should access the Washington Law Help website, [Washington Law Help](#).

**Co-signer:** GOSH providers should talk to the client regarding an option to have a co-signer. Some landlords might be willing to approve a potential tenant if they have a co-signer to sign the lease as well. It is best to ask the client if they have someone who could be a co-signer and avoid assumptions that clients do not have this resource.

**Increased deposit:** Some landlords may be willing to approve a client if an increased deposit is negotiated. Prior to making any agreements with the landlord to pay for a higher deposit, the GOSH provider should explore funding resources for such a cost. The client may have funds, there may be a community resource that could be utilized, or ALTSA funds may be approved (after other funding options have been explored). The HCS/AAA CM is the one to authorize ALTSA funds to pay an increased deposit.

**Holding fee:** Apartments can get rented quickly and landlords sometimes have less patience to have an apartment remain empty while transition planning occurs (including steps required for subsidies). Some landlords may be more willing to accept a holding fee to guarantee an apartment for an individual. The GOSH provider should explore funding resources for such a cost. The client may have funds, there may be a community resource that could be utilized, or ALTA funds may be approved (after other funding options have been explored). The HCS/AAA CM is the one to authorize ALTA funds to pay an increased deposit.

**Evictions on record:** There is a lot of information available on [Washington Law Help](#) regarding evictions. We suggest GOSH providers become familiar with this website and utilize it frequently for the most up to date information and for helpful tips in various housing search situations.

**[Northwest Justice Project \(NJP\)](#):** A Washington State nonprofit that provides free legal assistance to address fundamental human needs such as housing, family safety, income security, health care, education and more. NJP holds contracts to work with clients at both Western and Eastern State Hospital. The Tacoma NJP office works with clients and their providers at Western State Hospital and the Spokane office's Health Justice Initiative (HJI) works with clients and their providers at Eastern State Hospital. When working with low-income individuals who have barriers to securing housing, it is important to form working relationships with legal assistance to aid securing and maintaining housing. NJP offers the [CLEAR hotline](#) to report potentially illegal housing practices as well as to get legal support. NJP also has a universal mailbox for housing law questions/support needs - [BTH@northwestjustice.org](mailto:BTH@northwestjustice.org).

**Department of Commerce – Landlord Mitigation Program:** Washington State's Landlord Mitigation Fund (RCW 43.31.605) became effective on June 7, 2018, to provide landlords with an incentive and added security to work with tenants receiving rental assistance. The program offers up to \$1000 and up to fourteen days' rent loss to the landlord in reimbursement for required move-in repairs, and up to \$5000 in qualifying damages caused by a tenant during tenancy. For more details please see: [Landlord Mitigation Program \(wa.gov\)](#)



There are documents required for a landlord to claim and receive payment from the Landlord Mitigation Program for damage and/or rent loss. As part of the lease up process, GOSH providers should inform landlords of the Landlord Mitigation Program so they can utilize this resource, if needed. The [Landlord Mitigation Program \(wa.gov\)](http://wa.gov) webpage is a great resource to support your conversations with potential landlords.

**Documents required for damage and/or rent loss claims:**

- 1) Obtain a Washington [Statewide Vendor Identification Number](#).
- 2) An executed written Rental Agreement between the landlord and the tenant(s).
- 3) A Rental Assistance Agreement (or [adequate proof](#) of housing assistance).
- 4) A completed [Move-In Condition Report](#) (this is not a Rental Assistance Inspection Report) signed and dated by both Landlord and Tenant(s).
- 5) A Tenant ledger showing any unpaid portion of rent and other charges.
- 6) Copies of all repair invoices for damages that are included on the claim.
- 7) Complete the entire [claim submission form](#).

### 6.3 Securing Housing and Preparing for Move-in

Once a client is approved for an apartment, there will be a lot of coordination needed to help the client transition into their apartment. The transition process may look different for clients based upon their current living situation.

During this process, the GOSH provider should be managing the following:

- **Subsidy Process (if applicable):** Regardless of subsidy source, the GOSH provider should be assisting the client with any documentation and process related to the subsidy. There is an Appendices Section at the end of this manual that includes the “ALTSA Subsidy Provider Procedures Manual” with detailed information regarding the subsidy process. The ALTSA Housing Team also offers monthly subsidy-related training for providers. Please contact your regional SHPM to find out when the next training is to learn more about the process.



If the client is utilizing the GOSH subsidy, there are several steps that must be completed **prior to** lease signing. Most importantly, the apartment must pass a Housing Quality Standards (HQS) Inspection.

- **Lease review:** It is important to review the lease prior to having a client sign it. Check to make sure there isn't any unusual language or requests that seem unnecessary. It is encouraged to ask the landlord (or other sources) for clarification, when needed. It is also important to ensure there are no stipulations in the lease that a client may not be able/want to follow. For example, if a lease indicates there is no smoking on the

property but the client has indicated they want to smoke outside their unit you will need to discuss this with the client prior to moving toward leasing the apartment. Please remember a lease is a legally binding contract between the landlord and client.

- **Utility Hook-up:** Depending on the unit, the client may need to set up one or more accounts associated with the utilities they will need to pay for. Some utility companies may require a deposit. This can be included in the move-in costs (see below) for the unit. Ongoing utility payments will need to be paid by the client. In some situations, when clients have low/no income, the subsidy might pay a portion toward the cost of utilities. This is called the Utility Assistance Payment (UAP). This would not be paid in time to pay the utility deposit; therefore, other funds will need to be utilized, such as community transition funds authorized by the Home and Community Services (HCS)/Area Agency on Aging (AAA) Case Manager (CM). The client is responsible for any cost incurred above and beyond what the UAP covers.
  
- **Transition-related Costs:** GOSH providers will assist the client to determine what will be needed for the client to move into their apartment. This will include move-in costs (first month's rent, deposit), household items, furniture, etc. The GOSH provider will help determine the potential costs associated with the transition and discuss whether the client can afford to pay for some or all of it. If no other options are available, there are ALTA funds available that might be able to pay for these costs. Requests to utilize ALTA funds for essential goods/services (move-in costs, household items, furniture, etc.) go to the assigned HCS/AAA CM. It is best to provide a comprehensive list of the items and cost associated in one request and to note that there is not any alternative funding available to pay for the items through other means. When calculating cost, it is safest to round up. For requests above \$2500, the CM will need to submit an exception to rule (ETR) request. An ETR request can take several days to receive back, therefore it is best to request the essential items/funds as soon as possible to avoid delays in the process. Our Supportive Housing website has a shopping list you can reference to guide your conversations with clients and HCS/AAA CMs related to purchases to support a client's transition into their own apartment.
  - **Move-in Costs:** It is important to know up front from the landlord the amount of money that will be needed upon lease signing. This often includes the first month's rent and deposit but sometimes includes more depending on the unit.
  - **Essential items:** Clients will likely need some essential items in their apartment prior to moving in. The supportive housing provider should check with the client to find out what household items they already possess, if any. You can use the [shopping list tool](#) to help the client get a sense of what they will need. The GOSH provider should discuss with the client what items will be needed and the

potential associated cost. Some of the essential items include general household items (toilet paper, shower curtain, kitchen utensils, bedding, etc.) as well as furniture.

- **Furniture purchases:** It is recommended that furniture is obtained from a furniture store that can provide delivery and set up for a fee. While lower cost options can be explored like second-hand furniture, it not recommended that GOSH providers transport or set-up furniture. Additionally, online options like Amazon and Walmart can be utilized so furniture can be delivered to the client's doorstep; however, it will be important to determine if the client is able to put together the furniture and set it up as it will likely come in pieces boxed. Please note, to receive reimbursement through AL TSA for approved purchases, it is necessary to have confirmation of receipt of purchases.

## 7 Supporting Discharge Planning



The AL TSA GOSH team has created a brief video on [Good Discharge Planning](#) for GOSH. It may be helpful to watch this video before reading this section.

Most GOSH clients are inpatient at a behavioral health facility at the time you receive the GOSH referral. Sometimes a referral will get to a GOSH provider after a person has discharged from a behavioral health facility, but most referrals will be for individuals still residing at a facility. Discharge planning is an opportunity to support ongoing stability. The earlier the planning can start, the more likely a person will discharge with the most comprehensive, individualized plan available to support them. To best support a client, you will need to be involved in discharge planning.

Discharge coordination involves building relationships with the client as well as the rest of the discharge planning team; identifying barriers to discharge; discussing needed community supports with a client and the discharge planning team and coordinating those supports; and conducting a housing search and securing housing.

Clear, ongoing communication among service providers is critical to good discharging planning. There must be ongoing coordination between the GOSH provider, State Hospital staff, Home and Community Services (HCS)/Area Agency on Aging (AAA) Case Managers (CMs), Managed Care Organization (MCOs) liaisons, and Peer Bridgers (as applicable). To support this coordination, the GOSH provider sends weekly updates to the client's care team regarding their housing search and related information. Once a discharge date has been set, the GOSH provider should initiate a discharge planning meeting. Successful discharge planning ensures the person's voice is heard. A discharge planning meeting should include the individual, as well as any support person they choose, all current team members and, when possible, community providers who will work with them upon discharge.

In your discharge planning session make sure you cover the following:

- Provider roles and responsibilities.
- Discharge logistics – figure out who will provide the transportation, how much medication and what prescriptions a person will need when they leave the facility.
- If moving directly into an apartment –confirm furniture, food and household items will be in the apartment upon move-in.
- Who should receive a copy of discharge paperwork.
- Discuss ‘after care’ services the individual will have once discharged, including upcoming appointments, transportation needs, and any additional supports or services that will need to be authorized and by whom.
- Financial logistics – determine who will assist with re-establishing Basic Food and/or cash benefit programs.

This information should be summarized in simple language in the discharge plan and should include where a client will discharge to, the types of care they need and who will provide that care.



Care team members have spoken very positively about these discharge planning conferences through GOSH. It is important to put the time in to ensure the strongest discharge plan possible.

## 8 Intensive Tenancy Support

Once a participant has moved into their apartment, the true work of Supportive Housing begins – ongoing tenancy support. This support will include working with the client on their defined goals, advising the client on their role as a responsible tenant, coordinating maintenance issues with landlord, assisting the client work through challenges with neighbors, as well as interceding in critical housing situations where a non-compliance notice or an eviction notice may be issued to the client.

### Client Advocacy in Tenancy

It is important to remember that the GOSH agency’s role is as the client’s advocate. While landlord relationships are important, your role is to ensure your client’s rights are being protected and issues are being mitigated appropriately to preserve the client’s tenancy.

## Client Contact

Once a client has housing, during the very first days and weeks from that transition, it is important to perform more in-person visits and maintain a higher level of communication during this period as this can be the most challenging time for adjustment. The GOSH [Service Standards for Providers](#) outline in-person visit and contact standards for the client. If the client needs more support than outlined in the Service Standards, the expectation is that the agency will support the client based on their level of need and will contact and meet with the client as often as necessary.

## Care Team Communication

Once the client is in housing the regular communication with the client's care team (including the Home and Community Services (HCS)/Area Agency on Aging (AAA) Case Manager (CM), behavioral health agency, personal caregiver, peer support staff, etc.) should continue. Because members of this care team might change once the client has moved into housing, please update the recipient list as needed with the current care team members. As the client stabilizes in their housing you may send updates less frequently. When the client experiences a period of crisis or instability, please return to sending more frequent communications on the client's status as needed and appropriate for the situation.



Please note that email updates should not contain case notes and must be concise. Information shared should be on a need-to-know basis and as always, ensure emails are sent secured/encrypted. Please also be mindful that, when necessary, there may be information you should provide verbally and to specific members of the client's care team.

## Services continue through re-hospitalization/incarceration

When a client is hospitalized or incarcerated, the GOSH provider must verify with the landlord and the client that the tenant's portion of rent was received for the current month. If rent was not received, the GOSH provider should coordinate as necessary to make sure the client maintains their tenancy, and that the rent is paid. The participant's file should note the form of payment the client uses to pay rent (e.g., cashier's check, money order, cash, personal check, online portal, automatic bank withdrawal, etc.). When the client is utilizing the GOSH subsidy and temporarily out of their apartment without the ability to pay their portion of rent, the GOSH provider should speak with the SHPM to have the GOSH subsidy pay the full rent for the period needed to maintain the apartment.





Please be aware that depending on the hospitalization or incarceration situation, the client's Long-Term Services and Supports case might be transferred to another HCS or AAA CM. While it is encouraged that the assigned case manager informs the GOSH provider the case will be transferring, this does not always occur. When a transfer does occur, please ensure that you are including the current HCS/AAA CM in communication threads. If you aren't sure who the current case manager is, you can reach out to the SHPM for assistance.

### **Maintaining the GOSH Subsidy**

The GOSH subsidy is available to a client until they secure permanent, affordable housing or federal voucher. As part of maintaining the GOSH subsidy, clients must be recertified annually through updating their income records and verifying the calculation of the subsidy amount. The GOSH provider will need to support the client collect the required information for filing with Spokane Housing Authority.

Two months prior to a client's lease expiring, the SHPM will email the GOSH provider the required documents to be shared with the client. The Annual Recertification packet includes:

- a. Recertification Cover Sheet,
- b. New Participant Agreement
- c. Income Verification Letter,
- d. SHA Release of Information, and
- e. HUD Supplemental form (optional).

Even for month-to-month leases, annual recerts are scheduled 12 months out from the initial lease-up date. The client must be given 10 business days to return the documents. The GOSH provider sends the completed Annual Recertification packet to the SHPM. The SHPM sends the packet to Spokane Housing Authority. The packet must be provided 6 weeks before the month in which the apartment lease expires (e.g., a lease that expires May 31<sup>st</sup> requires the recertification paperwork to be submitted to Spokane Housing Authority by April 1<sup>st</sup>).

- i. SHA needs 6-week lead time to recalculate the subsidy, correspond with the landlord, provide the tenant with 30 days' notice, and provide notice to ALISA of rent payment changes.
- 2) SHA sends the Notice of Change (NOC) to the HPM once the recertification process is complete.
- 3) If a client is no longer active on LTSS, SHA will be responsible for requesting and completing the AR directly with the client. See section 10.A.3.iii.4 below for the process.

4) Bi-annually, along with the recertification paperwork, an inspection of the unit will also need to be completed. SHA will reach out to the local PHA to complete it. SHA will send a notice of the inspection to the client, landlord and the HPM.

- i. The HPM should forward the inspection notice to the client's CM and/or contracted provider so they can determine if the client may need support in completing the inspection.

### **At-risk of losing housing**

To minimize the likelihood of a client losing housing, the GOSH provider conducts frequent home visits, engages in assertive or proactive engagement, and works in collaboration with the team of care.

Unfortunately, some clients will find themselves at risk of losing their housing. In the event a client receives an eviction or other non-compliance notice from their landlord, and may be at-risk of losing their housing, the GOSH provider must assist the client in mitigating any negative impact. All alternatives to the client losing their housing should be explored with the landlord and client. For instance, if the client received notices of non-compliance, determine whether it is possible to assist the client to become compliant/be in compliance with the terms of their lease and maintain their tenancy. The GOSH provider must talk to the landlord regarding the situation and determine whether there is any way to avoid the client losing their housing altogether. Very often landlords would rather resolve a client-issue versus terminating the tenancy. The time spent providing support in a crisis may lead to a favorable outcome and mitigate the non-compliance situation. The GOSH provider should not make any agreements or take any action that the client hasn't agreed to in these circumstances.

When a landlord's actions appear to be outside of what is permitted by law, GOSH providers should seek legal assistance to confirm the legality of the practices in question. When illegal practices are involved, you will need the client's agreement to pursue further action with the help of legal aid.

Please be aware that there are trainings and support to assist a provider around supporting a client's tenancy you're your agency is unaware of what is available, reach out to your SHPM.

### **Termination of Tenancy/Eviction**

Even with your best efforts to mitigate issues that lead to housing loss, clients will experience loss of housing, such as when a landlord chooses to not renew a lease. When a landlord takes eviction action, the GOSH provider should ask the landlord whether a mutual termination of lease is possible over a formal eviction. The client must be agreeable to this option and the GOSH provider should ensure the client is aware of the difficulty in finding housing with a recent eviction on your record. If the landlord must go through with a formal eviction, the GOSH provider should speak with the landlord about an [Order of Limited Dissemination \(OLD\)](#).

### **Support in properly vacating an apartment**

A key service GOSH providers should provide is to assist your clients in properly vacating their apartments in a manner that protects the client's tenant history, adheres to the lease agreement in vacating the unit, and provides the client with support in all steps of transitioning to another apartment. GOSH providers and client should discuss and plan for all aspects of what is needed for a client to move, from locating an interim place to live, cleaning the current apartment, moving the client's belongings, and storing items. The GOSH provider should coordinate all stages of this process. Please be aware that there may be ALTA funds available to assist with certain aspects of a move, so please coordinate with the client's HCS/AAA case manager to explore options.

### **Commitment to re-house**

When clients lose their housing, GOSH providers must assist clients in initiating the housing search and coordinating the client's move to the new location. Ideally, if a client's housing is in jeopardy or a client wants to move, the GOSH Provider and client will have a discussion and the new housing search will start in advance of housing loss, with the client moving from one apartment into another. If there is need for immediate housing prior to another apartment being secured, there may be temporary hotel funding to provide the client with housing during the new housing search. The GOSH provider should check with local Housing and Recovery through Peer Services (HARPS) and Commerce Behavioral Health Rental Assistance (CBRA) providers or their SHPM for funds through Motel Interim Stays for Transitions (MIST). A new GOSH subsidy application will need to be completed with a client and submitted to the SHPM to issue a new housing search packet and GOSH subsidy.

### **Search for permanent, affordable housing or voucher**

The GOSH Subsidy is temporary and is intended to assist the client while they locate a permanent option. To be eligible to utilize the GOSH Subsidy, clients must meet ALTA functional and financial eligibility at the time of application. GOSH providers must be diligent in assisting the client to locate permanent, affordable housing opportunities such as a permanent voucher through Housing and Urban Development (HUD) or a tax credit unit. GOSH providers should assist the client to apply for and maintain access to affordable housing waiting lists. Information on the properties and vouchers the client has applied for must be maintained in the participant's file. GOSH providers must assist clients on checking their waitlist status.

While the goal of the GOSH subsidy is to have a participant transition in place (replace the state funded GOSH subsidy with a permanent voucher through HUD in the same unit), when a client must move to get a permanent subsidy or subsidized unit, the GOSH provider needs to communicate and coordinate with the client for this transition. The client may need help with budgeting for the cost of moving and/or the cost of a new unit. This might include the cost not only to move their belongings but also first month's rent and deposit at the new unit.



The client does not need to remain on the GOSH subsidy to continue with GOSH services. When a client transitions to a permanent subsidy or into a subsidized unit, their GOSH Subsidy ends, yet the GOSH services remain in place if the individual continues to want them.

## Community Integration

A key component of GOSH services is assisting clients to integrate into their community. Connections to their community enhance client's lives, increase their independence, self-respect, and dignity.

Community integration work is identified through the client's goals on the ways they would like to increase their quality of life. Utilizing Motivational Interviewing strategies, GOSH providers assist participants in identifying goals, interests, and activities they would like to pursue. GOSH providers then assist participants in connecting with those activities and realizing their goals.

Some examples of community integration include:

- Attending church, cultural events or groups.
- Visiting local parks or nature centers.
- Using public transportation, the library, or a community center.
- Engaging in the arts (e.g., theater, concerts).
- Volunteering for a cause that feels important to the individual.

## 9 Ending GOSH Services

GOSH participants do not “graduate” from supportive housing services and can receive the service if they continue to qualify based upon ALTSA eligibility and want to continue receiving it. There are several reasons GOSH services may end. Regardless of reason, if you are considering ending GOSH services with any client, discuss the situation with the care team (including the HCS/AAA CM and SHPM) to discuss the situation and next steps. SHPM are responsible for ending GOSH service authorizations.

GOSH services will end when a client:

1. requests to end services, or
2. is no longer functionally and financially eligible for ALTSA services, or
3. loses contact with all service providers for a lengthy period, or
4. is hospitalized/institutionalized for a lengthy period, or
5. passes away, or

6. moves out of state

Each of the above is discussed in more detail below:

1. **Requests to end services:** As with all AL TSA services, participants voluntarily utilize services offered. If a GOSH participant is requesting to end services, the GOSH provider should have an informed discussion with the individual on their preferences, what ending GOSH would mean, and what alternatives they might prefer (e.g. different support from GOSH, a referral for Foundational Community Supports – Supportive Housing, another service option, or ending all services). After an informed discussion, if the GOSH participant still wants to end services, the GOSH provider should discuss with their SHPM and look to end services.
2. **No longer financially eligible for AL TSA services:** Individuals receiving AL TSA services (including GOSH) have eligibility reviewed at least annually. This includes a functional assessment and a review of income/resources. At that time, participants must remain financially eligible to continue services. If deemed financially ineligible for services, GOSH services will end.
3. **Loses contact with all service providers for a lengthy period:** GOSH providers should utilize assertive engagement to work with GOSH participants and attempt to connect with participants even if a participant is not actively engaging. If an individual leaves their apartment, GOSH providers should work with the individual’s care team to try to locate and engage the individual. If the GOSH Provider and care team have not had contact with an individual for a period of 90 days, the GOSH provider should discuss with their SHPM and look to end services.
4. **Hospitalized/Institutionalized for a lengthy period:** GOSH providers should work with hospitals/institutional settings to determine length of time a GOSH participant is anticipated to remain in that setting. Lengthy period would include an individual who is hospitalized/institutionalized for six months or longer.
5. **Passes away:** Per AL TSA policy, services (including collateral) cannot be provided beyond the date of death.
6. **Moves out of state:** AL TSA services are available for Washington State residents. If a client moves out of state, the individuals can no longer receive any AL TSA services, including GOSH.



If a GOSH client is stably housed through the GOSH subsidy and found functionally ineligible for AL TSA, please reach out to your SHPM to discuss options to support the client's tenancy.

## 10 Resources

### 1. AL TSA Roads to Community Living website

- a. [Housing Resources](#)
  - b. [Supportive Housing Services](#)
  - c. [Becoming a GOSH Provider](#)
2. AL TSA Long-Term Care Manual [Chapter 5b: Housing Resources for AL TSA Clients](#)
3. Department of Commerce Housing Resources
  - a. [Landlord Mitigation Programs](#)
  - b. Commerce Behavioral Health Rental Assistance ([CBRA](#))
4. Health Care Authority
  - a. Managed Care Organization Hospital Liaisons – reach out to your SHPM for the updated contact list
  - b. Managed Care Organization Community Liaisons – reach out to your SHPM for the updated contact list
  - c. Program for Assertive Community Treatment ([PACT](#))
  - d. Forensic Assertive Community Treatment (FACT)
    - i. [Community Integrated Health Services FACT Program](#)
    - ii. [Great Rivers BH-ASO FACT Program](#)
  - e. Housing and Recovery through Peer Services ([HARPS](#))
  - f. Forensic Housing and Recovery through Peer Services ([Forensic HARPS](#))
  - g. [Peer Bridgers](#)
  - h. [ProviderOne Billing and Resource Guide](#)
5. Legal Resources
  - a. [Washington Law Help](#)
  - b. [Northwest Justice Project](#)
6. [Housing First Toolkit](#)
7. [Evidence Based Practice](#)
  - a. [Strength-Based Approach](#)
  - b. [Person-Centered Planning](#)
  - c. [Trauma Informed Care](#)
  - d. [Harm Reduction Practice](#)
    - i. [Harm Reduction Treatment, Training and Technical Solutions \(HaRT3s\)](#)
      1. [Safer Use Strategies & Opioid Overdose Prevention](#)

- e. [Assertive Engagement](#)
  - f. [Motivational Interviewing](#)
    - i. [Eight Stages in Learning Motivational Interviewing](#)
    - ii. [Effective Engagement and Supporting Change](#)
8. [Substance Abuse and Mental Health Services Administration](#)

## 11 Appendices

[GOSH Contract](#)

[Service Standards for GOSH Program Providers](#)

[ALTSA Regional Map with Contacts](#) (GOSH Program Managers in your area)

[Monthly Activity Records \(MARs\) Adobe Reader Template](#) for GOSH service billing

[Monthly Activity Records \(MARs\) Excel Template](#) for GOSH service billing

[Agency Instructions](#)

[GOSH Quarterly Report Template](#)

[ALTSA Housing Assessment Form](#)

[ALTSA GOSH Crisis Form Template](#)

[ALTSA GOSH Goal and Service Planner Template](#)

[Example Shopping List, ALTSA Funds](#)



# Aging and Long-Term Support Administration Home and Community Services

## ALTSA Subsidy Provider Procedures Manual



The ALTSA Subsidy is interim support between institutionalization and permanent affordable/subsidized housing. ALTSA contracts with Spokane Housing Authority (SHA) to administer the subsidy throughout the state. It is modeled on HUD’s Section 8 Housing Choice vouchers.

Community Choice Guides (CCG) or Supportive Housing Providers (SHP) assist the client in housing searches, leasing an apartment, move in process. SHP’s also support the client in accessing and maintaining eligibility for permanent affordable options, such as Housing Choice vouchers (aka Section 8), subsidized units at apartment properties, and tax credit units within the person’s budget.

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### Acronyms

CCG = Community Choice Guide	AAA = Area Agency on Aging
HPM = Housing Program Manager	CM = Case Manager (HCS/AAA)
SHP = Supportive Housing Provider	SHA = Spokane Housing Authority
HCS = Home & Community Services	

**Start the subsidy application process early in the housing search process – do not wait until there is a rental unit available.**

### 1. Completing the Application

If there is no other source of rental assistance available, to transition an ALTA client into a community setting using the ALTA Subsidy, the HCS/AAA Case Manager (CM) or CCG/ SHP requests an ALTA subsidy application packet from an ALTA Housing Program Manager.

The ALTA Rental Subsidy Application includes:

- Cover Sheet
- Participant Agreement
- One-Page Application



- SHA Authorization for the Release of Information
- “How to Keep Your ALTSA Subsidy” document

The HCS/AAA Case Manager or CCG/ SHP will:

- Complete ALTSA Rental Subsidy Application with client.
- Carefully review Participant Agreement with the client prior to client signature, including full review of “How To Keep Your ALTSA Subsidy.”
- Assist the client to complete the ALTSA Housing Needs Assessment form.
- Assist client to obtain copies of current photo ID and SS card.
- Complete a tenant background screening (i.e. ORCA, Acranet, myscreeningreport.com, etc.) to prepare for the housing search. HCS/AAA Case Manager may authorize a CCG/SHP to assist the client for this transaction.



Clients must use the same name and signature on documents from subsidy application to lease signing. Best practice would be to use the name on the SS card and photo ID so they can build a history under the name they will be required to use for housing beyond the ALTSA-funded subsidy.

The completed application and supporting documents must be securely emailed to the HPM. The HPM will verify and attach the income verification if client receives benefits from the Social Security Administration. If the applicant has other sources of income (private pension, alimony, etc.) or deductible expenses such as child support, the CCG/SHP must assist in getting that documentation. After review, the ALTSA HPM will submit the application and supporting documentation to SHA.



**What do I do if I can't get the application completed or obtain all the documents?**

If you submit an incomplete application, it will not be processed. Photo ID and SS card are not required to submit the application. However, ID is required to apply for an apartment, so this task should be completed with clients ASAP. If there is an unusual reason that the application cannot be completed or documents obtained, communicate with the HPM to strategize next steps.

2. Issuance of Search Packet

SHA will process the application and calculate the client's rent portion based on client's income and housing search county or counties. SHA will email the Housing Search Packet to the CCG/SHP and HPM. The packet includes:

ALTSA Subsidy Cover Sheet: Gives the CCG/SHP directions for each form/document included in the packet.

ALTSA Rent Subsidy Voucher: The voucher must be signed and dated by the client. It is proof that the client is eligible for the subsidy. A copy of the signed and dated voucher must be returned to HPM. Subsidy policies are listed on the voucher. The client must utilize the voucher (lease up) within 180 days of issuance. The issuance and expiration dates are both listed on the voucher. If housing cannot be obtained within the initial 180 days, request an extension through the ALTSA HPM.

Voucher Calculation Form: SHA completes the top section of this form, which will provide the Maximum Monthly Rent and Utilities the client is able to afford with the subsidy. The goal is to ensure clients pay approximately 30% of their income toward rent, leaving enough to pay for utilities and other living expenses. The remainder of this document is left blank so that when a unit is found, the appropriate information can be entered which will help determine if the unit rent is within the maximum allowed. The very bottom of the form provides directions on how to determine how much of the total rent the client will pay.



Am I required to complete the bottom portion of the Voucher Calculation Form?

**There is no requirement to complete the remainder of this form; it is simply a tool to use if you wish.** The ALTSA HPM can provide training if requested. It can be quite confusing and if information is not entered properly, the final numbers will be inaccurate.

Utility Allowance Form: The Utility Allowance Form indicates the average monthly cost for utilities in the county listed on the Cover Sheet. Use it to help ensure the client has budgeted for monthly utility expenses.

Letter to Landlord: This document informs the potential landlord what must be submitted to SHA to set up a Housing Assistance Payment (HAP) Contract. The HAP Contract makes it possible to receive subsidy payments. Subsidy payments **cannot** be made without a signed HAP Contract!!!

Request for Tenancy Approval (RFTA): Notifies SHA that a landlord has agreed to rent an apartment to the voucher holder. The landlord completes entire form with CCG/SHP and client.

Additional Landlord documents: Additional Unit Information; Lead-Based Paint Disclosure; Landlord Information (lead-based paint).



### [3. Review Housing Search Packet with Client](#)

- Review the Participant Agreement signed by the client.
- Client signs and dates the voucher. A copy of the signed voucher must be submitted to the HPM.
- Review the rent calculation form.
- Review the Utility Allowance Form.
- Explain Request for Tenancy Approval (RFTA) document and procedures.
- The RFTA is completed by the landlord once the client is approved for a unit.



**I've never completed a subsidy briefing. Is there assistance available for the first few?**

ALTA HPMs are available to assist with these briefing appointments if the CCG/SHP is unfamiliar with subsidized housing requirements.

### [4. Housing Search](#)

The CCG/SHP will assist the client in locating housing that fits the client's preferences. The search must balance client preference with housing market availability. Landlords must agree to accept the ALTA subsidy and accept payment from SHA. The CCG/SHP must ensure the unit meets fair market rental rates and utilities amounts as defined in the voucher payment standard and included in the search packet.



## 5. RFTA Completion

Once a client is approved for an

Do not allow a lease to be signed UNTIL the rental unit has passed a Housing Quality Standards (HQS) inspection. Signing a lease prior to inspection can result in denial of the subsidy and obligates the signer for all lease requirements.

apartment, the landlord must complete the RFTA and other landlord documents in the Housing Search Packet. This form provides the information needed for SHA to determine if the unit meets the rent requirements the client needs to remain below the maximum rent and utilities allowed. The RFTA must be submitted in order for the Housing Quality Standards (HQS) Inspection to be scheduled.

- The CCG/SHP provides the RFTA to the landlord to complete. The entire form must be filled out – there should be no blank spaces, or the form may be rejected.  
**(NOTE: Landlord = Lessor; Tenant = Lessee)**
- The CCG/SHP submits the RFTA to the ALTSA HPM for review.
- The ALTSA HPM will submit the completed RFTA to Spokane Housing Authority. SHA will ensure the unit rent amount is appropriate and fits within the calculation.
- If the unit rent exceeds the payment standard, SHA will inform the ALTSA Housing Program Manager. The HPM has authority to approve or deny a higher Voucher Payment Standard in order to allow a higher rent amount. The ALTSA Housing Program Manager may ask for additional information from the CCG/SHP to make this determination.



**DO NOT COPY THE RFTA FOR FUTURE USE!**



## 6. HQS (Housing Quality Standards) Inspection

Once SHA has reviewed the RFTA and approved the rent/utility calculation, they will arrange for an HQS Inspection directly with a local housing authority. **The CCG/SHP (or any other outside parties) must not contact the local housing authority scheduling the inspection.** If there are questions/concerns in regards to the HQS Inspection, direct those to the HPM. The local housing authority will contact the landlord to schedule the inspection. The unit **must** pass the HQS Inspection prior to a lease being signed.

If a unit does not pass inspection, the landlord has the option to correct the failing items and a re-inspection will be scheduled. If the landlord is unwilling to make the necessary correction to the unit, the client is unable to lease the unit using the ALTSA Rental Subsidy. The CCG/SHP and client will need to resume housing search efforts, and a new RFTA will be issued from SHA. The CCG/SHP can suggest the landlord connect to the

[Landlord Mitigation Program](#) to assist with financial support in repairs/upgrades needed to get the unit to pass inspection.

### 7. [Leasing up upon Passing HQS Inspection](#)



Client is able to sign lease agreement with landlord and arrange a move-in date once the HQS Inspection has passed. Leases should be 1-year in length. CCG/SHP can pay move-in costs with CM/HPM authorization, and may be able to provide other AL TSA Community Transition Services upon CM/HPM authorization.



#### **What do I do if a landlord is unwilling to sign a 1-year lease?**

If the landlord is unwilling to sign a 1-year lease, the CCG/SHP must receive approval from the AL TSA Housing Program Manager for a different lease term.

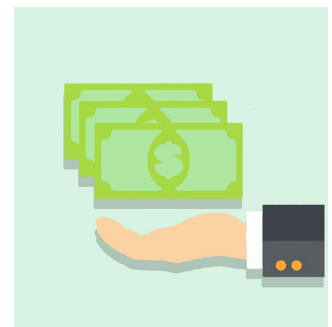
### 8. [Move-in Date – Copy of Lease](#)

CCG/SHP will provide a copy of the lease and communicate move-in date to AL TSA HPM. The HPM will review and submit to SHA. SHA must also receive all the documents requested on the “Letter to the Landlord.”

### 9. [HAP Contract Execution / Subsidy Payments](#)

After SHA has received a copy of the signed lease and the other supporting documents requested, they will send the HAP (Housing Assistance Payment) Contract to the landlord. The landlord must sign the HAP Contract and return it to SHA in order for subsidy payments to begin. Once the signed HAP Contract is received, it could take up to **60 days for the first subsidy payment** to be issued. The CCG/SHP must inform the landlord of this information. The initial payment will include any subsidy owed to date.

Subsidy payments will begin in the first full month of tenancy. The CCG/SHP must ask the authorizing case manager for approval to pay prorated rent for the first month if the lease is signed after the 1<sup>st</sup> day, and required deposits or fees.





The HAP Contract **prohibits** landlords from charging a late rent fee to the client if the subsidy payment has not been received. If this occurs, the CCG/SHP should inform the landlord this is not permitted. If there are additional questions/concerns, the landlord should contact the ALTSA HPM or SHA.

#### 10. Change of Circumstances

If a client has a change in income or other circumstances, the CCG/SHP should send an email to the HPM updating them on the client's situation.

#### 11. Termination of a Lease

For SHP's, when a lease is terminated, they must notify the HPM of the termination date ASAP, requesting that subsidy payments stop on that date.

#### 12. New Housing Search

In order for a client to sign a new lease in a new unit using this subsidy, contact the HPM. It is necessary to submit a new application packet. A new voucher will be issued.

Communication with SHA **must always** include the ALTSA Housing Program Manager. No other outside parties should be communicating with Spokane Housing Authority in regard to the ALTSA Rental Subsidy. All communication regarding ALTSA Subsidies must occur with the ALTSA Housing Program Manager and SHA.