

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

Date Issued 1/24

Page 1

CHAPTER Fiscal Management	CHAPTER 07	SECTION 003	SUBJECT 0010
SECTION Reimbursement	SUBJECT Housing Subsidy – Limited Term Financial Assistance		
WRITTEN BY Housing Workgroup	REVISED BY Kyle McLeod		AUTHORIZED BY Tracey Pingitore

I. APPLICATION:

- SCCCMHA Board
- SCCCMHA Providers & Subcontractors
- Direct-Operated Programs
- Community Agency Contractors
- Residential Programs
- Specialized Foster Care

II. PURPOSE STATEMENT:

St. Clair County Community Mental Health Authority (SCCCMHA) shall ensure that “bricks and mortar costs” will not be funded services for people we serve in independent living arrangements, except in emergency situations. In the case of an emergency situation, the use of contingency funds is permitted to prevent an episode of homelessness and/or to provide limited term financial assistance for eligible people we serve.

III. DEFINITIONS:

- A. Bricks and Mortar: Rent, mortgage payments, moving expenses, home furnishings, security deposits, household supplies, utilities, and/or emergency shelter.
- B. Community Living: Persons who are residing in any type of residence where they are the lessee (renter). Persons that reside in the home of family member cannot access support through this administrative procedures.
- C. Community Supports: A range of entitlements (non-CMH) that are available to the person as based upon their disability or income. Examples of these types of supports are: SSI, SSD, Food Stamps, DHHS Benefits, etc.
- D. Emergency Housing: Housing that must be arranged for a person we serve on an emergency basis, because the person is literally homeless, living in sub-standard housing that has become an imminent health/safety risk to the person, or living in an environment where they are at imminent risk to themselves or others.
- E. Housing Assistance: Housing assistance is assistance with short-term, interim, or one-time only expenses (not including room and board costs) for beneficiaries transitioning from restrictive settings and homelessness into more independent, integrated living arrangements while in the process of security other benefits (e.g. SSI) or public programs (e.g., governmental rental

CHAPTER Fiscal Management	CHAPTER 07	SECTION 003	SUBJECT 0010
SECTION Reimbursement	SUBJECT Housing Subsidy – Limited Term Financial Assistance		

assistance and/or home ownership programs) that will become available to assume these obligations and provide needed assistance. (Medicaid Provider Manual

- F. Imminent Risk of Homelessness: Individual or family, who will imminently lose their primary nighttime residence, provided that:
1. Residence will be lost within 14 days of the date of application for homeless assistance;
 2. No subsequent residence has been identified; and
 3. The individual or family lacks the resource or support networks needed to obtain other permanent housing
- G. Literally Homeless: Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
1. Has a primary nighttime residence that is a public or private place not meant for human habitation (streets, tent, park bench, etc.)
 2. Is living in a publically or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
 3. Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
- H. Permanent Independent Housing: A housing arrangement which is developed by utilizing natural community housing stock and initiated by a normal landlord/tenant relationship between the property owner or designated agent and the person being served.

IV. STANDARDS:

- A. Eligibility Criteria for Medicaid B3 Housing assistance funds will only be available to individuals who meet **all** of the following criteria:
1. The individual is a person we serve and meets the service eligibility guidelines of SMI, SED, I/DD, co-occurring, or SUD as defined by MDHHS.
 2. Housing assistance is assistance with short-term, interim, or one-time only expenses (not including room and board costs) for beneficiaries transitioning from restrictive settings and homelessness into more independent, integrated living arrangements while in the process of securing other benefits (e.g. SSI) or public programs (e.g., governmental rental assistance and/or home ownership programs) that will become available to assume these obligations and provide needed assistance (per the Medicaid Provider Manual).
 3. Additional criteria for housing assistance (per the Medicaid Provider Manual):

CHAPTER Fiscal Management	CHAPTER 07	SECTION 003	SUBJECT 0010
SECTION Reimbursement	SUBJECT Housing Subsidy – Limited Term Financial Assistance		

- a. The beneficiary must have in his/her individual plan of services a goal of independent living, and either live in a home/apartment that he/she owns, rents, or leases; or be in the process of transitioning to such a setting; and
 - b. Documentation of the beneficiary’s control (i.e., beneficiary-signed lease, rental agreement, deed) of his/her living arrangement in the individual plan of service; and
 - c. Documentation of efforts (e.g., the person is on a waiting list) under way to secure other benefits, such as SSI or public programs (e.g., governmental rental assistance, community housing initiatives and/or home ownership programs) so when these become available they will assume these obligations and provide the needed assistance.
4. The individual meets the homelessness definition or the individual meets the “imminent risk” of homelessness definition.
 5. The individual has exhausted all other resources, including:
 - a. Personal resources;
 - b. DHHS State Emergency Relief supports; and
 - c. Other community resources (have gone to a Housing Assessment and Resource Agency (HARA) & completed intake).

(1) Eligibility criteria for Medicaid (B3) Housing assistance per Medicaid Provider Manual:

Coverage Includes:

- (a) Assistance with utilities, insurance, and moving expenses where such expenses would pose a barrier to a successful transition to owning or leasing/renting a dwelling.
- (b) Limited term or temporary assistance with living expenses for beneficiaries transitioning from restrictive settings and homelessness. Limited term or temporary assistance is defined as a total of six (6) occurrences of a funding need.
- (c) Interim assistance with utilities, insurance or living expenses when the beneficiary already living in an independent setting experiences a temporary reduction or termination of his own or other community resources. Interim assistance is defined as a total of three (3) occurrences of a funding need.
- (d) Home maintenance when, without a repair to the home or replacement of a necessary appliance, the individual would be unable to move there, or if already living there, would be forced to leave for health and safety reasons.

Coverage Excludes:

- (a) Funding for on-going housing costs. Ongoing is defined as longer than a total of six (6) occurrences of a funding need.
- (b) Funding for any room and board costs (i.e., rental payments, mortgage payments, lease payments, land contract payments, hotel/motel stays, etc.)

CHAPTER Fiscal Management	CHAPTER 07	SECTION 003	SUBJECT 0010
SECTION Reimbursement	SUBJECT Housing Subsidy – Limited Term Financial Assistance		

- (c) Home maintenance that is of general utility or cosmetic value and is considered to be a standard housing obligation of the beneficiary.

Replacement or repair of appliances should follow the general rules under assistive technology. Repairs to the home must be in compliance with all local codes and be performed by the appropriate contractor (refer to the general rules of the Environmental Modifications subsection of this chapter). Replacement or repair of appliances, and repairs to the home or apartment do not need a prescription or order from a physician.

6. Subsidy funds will be granted solely for housing and related needs, to support a defined **one-time only expenditure**, not to exceed \$3,000 in total and subject to the following categorical limitations (as approved by the program director or designee):
- a. Security/Damage Deposit: \$650 one-time expenditure per household.
 - b. Utilities: \$150 one-time start-up expenditure for utility deposits, or to restore a utility that has been disconnected due to the individual's failure to pay for previous service, per household.
- c. Subsidy funds will not be used for the renovation or purchase of real property. The Program Director or designee must authorize funds beyond the above categorical limits for mitigating circumstances, but may not exceed the total maximum amount.
- B. Service Provider Requirements: In order to access these emergency housing funds, all service providers must actively be providing the following services to the person we serve, in order for the person to be considered eligible to receive funding:
1. Outreach services and emergency services;
 2. Diagnostic, crisis intervention, rehabilitation services and/or skill building services;
 3. Referral for medical or primary health services, and substance abuse services (if applicable);
 4. Case Management/Supports Coordination or other targeted support services and
 5. Supportive services in residential setting.
- C. Emergency Housing funds: shall not be issued to the person we serve, but by check or other means to the landlord, utility company, merchant or organization, or other type vendor.
- D. IPOS/Permanent Housing Plan: CMH emergency housing funds shall only be authorized contingent upon the Primary Caseholder developing a permanent housing plan as part of the Individual Plan of Service (IPOS), which plans for income (employment, Michigan Rehabilitation Services (MRS), IPS or SS) and other needed supports (HARA, Section 8, financial planning, education on maintain stable housing, etc.) in order to reduce the risk of future homelessness.

CHAPTER	CHAPTER	SECTION	SUBJECT
Fiscal Management	07	003	0010
SECTION Reimbursement	SUBJECT Housing Subsidy – Limited Term Financial Assistance		

V. PROCEDURES:

Central Intake Unit

1. Identifies individuals not in services who meet criteria for emergency housing assistance (Refer to Standards IV B)

Primary Caseholder

2. Identifies an individual we serve, who meets the criteria for emergency housing assistance and meets all the criteria set forth in Standard IV A.
3. Identifies the housing needs, including the individual's personal resources (employment/SSI) and community resources/entitlements.
4. Pursues obtaining personal income and/or community resources, referral to HARA, Department of Health and Human Services-State Emergency Relief (DHHS-SER), available rental listings and documents the unavailability and/or denial of these resources.
5. Discusses case with Supervisor and/or CMH Placement Coordinator to explore alternative arrangements not yet explored. If after hours, ensures that the emergency needs are temporarily met for the individual we serve, including providing/arranging for emergency/temporary housing until the next business day when the Primary Caseholder continues with the following procedures.
6. Identifies the remaining emergency housing needs not met by these other resource, completing the Housing Assistance Fund Intake Form, (Form #0114-A) and emergency housing fund memorandum (Form #0114).
7. Ensures Primary Caseholder has exhausted all personal and community resources and reviews emergency/transition need with Supervisor prior to Chief Operating Officer.
8. Reviews the Housing Assistance Fund Intake Form, (Form #0114-A), for possible additional resources-or CMH funds (housing assistance B3).
9. Submits documentation, copy of lease, denials of alternative funding, and expenditure reports to obtain assistance with the Medicaid funds.
10. Obtains the names/addresses for where and to whom the checks need to be issued from the Primary Caseholder. Notifies Landlord IRS W-9 form is required for check issuance (a blank W-9 form can be obtained by the Finance Department if needed). Forwards the Emergency Housing Fund Memorandum, (Form #0114) and Housing Assistance Fund Intake Form (#0114-A) to their Supervisor and the Program Director for signature and then to the fiscal department for processing payments.

CHAPTER	CHAPTER	SECTION	SUBJECT
Fiscal Management	07	003	0010
SECTION Reimbursement	SUBJECT Housing Subsidy – Limited Term Financial Assistance		

Supervisor/Deputy Director:

11. Approves and signs form #114 Housing Fund Memorandum and reviews form #114-A Housing Assistance Intake Form

Primary Caseholder

12. Pursues the housing linkages and supports after approval has been obtained.
13. Notifies the fiscal department in the event the approved funds are not used.
14. Ensures a permanent housing plan, as part of the IPOS, is developed and plans for income supports/resources in order to reduce the risk of future emergency housing situations.

Fiscal Department

15. Maintains a register of services paid for.
16. W-9 provided to Accounts Payable for processing.
17. Provide Access Department register of services paid for encountering. Forwards documents (0114) (0114A) to data department. Data department keys claim and scans documents into OASIS chart.

Data Management

18. Maintains adequate records of financial transactions for financial audit purposes.

VI. REFERENCES:

- A. Medicaid Provider Manual, Section 17.3.F.Housing Assistance

VII. EXHIBITS:

None Available

VIII. REVISION HISTORY:

Dates issued 02/01, 02/03, 02/05, 2/07, 02/09, 01/12, 07/13, 07/14, 07/15, 11/16, 11/17, 11/18, 11/19, 11/20, 12/22, 12/23.