

**[ND Housing Support Services Program Name]**  
**Policies and Procedures**  
*Sample*

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Last Updated August 23, 2021	



## Use of this Document

This document is meant as a starting point for your agency to adapt to fit within your agency-wide policies and procedures manual. The document should give your agency a head start in developing and revising your own agency's Policies and Procedures as needed by adoption of billing for Housing Support Services.

The document notes the last updates made to document. Policies change as programs such as housing support develop and evolve over time. Per the ND Provider Manual guide<sup>1</sup>, your agency is responsible for staying up to date as policies change and adapting your agency's Policies and Procedures Manual to comply with these changes.

Throughout the document, there are references to [Program Name], [Agency Name] or [Community] so that your agency can simply add in your agency name, the name of your program or community. Current agency and community programs and structures may dictate other changes as well. The only goal with the document is to ease the transition for your agency, staff and participants.

- Forms needed for program implementation are referenced via footnote throughout the document.
- Footnotes also contain links to ND DHS or federal guidance on these policies.
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<sup>1</sup> <https://www.nd.gov/dhs/services/medicalserv/medicaid/docs/general-information-medicaid-provider-manual.pdf>

## Introduction

The Housing Support Services (HSS) program, as part of the state of North Dakota's Behavioral Health 1915(i) Medicaid State Plan Amendment or SPA includes provides housing-related services to persons who are eligible and enrolled Medicaid beneficiaries to assist them in obtaining and maintaining stable housing. These individuals MUST also have a documented behavioral health condition and need assistance due to that condition in obtaining and maintaining housing. Eligible persons must either be experiencing homelessness, housing instability, living in a higher level of care than is needed or at risk of living in an institution or other segregated setting. Persons currently in supportive housing may be considered at-risk of homelessness if services are necessary to maintain stable housing.

Housing Support Services (HSS) includes:

- Pre-Tenancy services that provide individuals the support that is needed to secure housing.
- Tenancy services that assist individuals with sustaining tenancy in an integrated setting that supports access to the full and greater community.
- *(Agencies can provide some specific examples based on what they are providing)*

People with disabilities often need support to live successfully in the community. However, that support is often unavailable. Affordable housing is not always enough; challenges such as mental illness, substance use disorders, or behavior challenges can make it difficult for someone to find housing, budget, interact with landlords and neighbors, and understand the rules of a lease. With the right supports, provided by a professional with knowledge and experience in housing, more people can be successful.

As directed by the 2019 legislative session, the North Dakota Department of Human Services (DHS) applied to the Center for Medicare and Medicaid Services (CMS) to add Housing Support Services to North Dakota's Medicaid plan as part of the Behavioral Health Transformation process. This was approved by CMS on December 31, 2020. The purpose of these services is to:<sup>2</sup>

- Help individuals access and maintain stable housing in the community.
- Provide services that are flexible, individually tailored, and involve collaboration between service providers, property managers and tenants to engage in housing, preserve tenancy and resolve crises that may arise.
- Increase long-term stability in housing in the community, and
- Avoid future periods of homelessness or institutionalization.

## Program Overview

The 1915(i) services program requires providers to bill services in 15-minute increments as follows:<sup>3</sup>

Service Description	Rate	Procedure Code	Unit
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<sup>2</sup> [https://www.behavioralhealth.nd.gov/sites/www/files/documents/1915i/ND%201915\(i\)%20Application.pdf](https://www.behavioralhealth.nd.gov/sites/www/files/documents/1915i/ND%201915(i)%20Application.pdf)

<sup>3</sup> <https://www.behavioralhealth.nd.gov/sites/www/files/documents/1915i/Fee%20Schedule.pdf>

Housing Support Services	\$10.49	H2021 U4	15 minute increments
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Additional services are available as part of the 1915(i) and [PROGRAM NAME] partners with other local community agencies to ensure that our service participants receive all the services included in their Person Centered Plan.

### **Program Description**

[PROGRAM NAME] program provides [describe services]

The [PROGRAM NAME] team is made up of: [List Team member titles and number of each]

Examples:

- Program Director
- Housing Manager
- Housing Services Coordinator

### **Areas Served**

Services are offered in the following counties: [list counties].

Current single site buildings supported by HSS services includes: [list of supportive housing properties]. The program also has the capacity to serve [XXX] scattered site units.

### **Caseload Size**

[PROGRAM NAME] staff members will have a caseload that allows them to provide excellent participant care with optimal outcomes. Each staff member will have [10-15] individuals on their caseload receiving active support services.

## **Medical Assistance Eligibility**

As part of [PROGRAM NAME]'s intake process, potential recipients are screened for health care coverage and if a person is found to be eligible but not enrolled, the person is assisted in enrolling in Medical Assistance.<sup>4</sup>

When assigned, staff also track if person is enrolled in Traditional Medicaid or Medicaid expansion services. As of July 1<sup>st</sup>, 2021, persons enrolled in the Medicaid expansion program are covered by Sanford Health Plan<sup>5</sup>, but that will change to Blue Cross/Blue Shield of North Dakota as of January 1, 2022.<sup>6</sup>

Eligibility determination for all 1915(i) services is done through the local Human Services Zones.<sup>7</sup> A member is eligible for housing support services if they meet all of the following needs-based criteria:<sup>8</sup>

- Age: Be at least 6 months prior to a person's 18<sup>th</sup> birthday
- Be currently enrolled in **ND Medicaid** or **Medicaid Expansion**
- Income must be at or below 150% of the Federal Poverty Level<sup>9</sup>

<sup>4</sup> <https://www.nd.gov/dhs/services/medicalserv/medicaid/apply.html>

<sup>5</sup> <https://www.sanfordhealthplan.com/providers/medicaid-expansion>

<sup>6</sup> TBD web site from Blue Cross/Blue Shield

<sup>7</sup> <https://www.nd.gov/dhs/locations/countysocialserv/>

<sup>8</sup> <https://www.behavioralhealth.nd.gov/1915i/individuals>

<sup>9</sup>

<https://www.behavioralhealth.nd.gov/sites/www/files/documents/1915i/1915i%20Federal%20Poverty%20Level%20Table%20.pdf>

- Person must score 50 or higher on the World Health Organization, Disability Assessment Schedule ([WHO-DAS](#)). As of August, 2021, DHS reports they are preparing a submission to CMS for approval to lower that score threshold to 25, but a timeframe for that change is not yet clear.
- Submit proof of residence in a Home and Community Based Setting. Persons cannot live in institutions such as Nursing Homes, PRTF, Intermediate Care Facilities (ICF) for persons with IDD, Institutions of Mental Disease (IMDs), hospitals or jails and prisons.
- Complete the [following form](#), which includes both the diagnostic information and signature of a licensed professional and the WHODAS Assessment.
  
- For Housing Support Services, person must also:
  - o Be literally homeless. An individual or family is considered homeless when they lack a fixed, adequate nighttime residence, or
  - o Is at risk of becoming homeless, or
  - o Is living in a higher level of care than is required, or
  - o Is at risk for living in an institution or other segregated setting.

## Referral and Enrollment Process

[PROGRAM NAME] takes self-referrals or referrals for Housing Support Services from our local agency partners that offer Care Coordination Services.<sup>10</sup> Any self referrals will need to be screening for Medicaid eligibility and assisted in navigating the 1915(i) eligibility process with the Human Services Zones. Our agency acknowledges that this assistance to connect persons to 1915(i) services is not a billable service under the current state plan amendment. Individuals choose their providers and any individual may or may not choose [PROGRAM NAME] as their Housing Support Provider.

<sup>11</sup>[PROGRAM NAME] has referral agreements with a variety of our community providers who offer care coordination services and will refer to our agency for housing support services. Those agencies includes:

- Program A
- Program B
- Program C

Our agency accepts or rejects referrals from Care Coordination agencies based upon the following factors

- Program and staffing capacity
- Expertise in addressing the challenges to stable housing that the person is presenting with
- FACTOR A

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<sup>10</sup> <https://www.behavioralhealth.nd.gov/1915i-providers>

<sup>11</sup>

[https://www.behavioralhealth.nd.gov/sites/www/files/documents/1915i/Service%20Auth%20Process%20Flow\\_LA%203.9.2021.pdf](https://www.behavioralhealth.nd.gov/sites/www/files/documents/1915i/Service%20Auth%20Process%20Flow_LA%203.9.2021.pdf)

- FACTOR B

Once a referral is accepted, HSS staff inform the Care Coordination Agency. [PROGRAM NAME] also follow up with the Care Coordination agency to ensure that the Care Coordination Agency has submitted the appropriate information to either the state (for persons covered by Traditional Medicaid) or to the Managed Care Organization for persons covered by Medicaid Expansion.

[PROGRAM NAME] complies with all services limits and codes as defined by DHS [here](#).

[PROGRAM NAME] checks program recipient eligibility on a [daily or weekly] basis to confirm eligibility.

[PROGRAM NAME] submits a service authorization requests to either the SMA or the MCO, depending on their Medicaid coverage via traditional Medicaid (MMIS) or expansion Medicaid (MCO).<sup>12</sup> The service authorization must match the POC and include amount, frequency and duration of services to be rendered.

**FOR SERVICE RECIPIENTS WHO ARE TRADITIONAL MEDICAID:<sup>13</sup>**

When the Care Coordination Agency receives state approval for the Person Centered Plan, that information is forwarded to [PROGRAM NAME]. [PROGRAM NAME] staff check in weekly with the Care Coordination Agency until the state approved plan has been received. When the state approved Person Centered Plan has been received, [PROGRAM NAME] staff submit their unique Request for Service Authorization that matches the care coordination agency's approved Person Centered Plan. [PROGRAM NAME]'s Request for Service Authorization Includes:

- Comprehensive Plan of Care, including [PROGRAM NAME]'s information, services being provided, frequency and duration as shared by the Care Coordination Agency.
- Start and end date for services which are determined by the Human Services Zones. End dates are commonly when the person's 1915(i) eligibility period is complete, and is included in the Person Centered Plan. When the service end date becomes only three months in the future, [PROGRAM NAME] staff contact the Care Coordination Agency to note that a redetermination of services will be needed by the services end date.
- Service Authorization date of submission. This will function as the start date for services, per DHS guidance
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When [[PROGRAM NAME]'s approved service authorization and Comprehensive Plan of Care (C-POC) is received from MMIS, this will be scanned and included in the individual's electronic record. The service authorization number is also noted in the individual's record because that number must be submitted on all claims for payment. Only billing related staff, persons who offer or supervise those that offer these services, can access these records. Billable services can only begin once [PROGRAM NAME] receives the approval letter from the MMIS system.

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<sup>12</sup>

<https://www.behavioralhealth.nd.gov/sites/www/files/documents/1915i/1915i%20SA%20Policy%20Training%20Part%201.pdf>

<sup>13</sup> <https://www.behavioralhealth.nd.gov/sites/www/files/documents/1915i/Service%20Authorizations.pdf>

Approvals are sent via US Mail, but agency billing staff also regularly check the MMIS web portal, for status on submitted requests for service authorizations.

For persons who are Traditional Medicaid, that process is done via the Automated Voice Response System or AVRS at 877-328-7098 or 701-328-7098.<sup>14</sup> Staff with this role will have access to the [AGENCY NAME]'s MMIS issued 7 digit provider identification number and the agency's 6 digit PIN number, also provided by DHS Provider Enrollment. If Medicaid eligibility has lapsed, staff work with the service participant to re-determine eligibility. [PROGRAM NAME] staff meeting quarterly with our local Human Services Zone leadership to address any challenges with maintaining eligibility as appropriate.

If a person's eligibility changes from Traditional Medicaid to Expansion Medicaid or vice versa, then the current service authorization is no longer valid and [AGENCY NAME] billing staff contact the care coordination agency to develop a new Plan of Care.

#### **FOR SERVICE RECIPIENTS WHO ARE MEDICAID EXPANSION:**

**TBD based upon Blue Cross's developing process. NEEDS TO INCLUDE HOW [PROGRAM NAME] checks Medicaid eligibility and continued enrollment in the MCO as well.**

Team staff also review the Person Centered Plan and interview the individual to develop an individualized service plan for within our agency. The approved Person Centered Plan will include important details to guide the individualized service plan development including Service Amount, Frequency and Duration. Our agency's individualized service plan and billing submissions must match these details exactly.

Staff who need additional assistance to execute these processes are directed to the DHS web site training at

<https://www.behavioralhealth.nd.gov/sites/www/files/documents/1915i/1915i%20SA%20Training%20Part%202.pdf> Housing Support

### Services (HSS)

The [PROGRAM NAME] program serves [Target population]. Participants are admitted to the [PROGRAM NAME] program on a voluntary basis and services are participant driven. HSS includes both pre-tenancy and tenancy support services.

#### Admission Criteria

[PROGRAM NAME] operates under the Housing Support Services benefit. Participants are required to:

- Have a referral, service authorization and a Person Centered Plan submitted to our agency that includes Housing Support Services. Individuals referred must have chosen [PROGRAM NAME] for their HSS provider. DHS has created a process flow chart for authorizations that can be found [here](#).
- Live or be planning to live somewhere that meets Home and Community Based Setting (HCBS) setting requirements.<sup>15</sup>

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<sup>14</sup> <https://www.nd.gov/dhs/info/mmis/docs/mmis-avrs-fact-sheet.pdf>

<sup>15</sup> <https://www.medicaid.gov/federal-policy-guidance/downloads/cib-01-10-14.pdf>



- ~~— Can only be provided to a person transitioning to a less-restrictive setting. For a person transitioning from provider-operated settings, the service is only provided to those transitioning to a private residence where the individual will be directly responsible for their own living expense.~~

Services Provided:

The [PROGRAM NAME] will provide services that assist a person to plan for, find and move to a home in the community. These services include *[list Housing Support Services provided]*:

*Examples:*

**Pre-tenancy services include:**

- Supporting with applying for benefits to afford housing (e.g., housing assistance, SSI, SSDI, TANF, SNAP, LIHEAP, etc.)
- Assisting with the housing search process and identifying and securing housing of their choice
- Assisting with the housing application process, including securing required documentation (e.g., Social Security card, birth certificate, prior rental history)
- Helping with understanding and negotiating a lease
- Helping identify resources to cover expenses including the security deposit, moving costs, and other one-time expenses (e.g., furnishings, adaptive aids, environmental modifications)
- Services provided in Pre-tenancy supports may not duplicate the services provided in Community Transition Supports (CTS) or in Care Coordination

**Tenancy services include:**

- Assisting with achieving housing support outcomes as identified in the person-centered plan or PCP
- Providing training and education on the role, rights, and responsibilities of the tenant and the landlord
- Coaching on how to develop and maintain relationships with landlords and property managers
- Supporting with applying for benefits to afford their housing including securing new/renewing existing benefits
- Skills training on financial literacy (e.g. developing a monthly budget).
- Assisting with resolving disputes between landlord and/or other tenants to reduce the risk of eviction or other adverse action
- Assistance with the housing recertification process
- Skills training on how to maintain a safe and healthy living environment (e.g. training on how to use appliances, how to handle repairs and faulty equipment within the home, how to cook meals, how to do laundry, how to clean in the home). Skills training should be provided onsite in the individual's home
- Coordinating and linking individuals to services and service providers in the community that would assist an individual with sustaining housing.

- *Developing a housing transition plan\**

Pre Tenancy Services and Tenancy Services cannot be authorized for the same time period. [AGENCY NAME] works with the care coordination agency to ensure that when a person is transitioning from Pre Tenancy Services to Tenancy Services, there is no lapse in authorization period.

Services can be provided remotely for an individual for no more than 25% of the billable time in a calendar month. The expectation is that services are primarily provided as a direct service. Documentation (case notes) must indicate whether the service was provided in-person or as an indirect service.<sup>16</sup>

### Remote Support (If Applicable)

[PROGRAM NAME] will provide remote support will under Housing Support Services (HSS). Services are delivered as requested and required in the individual's Person Centered Plan. These services will be provided in real-time between [PROGRAM NAME] and the client. Remote support is limited to check-ins and consultations within the scope of HSS. It will only be provided when it is chosen by the client and the following methods are the only acceptable methods: telephone and secure video conferencing. [PROGRAM NAME] will document the staff who delivered services, the date of service, the start and end time of service delivery, length of time of service delivery, method of contact, and place of service (i.e. office or community) when remote support service delivery occurs. Remote support will not be used for more than 25% of all Housing Support Services in a calendar month.

#### Discharge from Services:

Individualized discharge planning occurs throughout the time services are provided. Discharge planning from housing supports should be conducted in collaboration with the care coordinator and the individuals Person Centered Plan of Care team. The following factors are considered while planning for discharge from the [PROGRAM NAME] program:

- Appropriate housing based on participant choice has been established.
- Primary care and any other needed long-term supportive services are in place per the participant's care plan.
- Community based services for ongoing treatment is established per participant's choice.
- Participant chooses to discharge.
- Move out of state
- Death

#### Service Delivery Location(s) and Hours: (If Applicable)

[PROGRAM NAME] services are offered [Day and Hours of operation] at the following locations:

- [Location A]
- [Location B] etc.

#### Billing and Minimum Service Levels<sup>17</sup>

HSS is billed in 15-minute increments and are limited to a maximum of eight hours a day or 32 units of service (Four 15-minute increments in an hour X eight hours a day). Pre Tenancy and Tenancy supports cannot be authorized for the same time period and [PROGRAM NAME] works to ensure there is no lapse between authorization periods.

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<sup>16</sup>

<https://www.behavioralhealth.nd.gov/sites/www/files/documents/1915i/Remote%20Support%20Service%20Delivery%204.6.2021.pdf>

<sup>17</sup> [https://www.behavioralhealth.nd.gov/sites/www/files/documents/1915i/ND%201915\(i\)%20Application.pdf](https://www.behavioralhealth.nd.gov/sites/www/files/documents/1915i/ND%201915(i)%20Application.pdf)

**Pre-tenancy supports** are limited to 78 hours per 3-month authorization period for a maximum of 156 hours per year. Requests for additional hours required to prevent imminent institutionalization, hospitalization, or out of home/out of community placement will be reviewed by the NDDHS.

**Tenancy supports** are limited to 78 hours per 6-month authorization period for a maximum of 156 hours per year. Service authorization requests for additional hours required to prevent imminent institutionalization, hospitalization, or out of home/out of community placement will be reviewed by the NDDHS. If the agency is in need of more time to effectively serve a person within a calendar year, that request will be developed by the direct service worker and approved by a supervisor before being submitted to NDDHS.

### Exclusions

The HSS benefit does not include:

- Room and Board
- Deposits
- Food
- Furnishings
- Rent
- Utilities
- Services cannot duplicate any other series or assistance available to the person

## Billing

[PROGRAM NAME] uses an electronic billing system called [SYSTEM NAME] to capture the data needed to complete the billing processes for the ND Medicaid Management Information Systems (MMIS) or with the Managed Care Organization that is covering the Medicaid Expansion population. Sanford Health plan covers these persons through 12/31/2021<sup>18</sup> and then the contract transitions Blue Cross/Blue Shield of North Dakota (BC/BS ND).<sup>19</sup> The contract between DHS and BC/BS ND is expected to be in operation for at least 4 years.

All documentation processes and systems will be HIPAA compliant. All staff who have any part of billing will complete an annual training on HIPAA. All data systems will be encrypted, requiring passwords to access. All files that contain protected health information will also require passwords to access.

[PROGRAM NAME] is part of the [AGENCY NAME] and for purposes of HIPAA we are designated as a hybrid entity.<sup>20</sup>

Staff are expected to complete progress notes and service documentation at the end of each business day. Supervision is scheduled at a minimum bi-weekly and regular review of service documentation and productivity expectations is included in supervision meetings. Information that needs to be collected for each encounter includes the following information from the CMS 1500 form:<sup>21</sup>

- **Pre Populated Information from the system**
  - #1- Insurance coverage- Traditional Medicaid or Medicaid Expansion

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<sup>18</sup> <https://www.sanfordhealthplan.com/nd-medicaid-expansion>

<sup>19</sup> <http://www.nd.gov/dhs/info/news/2021/6-28-dhs-contracts-bcbsnd-medicaid-expansion.pdf>

<sup>20</sup>

<https://www.hhs.gov/hipaa/for-professionals/faq/522/can-a-postsecondary-institution-be-a-hybrid-entity-under-hipaa/index.html>

<sup>21</sup>

<https://cms-1500-claim-form.com/jsfiller-desk15/?requestHash=21f1906dfd138e4d0d430ade7f601bc62c070961c3e391e7f17e017e280a6b34&ref=https://cms-1500-claim-form.com&projectId=746961487&loader=tips&socketio=original#ef9de43a7be0ce90adb6b0f59462eaa0>

- 1A- Insured person's ID number
  - #2- Patient Name
  - #3- Patient's Date of Birth and Gender
  - #5- Patient's Address
  - #11- Policy group number
  - #17- Referring provider- this is the care coordination provider
  - #21- Diagnosis- this is taken from the Plan of Care
  - #23- Authorization number; this number will change every time a person is re-authorized for a service.
  - #24I- NPI number
  - #24J- Provider Medicaid Enrollment Identification Number
  - #25- Federal Tax ID Number for your agency
  - #32- Service Facility and Location Information
  - #33- Billing Provider Info- if your agency uses a billing service
- **Unique to each Encounter Information**
- #12- Patient Signature
  - #24-
    - 24A- Date; this is the date the service was provided
    - 24B- Place of Service- Place of Service Codes can be found [here](#). Examples include:
      - 02-Telehealth
      - 03-School
      - 11-Office
      - 12-Home
      - 18-Place of Employment-Worksite
    - 24D- Procedure Codes and Modifiers
      - Care Coordination H2015
      - Housing Support Services H2021 U4
    - 24G- Days or Units of Service. This is how many 15 minute increments you are billing for
  - #28- total charge- this is Units of Services X the rate
  - #31- Physician or service provider signature

At least 5% of random charts are audited on a monthly basis to ensure compliance and assist staff to learn what is required for billing documentation to create a clean claim that can be submitted for payment.

#### Claims Submission

Billing staff review documentation as submitted by direct services professionals and all program staff who are billing for their time. Billing staff develop reports based upon projected and actual billable time that agency supervisors and managers can review regularly with their direct reporting staff. Quarterly goals are developed for direct services staff, teams and all direct reports under each supervisor.

Billing staff, using *[PROGRAM NAME]*'s *[BILLING SYSTEM NAME]*, will do the following:<sup>22</sup>

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<sup>22</sup><https://www.behavioralhealth.nd.gov/sites/www/files/documents/1915i/1915i%20SA%20Training%20Part%202.pdf>

- Using the ND’s MMIS, they will data enter the required information into the ND MMIS Provider Portal.<sup>23</sup>
- Bill only for services already provided.

Particularly when agencies begin billing, small mistakes can be made that may cause the State Medicaid Agency (SMA) system MMIS or an MCO to reject a claim. ND’s Medicaid Expansion MCO will have staff, commonly called “Provider Relations,” to assist in any issues between [PROGRAM NAME] and the MCO. A strong, positive relationship with [PROGRAM NAME]’s provider relations representative can be key to learning from and resolving these issues, so that claims can be easily submitted and payment is timely. All rejected claims are reviewed by agency billing staff for resolutions, and reporting on rejected claims is reviewed by billing staff, direct supervisors and management on at least a monthly basis.

## Service Plans

[PROGRAM NAME] creates an individualized service plan that adheres to the person’s state approved Person Centered Plan (PCP) developed by the assigned Care Coordination Agency. The Care Coordinator schedules the individual’s team meetings as needed/required and invites the housing provider to the meeting. [PROGRAM NAME] provides monthly updates to the individual’s care coordinator.

The [PROGRAM NAME] team’s service plan principles are driven by ensuring participant choice in a housing first program philosophy. Participants are provided with HSS services regardless of adherence to clinical treatment or maintaining sobriety, although they must meet the obligations of a standard lease to maintain housing.

The [Direct Service] staff will work closely with participants to develop and effectively execute the Individualized Service Plan (ISP). ISPs are our agency’s plan to deliver services based upon the Person Centered Plan (PCP). ISPs must be developed and tailored to the participant’s needs. [PROGRAM NAME] will ensure that staff review and update the ISP with the participant at least annually but ideally every 3 months from program entry, or more frequently if desired by the participant, to assess progress toward the participant’s goals as well as to make any changes to reflect new circumstances or needs. This is essential so that participants receive the specific services that they need. [PROGRAM NAME] staff are responsible for developing/updating the ISP. If changes in the ISP require a change to the Person Centered Plan, then the person’s care coordination agency is contacted and a request for a new PCP is submitted.

## Filing A Complaint or Grievance

A formal review of complaints/grievances will be conducted annually by the [Title of responsible party] and presented to the [PROGRAM NAME] Management team. This review will identify trends and patterns, areas needing performance improvement, recommendations and actions taken to improve performance.

The name, address and telephone number of the appropriate participant advocacy groups, and description of ombudsman services are provided to service participants upon request.

[PROGRAM] utilizes [DATABASE/REQUIRED REPORTING SYSTEM] to report any serious or undesired participant outcomes including but not limited to death, suicide, or major disruption of services through internal or external events.

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<sup>23</sup> <https://mmis.nd.gov/portals/wps/portal/EnterpriseHome>

## Request to Change [PROGRAM NAME] Provider

A person may change their HSS provider at any time. This change of provider must be reflected in their person centered service plan. The [PROGRAM NAME] participant may request a change in provider by meeting with the Team Leader of the [PROGRAM NAME] Program or any other [PROGRAM NAME] Staff member. When this request has occurred, staff will inform the individual's Care Coordination agency and proceed as directed by the Care Coordination agency, who will complete the referral to a new Housing Support Services provider. This request may be done in writing, face to face, or by phone. The [PROGRAM NAME] team will make every reasonable effort to honor these requests.

## Crisis Intervention

The [PROGRAM NAME] Team provides early crisis intervention for preventing and managing disruptive and unsafe behaviors. Staff will address changes in baseline behavior, changes in psychiatric symptoms, aggressive body language or verbal content, substance use or other concerning factors immediately with the participant and follow applicable policies. Staff will coordinate with behavioral health staff, as allowable by disclosure permissions. Staff may increase contact with participants as needed during these times and wrap around additional supports as identified, including the treatment team to utilize the least restrictive options. If individuals are assessed as needing services, yet decline, a multi-disciplinary team meeting will be scheduled to discuss any safety concerns. The person's care coordination team is informed of the concerns and invited to the multi-disciplinary team meeting. Engagement for services as considered needed by the team will continue concurrently. [PROGRAM NAME] Team staff are aware of the local behavioral health crisis service that can be reached at [XXX-XXX-XXXX], 24 hours a day, 7 days a week.

The [PROGRAM NAME] staff is trained in [evidence based assessment], which is designed to [purpose of said assessment]. Staff assess by gathering risk and protective factors, current suicidal ideation, intent, planning, and past attempts. Staff will follow [PROGRAM NAME] policy to develop a crisis/safety plan. The plan outlines recommendations and/or procedures to be used by the participant, family members or others and the treatment team during a crisis to deescalate the crisis or to prevent re-hospitalization. Staff will also follow a crisis alert process, which provides a means to convey consistent, clear information to the [Designated Crisis Responders/Managers] to assist in the crisis outreach decision making. The process is also intended to ensure that staff members clearly communicate what it is that is requested of the [Designated Crisis Responders/Managers] and to define the respective duties of both [Designated Crisis Responders/Managers] and the clinical treatment team. Finally, the procedure and crisis alert format are intended to ensure that staff members clearly think through available less restrictive options before utilizing more intensive services. Staff are also trained on how to access the National Suicide Hotline at 1-800-273-8255.

[PROGRAM NAME] Team members will participate in supervision and team meetings to debrief these occurrences and report applicable incidents in our agency incident reporting system, [DATABASE NAME].

## Documentation

[PROGRAM NAME] direct services staff document all face to face and remote support interactions with Housing Support Participants. All case notes include service participant's name, date of birth, date and time of service, service authorizations information and signatures of the service participant and the direct service professional. Case Notes highlight the purpose of the service encounter and how that service ties to the persons goals from the Person Centered Plan. For example:

"Discussed budgeting and rental payment" which ties to a goal of maintaining stable housing.

## Participant Records Storage and Retention

[PROGRAM NAME] is committed to efficient record-keeping in compliance with all applicable Federal<sup>24</sup> and State laws<sup>25</sup> and DHS policies,<sup>26</sup> applicable regulations, and accreditation standards. [PROGRAM NAME] will maintain electronic and, in some cases, paper files that contain intake forms, case notes, and other records of service provision. Both electronic and paper files will be stored confidentially and maintained onsite for a minimum of 7 years.

[PROGRAM NAME] shall maintain proper participant files of [PROGRAM]. Staff shall periodically monitor the files to ensure that proper documentation is being collected and maintained with participant files as part of their ongoing Compliance process. Designated staff, who are trained in the federal and state documentation requirements, review materials on a regular basis. Compliance develops a standard checklist on documentation based upon program requirements that is reviewed with staff as part of the onboarding process and thereafter as part of the agency's Compliance process.

All individuals files for 1915(i) will include:<sup>27</sup>

- Participant Name and Date of Birth
- Start and End date for services
- Name and title of person(s) who are delivering services
- Plan of Care
- Signature, Date and Time of Service Delivery
- Service Authorization Number
- Claims, billings and records of Medicaid payments and amounts received from other payers for services provided to members;
- Records, receipts, and original invoices for items that are furnished or purchased, for example purchases made through the Community Transition or Training and Supports for Unpaid Caregiver Services;
- Any other related medical or financial data that may include appointment schedules, account receivable ledgers and other financial information.

## Quality Improvement (QI)

[PROGRAM NAME] is committed to continuous quality improvement. This includes the following:

- Participate in scheduled training, fidelity, peer review and quality assurance review processes and reporting.
- Establish and carry out quality improvement activities. Designate staff as appropriate QI leads.
- Follow ND DHS policies and procedures as outlined in the ND Provider Enrollment Agreement.<sup>28</sup>
- Submit required ND DHS and [MCO] reports.
- Supervisors raise with direct service staff both instances where they excelled and where quality improvements are needed. Agency standard list of supervision topics includes a review of quality.

[PROGRAM NAME] is responsible for establishing a continuous quality improvement program. This includes collecting and reporting on data that permits an evaluation of goal achievement on individual-level clinical outcomes, experience-of-care outcomes and quality-of-care outcomes at the population level.

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<sup>24</sup> <https://www.hhs.gov/hipaa/for-professionals/index.html>

<sup>25</sup> <https://www.nd.gov/dhs/misc/hipaa-privacy.html>

<sup>26</sup> <http://www.nd.gov/dhs/policymanuals/60005/attachments/SC%20110-01%20Confidentiality.pdf> and <https://www.behavioralhealth.nd.gov/sites/www/files/documents/1915i/1915i%20Medical%20Records%20Final.pdf>

<sup>27</sup> <https://www.behavioralhealth.nd.gov/sites/www/files/documents/1915i/1915i%20Medical%20Records%20Final.pdf>

<sup>28</sup> <https://www.nd.gov/dhs/services/medicalserv/medicaid/provider-enroll-app.html>

## Quality Management and Outcomes

Quality management is the act of overseeing all activities and tasks needed to maintain a desired level of excellence. This includes creating and implementing quality planning, assurance, control and improvement and fidelity reviews. [PROGRAM NAME] is responsible for quality improvement activities that promote objective and systematic measurement, monitoring and evaluation of services. Activities include:

- Creating an annual quality improvement plan that all staff and participants have the potential to take part in.
- Establishing a consistent framework for measuring and reporting outcomes at the individual and overall program level.
- Establishing a consistent process by which all staff are trained in and well versed in the program's quality objectives and understand their role in their achievement.
- Ongoing monitoring and evaluation of the effectiveness of HSS services via quality measures.
- Assisting in monitoring compliance with program requirements.
- Maintaining compliance with program standards as well as local, state and federal regulatory requirements.

Quality improvement teams and methodology are used to develop processes and protocols that result in improved outcomes. Placing an emphasis on the importance of establishing a culture of continuous improvement is a foundational element of [PROGRAM NAME]'s success in meeting defined quality performance measures.

## Health Emergencies and Incident Management

[PROGRAM NAME] operates an incident reporting system that assists to continually improve services operations.

[PROGRAM NAME] defines critical incident as including the following. The list however is not comprehensive and can include other types of incidents.

- Resident death
- Resident hospitalization
- Eviction
- Incident requiring police or ambulance intervention

A monthly summary of critical incidents is reviewed by [PROGRAM NAME]. Potential policy changes are reviewed by [PROGRAM NAME]'s policy review committee.

## Staff supervision and Training

### Training

Staff are required to attend [*trainings and brief description*]. Training is repeated annually. [AGENCY NAME] uses [DATABASE NAME] as a Learning Management System (LMS) to track staff and training related activity.

### Supervision

Supervision and direction is given by each staff member's direct supervisor as indicated by [*organization HR policy*]. Supervision may occur through the supervisor's participation in treatment/service planning,

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organizational staff meetings, group case reviews, side-by-side sessions with a staff member and participant and/or one-on-one meetings between the supervisor and the staff member.

An employee improvement plan may be developed with an employee whose job performance is deemed unsatisfactory by the staff member's supervisor. Supervisors will meet weekly (by phone or in-person) throughout the performance improvement plan to provide coaching, support and monitor progress toward the goals and metrics identified in the plan. All improvement plans, including supervision provided throughout the improvement period, will be documented [outline documentation format/form or database].

## Service Participants Rights

### *What this Policy Covers*

1. This document describes the service participant's rights practices of [PROGRAM NAME]. Our main office is at [AGENCY ADDRESS].
2. [AGENCY NAME] maintains a regular list of participant's rights that are shared with every participant and prospective participant.
3. *Right to Informed Consent*- At the start of services, all participants or potential participants are informed of program rules and requirements, rights and responsibilities and their role in receiving what they need from the program and program staff.
4. *Right to Privacy*- all program records and materials that include personal or health information are considered private and are protected by [AGENCY NAME]'s policies regarding HIPAA compliance.
5. *Right to be Treated with Dignity and Respect*- All program participants have a right to be treated with dignity and respect. Their opinions, perspectives and concerns are listened to respectfully and addressed in the most expeditious manner possible.
6. Upon service enrollment, all participants sign a form recognizing these rights, and the exceptions upon which the agency will share personal or health information outside the agency. Examples include legally covered requests from law enforcement, upon the need for emergency medical care or as requested by the participant.
7. All service participants have a right to view their participant records, request changes and make insertions.
8. All services participants will be informed regarding anytime participant records are shared, even if de-identified or for research only purposes.
9. All service participants are informed if and when any data breach occurs and are given options and support to address harms that are done or could be done.
10. All services participants receive services until
  - a. The service participant chooses to transfer to another provider. This choice can be driven by changing needs, changing address or service satisfaction. In that case, with service participant approval, [PROGRAM NAME] engages in a warm handoff process with the new agency who will deliver services. Warm handoff means that at least one meeting occurs between the service participant, the previous agency and the future agency to ensure continuity of care.
  - b. The service participant chooses to terminate services
  - c. The service participant is determined to no longer meet service requirements needs. In this case, the service participant is transitioned to the community services or natural supports that best meets their needs and with service participant approval, a warm handoff process is in place.
11. All service participants have the right to make a complaint or grievance regarding their treatment and services including to
  - a. The State- <https://www.nd.gov/dhs/misc/nondiscrimination.html> and
  - b. The State Ombudsman- <https://www.nd.gov/dhs/services/adultsaging/ombudsman.html>
  - c. The State's Protection and Advocacy Agency- <http://psnd.co/pdf/res/94.pdf>

- d. If a service recipient has Medicaid expansion health coverage, they may also file a complaint with the Managed Care Organization (MCO) who is covering their services. These are commonly called Grievances processes and each MCO has their own process.

## Agency Policies to Ensure HIPAA Compliance

[Agency Name] strives throughout its practice to ensure HIPAA compliance<sup>29</sup>. [AGENCY NAME] is designated as a hybrid entity and all staff who have an interaction with the HSS program are required to follow all HIPAA compliance policies. Staff who do not have any interaction with the HSS program are exempt from those requirements. Strategies to ensure this include:

1. All paper records are kept in locked file cabinets in rooms that are locked when not in use.
2. Administrative staff regularly check copies and fax machines to ensure that no personal or health information has been left behind by staff.
3. All electronic files are kept in data systems that are considered HIPAA compliant by [AGENCY NAME]'s electronic record vendor.
4. All staff have uniquely identifiable accounts to access computers and mobile devices. Our systems require that passwords be changed every 90 days at a minimum.
5. All computers are password protected and automatically sign off after a short period of non-use.
6. Any email communication that requires inclusion of personal or health information includes the word "SECURE" in the email subject lines. Email subject lines are forbidden to include any identifiable personal or health information.
7. All mobile devices are equipped with screen covers to ensure privacy.
8. Any data that must be transmitted from [AGENCY NAME]'s HIPAA-compliant system to another data system such as HMIS is done using Secure File Transfer Protocols. [AGENCY NAME] works to ensure that the minimum amount of information that is possible is transferred.
9. ALL staff are trained annually on HIPAA compliance. The training includes specific concrete strategies for staff who work primarily in community settings.
10. [JOB ROLE] functions as our HIPAA compliance officer and conducts an annual risk assessment to determine how the agency can improve their privacy protections. An annual report is presented to the [AGENCY NAME]'s policy committee to improve the agency's performance in this critical area.

## Privacy Policy

### What this Policy Covers

1. This document describes the privacy policy and practices of [PROGRAM NAME]. Our main office is at [AGENCY ADDRESS].
2. This policy covers the collection, use, and maintenance of protected personal and health information for participants of [PROGRAM NAME].
3. Personally Identifiable Information (PII)<sup>30</sup> is any personal information we maintain about a participant that:
  - a. allows identification of an individual directly or indirectly;
  - b. can be manipulated by a reasonably foreseeable method to identify a specific individual; or
  - c. can be linked with other available information to identify a specific participant.

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<sup>29</sup> <https://www.hhs.gov/hipaa/for-professionals/index.html>

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[https://www.cms.gov/privacy#:~:text=Personally%20identifiable%20information%20\(PII\)%2C,Number%2C%20biometric%20records%2C%20etc.&text=We%20don't%20sell%20any,when%20you%20visit%20CMS.gov](https://www.cms.gov/privacy#:~:text=Personally%20identifiable%20information%20(PII)%2C,Number%2C%20biometric%20records%2C%20etc.&text=We%20don't%20sell%20any,when%20you%20visit%20CMS.gov).

4. Protected Health Information or PHI<sup>31</sup> is any information that is health related and can be connected to a specific individual.
  - a. Our agency keeps all paper records in a locked space that only staff who have been HIPAA trained have access to.
  - b. Our agency follows federally approved standards for safekeeping of electronically stored health information.<sup>32</sup>
  - c. All staff involved in any health-related programs undergo annual training on health data and privacy covered under HIPAA.
5. This policy informs our participants, our staff, and others how we process personal information. We follow the policy and practices described in this privacy policy.
6. We may amend our policy or practices at any time. Amendments may affect PII or PHI that we obtained before the effective date of the amendment. We maintain documentation of all privacy policy amendments.
7. We give a written copy of this privacy policy to any individual who asks for it.
8. We maintain a copy of this policy on our website at [AGENCY WEBSITE].

### *How and Why We Collect PII and PHI*

1. We collect PII and PHI only when appropriate to provide services or for another specific purpose of our organization or when required by law. We may collect information for these purposes:
  - a. to provide individual case management;
  - b. to produce aggregate-level reports regarding use of services;
  - c. to track individual program-level outcomes;
  - d. to identify unfilled service needs and plan for the provision of new services;
  - e. to conduct research for consulting and/or educational purposes; and
  - f. to accomplish any and all other purposes deemed appropriate by CSB.
2. We only use lawful and fair means to collect PII and PHI.
3. We require consent of our participants for any information collection. If you seek our assistance and provide us with PPI and PHI, we assume that you consent to the collection of information described in this policy.
4. We may also receive PII or PHI about you from: *[Agency with explicit MOUs]*
5. We post a sign at our intake desk or other location explaining the reasons we ask for PII and PHI. The sign says:

We collect information about individuals from agencies for reasons that are discussed in our privacy policy. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services for homeless individuals, and to better understand the needs of homeless individuals. We only collect information that we consider to be appropriate. If you would like to see our privacy policy, our staff will provide you with a copy.

### *How We Use and Disclose PII*

1. We use or disclose personally identifiable information (PII) for activities described in this part of the policy. We may or may not make any of these uses or disclosures of your PII. We assume that you consent to the use or disclosure of your PII for the purposes described below and for other uses and disclosures that we determine to be compatible with these uses or disclosures:
  - a. To provide or coordinate services to individuals;
  - b. For functions related to payment or reimbursement for services;

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<sup>31</sup> <https://www.hhs.gov/answers/hipaa/what-is-phi/index.html>

<sup>32</sup> <https://www.hhs.gov/hipaa/for-professionals/index.html>

- c. To carry out administrative functions such as legal, audits, personnel, oversight and management functions;
- d. To create de-identified (anonymous) information;
- e. When required by law to the extent that use or disclosure complies with and is limited to the requirements of the law;
- f. To avert a serious threat to health or safety if:
  - i. We believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public; and
  - ii. The use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat.
- g. To report about an individual we reasonably believe to be a victim of abuse, neglect or domestic violence to a governmental authority (including a social service or protective services agency) authorized by law to receive reports of abuse, neglect or domestic violence in any of the following three circumstances:
  - i. Where the disclosure is required by law and the disclosure complies with and is limited to the requirements of the law;
  - ii. If the individual agrees to the disclosure; or
  - iii. To the extent that the disclosure is expressly authorized by statute or regulation and either of the following are applicable:
    - a. We believe the disclosure is necessary to prevent serious harm to the individual or other potential victims; or
    - b. If the individual is unable to agree because of incapacity, a law enforcement or other public official authorized to receive the report represents that the PII for which disclosure is sought is not intended to be used against the individual and that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure;
    - c. When we make a permitted disclosure about a victim of abuse, neglect or domestic violence, we will promptly inform the individual who is the victim that a disclosure has been or will be made, except if:
      - i. We, in the exercise of professional judgment, believe informing the individual would place the individual at risk of serious harm; or
      - ii. We would be informing a personal representative (such as a family member or friend), and we reasonably believe the personal representative is responsible for the abuse, neglect or other injury, and that informing the personal representative would not be in the best interests of the individual as we determine in the exercise of our professional judgment.
- h. To a law enforcement official for a law enforcement purpose (if consistent with applicable law and standards of ethical conduct) under any of these circumstances:
  - i. In response to a lawful court order, court-ordered warrant, subpoena or summons issued by a judicial officer, or a grand jury subpoena;
  - ii. If the law enforcement official makes a written request for PII that:
    - a. Is signed by a supervisory official of the law enforcement agency seeking the PII;

- b. States that the information is relevant and material to a legitimate law enforcement investigation;
      - c. Identifies the PII sought;
      - d. Is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and
      - e. States that de-identified information could not be used to accomplish the purpose of the disclosure.
    - iii. If we believe in good faith that the PII constitutes evidence of criminal conduct that occurred on our premises;
    - iv. In response to an oral request for the purpose of identifying or locating a suspect, fugitive, material witness or missing person and the PII disclosed consists only of name, address, date of birth, place of birth, social security number and distinguishing physical characteristics; or
    - v. If:
      - a. The official is an authorized federal official seeking PII for the provision of protective services to the Participant or other persons authorized by 18 U.S.C. 3056, or to foreign heads of state or other persons authorized by 22 U.S.C. 2709(a)(3), or for the conduct of investigations authorized by 18 U.S.C. 871 and 879 (threats against the Participant and others); and
      - b. The information requested is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought.
    - i. To comply with government reporting obligations for HMIS and for oversight of compliance with HMIS requirements.
    - j. To third parties for the following purposes:
      - i. To permit other systems of care to conduct data matches (i.e., to determine if you are also utilizing services from such other systems of care); and
      - ii. To permit third party research firms and/or evaluators to perform research and evaluation services in connection with the programs administered by the CoC and the other agencies, provided that before PII is disclosed under this subsection, the third party that will receive such PII and use it as permitted above must first execute a Data Use & Disclosure Agreement requiring such third party to comply with all applicable laws and regulations, including the privacy standards and disclosure provisions contained in the Department of Housing and Urban Development Homeless Management Information Systems; Data and Technical Standards Final Notice (see 69 Federal Register 45888 (July 30, 2004)), which such standards and provisions are reflected herein.
2. Before we make any use or disclosure of your PII that is not described here, we seek your consent first. Uses and disclosures not described above will generally only be made with your written permission, called an "authorization." You have the right to revoke an authorization at any time. If you revoke your authorization, we will not make any further uses or disclosures of your health information under that authorization, unless we have already taken an action relying upon the uses or disclosures you have previously authorized.

### *How We Use and Disclose PHI*

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1. We use or disclose PHI for activities described in this part of the policy. We may or may not make any of these uses or disclosures of your PHI. We assume that you consent to the use or disclosure of your PHI for the purposes described below and for other uses and disclosures that we determine to be compatible with these uses or disclosures:
  - a. To provide or coordinate services to individuals;
  - b. For functions related to payment or reimbursement for services;
  - c. To create de-identified (anonymous) information;
  - d. When required by law to the extent that use or disclosure complies with and is limited to the requirements of the law;
  - e. To avert a serious threat to health or safety;
  - f. We believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public; and
  - g. The use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat.
  
2. Before we make any use or disclosure of your PII or PHI that is not described here, we seek your consent first. Uses and disclosures not described above will generally only be made with your written permission, called an "authorization." You have the right to revoke an authorization at any time. If you revoke your authorization, we will not make any further uses or disclosures of your health information under that authorization, unless we have already taken an action relying upon the uses or disclosures you have previously authorized.

### *How to Inspect and Correct PII or PHI*

You may inspect and have a copy of your PII that we maintain. We will offer to explain any information that you may not understand.

We will consider a request from you for correction of inaccurate or incomplete PII that we maintain about you. If we agree that the information is inaccurate or incomplete, we may delete it or we may choose to mark it as inaccurate or incomplete and to supplement it with additional information.

We may deny your request for inspection or copying of PII or PHI if:

- i. The information was compiled in reasonable anticipation of litigation or comparable proceedings;
- ii. The information is about another individual (other than a health care provider or homeless provider);
- iii. The information was obtained under a promise of confidentiality (other than a promise from a health care provider or homeless provider) and if the disclosure would reveal the source of the information; or
- iv. Disclosure of the information would be reasonably likely to endanger the life or physical safety of any individual.

If we deny a request for access or correction, we will explain the reason for the denial. We will also include, as part of the PII that we maintain, documentation of the request and the reason for the denial.

We may reject repeated or harassing requests for access to or correction of PII or PHI.

### *Data Retention*

We collect only PII or PHI that is relevant to the purposes for which we plan to use it. To the extent necessary for those purposes, we seek to maintain only PII that is accurate, complete and timely.

We will dispose of PHI or PII not in current use seven years after the information was created or last changed. As an alternative to disposal, we may choose to remove identifiers from the PII.

We may keep information for a longer period if required to do so by an applicable statute, regulation, contract or other requirement.

### *Complaints and Accountability*

We accept and consider questions or complaints about our privacy and security policies and practices. Questions or complaints may be directed to [NAME, POSITION/TITLE] and Privacy Officer, at [email and phone number].

All members of our staff (including employees, volunteers, affiliates, contractors and associates) are required to comply with this privacy policy. Each staff member must receive and acknowledge receipt of a copy of this privacy policy.

In the event that your question or complaint is not sufficiently addressed through this organization, you may take your concerns to [Oversight Agency NAME]. [Outline oversight agency process].

## Mandated Reporting and Duty to Warn<sup>33</sup>

[PROGRAM NAME] staff have a legal obligation to implement Duty to Warn procedures when they hear a participant communicate an actual threat of physical violence against a reasonably identifiable victim or victims. Failure to warn may result in liability (civil monetary damages) and/or action on professional license for unprofessional conduct. [PROGRAM NAME] will adhere to all federal, state and local regulations on mandated reporting.

## Fair Housing Policy<sup>34</sup>

It is the policy of [PROGRAM NAME] to fully comply with all federal, state and local nondiscrimination laws and to be in accordance with the rules and regulations governing fair housing and equal opportunity in housing and employment. Programs must comply with Fair Housing Policy no matter the funding source being utilized to ensure that housing is affordable to persons with extremely low incomes.

Specifically, [PROGRAM NAME] and its agents shall not deny any family or individual on account of race, color, gender, sexual orientation, religion, creed, national or ethnic origin, age, family or marital status, handicap or disability, the opportunity to apply for or receive assistance under the [PROGRAM NAME].

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<sup>33</sup> <https://www.nd.gov/dhs/info/pubs/docs/aging/fact-sheet-mandatory-reporting.pdf>

<sup>34</sup> [https://www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opp/fair\\_housing\\_rights\\_and\\_obligations](https://www.hud.gov/program_offices/fair_housing_equal_opp/fair_housing_rights_and_obligations)

## Housing Integration

[PROGRAM NAME] team members conduct regular outreach with private landlords, building relationships to maximize participant resources. [PROGRAM NAME] team members will ensure housing is appropriately integrated with equal rights of tenancy in place. Integrated housing includes:

- Located in all participant areas
- Scattered in the community – should not look like mini-institutions
- Mixed populations in the building/neighborhood
- Participants participate in community activities
- Integrated into the community with easy access to grocery, bank, public transportation and other essentials for community living
- Natural supports are encouraged

## Decent, Safe and Affordable Housing

[PROGRAM NAME] staff will make every effort to support housing options that are decent, safe, and affordable. Reasonable rent is considered 30% or less of a participant's income. [PROGRAM NAME] staff will provide options and choices regarding income with the goal of participants not being rent-burdened and dependent on subsidies. These types of options are limited in the communities we serve.

[PROGRAM NAME] staff will review the decency and safety of the unit prior to lease agreement being signed, if participant agrees, by completing the HUD's Housing Quality Standards checklist.<sup>35</sup> Some units will have an inspection complete by the local Housing Authority. If an inspection is complete, it will be kept in the participant's file. Staff assist the tenant in preparing for the annual recertification of the unit.

## Request for Reasonable Accommodations

The Fair Housing Act<sup>36</sup> requires landlords to make 'reasonable accommodations'<sup>37</sup> as necessary to allow people with disabilities equal opportunity to use and enjoy a dwelling unit. [PROGRAM NAME] staff will support participants as needed in requesting to get a reasonable accommodation or modification approved. Participants will make this request to the landlord or property manager in writing, when possible. The request will describe the accommodation or modification, and explain the disability-related need for the request. Request may be made at any time during tenancy, including the application process and eviction process. The landlord or property manager is required to respond quickly.

## Religious Discrimination Policy

[PROGRAM NAME] believes that spiritual health is important to holistic wellbeing. However, under no circumstance will [PROGRAM NAME] discriminate against a participant or prospective participant on the basis of religion, a religious belief, a refusal to hold a religious belief or a refusal to attend or participate in a religious practice.

Further, [PROGRAM NAME] does not offer or require participants to attend religious services or fund any explicitly religious activities, including activities that involve overt religious content such as worship, religious instruction, or proselytization, or any manner prohibited by law.

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<sup>35</sup> [https://www.hud.gov/sites/documents/DOC\\_11775.PDF](https://www.hud.gov/sites/documents/DOC_11775.PDF)

<sup>36</sup> <https://www.justice.gov/crt/fair-housing-act-1>

<sup>37</sup>

<https://www.justice.gov/crt/us-department-housing-and-urban-development#:~:text=A%20%22reasonable%20accommodation%22%20is%20a,public%20and%20common%20use%20spaces.>

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