



OHIO
Balance of State
Continuum of Care

Ohio BoSCoC CoC Monitoring Review & Common Findings

March 23, 2022

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

1

Webinar Information



All
participants
lines are
muted.



Use the
questions
feature in the
GoToWebinar
control panel
to submit
questions.



This webinar
will be posted
to COHHIO's
website.



This webinar
is being
recorded.

2

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

2

Agenda

- Overview & Purpose of Program Monitoring
- Outline of Monitoring Activities
- Common Findings
 - Policies & Procedures
 - HQS Inspections
 - Rent Reasonableness
 - Client Eligibility
- Chronic Homeless Definition & Documentation
- Disability Definition & Documentation
- Resources & Questions



3

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

3

Agenda

- Overview & Purpose of Program Monitoring
- Outline of Monitoring Activities
- Common Findings
 - Policies & Procedures
 - HQS Inspections
 - Rent Reasonableness
 - Client Eligibility
- Chronic Homeless Definition & Documentation
- Disability Definition & Documentation
- Resources & Questions



4

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

4

Overview of Monitoring

Why?

- Required in CoC Program Interim Rule
- HUD field office requesting that we provide more technical assistance and monitoring

What & Where?

- Only monitoring projects funded by HUD's CoC Program
- Monitoring will consist of a review of APRs, HMIS Client Files, Client File Review (via Clarity), CoC Application, and Agency Policy and Procedures
- Monitoring is being done virtually

5

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

5

Overview of Monitoring

Who?

- Ohio BoSCoC Coordinator will reach out to program leadership to schedule virtual visits

When?

- Visits have been on-going since February 2019
 - No visits were done in 2020 due to the pandemic
- The monitoring score you receive will determine how often visits will occur after that



6

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

6

Purpose of Project Monitoring



7

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

7

Agenda

- Overview & Purpose of Program Monitoring
- Outline of Monitoring Activities
- Common Findings
 - Policies & Procedures
 - HQS Inspections
 - Rent Reasonableness
 - Client Eligibility
- Chronic Homeless Definition & Documentation
- Disability Definition & Documentation
- Resources & Questions



8

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

8

Outline of Monitoring Activities

1. Client File Review – Agency staff will review *four* client files
 - Relevant files will then be uploaded by program staff to the client's file in Clarity via the "Files" tab
 - Review will be done privately and confidentially



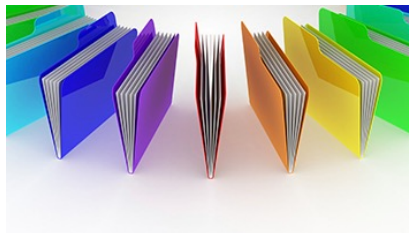
9

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

9

Outline of Monitoring Activities

3. HMIS Client Records – Agency contact person will provide *four* client IDs for CoC Coordinator to review



10

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

10

2. Annual Progress/Performance Reports – CoC Coordinator will run and review (nothing needs to be done by program staff)

11

11

4. CoC Applications – CoC Coordinator will review most recent CoC Application to look for things like match commitment, estimated # of clients program expects to serve, and general program information

12

12

Outline of Monitoring Activities

5. Agency Policies and Procedures – CoC Coordinator will review Policies and Procedures documents



13

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

13

Agenda

- Overview & Purpose of Program Monitoring
- Outline of Monitoring Activities
- Common Findings
 - Policies & Procedures
 - HQS Inspections
 - Rent Reasonableness
 - Client Eligibility
- Chronic Homeless Definition & Documentation
- Disability Definition & Documentation
- Resources & Questions



14

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

14

Common Findings

Policies & Procedures:

- Policies & Procedures document should be specific to the CoC funded project
- Should cover such things as
 - Housing First
 - Program Eligibility and documentation
 - Coordinated Entry/Prioritization and documentation
 - Fair housing
 - Non-discrimination
 - Emergency Transfer Plan
 - Client confidentiality
 - Allowing for, and should be actively seeking, people with lived expertise to sit on board/decision making body
 - Rent Reasonableness
 - Grievance and Termination Policy

15

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

15

Common Findings

Policies & Procedures:

- Should cover such things as (cont.):
 - Day to day operations/staff rules & regulations
 - Intake procedures
 - Order of priority
 - Overview of case management services
 - Documentation of case management services
 - Annual assessments
 - Income calculation and rent determination
 - HMIS related policies
 - Conflict of interest
 - Housing search, selection, HQS inspection
 - Client program rules
- ❖ Policies and Procedures should be cover all aspects of program
 - ❖ If you handed a new employee the Policies & Procedures, could they understand how to successfully do their job and understand all other functions of the agency?

16

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

16

Common Findings

APR Submission:

- APR's are due in the Sage reporting system no later than 90 days after grant end date
- APR's must be submitted on time for full points
- It is crucial to submit the APR **AND** any necessary corrections made in a timely manner



17

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

17

Common Findings

Housing Quality Standard (HQS)

Inspections:

- All CoC funded projects must complete initial and annual HQS inspections on all units
- Inspections can be done by housing provider, so long as the units are not owned by the housing provider
 - If units are owned by housing provider, a third-party must conduct HQS inspection of unit to avoid conflict of interest



18

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

18

Common Findings

Rent Reasonableness:

- Rents must be reasonable based on comparable units in the community and may not exceed rents currently being charged by the same owner for comparable unassisted space
 - Units with rental assistance funds can exceed FMR, so long as program stays within budget and can still serve the # of households identified in their grant agreement
 - Units assisted with leasing funds cannot exceed FMR
- Compare potential unit rent to 3 other similar units
- Sample Rent Reasonable Checklist can be accessed here: <https://cohhio.org/boscoc/training-and-templates/>

19

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

19

Common Findings

RRH Eligibility:

- Must document that client was homeless prior to entry
 - HMIS shelter project entry or letter from third party verifying where, when, and how long client was staying in literally homeless location
 - If using HMIS to document homeless history, there must be a record that shows shelter entry/exit
 - A data element asking about homeless history with no documentation/verification would **not** suffice
- Must be evidence that client went through Coordinated Entry
 - VI-SPDAT, notes from prioritization meeting, etc

20

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

20

Common Findings

PSH Eligibility:

- Must document that client was chronically homeless prior to entry
 - HMIS shelter project entry or letter from third party verifying where, when, and how long client was staying in literally homeless location
 - If using HMIS to document homeless history, there must be a record that shows entry/exit
 - A data element asking about homeless history with no documentation/verification would **not** suffice
 - If client was not chronically homeless, there should be written documentation as to how it was determined there was no one chronically homeless to provide unit to
- Must document disability
 - Documentation must be signed by a professional qualified to diagnose disability
 - LISW, MD, PCC, Ph. D, etc
- Must be evidence that client went through Coordinated Entry
 - VI-SPDAT, notes from prioritization meeting, etc

21

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

21

Common Findings

TH Eligibility:

- No TH projects have been monitored yet
- Must document that client was homeless prior to entry
 - HMIS shelter project entry or letter from third party verifying where, when, and how long client was staying in literally homeless location
- Must be evidence that client went through Coordinated Entry
- Client must have been assessed as not being able to quickly resolve their homelessness on their own, but who does not have needs great enough to necessitate placement in to PSH

22

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

22

Common Findings

Residence Prior Eligibility (all project types):

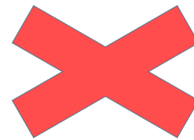
Likely Eligible:

- Emergency Shelter
- Unsheltered
- Treatment Center (for 90 days or less)
- Transitional Housing (TH)
–should be last prioritized



Likely Not Eligible:

- Rental Housing
- Interim Housing
- Living with Family
- Residential Project/Halfway House



Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

23

Agenda

- Overview & Purpose of Program Monitoring
- Outline of Monitoring Activities
- Common Findings
 - Policies & Procedures
 - HQS Inspections
 - Rent Reasonableness
 - Client Eligibility
- Chronic Homeless Definition & Documentation
- Disability Definition & Documentation
- Resources & Questions



24

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

24

Chronic Homeless Definition & Documentation

- All Ohio BoSCoC PSH projects must serve persons who meet category 1 of HUD's homeless definition AND are diagnosed with a disability.
 - Category 1 – “Literally homeless”, meaning individuals/families who lack a fixed, regular, and adequate nighttime residence
- Agencies cannot preference one disability over another
- All PSH projects must prioritize chronically homeless individuals

25

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

25

Chronic Homeless Definition & Documentation

- HUD's chronic homeless definition:
 - A person experiencing homelessness with a disability that
 1. Lives in a place not meant for human habitation, safe haven, or in an emergency shelter**AND**
 2. Has been homeless for at least **12 continuous months** OR on at least **4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months** and each break in homelessness separating the occasions included 7 consecutive nights of not living unsheltered, in a safe haven, or in an emergency shelter




26

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

26

Chronic Homeless Definition & Documentation

Recordkeeping Documentation Options Explained

| | | | |
|--|--|---|---|
| <p>3rd Party Documentation</p> |  <p>Documentation from HMIS/Comparable Database</p> <p><i>Records must show entries/exits at Shelters.</i></p> <p><i>An answer of "Yes" to the question as to whether the individual is chronically homeless (Universal Data)</i></p> |  <p>Written observation by an outreach worker or Written referral by another housing or service provider</p> |  <p>Documentation from Institutions like Hospitals, Correctional Facilities, etc.</p> <p><i>Must include records about stay the length of stay, signed by Clinician or other appropriate staff.</i></p> |
|--|--|---|---|


*If relying on HMIS, record must show shelter entry/exit. Any other data element regarding past homeless episodes would not suffice

27

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

27

Chronic Homeless Definition & Documentation

| | |
|----------------------------------|---|
| <p>Self Certification</p> |  <p>Signed certification by the individual seeking assistance describing how they meet the definition, which must be accompanied by the intake worker's documentation of the living situation and the steps taken to obtain evidence to support it.</p> <p>Remember that for each Project:</p> <ul style="list-style-type: none"> • 100% of households served can use self-certification for 3 months of their 12 months, • 75% of households served need to use 3rd Party documentation for 9 months of their 12 months, and • 25% of households served can use self-certification as documentation for any and all months. |
|----------------------------------|---|

28

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

28

Chronic Homeless Definition & Documentation

<https://cohhio.org/boscoc/training-and-templates/>

Part 3: Episodic Homeless History Documentation – 12 months Cumulative

Instructions: For prospective chronic and non-chronic PSH clients for whom you will be documenting 12 months of cumulative, episodic homelessness, identify below the type of documentation that will be included in the client file for each homeless episode.

If you are documenting 12 months of continuous homelessness (see part 2), check the 'not applicable' box here and complete Part 2 instead ☐ N/A

| | Month #1 | Month #2 | Month #3 | Month #4 | Month #5 | Month #6 | Month #7 | Month #8 | Month #9 | Month #10 | Month #11 | Month #12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mo./Yr. | | | | | | | | | | | | |
| Location <i>Check all that Apply</i> | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<input type="checkbox"/> <90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<input type="checkbox"/> <90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<input type="checkbox"/> <90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<input type="checkbox"/> <90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<input type="checkbox"/> <90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<input type="checkbox"/> <90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<input type="checkbox"/> <90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<input type="checkbox"/> <90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<input type="checkbox"/> <90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<input type="checkbox"/> <90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<input type="checkbox"/> <90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<input type="checkbox"/> <90 days) |
| Doc. Type <i>Check One (Except Self-Cert. select both)</i> | <input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach/ Other Staff <input type="checkbox"/> Written Provider Verification <input type="checkbox"/> Comp. Database <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach/ Other Staff <input type="checkbox"/> Written Provider Verification <input type="checkbox"/> Comp. Database <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach/ Other Staff <input type="checkbox"/> Written Provider Verification <input type="checkbox"/> Comp. Database <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach/ Other Staff <input type="checkbox"/> Written Provider Verification <input type="checkbox"/> Comp. Database <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach/ Other Staff <input type="checkbox"/> Written Provider Verification <input type="checkbox"/> Comp. Database <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach/ Other Staff <input type="checkbox"/> Written Provider Verification <input type="checkbox"/> Comp. Database <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach/ Other Staff <input type="checkbox"/> Written Provider Verification <input type="checkbox"/> Comp. Database <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach/ Other Staff <input type="checkbox"/> Written Provider Verification <input type="checkbox"/> Comp. Database <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach/ Other Staff <input type="checkbox"/> Written Provider Verification <input type="checkbox"/> Comp. Database <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach/ Other Staff <input type="checkbox"/> Written Provider Verification <input type="checkbox"/> Comp. Database <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach/ Other Staff <input type="checkbox"/> Written Provider Verification <input type="checkbox"/> Comp. Database <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach/ Other Staff <input type="checkbox"/> Written Provider Verification <input type="checkbox"/> Comp. Database <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Doc. of steps to obtain evidence |

29

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

29

Chronic Homeless Definition & Documentation

Part 4: Adherence to PSH Order of Priority

This form must be used to document adherence to the PSH Order of Priority. This form should be completed once the PSH Workgroup has determined who will be served in the next available PSH unit, not at the point of referral.

Instructions: Check the box corresponding to the Order of Priority category that the prospective PSH client fits into. For clients falling into any category other than the Chronically Homeless First Priority, provide detailed notes about how the PSH Prioritization Workgroup determined to prioritize this prospective client.

For non-chronically homeless prospective clients, provide detailed notes about local efforts to identify a chronically homeless person/household first, the barriers to identifying a chronically homeless household, and how the PSH Prioritization Workgroup determined to prioritize this client.

| | |
|---|---|
| PSH Order of Priority – Chronically Homeless | <p>Chronically Homeless Order of Priority</p> <ul style="list-style-type: none"> <input type="checkbox"/> First Priority - Chronically homeless individuals and families with the longest history of homelessness AND the most severe needs <input type="checkbox"/> Second Priority - Chronically homeless individuals and families with the longest history of homelessness <input type="checkbox"/> Third Priority - Chronically homeless individuals and families with the most severe service needs <input type="checkbox"/> Fourth Priority - All other chronically homeless individuals and families <p>Notes about the rationale for prioritizing this prospective client:</p> |
| PSH Order of Priority – Non-Chronically Homeless | <p>Non-Chronically Homeless Order of Priority</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fifth Priority - Homeless individuals and families with the most severe service needs <input type="checkbox"/> Sixth Priority - Homeless individuals and families with a long period of continuous or episodic homelessness <input type="checkbox"/> Seventh Priority - Homeless individuals and families coming from places not meant for human habitation <input type="checkbox"/> Eighth Priority - Homeless individuals and families coming from TH <p>Notes about the rationale for prioritizing this prospective client:</p> <p>Notes about local efforts to identify a chronically homeless person first:</p> |

30

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

30

Chronic Homeless Definition & Documentation

| Self-Certification of Homelessness | | | | |
|--|--------------------|-----------------------|--|--------------------------|
| Prospective clients must complete and sign this form if their current housing status or any past homelessness is being documented by self-certification. Use multiple forms if necessary. | | | | |
| Applicant Name: _____ | | HMIS Client ID: _____ | | Date: _____ |
| Instructions: Please list in chronological order the Applicant's most recent episodes of homelessness within the past three years that you will be documenting via self-certification. For each episode, attach documentation of the homeless episode (see details on pp. 4 of the guidance about the amount of homeless history that can be documented via self-certification for chronic homelessness). Record all episodes identified in Part 3 of the Verification Form as well. | | | | |
| Entry Date (DDMMYY) | Exit Date (DDMMYY) | # of Months | Type of Location (verify project is homeless dedicated) | Location and Description |
| | | | <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Unsheltered location <input type="checkbox"/> Institution (< 90 days) | |
| | | | <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Unsheltered location <input type="checkbox"/> Institution (< 90 days) | |
| | | | <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Unsheltered location <input type="checkbox"/> Institution (< 90 days) | |
| | | | <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Unsheltered location <input type="checkbox"/> Institution (< 90 days) | |
| Applicant statement of location(s) and period(s) of homelessness, if needed: | | | | |
| By signing below I certify that the information presented in this statement is true to the best of my knowledge. I understand that false or misleading information may result in termination of housing services. | | | | |
| Applicant Signature: _____ | | Date: _____ | | |
| Staff Signature: _____ | | Date: _____ | | |

31

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

31

Agenda

- Overview & Purpose of Program Monitoring
- Outline of Monitoring Activities
- Common Findings
 - Policies & Procedures
 - HQS Inspections
 - Rent Reasonableness
 - Client Eligibility
- Chronic Homeless Definition & Documentation
- Disability Definition & Documentation
- Resources & Questions



32

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

32

Disability Definition & Documentation

Disability is defined as:

1. Physical, mental, or emotional impairment, including impairment caused by alcohol or drug abuse, PTSD, brain injury, or chronic physical illness that
 - Is expected to be long-continuing or indefinite duration; and
 - Substantially impedes the person's ability to live independently; and
 - Could be improved by more suitable housing
2. Developmental disability

33

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

33

Disability Definition & Documentation

- Verification of a disability must be from a third-party (cannot be self certified)
- Documented disability verification must come from one of the following:
 - professional licensed by the State to diagnose and treat the disability and certification that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individuals ability to live independently
 - Written verification from SSA
 - The receipt of a disability check
 - Intake staff-recorded observation of a disability that is confirmed and accompanied by evidence above within 45 days

34

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

34

Disability Definition & Documentation

<https://cohho.org/boscoc/training-and-templates/>

OHIO
Department of Public Safety

PSH Packet, v. 5, 5.2019.docx

Part 5: Disability Status
Identify below the type of documentation used to verify disability status for the prospective PSH client and attach documentation. Check ONE box only.

| | |
|---|---|
| <p>Disability An individual who has a disability that is expected to be long-lasting or of indefinite duration. Substantially impedes the individual's ability to live independently. Could be improved by the provision of more suitable housing conditions, and in a physical, mental, or emotional impairment. Includes an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury. Is a developmental disability, or is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.</p> | <p>Third-party Documentation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Written verification from a professional licensed by the State of Ohio to diagnose and treat the disability, and certification that the disability is expected to be long-lasting or of indefinite duration and substantially impedes the individual's ability to live independently. <input type="checkbox"/> Written verification from Social Security Administration (SSA). <input type="checkbox"/> The receipt of a disability check. <input type="checkbox"/> Intake staff self-recorded observation of a disability that is confirmed and accompanied by evidence above within 45 days of project intake. <p>Today's Date _____ Date Evidence Received _____</p> |
|---|---|

Part 6: Staff Certification
By signing below I certify that the information presented in this packet – Parts 1 through 5 – is true to the best of my knowledge.

Staff Name (Printed): _____ Date: _____
Staff Signature: _____ Date: _____

35

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

35

Agenda

- Overview & Purpose of Program Monitoring
- Outline of Monitoring Activities
- Common Findings
 - Policies & Procedures
 - HQS Inspections
 - Rent Reasonableness
 - Client Eligibility
- Chronic Homeless Definition & Documentation
- Disability Definition & Documentation
- Resources & Questions



36

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

36

Monitoring Resources



The screenshot shows the COHHIO website's "Performance and Monitoring" page. At the top is the COHHIO logo and the text "Coalition on Homelessness and Housing in Ohio". Below this is a navigation bar with links: Home, COVID-19, Advocacy, Programs, Housing Info, Ohio BoSCoC (underlined), Conference, About, Membership, Media, and a search icon. The main heading is "Performance and Monitoring". Underneath, there is a "Documents" section with links to various reports and plans, including the "Performance Management Plan", "Quarterly Performance Report", "HUD Annual Performance Report", "Ohio BoSCoC Quality Improvement Process", and "CoC Monitoring". A "Training" section lists a "Monitoring Webinar".

<https://cohhio.org/boscoc/performance-and-monitoring/>

37

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

37

Monitoring Resources

- CoC Program Toolkit:
<https://www.hudexchange.info/programs/coc/toolkit/>
- HUD Exchange Monitoring Binder:
<https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-grant-administration/monitoring/>
- CoC Program Interim Rule:
<https://www.govinfo.gov/content/pkg/CFR-2017-title24-vol3/xml/CFR-2017-title24-vol3-part578.xml>

38

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

38

Monitoring Resources



hannahbasting@cohhio.org
614-280-1984 ext 117

39

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

39

Questions?



40

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

40



41

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215

41