

Permanent Supportive Housing FAQ

This document addresses several frequently asked questions (FAQs) about PSH. If there are additional concerns or questions, please email ohioboscoc@cohhio.org.

Permanent Supportive Housing (PSH) is permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability. Put simply, PSH is decent, safe, and affordable housing for persons experiencing homelessness and who also have a disability.

It is important to keep in mind that the majority of the answers to the following questions are only applicable to PSH projects funded through HUD's Continuum of Care (CoC) Program.

If operating a PSH project with a leasing category, can the costs associated with administering leasing assistance be paid for out of the leasing budget, as is the case with rental assistance?

Yes, the costs of administering leasing assistance are considered service delivery costs of leasing and are eligible under leasing in the CoC Program. These costs would include processing rental payments to landlords, examining participant income and family composition, providing housing information and assistance, and inspecting units for compliance with housing quality standards and performing rent reasonableness determinations.

Are there limited vouchers available per county through the PSH program? We have more people needing assistance than we have available vouchers.

Yes, funding for Permanent Supportive Housing is limited. The number of vouchers/units and amount of available funding varies by community provider. In part, this is why prioritizing PSH resources for those with the longest histories of homelessness and most severe service needs is so important. You can get a sense of the PSH resources in your particular community or region by reviewing the Ohio BoSCoC Housing Inventory County (HIC) information, available at: <https://cohhio.org/member-services-2/boscoc/point-in-time-count/>

What guidance is there related to utility payments? Is there a limit as to how much/how often payments can be made?

According to HUD, if the unit rent includes utilities then CoC Program leasing and rental assistance funds can be used to pay for entire rent (excluding tenant rent contribution) of the unit up to the local rent reasonable amount. If participants are expected to pay for utilities, a utility allowance must be applied when calculating tenant rent contribution.

Again, according to HUD, if rent does not include utilities: leasing funds cannot be used to pay for utilities, participants can be required to pay for the utilities, a utility allowance

may be provided when calculating occupancy charges, and CoC Program operating funds may be used to pay for utilities that are not included in rent.

- Tenant Rent Calculation Example:
<https://www.hudexchange.info/resources/documents/incomeresidentrentcalc.pdf>
- HUD Leasing & Rental Assistance Webinar:
<https://www.hudexchange.info/resources/documents/CoC-Program-Leasing-Slides.pdf>
- CoC Program Interim Rule
https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf

We provide all needed, basic care items to people entering our PSH program, would those fall under match?

CoC Program grantees may only count as an in-kind match those services or goods provided to clients that would have been eligible activities in the CoC program. For example, if the basic care items you provide to clients include food or groceries, then the value of the food/groceries provided could be counted as in-kind match because food is an eligible cost in a CoC Program supportive services budget. The purchase of other basic care items is not eligible CoC program costs, therefore they could not be counted as match. Additionally, if the food/grocery items were purchased with CoC Program funds, then they could not also be counted as match for the CoC-funded PSH program.

Other than being categorically eligible, what kinds of things does HUD require PSH programs to screen out clients for? For example, does HUD require PSH programs to deny services/housing to people who have committed or been convicted of things like sexual assault, domestic violence, drug charges, etc.

HUD does not require PSH programs to deny assistance to potential PSH clients for anything other than not being categorically eligible, or not being prioritized for PSH based on need and homeless history. The only way people would be ineligible for PSH is if they were not experiencing literal homelessness and did not have a disability.

We are preparing for a HUD audit and reviewing our policies to ensure they comply with federal rules and I understand that a person fleeing DV is homeless regardless of homelessness status prior to fleeing. Any thoughts?

According to HUD, “individuals or families are considered homeless if they are fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence AND have no other residence AND lack the resources or support networks to obtain other permanent housing.”

Based on this definition, people fleeing a domestic violence situation would be considered homeless ONLY if they also had no other residence and lacked the resources to obtain their own housing. If they meet all elements of the definition, people

fleeing DV are eligible to be served by shelter or, in some cases, transitional housing (TH).

For PSH, persons fleeing DV are only permitted to enter PSH if they first went to shelter or TH. They cannot enter PSH directly from a fleeing DV situation.

If a client needs to move from one PSH program to another, how would they be prioritized through Coordinated Entry (CE)? For example, if a person was currently served by a PSH project for individuals without children, but then had a child or expanded their household and needed to be served by a PSH program that could assist a larger unit. And what documentation and process would be required when moving from one PSH project to another?

HUD allows clients to move from one PSH program to another, although they expect this will happen pretty rarely. Because PSH clients went through the local CE prioritization process in order to enter the PSH project initially, they do not need to go through another prioritization process if they need to move from one project to another.

In general, the process to move a client from one PSH project to another involves the following:

- i. Current PSH project (PSH project #1) contacts the PSH project the client needs to move to (PSH project #2) to determine if/when an opening will be available and confirm their client can move into PSH project #2
- ii. Once the client has moved from PSH project #1 to PSH project #2, PSH project #1 needs to record the program exit in HMIS and PSH project #2 needs to record the program entry
 - a. PSH project #2 will likely need to account for this project entry in their Annual Performance Report (if CoC Program funded), since HMIS data will show that the client entered from a housed situation. PSH project #2 just needs to provide notes indicating that the client entered from another PSH project.

Do PSH program match requirements apply at the program or the service recipient level? Meaning, do we have to match 25% of everything we expend on behalf of a client, or just 25% of our total CoC Program grant?

The program receiving CoC Program funds must match 25% of grant funds received. So, for example, if your program requests \$100,000 from HUD, your program would be required to match \$25,000 in cash or in-kind match.

The only exception to this match requirement is for projects with a leasing budget. There is no match requirement for leasing funds.

Is there a complicated rule about how many people in a PSH program can have their chronic homeless status documented by self-certification? What is the requirement?

When it comes to documenting chronic homeless status, there is no limit on how many people in each program can document *part* of their homeless history via self-certification. The HUD requirement related to using self-certification to document homeless history, as part of documenting chronic homeless status, is that no more than three months of a client's homeless history can be documented via self-certification. In extremely rare circumstances all 12 months of homeless history can be documented by self-certification. However, these cases should be limited to no more than 25% of households served by a particular program in an operating year.

If someone moves into PSH and then gets married or moves in a significant other, and their significant other has an income above the eligibility requirements, would they have to leave the program?

There are no income eligibility requirements for CoC Program funded PSH projects. In this situation, household income would be recalculated and client rent contribution would also be recalculated. If new household income is high enough, the client household may be required to pay 100% of the rent, but you can continue to serve them as a PSH client if they still have need for services and they wish to remain in the program.

Are lease-up activities billable?

Yes, these costs are eligible depending on the type of grant you administer. The costs of administering leasing are considered service delivery costs of leasing and are eligible under leasing in the CoC Program. If your grant has a rental assistance line item, the costs of administering rental assistance are considered service delivery costs and are therefore eligible under rental assistance in the CoC Program.

Under either budget line item, these costs would include processing rental payments to landlords, examining participant income and family composition, providing housing information and assistance, and inspecting units for compliance with housing quality standards and performing rent reasonableness determinations.

Who is eligible to diagnose a disability in Ohio?

The Ohio Counselor, Social Worker and Marriage and Family Therapist Board states that Ohio gives social workers the right to diagnose and treat mental and emotional disorders in the Revised Code section 4757.26 division (A) A person licensed under this chapter to practice as an independent social worker or a social worker **may diagnose and treat** mental and emotional disorders, except that a social worker may do so only under the supervision of a psychologist, psychiatrist, professional clinical counselor, independent marriage and family therapist, independent social worker, or registered nurse who holds a master's degree in psychiatric nursing.

<http://cswmft.ohio.gov/Social-Workers/SW-Information>

The following link also provides you with a list of Acceptable Medical Sources who can diagnose a disability as determined by the Social Security Administration:

<https://secure.ssa.gov/poms.nsf/lnx/0422505003>

This list includes professionals such as licensed physicians, licensed certified psychologists at the independent practice level, school psychologists, etc.

Is there an example of how to document chronic homeless status?

<https://www.hudexchange.info/resource/5182/sample-chronic-homelessness-documentation-checklist/>

Can tenant rent contribution be used as match for our PSH program?

A recipient or subrecipient of CoC Program funds can only charge program participants rent or occupancy charges according to section 578.77 of the CoC Program interim rule. Section 578.97(c) of the CoC Program interim rule provides that rents and occupancy charges collected by the recipient or subrecipient from program participants are program income.

Recipients may use program income on any eligible costs in Subpart D, in accordance with the requirements of the CoC Program, even if the activity was not contained in the approved grant agreement. However, recipients must document that the program income was expended in accordance with the requirements of the CoC Program.

It is important to note that resident rent is only considered program income to the extent that the rent is paid by the program participant directly to the recipient (grantee) or subrecipient and, therefore, contributed to the CoC Program. For example, if resident rent is paid directly to the property owner (not the recipient or subrecipient) it is not considered program income and there would not be an opportunity to use resident rent to support other program costs.

Generally, only project-based PSH recipients would collect rents from program participants. In scattered-site, or tenant-based, PSH projects, typically the PSH recipients and participants each pay part of the rent directly to the landlord/property owner. In these cases, the recipient is not collecting rent directly from participants.

Lastly, if the amount in each grant reserved for rental assistance over the grant period exceeds the amount that will be needed to pay the actual costs of rental assistance, due to such factors as contract rents being lower than FMRs or program participants being able to pay a portion of the rent, recipients and subrecipients **may use grant savings** to cover the costs of rent increases or for serving a greater number of program participant.

The agency I work for specializes in helping individuals with mental disabilities. Since mental health is our area of expertise, is it okay to preference or only serve individuals/families with a mental health diagnosis?

No, an agency cannot preference one disability type over another. With the passage of the HEARTH Act the implementation of the CoC Program rule, PSH projects are no longer permitted to preference one disability type. See the CFR for the CoC program here: <https://www.gpo.gov/fdsys/pkg/CFR-2017-title24-vol3/xml/CFR-2017-title24-vol3-part578.xml#seqnum578.93>

So, this means it is no longer permissible to deny PSH assistance to a household b/c their diagnosis is not MH. They simply need to meet the definition of disability, which is:

- Disabled - An individual who has a disability that:
 - Is expected to be long-continuing 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
 - Is a physical, mental, or emotional impairment, including 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

<u>PSH Webinar (5/2/18) Important Highlights</u>	
PSH Key Elements	<ul style="list-style-type: none"> • Tenants have full rights of tenancy • Participation in services is voluntary • Tenants pay no more than 30% of their income toward rent and utilities
PSH Eligibility	<ul style="list-style-type: none"> • All BoSCoC PSH projects must serve persons who meet category 1 (literally homeless) of HUD’s homeless definition AND are diagnosed with a disability. • Agencies cannot preference one disability over another • Agencies cannot preference where they receive referrals from • All PSH in the BoSCoC must prioritize chronically homeless for PSH and follow the orders of priority

Chronic Homeless Order of Priority	<p>Chronically homeless individuals/families....</p> <ul style="list-style-type: none"> • <u>1st Priority</u> –with the longest history of homelessness and most severe service need. • <u>2nd Priority</u> –with the longest history of homelessness • <u>3rd Priority</u> – with the most severe service needs • <u>4th Priority</u> – all other chronically homeless individuals
Housing First in PSH	<ul style="list-style-type: none"> • Supportive services are voluntary and tailored to the client’s needs. • Projects cannot require things of potential clients to enter their project over and beyond demonstrating meeting basic eligibility & prioritization requirements.
Chronic Homeless Documentation	<ul style="list-style-type: none"> • Third party documentation is the preferred way to document an individual’s time in a place not meant for human habitation, emergency shelter, or safe haven. • Up to 3 months can be documented via self-certification • A single encounter in a month is sufficient to consider a household homeless for the entire month unless there is evidence of a break • Chronic homelessness can be 12 months continuous or cumulative (12 months of documented homelessness over the last three years) • Disability status CANNOT be self-certified and must be verified by a licensed professional, written verification from SSA, or a receipt of a disability check
Match Requirements	<ul style="list-style-type: none"> • CoC program recipients must match all grant funds with no less than 25% of funds or in-kind contributions from other sources • CoC Recipients must keep written documentation of match