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**Disclaimer: As of December 2017 the Chronic Homeless Initiative workgroup organized additional CoC-wide support in completing documentation of homeless history records and Homeless Management Information System (HMIS) data cleanup through IMPACT, Inc. staff in order to expedite the process of reaching functional zero for chronic homelessness in Milwaukee County. This additional manpower is supplemental to the individual responsibility of each CoC provider to complete due diligence in obtaining client homeless history records, self-monitor system performance measurements, and exceed data quality standards for Milwaukee CoC.*

PURPOSE:

- To ensure that all Milwaukee Continuum of Care (CoC) permanent supportive housing providers are evaluating referrals for chronic homeless status in a standardized manner.
- To ensure all providers completing referrals to permanent supportive housing providers are equipped to evaluate and document the chronic homeless status of any clients they serve through Homeless Management Information Systems (HMIS) and written record.
- To assure all providers referencing the procedure that the CoC's procedure aligns with the HUD final rule on the definition of Chronic Homelessness (Homeless Emergency Assistance and Rapid Transition to Housing: Defining "Chronically Homeless", page 75804 part 578.3, 2015).
- To ensure that those experiencing chronic homelessness in Milwaukee CoC are identified and verified as being chronically homeless as quickly as possible, referred in a timely fashion to the Housing Prioritization list, and permanently housed, so as to improve system performance in length of time homeless before exiting to a permanent destination and permanent housing unit utilization rates.
- To foster Milwaukee CoC cultural values of CoC members sharing responsibility to end chronic homelessness in Milwaukee County, and CoC commitment to housing and supporting those experiencing chronic homelessness.

Full understanding and cooperation of Milwaukee CoC members will lead to achieving the CoC goal of reaching functional zero for chronic homelessness in Milwaukee County.

Note: A CoC member agency staff making a referral to housing will be referred to as a "referral source" in this procedure document. Individuals or families engaging with CoC referral sources will be referred to as "client(s)". Agencies receiving CoC grant funding will be referred to as "subrecipients".

PROCEDURES:

Preparation to Refer to Permanent Supportive Housing

Interviewing and Homeless History Record

- Timely interviewing of a client is helpful when preparing the client to obtain housing. Referral sources should complete interviews as soon as rapport is established to obtain accurate homeless history.

- Homeless/housing history for the last 3 years should be gathered by the referral source in their process of verifying chronic homelessness on the Homeless History Tracking Form. Corresponding documentation for homeless history listed on the Homeless History tracking form is only required for permanent housing applications up to the point where a client’s chronic homeless status is confirmed.
- Generally, when the referral source is an emergency shelter or Safe Haven provider, the Milwaukee CoC Coordinated Entry homeless history tracking form and Coordinated Entry HMIS assessment should be completed within 7 business days from client’s entry into shelter or Safe Haven. Generally, when the referral source is a street outreach provider, the Milwaukee CoC Coordinated Entry homeless history tracking form should be completed as soon as practicably possible after the following: the outreach provider first engages with the client in finding housing, completes the Coordinated Entry assessment and VI-SPDAT in HMIS, and refers the client to the Housing Prioritization list.
- Clients should complete the Coordinated Entry Release of Information and understand that their information will be shared for the purposes of referring them to appropriate housing. They should further understand that their information can remain confidential and they have the option to opt out of sharing information, and that doing so will not change their prioritization for housing.
- Initially, referral sources should conduct a client interview to obtain housing history alongside client’s HMIS record because the HMIS record provides an official framework of homeless history (Homeless Emergency Assistance and Rapid Transition to Housing: Defining “Chronically Homeless”, page 75805 part 578.103 (a)(4), 2015). Starting reviews with HMIS leaves less opportunity for unverified homeless episodes to be included in an application for permanent supportive housing.
 - Referral sources should review client’s HMIS record for Street Outreach contacts, emergency shelter entries and exits, stays in Safe Haven, or file attachments containing homeless history in an effort to gather records confirming a client’s status as chronically homeless.
 - Third party certification of homelessness and HMIS record should supersede client’s recollection of homelessness and housing history (Homeless Emergency Assistance and Rapid Transition to Housing: Defining “Chronically Homeless”, 2015). Procedurally, this should first be written on the Homeless History Tracking Form (see HMIS Length of Time Homeless Guide: https://www.icalliances.org/s/How-To-Document-Length-of-Time-Homeless-in-WISP-MKE-CoC_v2_6517.pdf) in order to aid in the housing interview.
 - When HMIS record does not provide enough homeless history information to demonstrate chronicity, additional homeless history can be gathered by

interviewing client for related history and verifying client self-report through third party sources such as: stays in institutional settings, homeless service providers external to the Wisconsin HMIS, obtaining releases to communicate with client's friends or family to gather leads for organizations to follow up with to obtain homeless history records, etcetera. (Notice CPD-14-012, (V)(B) 2014).

- All days in the last three years should be accounted for on the Homeless History tracking form for the purpose of prioritization and application standardization for CoC permanent housing programs. Third party certification is only necessary for homeless episodes up to the point where a client's chronic homeless status is confirmed.
- For highest quality recordkeeping, the CoC asks all referral sources obtain and submit either forms of homeless certification with applications for permanent housing:
 1. Time stamped HMIS record (print-screens of outreach contacts, entries and exits into emergency shelters, and file attachments in HMIS indicating episodes of homelessness).

OR

2. In cases where homeless certification is available outside of Wisconsin Service Point (WISP): written observation by outreach worker, written third party certification from an emergency shelter or Safe Haven provider, and/or documentation from institutional settings. Documentation from institutions must include records about the client's length of stay, signed by a clinician or other appropriate staff.
- Third party homeless certification can be submitted to document a client's homelessness from any of the following: outreach workers, emergency shelter case managers, workers at drop in centers, workers at warming shelters or cooling rooms, intake workers at Safe Havens, legal service providers, victim services, institutions such as hospitals, correctional facilities, local businesses, police departments, day shelters, social service organizations, faith-based organizations, private street outreach groups, and meal sites. Documentation from institutions must include records about the client's length of stay, signed by a clinician or other appropriate staff.
 - The referral source should upload third party homeless certification as a file into HMIS with the following file name format "*Third Party Homeless Certification_date range reported*" – for example "*Third Party Homeless Certification_1-1-2017 to 4-10-2017*"
 - Third party homeless certification should:
 - Be typed on agency letterhead if written by CoC member agency
 - Include date written

- Include date(s) of the observation or date(s) of shelter entry and shelter exit
 - Include indication that the letter provides homeless certification
 - Provide details regarding the client’s living situation referenced in certification (address of shelter, address of institution, or address of community site client frequents)
 - In cases of third party certification for clients staying on the street observed by street outreach, third party certification from street outreach should include approximate location where client was observed to be staying, and what time the client was seen.
 - Other homeless history information known to the person certifying the client, contact information for the certification writer and/or their organization, printed name of the certification writer, and signature of the certification writer.
- Referral sources should follow up on interviews with clients and HMIS record reviews by asking clients to sign release(s) of information, enabling the referral source to request third party homeless certification.
 - As the referral source works to gather homeless history from HMIS and interviews the client, the client’s history should be entered into the Homeless History Tracking Form. Referral sources are asked to upload a working version of this tracking form into HMIS (with the file name format “*Working Homeless History_date range reported*”), especially as a client approaches the end of their time allowed to work with the referral source.
 - Any CoC provider working with a client experiencing homelessness and entering services into HMIS is responsible for contributing to Homeless History Tracking Form records and completing referrals for housing.
 - The upload of the final homeless history form into HMIS should have the file name “*Final Homeless History_date range reported*”.

Self-Certification in Making Referrals

- Referral sources must complete self-certifications of client homelessness on the standardized Milwaukee Continuum of Care Homeless Self-Certification document.
- Due diligence to obtain third party homeless certification by specific episode of homelessness should be recorded in pages 1 and 2 of the Milwaukee Continuum of Care Homeless Self-Certification document.
- Self-certification of client homelessness should only be submitted in rare circumstances, if absolutely necessary to document chronic homelessness, and following thorough due diligence to obtain third party certification (Notice CPD-14-012, (V)(B)(iii) 2014).

- Self-certification may not be accepted by the permanent housing program reviewing the referrals depending on if the program has already met its self-certification cap for its operating year.

Self-Certification in Reviewing Referrals

During the operating year for each permanent supportive housing project:

- 100% of households served can use self-certification for 3 months of their 12 months (Homeless Emergency Assistance and Rapid Transition to Housing: Defining “Chronically Homeless”, page 75803, 2015).
- 75% of households served must use third party documentation for 9 months of their 12 months (Homeless Emergency Assistance and Rapid Transition to Housing: Defining “Chronically Homeless”, page 75805(a)(4)(iii)(D), 2015).
- 25% of households served can use self-certification as documentation for any and all months. Self-certification of periods of homelessness requires diligence to be demonstrated on the CoC Self Certification form, and can be used only “in rare instances where persons have been unsheltered and out of contact for long periods of time” (Homeless Emergency Assistance and Rapid Transition to Housing: Defining “Chronically Homeless”, page 75803, 2015).

Identifying Breaks in Client’s Homelessness

- Breaks in homeless history can be self-certified, or based on client self-report.
- 12 months cumulative homelessness is a period of 4 separate occasions in 3 years and each period separating the occasions must include at least 7 nights (a break) of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven (Homeless Emergency Assistance and Rapid Transition to Housing: Defining “Chronically Homeless”, pages 75801 and 75803, 2015).
- When the referral source has evidence of a break in client’s homelessness within a month where there is already documented homelessness, days homeless must be counted instead of counting the entire month (Homeless Emergency Assistance and Rapid Transition to Housing: Defining “Chronically Homeless”, pages 75800, 2015).
- A single encounter in a month is sufficient documentation to consider the individual or head of household as residing in that location for the entire month unless there is clear evidence of a break (such as an HMIS record of a stay in transitional housing where the household is not also enrolled in permanent supportive housing and actively seeking a unit) of more than seven nights (Homeless Emergency Assistance and Rapid Transition to Housing: Defining “Chronically Homeless”, page 75800, 2015).
- If a client is immediately homeless prior to a short period of time housed (less than 7 days) or in an institutional setting (less than 90 days) that period of time is not a formal

break in homelessness and counts towards the client's total length of time homeless (2014 HMIS Data Standards Manual, pages 28-9, 2016).

- If a referral has months requiring documentation, these months should be indicated as “Months requiring documentation” on the Housing History Tracking Form to reach the documentation threshold needed to confirm a client's self-reported chronic homelessness. In the same space the referral source can select whether the documentation is obtained, pending, or unobtainable.

Coordinated Entry Assistance

- Fully complete documentation is not needed for access to staffing assistance. If a referral has months requiring documentation, these months should be indicated as “Months requiring documentation” on the Housing History Tracking Form – which specifies whether the documentation is obtained, pending, or unobtainable.
- Referral sources should ask clients to sign a Coordinated Entry release of information form and explain what information could be communicated to Coordinated Entry.
- For purposes of accessing Coordinated Entry staffing assistance, up to 1 self-certification of a maximum of 3 contiguous months of homelessness is acceptable with attached documentation; an applicant with more than 1 self-certification of 3 contiguous months of homelessness will not be staffed at meetings pertaining to placement in CoC programs requiring chronic homelessness.
- Coordinated Entry and the CoC strongly recommend that a referral source completes a Coordinated Entry packet for housing preparation prior to contact from Coordinated Entry. Coordinated Entry would contact the referral source in the event of a change in a client's housing prioritization ranking.
- Clients likely to be chronically homeless should have Coordinated Entry Assessments completed in HMIS and be added to the Housing Prioritization List by their referral source as soon as possible. Once the client is housed, the permanent housing provider is responsible for taking client off the Housing Prioritization list (see Milwaukee CoC Coordinated Entry – HMIS Guide).
- The Coordinated Entry Program Coordinator will assist with confirming chronic homelessness by reviewing forms uploaded into HMIS and client's HMIS record. The Program Coordinator will also be accessible to providers for housing prioritization inquiries.

Medical Statements/Certifications of Disability

- The CoC will not mandate use of a standard template medical statement/certification of disability document form nor disability documentation form letter for chronic homeless

determination, though both document types would be needed for clients applying for permanent supportive housing:

- If a client receives SSI and/or SSDI benefits, the referral source should submit the client's benefit verification letter from the Social Security Administration AND completed medical statement/certification of disability form within the Coordinated Entry packet
- If the client does not receive SSI and/or SSDI benefits and is currently seeing a licensed medical provider that is willing and able to assist with disability certification, the referral source should submit Medical Statement/Certification of disability form AND a written statement documenting the disability from client's licensed medical physician.
- The CoC **recommends** the use of Milwaukee City & County's Medical Statement Certification of Disability form if a referral source is in need of a resource for a template form.
 - Should an alternate medical statement certification of disability form be necessary due to the preference of the client's licensed medical physician, the form should contain all of the following:
 - Client's name, social security number, and address
 - Client's signature and date indicating the client's authorization to release medical information
 - Text explaining that the client is applying for a permanent housing program for individuals who have a disability, and that the program must verify the disability as defined by HUD to determine client's eligibility
 - HUD regulations' current definition of disability, see 24 CFR 578.3
 - The licensed medical physician's certification of disability based on the HUD regulations current definition of disability
 - Client's specific disability
 - Licensed medical physician's signature, date, printed name, business telephone number, and address
- The CoC advises all referral sources documenting chronic homelessness obtain written disability documentation statements for clients without Benefit Verification Letters from the Social Security Administration from licensed medical physicians that contain **all** of the following:
 - Date written
 - Length of time the licensed medical physician has been treating the client
 - Address and contact information for the licensed medical physician
 - Signature, printed name, and credentials of licensed medical physician
 - Identification of the physical, mental or emotional impairment

- Explanation of why the disability is expected to be of long-continued or indefinite duration (Notice CPD-14-012, (I)(D)(3) 2014)
- Description of how the disability impedes the client’s ability to live independently (Notice CPD-14-012, (I)(D)(3) 2014) and
- Explanation of how the client’s ability to live independently could be improved by living in more suitable housing conditions (Notice CPD-14-012, (I)(D)(3) 2014)
- Medical Statements and Certifications of Disability documentation must be completed by client’s current medical provider.
- Client’s diagnosis can never be documented via self-report.
- Medical statements/certifications of disability may be completed by any of the following providers: Licensed Clinical Social Worker, Nurse Practitioner, Licensed Medical Physician, Psychiatrist, Psychologist, Advanced Practice Nurse Prescriber, Physician Assistant, or Licensed Professional Counselor.
- Evidence of disability through intake staff-recorded observation of disability is acceptable if no later than 45 days from the application for assistance, is confirmed and accompanied by evidence per HEARTH: Defining “Chronically Homeless, page 75805, (B) Evidence of a disability, of the Federal Register (2015). After 45 days from the application for assistance, a third-party medical statement is required as evidence of disability.

Milwaukee CoC Technical Assistance

- CoC member agencies are asked to direct new supportive services staff to the HUD Exchange for comprehensive reference materials and background information on HUD’s categorization of homeless definitions. Additional reference materials can be found on page 11 of this procedure.
- Milwaukee CoC leadership will provide reoccurring technical assistance trainings regarding Chronic Homelessness documentation to CoC member agency staff. Trainings will be offered throughout the year regarding chronic homelessness verification, but the CoC training schedule may not necessarily keep pace with agency staff turnover. Milwaukee CoC asks that agencies work to orient all staff responsible for determining a client’s chronic homelessness shortly after hire.
- An additional recorded webinar training resource for determining Chronic Homelessness will be offered through the Institute for Community Alliances for providers to access.

Accountability

- The Lead Agency assumes responsibility of monitoring trends of referral denial, both in determining if CoC member agencies have a good understanding of HUD’s classification

of homeless definitions and ensuring that housing program providers are low-barrier (Housing First) (Notice: CPD-16-11, (I)(D)(1) 2016).

- Should there be ongoing difficulty in a referral source determining chronic homelessness, then the Lead Agency will mandate the referral source's participation in training and technical assistance opportunities. This training should resolve misunderstanding about determining chronic homelessness. Agencies are scored in performance measurements on length of time homeless, and obtaining chronic homeless determination efficiently is necessary for best performance in this measure.
- Should there be ongoing pattern of disagreements with a permanent housing provider on referral quality due to the permanent housing provider's interpretation of the applicant's status as chronically homeless, then a subgroup Quality Assurance committee within the Coordinated Entry Leadership committee reserves the right to request reviews of denied applications. The Quality Assurance committee will convene on an ad hoc basis to review the application, with client identifying information obscured. This subgroup Quality Assurance Committee will bring their determination of the applicant's chronically homeless status to the Coordinated Entry Leadership committee. Coordinated Entry Leadership will vote on the chronically homeless status of the denied application, and serve as the body to ensure that programs are operating admissions with low housing barriers. If the agency providing the program does not accept the recommendation of the Coordinated Entry Leadership committee, a follow-up appeal can be made to the CoC Board of Directors. The appeal will serve as the final determination of client acceptance or denial into a permanent housing program.
- Provider utilization rates and adherence to Housing First philosophy are compared throughout the CoC, and considered in Lead Agency determination of funding distribution.

Policy and Procedure Review

This policy and procedure will be reviewed within stakeholder bodies including but not limited to the Community Development Grants Administration (CDGA) through the City of Milwaukee, the Chronic Homeless Initiative subgroup, the Coordinated Entry Leadership committee, and the local HUD field office. The policy will be reviewed no less than annually and voted into validity by the CoC Board of Directors. Changes in HUD policies and procedures for documenting chronic homelessness will prompt review of the policy.

Milwaukee CoC Cultural Values Disclaimer

Milwaukee CoC is the only consortium in Milwaukee County responsible for organizing people and resources to end homelessness in Milwaukee County. Milwaukee CoC upholds a value of prioritizing those most in need of housing assistance for CoC housing resources,

because this is the most humane way to organize finite CoC resources. With the limitations of supportive housing resources in mind, Milwaukee CoC leadership emphasizes that providers accepting a permanent housing referral make a significant commitment to the client served through long-term engagement efforts. Milwaukee CoC planning efforts and resources towards professional skill development for CoC member agency staff contribute to best outcomes in homeless service programs and permanent housing placement. Collaboration among CoC members is integral for ending chronic homelessness in Milwaukee County.

References for Determining Chronic Homelessness

Department of Housing and Urban Development, *24 CFR Parts 91 and 578. Homeless Emergency Assistance Rapid Transition to Housing: Defining “Chronically Homeless”*
<https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf>

Department of Housing and Urban Development, *Defining “Chronically Homeless” Final Rule Webinar*.
<https://www.hudexchange.info/trainings/courses/defining-chronically-homeless-final-rule-webinar/>

Department of Housing and Urban Development, *Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing*.
<https://www.hudexchange.info/resource/5108/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh/>

Department of Housing and Urban Development, *Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status*.
<https://www.hudexchange.info/resource/3897/notice-cpd-14-012-prioritizing-persons-experiencing-chronic-homelessness-in-psh-and-recordkeeping-requirements/>

Department of Housing and Urban Development, CoC FAQs: Program Requirements > Definition of Chronic Homelessness.
<https://www.hudexchange.info/homelessness-assistance/resources-for-chronic-homelessness/>

Department of Housing and Urban Development, 2014 HMIS Data Standards Data Manual.
<https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf>