

**PUBLIC HEALTH
& HUMAN SERVICES**
ST. LOUIS COUNTY, MN

Housing Support Program
Board and Lodge Program
Provider Manual

Last Revised: 1/21/2020

Issued: 3/24/2020; Effective: 7/1/2020

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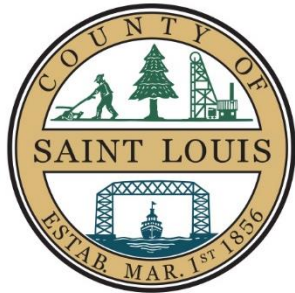
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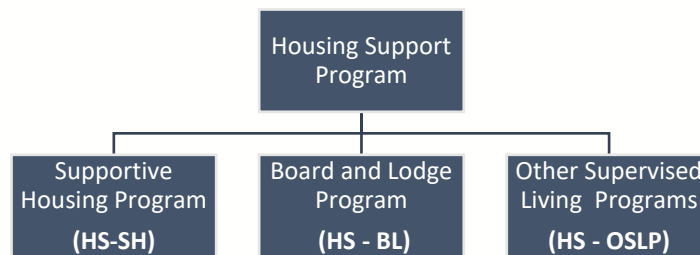
PUBLIC HEALTH & HUMAN SERVICES

ST. LOUIS COUNTY, MN

SECTION I: **INTRODUCTION**

INTRODUCTION

Thank you for expressing interest in the St. Louis County Public Health and Human Services (PHHS) Housing Support Program (HSP). Authority for the HSP is provided through Minnesota Statutes, Chapter 256I. While Housing Support dollars may be accessed through a variety of living settings, the PHHS HSP currently provides guidance and standards on the following programs: the **Housing Support Supportive Housing (HS-SH) Program, Housing Support Board and Lodge Program (HS-BL) and Other Supervised Living Programs (HS-OSLP)**. The figure below provides a visual for how the PHHS HSP is structured:



This manual is specific to the HS-BL Program and provides much of the information providers will need to know in order to develop an approved HS-BL program. It should be kept as a resource whenever there is a policy or program clarification needed.

St. Louis County's Board and Lodge Program

St. Louis County's Board and Lodge (HS-BL) Program's mission is to provide safe, healthy, person-centered group living environments which promote Housing Support recipients' quality of life and dignity. Some HS-BL providers offer specialized settings based on indicators such as sobriety or gender identification. As of November 2019, PHHS' HSP hosts over 800 HS-BL beds across 27 facilities in St. Louis County. Starting January 1, 2019, PHHS seeks to develop smaller, less institutional HS-BL facilities which are more easily integrated into area communities.

Housing Support - *Defined*

Housing Support, formerly known as group residential housing (GRH), is a state-funded income supplement for housing (room and board) and housing supports (supplemental services) for eligible seniors or adults with disabling conditions. In order to prevent and/or reduce homelessness or institutionalization, this funding provides financial support for rent, utilities, household needs, food, and/or services for eligible individuals.

There are two rates of payment for Housing Support:

- **Rate 1:** Room and Board
- **Rate 2:** Supplemental Services Rate (SSR) (see *Section IV – Safe and Healthy Housing and Minimum Supplemental Services Rate Standards*)

These rates are annually adjusted based on the Federal Benefit Rate (FBR) of the Supplemental Social Security Income (SSI) program and the SNAP guidelines for an individual. Rates may also be negotiated by PHHS. Note that providers seeking to open a HS-BL program must request “banked beds” from PHHS to receive the supplemental service rate. All “banked beds” are owned and distributed by St. Louis County. “Banked beds” cannot be sold or transferred and must be returned to St. Louis County upon a facility’s sale or closure. There is limited capacity to offer authorized supplemental service capacity beds to new providers. Providers are encouraged to seek legislative authorization for an enhanced supplemental service rate, if desired.

Counties are responsible for ensuring a Housing Support Agreement is in place with an authorized provider. In St. Louis County, the PHHS Behavioral Health Division (PHHS BH) is responsible for evaluating and approving all HS-BL Housing Support Agreements.

If approved for a Housing Support Agreement, payment is disbursed to the provider by the Minnesota Department of Human Services (through PHHS’ Economic Services and Supports Division) to the owner/manager of the housing unit on behalf of the eligible person. The provider is the entity that receives the payment from the State for room/board and SSR costs. Before the funds may be used, the participant, housing unit, and service provider must meet statutory eligibility requirements (see *Section IV – Individual Eligibility and Provider Requirements*).

Management of the HS-BL Program

St. Louis County’s HS-BL Program receives advice and support from the HSP Advisory Committee, which is comprised of service providers, housing navigators, regional coordinated entry coordinators, officials from St. Louis County, and individuals served through the program. The HSP Advisory Committee reviews policies and procedures, proposals from potential providers, and concerns/issues identified within the community directly impacting the HSP.

Additionally, the Minnesota Department of Human Services (DHS) authorizes counties to develop quality control programs in an effort to manage and review providers under Housing Support Agreements. As such, St. Louis County developed a quality control program/compliance monitoring program to review provider performance. In an effort to communicate requirements consistently and transparently, this HS-BL Program Provider

Manual [hereinafter, “Manual”] outlines both state requirements and county expectations for Housing Support providers. The policies and procedures outlined within this Manual may be referenced at any time by providers to ensure that people are served in quality, integrated housing settings with safe, person-centered supplemental services.

Note that Housing with Services – Assisted Living Establishments which receive authorized supplemental service rate capacity (i.e., Rate 2 banked beds) from St. Louis County Public Health and Human Services must abide by the terms of this Manual. Banked beds at such facilities are considered “board and lodge beds” by PHHS.

Please note that this Manual is not legal advice and should not be construed as such. Providers are strongly encouraged to seek legal counsel and/or accounting services when preparing a business proposal and offering Housing Support services. Additionally, this Manual is updated annually and as needed, therefore any changes to Minnesota statute supersede that which is referenced herein.

Technical Assistance Available

Becoming a new provider, or understanding programmatic requirements through the HSP can be confusing and difficult. PHHS’ HSP is committed to assisting providers through this process. While this Manual should provide many answers to your questions, PHHS’ HSP staff are available to provide technical assistance upon request. Providers interested in pursuing supplemental services should reach out to [Minnesota Health Care Provider Enrollment](#). Providers are also encouraged to visit the [Housing Support section of the DHS website](#) and the Minnesota Revisor website for [Housing Support](#) for more information. This Manual can also be accessed via [St. Louis County’s Housing Support website](#).

HOUSING SUPPORT PROGRAM CONTACTS

Name	Title	Contact Information
Laura Birnbaum	Housing and Homeless Programs Unit Supervisor	birnbaum1@stlouiscountymn.gov
Jensina Rosen	Homeless & Housing Program Specialist (HHPS)	rosenj@stlouiscountymn.gov

ADDITIONAL HELPFUL CONTACTS

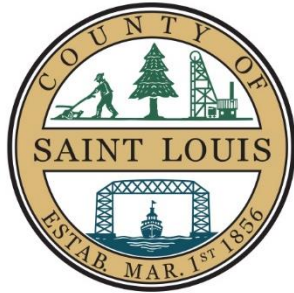
Name	Title	Contact Information
Eric Blomstrom	Contract Services Representative (CSR)	blomstrome@stlouiscountymn.gov
Ida & Natalie L.	Southern SLC Triage Social Worker and Triage Financial Worker	PHHS-TriageTeam@stlouiscountymn.gov
Laura & Natalie S.	Northern SLC Triage Social Worker and Triage Financial Worker	cca-vir@stlouiscountymn.gov
FNW Team	Facility Non-Waiver (FNW) Team Facility Number: 218-733-2727 Client Number: 217-733-2771	PHHS-PA-FNW@stlouiscountymn.gov
EBT Card Services	To request a new EBT card	888-997-2227

COUNTY OFFICES AND CONTACT INFORMATION

Site	Location	Phone/Fax
Duluth	Government Services Center 320 W. Second Street	P: 218-726-2222 F: 218-726-2163
Virginia	Government Services Center 201 South 3 rd Ave. West	P: 218-471-7137 F: 218-749-7194
Hibbing	Courthouse Annex 1814 14 th Avenue E	P: 218-262-6000 F: 218-262-6049
Ely	St. Louis County Service Center 320 Miners Drive E	P: 218-365-8220 F: 218-365-8217
Toll Free: 1-800-450-9777		

TENANT ADVOCACY RESOURCES AND CONTACT INFORMATION

Agency	Location	Phone/Fax
Legal Aid Duluth	302 Ordean Building, 424 W. Superior Street	P: 855-204-1697
Legal Aid Virginia	Olcott Plaza, Suite 200	P: 800-886-3270
Volunteer Attorney Program	314 W. Superior Street, Suite 1000, Duluth (Intake open 9 a.m. – 12 p.m., Monday – Friday)	P: 888-529-2431
St. Louis County Law Libraries	Duluth: 100 N. 5th Ave. W #15 Virginia: 300 S. 5th Ave Hibbing: 1810 12th Ave E	Email: lawlibrary@stlouiscountymn.gov



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SECTION II:
STANDARDS OF CONDUCT AND PROGRAM PRIORITIES

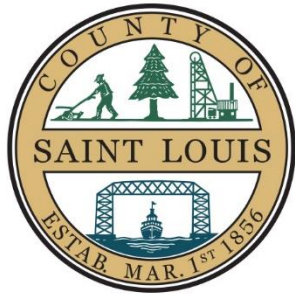
STANDARDS OF CONDUCT STATEMENT

It is the expectation of all providers participating in the PHHS HSP to operate programs and facilities in a manner which reflect the priorities outlined below and with the highest ethical and professional standards of conduct and performance. Providers are required to avoid any actual and/or perceived conflicts of interest through the execution of their Housing Support Agreement with the Minnesota Department of Human Services and PHHS. Providers are required to responsibly manage, and report the usage of, Housing Support dollars. The policies and procedures established within this manual ensure alignment with PHHS' expectations for professional conduct and performance.

PROGRAM PRIORITIES

PHHS established the following priorities as a guide when evaluating applications for a new Housing Support Agreement, as well as renewals:

- Individuals live as independently and autonomously as possible in settings that maintain their dignity and quality of life.
- Individuals will choose where and with whom they live in the most integrated setting appropriate to their needs.
- Individuals receiving Housing Support reside in integrated settings throughout St. Louis County.
- Individuals must have the right to choose their own service provider.
- Individuals with barriers to housing (ex. no rental history, bad credit, unlawful detainers/evictions, active substance use) have access to housing funded by Housing Support.
- Individuals living in Housing Support settings are provided access to resources and services outside of those paid for by Housing Support (ex. Housing Stabilization Services, Medicaid Waivered Services, county purchase of service funds, private donation etc.).



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SECTION III:
PROVIDER APPLICATION AND RENEWAL PROCESSES

NEW PROVIDER APPLICATION PROCESS

The provider application process consists of four phases, each with a variety of steps: (1) Pre-Proposal, (2) Proposal & Review, (3) Housing Support Agreement Application, and (4) Housing & Referrals. A New Provider Checklist is included in Appendix A to help with keeping on track through the application process. Please note the following prior to submitting a new application:

- Potential providers are required to submit a Housing Support Proposal for new facilities and expansion to additional facilities. **Once approved for one facility, no new developments or expansions are considered for six months, or no more than two expansions within twelve months** (see *Section IV- Housing Site Expansions*).
- Submitting a Housing Support Proposal and/or application does not guarantee approval for a Housing Support Agreement with St. Louis County.
- No payments are issued until there is a housing unit secured and Housing Support Agreement signed. Policy and physical site expectations must also be satisfied.
- St. Louis County strongly encourages providers to submit proposals which are smaller in nature (less than twenty people per building) to limit the institutional feel of a setting.
- Once a Housing Support Agreement is executed, moving individuals into housing can be a lengthy process. Providers serving in a dual capacity role of both landlord and service provider should have a sustainability plan (see below) in place for when the facility is not fully occupied.

PHASE 1: PRE-PROPOSAL

All providers interested in pursuing the possibility of a Housing Support Agreement with St. Louis County:

1. Contact the Homeless and Housing Program Specialist (HHPS), to express interest in the program. The HHPS provides information about the HS-BL Program and answers initial questions from prospective providers. Applicants are encouraged to review and become familiar with the entire Provider Manual prior to preparing a proposal to ensure their proposed facility/program design complies with requirements.
2. Notify the HHPS of their intent to move forward in the application process.
 - The HHPS provides ongoing support and technical assistance to prospective providers through the application process related to programmatic and policy issues.

PHASE 2: PROPOSAL & REVIEW

1. Submit a program proposal (five page maximum) for the PHHS HSP's consideration to the HHPS. At a minimum, proposals should include:
 - The proposed business model related to facility and services;
 - A description of the proposed location of services and licensure(s) required;

- A description of the target population and number of people you propose to serve;
 - Your motivation for serving this population, including how you determined the need for the population you seek to serve;
 - Describe your knowledge related to the target population you seek to serve, including any experience providing support or services to people with disabling conditions, who are low income, or homeless;
 - An explanation of how you intend to fulfill all requirements for HS-BL Rate 1 services;
 - Any request for Rate 2 or “authorized supplemental service rate capacity” banked beds and a description of the services to be provided if authorized;
 - How you propose to integrate Person-Centered, Housing First, Harm Reduction, and Trauma-Informed Care models into your program in order to serve individuals with high barriers and high needs (you may need to research these models prior to submitting the proposal);
 - A description of how minimum standards set forth in the Board and Lodge Program Provider Manual will be addressed;
 - A sustainability plan addressing how providers will remain financially stable during periods of time when the facility is not fully occupied;
 - A description of the process to be followed upon an individual’s violation of program rules;
 - Information about your and/or other staff members’ background and qualifications to provide these services, as well as a list of all business partners (silent or otherwise); and
 - Anything else you think would be helpful for reviewers to know when considering your proposal.
2. If seeking supplemental service rate capacity (Rate 2), contact Minnesota Health Care Programs (MHCP) Provider Enrollment (see below) to learn more information about application and billing requirements.
 3. Once the proposal is submitted to the HHPS, the following levels of review occur:
 - The PHHS HSP conducts an initial review of the proposal.
 - Potential providers not passing an “at face value” review of the proposal receive feedback regarding the proposal from the HHPS.
 - Proposals passing an “at face value” review from the HSP are forwarded to the HSP Advisory Committee, and possible regional stakeholders, for review and to determine if the proposal meets a community need.
 - Potential proposals not passing HSP Advisory Committee review are notified by the HHPS.

- Proposals supported by the HSP and HSP Advisory Committee are forwarded to PHHS Behavioral Health Division Leadership for final approval.
 - Potential proposals not passing PHHS Behavioral Health Division Leadership review are notified by the HHPS.
- 4. Potential providers whose proposals are supported at all levels of review are contacted by the HHPS to coordinate a PHHS/provider meeting to discuss details of the proposal and discuss the referral process.
 - The HHPS introduces potential providers to the Contract Services Representative (CSR) for assistance with the contracting process.
 - Providers are encouraged to send any/all proposed forms not included in the submitted proposal to the HHPS at least one week ahead of the meeting. The HHPS ensures all invited receive an electronic copy of the approval proposal and all attachments.
 - The following representatives from PHHS attend: the HHPS, the CSR, regional triage team (social worker and financial worker), and supervisors (as identified). Providers are encouraged to bring business partners and staff to this meeting as well, though this is not required.
 - Once a proposal has been submitted, potential providers must remain in contact with the HHPS at least once every 30 days. Where this is not possible, a request for extension may be submitted in writing to the HHPS. If a provider fails to remain in communication every 30 days, a new proposal must be resubmitted.
- 5. Providers are notified of any concerns or areas for further clarification by the HHPS following the provider meeting. All revisions are required to be addressed during the Application Phase. One or both parties (PHHS and/or the provider) may decide at the end of the provider meeting to no longer pursue a Housing Support Agreement.

PHASE 3: HOUSING SUPPORT AGREEMENT APPLICATION

If PHHS and the potential provider agree to move forward, the Housing Support Agreement Application must be completed to start the contracting process. Providers must:

1. Obtain appropriate insurance;
 - Ensure sufficient Liability and Workers Compensation Insurance is in place meeting the levels indicated in the St. Louis County Insurance Policy (*Appendix C*). Documentation proving Workers' Compensation Insurance coverage is required if the provider employs staff to assist in the provision of services.

2. Contact the Minnesota Department of Health [MDH] to obtain proper licensing. If the proposed HS-BL program offers services, a Special Services Registration is required along with the Board and Lodge license;
3. Complete two, required online trainings through DHS: Housing Support Orientation and Vulnerable Adult Mandated Reporting.
 - Providers must attach certificates of completion/email certifying attendance for both trainings.
4. Complete background checks through [NetStudy 2.0](#) on all providers, staff, volunteers, or anyone who has direct or unsupervised contact with Housing Support recipients and/or as defined in the Housing Support Agreement.
 - Receipts indicating submission of background check requests must be included with the Housing Support Agreement Application.
 - Clearance notices are required prior to approval of a HS-BL Program.
5. Submit completed Housing Support Agreement Application document with required documents (see table on next page) to CSR and HHPS;
 - Both the CSR and HHPS ensure all required documents are completed accurately and completely.
6. Upon approval from the HSP and CSR, sign Housing Support Agreement and Insurance/Indemnity Agreement which includes a Provider Manual Compliance statement.

Required Documents for Housing Support Agreement	
Submit to HHPS	Completed with CSR
Completed Housing Support Agreement Application	Housing Support Agreement
MDH Licensure and Registration (or licensure from other oversight agencies, i.e., DHS)	Insurance/Indemnity Agreement, which includes Housing Support Provider Manual Compliance Statement
Certificates of Completion/Attendance for DHS Trainings (2)	INTENTIONALLY LEFT BLANK
Staff qualifications (if identified already)	
NetStudy 2.0 notice of background check submission for all staff/volunteers with direct or unsupervised contact and/or access to private data on file	

Evidence of Workers' Compensation Coverage (if applicable)	
Insurance Certificate	
Liability Insurance Certificate	
Required Documents for Each New Site	
Required for HS-BL Program	Completed with CSR
Site Visit Form	Vendor Profile Form
MDH Licensure and Registration	Revised Housing Support Agreement
Copy of house/facility rules/residency restrictions that may result in eviction	INTENTIONALLY LEFT BLANK
NetStudy 2.0 background check clearance notices of all relevant facility staff/volunteers	
Copy of submitted St. Louis County Premise Form	
Operational Permits (as applicable)	
Other documentation as requested	

PHASE 4: HOUSING & REFERRALS

Once all agreements are signed, the provider must be set up in the applicable payment systems including Provider Enrollment for Supplemental Service Rate payments, before advertising openings and accepting referrals. Providers must:

1. Locate housing which matches the services/population to be served as noted in the approved proposal;
 - **PHHS HSP conducts a Site Visit (*Appendix B*) for HS-BL settings prior to setting up new sites in payment systems.**
2. If Rate 2 is authorized, contact [MN DHS Provider Enrollment](#) to become an Enrolled Provider. This needs to be in place in order to receive Housing Support Supplemental Services payments (SSR);
 - As of July 1, 2016, all SSR service providers are required to enroll with Minnesota Health Care Programs (MHCP). Enrollment is required so MHCP can issue providers a MN-ITS account so providers can bill for supplemental services.
 - MHCP provides a Billing Lab for Housing Support supplemental service providers. We encourage these providers to attend a billing lab to learn:
 - How to navigate through the information on the website;
 - Who and where to call if there are questions;
 - The resources available to providers if they need assistance;

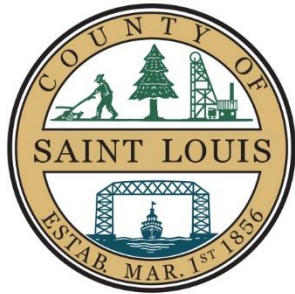
- To understand and use all features of the MN–ITS account including:
 - Receiving authorization letters;
 - Receiving notifications and communications;
 - Submitting claims; and
 - Receiving a remittance advice
 - To understand and read the claim numbers and remittance advice
- The information about the in-person lab or webinar sessions are available on the [MHCP Enrolled Provider Training](#) page. Register for the Billing Lab for Housing Support Supplemental Service providers.
- If you have any questions about your enrollment application or need assistance registering for a Billing Lab, please contact the Provider Call Center at 651-431-2700 or 800-366-5411.
3. Submit the St. Louis County Premise Form (*Appendix D*) to the recipients identified on the form, and provide a copy of the submitted document to the HS-BL Program. This notifies law enforcement officials of the nature of your facility.
 4. Submit the proposed house/facility rules/residency restrictions that may result in eviction which will be used and submit those to HHPS.
 5. Complete the Residential Informational forms and submit to HHPS or CSR (included in Application).
 6. Upon approval from HS-BL Program and CSR, a Vendor Profile Form is completed by the CSR and the provider set up in applicable Housing Support payment systems.

The HHPS conducts site visits and file audits regularly to ensure compliance with HS-BL Program standards and policies. The HHPS coordinates and/or forwards information regarding trainings to ensure providers to ensure receipt of tools needed to best serve participants. If providers do not comply with the Housing Support Agreement, including the quality control standards established through this Provider Manual, PHHS can terminate the contract upon two calendar months' written notice.

CURRENT PROVIDER RENEWAL PROCESS

Housing Support Agreements are renewed annually on or before July 1 when rate changes may occur. PHHS contacts current providers in the spring with renewal requirements and specifies a deadline for receipt of all renewal documents. The HHPS verifies that the Housing Support provider is still in compliance with the terms of the Housing Support Agreement prior to an updated agreement being sent through an application submission and review process. Compliance measures imposed during the current contract cycle may impact PHHS' decision to award a new contract. At the time of renewal:

- Submit a new Housing Support Agreement Application for the upcoming contract year with all required attachments to the HHPS;
- Address any ongoing concerns or areas of non-compliance, as well as report on progress made on program improvement plans or corrective orders imposed during the current contract year.



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SECTION IV:
POLICIES AND PROCEDURES

POLICY DEVELOPMENT AND REVIEW

Purpose: St. Louis County Public Health and Human Services' (PHHS) Housing Support Program (HSP) provides a transparent policy development and review process for people participating in the HS-BL Program, providers, and community partners.

Authority: [Minnesota Statute, Chapter 256I](#)

Housing Support Agreement

Definitions:

Advisory Committee – a committee comprised of HSP stakeholders, including PHHS HSP staff, coordinated entry system (CES) coordinators, service providers, and individuals served by the HSP who provide advice on HSP-related issues and policies.

Provider – an entity that receives the Housing Support payment and is responsible for collecting the participants' obligation toward their Housing Support amount when applicable and making sure the Housing Support funding is paid toward its intended purposes (i.e., rent, utilities, and services). The provider is also the entity that provides supplemental services, if applicable.

State fiscal year – the time period starting July 1 and ending June 30 the following year.

Procedures:

1. The PHHS HSP may add, delete, and amend policies at any time.
2. Suggestions for policy revision may be submitted to the Homeless and Housing Program Specialist (HHPS) at any time.
3. Annual revisions of the HS-BL Program are initiated by the HHPS during the third quarter of the state fiscal year.
 - A) Identified concerns, areas of clarification, and policy recommendations are presented by the HHPS to the Advisory Committee.
 - B) The Advisory Committee offers feedback to the HHPS. The HHPS must consider all feedback provided regarding the management of the HSP.
 - C) All policies and procedures receive final approval from the St. Louis County Attorney's Office and PHHS' Behavioral Health Division leadership.
4. Any new or amended policies are issued during the fourth quarter of the state fiscal year (April – June) and effective on the first day of the next state fiscal year (July 1).
 - A) The HHPS coordinates a meeting with service providers to ensure awareness of, and compliance with, new policies and procedures.

- B) Current service providers preparing renewal applications for the next state fiscal year are required to ensure applications, supporting documentation, and Housing Support services reflect any policy and procedure changes.
- C) PHHS HSP provides technical assistance to current and potential providers regarding policies and procedures.

INDIVIDUAL ELIGIBILITY AND PARTICIPATION

Purpose: St. Louis County Public Health and Human Services' (PHHS) Housing Support Program (HSP) outlines individual eligibility criteria for the Board and Lodge Program (HS-BL), as well as program participation requirements to access Housing Support funds.

Authority: [Minnesota Statute, Chapter 256I](#)

Housing Support Agreement

Definitions:

Provider – an entity that receives the Housing Support payment and is responsible for collecting the participants' obligation toward their Housing Support amount when applicable and making sure the Housing Support funding is paid toward its intended purposes (i.e., rent, utilities, and services). The provider is also the entity that provides supplemental services, if applicable.

Procedures:

1. Individuals interested in the HS-BL Program must meet financial assistance eligibility requirements to participate in the HS-BL Program.
 - A) General individual eligibility for Housing Support is determined by PHHS Economic Services & Supports (ESS) and is based on income, assets, and disability. Eligible individuals must:
 - 1) be an adult age 65 or older, or an adult age 18 or older with a certified disability or disabling condition that prevents work to the level of self-support.
 - 2) meet a basis of eligibility for either General Assistance (GA) or Social Security Insurance (SSI).
 - 3) countable income must be less than maximum benefit.
 - 4) countable assets must be within the asset limit.
 - 5) complete a Combined Application Form (CAF) for a cash program.
 - 6) meet residency requirements to receive financial benefits.
 - B) For the HS-BL Program, additional eligibility requirements includes evidence of a disability or disabling condition as established in a [Professional Statement of Need Form \(DHS-7122\)](#) or [Request for Medical Opinion \(DHS-2114\)](#).
 - 1) A qualified professional or county designee completes the [Professional Statement of Need \(PSN\) Form](#) to authorize payments for Housing Support supplemental services, and establish an existing disabling

condition for a GA/Housing Support basis of eligibility. **PSNs are required for Supplemental Service Rate authorization.**

2. Individuals cannot be required by the housing provider to pass a criminal background check.
3. For individuals receiving supplemental services, compliance with the services offered is not required for obtaining or maintaining housing offered through the HS-BL Program.

PROVIDER REQUIREMENTS

Purpose: St. Louis County Public Health and Human Services' (PHHS) Housing Support – Board and Lodge Program (HS-BL), utilizes “Housing First” and “Harm Reduction” philosophies when determining an individual’s eligibility and program participation requirements to access Housing Support funds. The HS-BL provides expectations for providers to ensure quality programming which complies with state statute, county expectations, and avoids conflicts of interest.

Authority: [Minnesota Statute, Chapter 256I](#)

[Minnesota Statute, Section 245A.02](#)

[Minnesota Statute, Section 245C](#)

Housing Support Agreement

Definitions:

Conflict of interest – any situation which causes an individual or organization to experience a real or perceived struggle between diverging interests, points of view, or allegiances, or a situation in which a person is in a position of derive personal benefit from actions or decisions made in their official capacity.

Direct contact – providing face-to-face care, training, supervision, counseling, consultation, or medication assistance with individuals, or who have unsupervised access to individuals, their personal property, or their private data.

Dual relationship – a relationship where the professional (including but not limited to: manager, staff member, or volunteer) assumes a second role with a client, such as a friend, employer, business associate, or sexual partner.

Harm Reduction – a set of practical strategies and ideas aimed at reducing negative consequences associated with alcohol or drug use, such as safer use. Harm reduction strategies are individualized, designed to meet people where they are at, and work to minimize – not eliminate – the harmful effects of substance use on the individual and community in which they live.

Housing First – Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to requiring the individual to complete treatment goals as a condition of housing entry.

Provider - an entity that receives the Housing Support payment and is responsible for collecting the participants’ obligation toward their Housing Support amount when applicable and making

sure the Housing Support funding is paid toward its intended purposes (i.e., rent, utilities, and services). The provider is also the entity that provides supplemental services, if applicable.

Procedures:

1. Providers must meet the following minimum staffing qualifications:
 - A) All staff who have direct contact with individuals in the HS-BL Program and do not also operate under another license, must meet or exceed the following staff qualification requirements, and provide documentation to St. Louis County, when requested:
 - 1) Have skills and knowledge acquired through at least one of the following:
 - a. A course of study in a health or human services-related field leading to a bachelor of arts, bachelor of science, or associate's degree; **or**
 - b. One year experience with the target population served (can include being a member of the target population served); **or**
 - c. Experience as a Minnesota Department of Human Services certified peer specialist according to Minnesota Statutes section 256B.0615; **or**
 - d. Meets requirements of unlicensed personnel under Minnesota Statutes sections 144A.43 to 144A.483
 - 2) Hold a current driver's license appropriate to the vehicle used if transporting recipients of Housing Support.
 - 3) Completion of vulnerable adult mandated reporter training as offered by DHS (required before requesting referrals).
 - 4) Completion of Housing Support Orientation training when offered by DHS (required before requesting referrals).
 - B) Background studies are required for all service owners, controlling and managerial officials, and employees and volunteers who have direct or unsupervised contact with individuals and/or handle an individual's private data (see Minn. Stat. 245A.02 for definitions).
 - C) When Housing Support staff operate under a license issued by the Minnesota Department of Health or the Minnesota Department of Human Services, the minimum staff qualification requirements shall be the qualifications listed under the related licensing standards.

2. St. Louis County requires additional provider eligibility standards above the minimum qualifications set forth in statute, including but not limited to:
 - A) providing proof to the HS-BL Program that the room/board setting complies with any/all city, township, or municipality operational permitting and/or zoning requirements prior to receiving referrals.
 - B) the provider must have demonstrated knowledge of homelessness and housing issues and experiencing providing services to people with disabling conditions.
 - C) all staff members must pass a drug test as requested during employment.
 - D) completion of training, when offered, in the following content areas (may be achieved after contract executed):
 - 1) Required During First Housing Support Agreement (and for new staff):
 - a. Vulnerable Adult/Mandated Reporter Training (all staff);
 - b. Housing Support Orientation (all staff);
 - c. Data privacy (all staff);
 - d. Person-centered thinking (direct care);
 - e. Trauma-informed care (direct care);
 - f. De-escalation and/or crisis intervention (direct care);
 - g. mental health and/or substance use disorders (direct care); and
 - h. Other training topics as identified by PHHS, the Department of Human Services, or requested by providers.
 - 2) Required During Subsequent Housing Support Agreements (and for veteran staff):
 - a. Vulnerable Adult/Mandated Reporter Training (all staff)
 - b. Data Privacy (all staff)
 - c. Six hours of continuing education or training in at least two different content areas related to the provision of HS-SH services each contract year (direct care).
 - E) commitment to excellence as demonstrated by willingness to actively participate in PHHS HSP's quality control program.
3. Providers receiving funds from the HS-BL Program must:
 - A) maintain all licenses/operational permits through the appropriate licensing authorities. Licenses or registrations must be current and in good standing at all times. If a provider has licensures issued through state boards for behavioral health services, the provider must be in good standing with the respective licensing board;

- B) pass an initial Site Visit (*Appendix B*) and ensure clean, safe, dignified, and healthy housing units (see *Section IV – Safe and Healthy Housing*);
- C) provide PHHS HSP staff with copies of all Minnesota Department of Health (MDH) inspections which result in citations within 14 days of receipt;
- D) ensure all paperwork required to be completed by the provider is done accurately and completely, while also avoiding an actual or perceived conflict of interest, including but not limited to the following prohibitions for providers serving in a dual role as a landlord/property manager:
 - 1) Cannot complete PSN determinations as to an individual’s disabling condition; and
 - 2) Cannot serve as an authorized representative for an individual’s financial assistance case if the person supported is capable of managing their financial assistance case.
- E) provide to St. Louis County the most updated list of house/facility rules and/or residency requirements that include violations which could result in eviction or a notice to vacate;
- F) maintain a signed program participation agreement between the individual participating in the HS-BL Program which outlines the responsibilities of the person served and the responsibilities of the property manager, as well as residence requirements as described in Procedure 3.E;
- G) post the approved complaint resolution process in an area easily accessible to individuals participating in the HS-BL Program, and/or provide the complaint resolution process to the individual;
- H) participate in any/all complaint resolution with the HS-BL Program;
- I) providers must be available to address emergency issues on a twenty-four hour basis and are responsible for ensuring their contact information is posted in a shared location.
- J) maintain case notes related to supplemental service delivery (see *Section IV – Minimum Supplemental Service Rate Standards*);
- K) create and retain accurate, current, and complete program documentation. All documentation needs to be kept on file in a manner of the provider’s choosing and made available for St. Louis County staff review upon request;

- L) provide individuals with a list of their rights regarding their program participation and data privacy. This list must also be posted in a central location at all times (*Appendix G*);
- M) inform the Homeless and Housing Program Specialist (HHPs) of any adverse events involving HS-BL recipients, including recipient death or serious injury, within twenty-four hours of being notified of the event (may be via phone or e-mail). Overdoses must be reported as a serious injury;
- N) report recipient move in, move out, and absence days as requested by St. Louis County, as well as provide a discharge notice to PHHS Economic Services & Supports Division within 72 hours of the individual vacating the premises;
- O) if an overpayment is identified by the provider or St. Louis County, the overpayment must be paid back as requested by St. Louis County;
- P) immediately refer individuals to another HS-BL setting for continuity of care (or to the Coordinated Entry System [CES] to schedule a VI-SPDAT if no beds are available), and assist with transition planning (as requested by the individual) should the provider's Housing Support Agreement be terminated;
- Q) comply with all provisions outlined in the Housing Support Agreement;
- R) comply with all policies, procedures, interim compliance announcements, as well as service and documentation standards as set forth within the HS-BL Program Provider Manual (see *Appendix C*). If a provider's noncompliance results in suspended Housing Support payments, providers must hold Housing Support recipients harmless;
- S) notify the Contract Services Representative and HHPs when indefinitely closing housing site or facility;
- T) approach individual participation from a person-centered, Harm Reduction, and Housing First perspective.
 - 1) Criminal background checks cannot be required for entrance into housing and/or the HS-BL program.
 - 2) Providers must develop HS-BL programs which are person-centered and with consideration given to PHHS' Priorities for HSPs (*Section II*).
 - 3) Providers are prohibited from asking an individual in their care to assume a paid or unpaid property or program management or direct contact service role (includes bartering the individual's time/work/effort for anything with monetary value).

- U) fulfill data reporting requirements (see *Appendix J*) regarding HS-BL performance on a quarterly basis, which reports data such as:
 - 1) Demographics of people served (race/ethnicity, gender identification, age, disabling condition, homeless status, and veteran status);
 - 2) Number of people admitted during the previous quarter;
 - 3) Number of people discharged and why (involuntarily/voluntarily);
 - 4) Number of people exiting to permanent housing;
 - 5) Length of stay;
 - 6) Results from any participant satisfaction initiatives completed during the fiscal year (feedback boxes, house meeting summaries, surveys, etc.).
- V) notify the Contract Services Representative and HHPS within 24 hours of being served with eviction paperwork if the provider leases the building from a separate entity or if utilities will be shut off due to non-payment. If utility service is disrupted to the extent that Housing Support recipients' safety and welfare may be in jeopardy, notification must be made to PHHS with 24 hours of the disruption.
- W) develop a code of ethics/conduct for their HS-BL Program which includes a statement strictly prohibiting dual relationships between staff/volunteers and Housing Support recipients.
 - 1) The code may be included in an employee manual for each location served by the HS-BL provider. All individuals employed by, or volunteering with, the HS-BL program must sign an acknowledgment of HS-BL program's code of ethics/conduct on an annual basis.
 - 2) Exploitation occurring through dual relationships, including sexual relationships between staff/volunteers and Housing Support recipients, must be reported through the Minnesota Adult Abuse Reporting Center (MAARC).

REFERRAL PROCESS

Purpose: St. Louis County Public Health and Human Services' (PHHS) Housing Support – Board and Lodge Program (HS-BL) outlines a process to guide referrals to move eligible individuals into an identified program.

Authority: [Minnesota Statute, Chapter 256I](#)

Housing Support Agreement

Definitions:

Provider – an entity that receives the Housing Support payment and is responsible for collecting the participants' obligation toward their Housing Support amount when applicable and making sure the Housing Support funding is paid toward its intended purposes (i.e., rent, utilities, and services). The provider is also the entity that provides supplemental services, if applicable.

Procedures:

1. Individuals experiencing homelessness or risk of homelessness may contact the local PHHS Triage Team or approved HS-BL Providers to inquire about openings.
2. All HS-BL Programs are:
 - A) required to participate in any St. Louis County initiatives designed to report bed availability in “real time.”
 - B) strongly encouraged to notify the regional Coordinated Entry System Priority List Manager of openings absent a “real time” bed availability initiative.
3. Once an individual and HS-BL provider agree to housing, the individual must complete a Combined Application Form (CAF) (see *Appendix I – New Participant Checklist*) and may be required to complete an interview with a PHHS financial worker.
 - A) Providers receiving the supplemental service rate (SSR) must assist the individual with paperwork requirements, if requested.
 - B) PHHS has 30 days from the date the county receives a complete application (signed, dated, and all questions answered) to process cash benefits and Housing Support. Delays in providing required or requested verifications or documentation that cause the process to take more than 30 days results in the application's denial and the individual being required to re-start the application process.
4. Financial workers:
 - A) copy the individual's identification documents;

- B) complete an interview with the individual based on the CAF, where SNAP and other assistance program eligibility is discussed;
 - C) review requirements for medical coverage, which is obtained through a separate application;
 - D) discuss applications and agreements which must be signed if an individual is receiving general assistance (GA) but does not have other maintenance benefits (i.e., SSI, RSDI, VA, or unemployment); and
 - E) discuss any verifications required to process the application.
5. Providers are required to obtain and/or complete the following documents for each new individual entering a housing unit. Copies must be submitted to the assigned Housing Support financial worker and maintained in the provider's recordkeeping system.
- A) Authorization to Share Information (DHS-2992), as well as Authorization and Consent for Use and Release of Information with the PHHS HSP (SLC# 3333) (signed at the time of the interview with the financial worker);
 - B) [Professional Statement of Need \(Form 7122\)](#) or [Request for Medical Opinion \(DHS-2114\)](#);
 - C) Authorization of Release of Information about Residence and Shelter Expense (DHS-2243A); and
 - D) Any additional verifications requested by financial workers.
6. When the CAF and Housing Support payments are processed:
- A) General assistance (GA) is placed on an EBT card. Financial workers assist the individual in securing an EBT card (see *Contacts* above);
 - B) Housing Support is paid to the provider (see *Section IV – Housing Support Funds Management*); and
 - C) the individual's financial case is moved to a general maintenance bank to receive ongoing service once the individual's initial eligibility is determined.
7. Housing Support funds cannot be processed unless the individual is already in the housing unit eligible for housing rate (Rate 1, room and board) payments. If an individual is found to be not eligible for Housing Support when the application is processed, the individual shall be held harmless by the provider.
8. ESS requires periodic reviews with the individual regarding their continued eligibility for Housing Support funding.

9. Providers are responsible for ensuring all paperwork required for financial assistance and Housing Support dollars are completed and current at all times, as well as notifying ESS:
 - A) within 10 days of an individual's residency changes.
 - B) of any/all changes related to an individual's financial assistance to prevent overpayment or underpayment of benefits; and
 - C) within 72 hours if an individual discharges from the provider's HS-BL Program.
10. If an individual has earned income and contributes toward the rent payment, providers must have a plan to collect this money. Individuals who also work are subject to income reporting requirements every six months, or any time income changes.
11. Once the individual is housed, the provider is responsible to ensure housing rate (room and board) and support services (supplemental services, if authorized) are provided pursuant to the HS-BL Program Provider Manual.

SAFE AND HEALTHY HOUSING

Purpose: St. Louis County Public Health and Human Services' (PHHS) Housing Support – Board and Lodge Program (HS-BL) requires that individuals receiving Housing Support dollars reside in housing units which are physically safe, clean, healthy.

Authority: [Minnesota Statute, Chapter 256I](#)

Housing Support Agreement

Definitions:

Providers - an entity that receives the Housing Support payment and is responsible for collecting the participants' obligation toward their Housing Support amount when applicable and making sure the Housing Support funding is paid toward its intended purposes (i.e., rent, utilities, and services). The provider is also the entity that provides supplemental services, if applicable.

Procedures:

1. The Minnesota Department of Human Services establishes a “housing rate” (Rate 1) for room and board July 1 of each year. Room and board covers costs such as:
 - A) rent, utilities, household needs, and other costs to provide room and board.
 - B) food preparation and service for three nutritional meals a day on site;
 - C) a bed, clothing storage, linen, bedding, laundering, and laundry supplies or service;
 - D) housekeeping, including cleaning and lavatory supplies or service;
 - E) maintenance and operation of the building and grounds, including heat, water, garbage removal, electricity, telephone for the site, cooling, supplies, and parts and tools to repair and maintain equipment and facilities.
2. The provider is required to uphold the quality standards for the license for their setting, including storage and handling of medications, according to related licensure or registration from the Minnesota Department of Health or the Minnesota Department of Human Services or tribal government.
3. The housing rate cannot be used to pay for supplemental services, clothing, or medical costs.
4. The housing rate may be used to cover the cost of replacement keys.
5. Providers must be able to provide an accounting of housing rate services upon request to PHHS.

6. Providers must ensure that utilities are operational at all times and communal areas (external/internal) are clean and free from any potential health and safety hazards.
7. Providers must provide a landline which all individuals served may access at any time.
8. Providers are responsible for snow removal and lawn maintenance. Individuals served may assist with these tasks on a voluntary basis, but it is not the individual's responsibility to ensure snow removal and lawn maintenance occur and any compensation for assisting is prohibited.
9. Providers must ensure that all items provided through the housing rate are free from disrepair, replaced prior to the item's failure, or for consumable items (i.e., toileting and laundry supplies), an adequate supply remains in the housing unit at all times. Individuals receiving Housing Support are not responsible for repairs to the housing unit but are responsible for notifying landlords and providers of needed repairs.
10. All Housing Support recipient rooms must be maintained to promote residents' quality of life so that residents are able to live safely and with dignity, including but not limited to:
 - A) intact ceiling panels and light fixture covers (bare bulbs prohibited);
 - B) functioning smoke detectors in each resident room, as well as carbon monoxide detectors on each floor;
 - C) functioning door knobs;
 - D) purchased room dividers (may be furniture; sheets, blankets, cardboard cannot be used as room dividers); and
 - E) fans and/or air conditioning to ensure rooms are adequately cooled during the summer months.
11. If a Housing Support recipient notifies a HS-BL provider that there are bed bugs present in their housing unit, the HS-BL provider must:
 - A) attempt to confirm the presence of bed bugs in the least invasive way possible; and
 - B) contract with a licensed pest control agency to assess the extent of bed bugs in not only the identified housing unit, but all units immediately surrounding the unit (above, below, and on either side) and comply with the pest control agency's recommendation for treatment.
 - 1) If the contracted pest control agency's treatments, or recommendations for treatment, do not alleviate or resolve complaints involving bed bugs within 45 days, the HHPS may require the HS-BL

provider to obtain a second opinion from another licensed pest control agency and follow any/all recommendations for treatment at the provider's expense.

- 2) HS-BL providers may be required by PHHS' HSP to purchase a "hot box" to treat clothing and personal items for individuals first admitting to the program to reduce the spread of bed bugs.
12. If the HHPS receives credible complaints or concerns about bed bugs, a report is made to the Minnesota Department of Health (MDH) for additional follow-up with regard to the HS-BL's license.
 13. Providers are required to complete a monthly inspection of the housing unit with the person served.
 - A) Individuals are provided feedback as to the cleanliness of the unit and are expected to follow-up on feedback to ensure units are clean and safe.
 - B) Providers must provide education and assistance if the person is unsure of how to maintain the housing unit or if the person cannot reasonably address cleanliness concerns.
 - C) Providers must follow-up with landlords and/or property managers within 24 hours of the inspection to notify them of any repairs required that may result in safety concerns. Repairs must be made within a reasonable period of time once notified, not to exceed 10 business days if a non-safety related issue or three business days if a safety-related issue.
 14. Providers must hold a housing unit temporarily unoccupied by a given HS-BL individual experiencing a crisis for eighteen (18) days consecutive days in one month's time (no more than 60 days in one year) to allow for the individual to return to safe and stable housing.
 15. If an individual has a history of intravenous drug use, or uses injectable medications, providers must discuss harm reduction strategies such as clean needles, biohazard containers, and the provision of naloxone kits/training.
 16. If a provider receives a cease and desist order from MDH due to being deemed uninhabitable, a copy must be provided to the HHPS within 24 hours of receipt.
 - A) In consultation with the St. Louis County Attorney's Office and applicable internal PHHS leadership, the HHPS notifies the Minnesota Department of Human Services to request an immediate termination of the Housing Support Agreement per Section I.g. – General Agreement Conditions.

17. Providers are prohibited from asking a Housing Support recipient to leave the facility overnight as a consequence for breaking facility rules.
18. Providers must create an emergency response plan for the physical site. The emergency response plan must be reviewed with all new residents upon intake and annually thereafter. It must also be posted in an area where all residents can view it at any time.

MINIMUM SUPPLEMENTAL SERVICE RATE (SSR) STANDARDS

Purpose: St. Louis County Public Health and Human Services' (PHHS) Housing Support – Board and Lodge Program (HS-BL) provides minimum service standards for those clients receiving the Supplemental Services Rate (SSR).

Authority: [Minnesota Statute, Chapter 256I](#)

Housing Support Agreement

Definitions:

Providers - an entity that receives the Housing Support payment and is responsible for collecting the participants' obligation toward their Housing Support amount when applicable and making sure the Housing Support funding is paid toward its intended purposes (i.e., rent, utilities, and services). The provider is also the entity that provides supplemental services, if applicable.

Procedures:

1. The Department of Human Services requires that the Housing Support Supplemental Service Rate (SSR) includes the following minimum necessary services related to:
 - A) assistance with transportation;
 - B) arranging meetings and appointments;
 - C) arranging medical and social services;
 - D) medication reminders;
 - E) up to 24-hour supervision;
 - F) provide, or refer individuals to, services or supports identified in the Professional Statement of Need; and
 - G) any additional service requirements if the provider is authorized to receive a special or enhanced Housing Support supplemental service rate due to serving a special needs population or providing specialized services.
2. Providers must be available to address emergency issues on a twenty-four hour basis;
3. Providers must make appropriate referrals, with client consent, to county agencies and/or community providers to address issues that rise above the expertise of the provider managing the housing plan.
4. All providers offering supplemental services must maintain case notes with, at a minimum, date and description of services provided to individual recipients (see *Section X – Documentation Requirements and Standards*).

FOOD QUALITY AND PREPARATION

Purpose: St. Louis County Public Health and Human Services' (PHHS) Housing Support – Board and Lodge Program (HS-BL) requires that individuals receiving Housing Support dollars receive access to nutritious food options that provide for the individual's well-being.

Authority: [Minnesota Statute, Chapter 256I](#)

Housing Support Agreement

Definitions:

Providers – an entity that receives the Housing Support payment and is responsible for collecting the participants' obligation toward their Housing Support amount when applicable and making sure the Housing Support funding is paid toward its intended purposes (i.e., rent, utilities, and services). The provider is also the entity that provides supplemental services, if applicable.

Procedures:

1. Providers are responsible for ensuring the provision of food preparation and service for three nutritional meals a day on site.
 - A) Housing Support recipients may assist with the preparation of food or meals, but cannot assume primary responsibility for meal preparation or service.
 - B) All food must be prepared as required by applicable state laws.
2. Providers are responsible for ensuring that a portion of the housing rate is spent each month on food.
 - A) The amount required to be spent on food may change each year in July. This amount is based on determinations from the [United States Department of Agriculture's Food and Nutrition Service](#).
 - B) Providers may be required to provide an expenditure report, along with receipts, upon request from PHHS and/or DHS to prove food purchases made through the housing rate meets the minimum monthly requirement for meals and satisfies SNAP requirements.
3. Providers must notify the individual of their ability to apply for SNAP benefits upon discharge, provide the address and phone number for the nearest county or tribal office to apply, and maintain documentation that verifies the individual received this notification.
4. Providers must incorporate resident feedback into menu planning and menus shall be retained for six months.

5. Providers must maintain a clear policy regarding saving a meal or plate if a person served will miss a scheduled meal time for an approved reason.
6. If the HHPS receives multiple complaints or concerns regarding food quality, providers may be required to obtain a consultation with a local SNAP Educator at the providers' expense.
7. Providers are prohibited from withholding a meal from a resident as a consequence related to facility rules and/or nonpayment of rent.

HOUSING SUPPORT FUNDS MANAGEMENT

Purpose: St. Louis County Public Health and Human Services' (PHHS) Housing Support – Board and Lodge Program (HS-BL) requires providers to responsibly manage, and report on, public dollars received through the Housing Support Program (HSP).

Authority: [Minnesota Statute, Chapter 256I](#)

Housing Support Agreement

Definitions:

Provider - an entity that receives the Housing Support payment and is responsible for collecting the participants' obligation toward their Housing Support amount when applicable and making sure the Housing Support funding is paid toward its intended purposes (i.e., rent, utilities, and services). The provider is also the entity that provides supplemental services, if applicable.

Procedures:

1. As the servicer of an eligible individual's case, PHHS pays Housing Support benefits. Payments are issued at the end of the month for individuals eligible for HS-BL settings. Post-payments are the default payment for HS-BL programs.
2. Providers authorized to provide supplemental services per the Housing Support Agreement cannot use the supplemental service rate (SSR) to pay for anything listed in the housing rate.
3. Providers are prohibited from limiting or restricting the number of hours a person is employed or excluding a person due to their employment status.
4. PHHS may conduct an audit of Housing Support funds at any time.
5. Providers must supply the PHHS Economic Services & Supports Division (ESS) with a Discharge Notice within 72 hours of the individual vacating the provider's HS-BL Program.
6. If an overpayment is identified by the provider and/or PHHS ESS, the provider agrees to pay back the amount of the overpayment in terms negotiated by PHHS ESS.
7. If an overpayment is not satisfied, or billing practices appear questionable, PHHS forwards the case to DHS for investigation of fraud and/or the County Attorney for review.
8. Providers must supply a list of Housing Support recipients for each facility on a monthly basis with their billing to PHHS ESS.

RECORDS, DATA PRIVACY, AND CONFIDENTIALITY

Purpose: St. Louis County Public Health and Human Services' (PHHS) Housing Support – Board and Lodge Program (HS-BL) requires providers and community partners to safeguard the private data of individuals served, as well as takes active measures to protect confidentiality.

Authority: [Minnesota Statute, Chapter 256I](#)

Housing Support Agreement

Definitions:

Private data – data on individuals that is not public but accessible to individual subjects of the data

Provider - an entity that receives the Housing Support payment and is responsible for collecting the participants' obligation toward their Housing Support amount when applicable and making sure the Housing Support funding is paid toward its intended purposes (i.e., rent, utilities, and services). The provider is also the entity that provides supplemental services, if applicable.

Public data – data accessible by anyone

Procedures:

1. Providers are required to comply with all state and federal data privacy laws.
2. Providers must develop a data privacy/client confidentiality policy, as well as forms/processes to protect data privacy and manage releases of information.
3. Individuals must be provided with a copy of their data privacy rights at the time of admission into the provider's HS-BL program, and it must be reviewed with the individual.
4. Individuals must sign an acknowledgment that the data privacy policy and rights were received. The signed acknowledgment must remain in the provider's record keeping system.
5. All records regarding Housing Support recipients must be maintained for five years from the date of discharge or termination.
6. Any correction made to a Housing Support recipient record must be completed with a single strikethrough the error, the correction, initials of the person correcting the record, and the date of the correction.
7. HS-BL providers and their employees must complete data privacy training annually.

COMPLAINT RESOLUTION PROCESS

Purpose: St. Louis County Public Health and Human Services' (PHHS) Housing Support – Board and Lodge Program (HS-BL) establishes a complaint resolution process to ensure the timely resolution of issues between people served by HS-BL programs and providers.

Authority: [Minnesota Statute, Chapter 256I](#)

Housing Support Agreement

Definitions:

Complaint – a statement that a situation is unsatisfactory or unacceptable

Provider - an entity that receives the Housing Support payment and is responsible for collecting the participants' obligation toward their Housing Support amount when applicable and making sure the Housing Support funding is paid toward its intended purposes (i.e., rent, utilities, and services). The provider is also the entity that provides supplemental services, if applicable.

Resolution – the action of solving a problem, dispute, or contentious matter

Procedures:

1. Individuals must receive information about the complaint resolution process from the provider upon intake into the HS-BL Program, as well as sign an acknowledgement of the complaint resolution process.
2. Providers who currently have a complaint resolution process may request to utilize it instead of, or in conjunction with, the process outlined in Procedures 3 - 6 below.
3. Individuals are encouraged to first bring complaints or areas of concern directly to the provider as soon as possible. Individuals may also report concerns to the PHHS Housing Support Program (HSP) via [online report form](#), email, telephone, or in-person contact.
 - A) Providers must respond to, or otherwise follow-up on, the complaint or area of concern, within 72 hours. To follow up, providers:
 - 1) meet with the individual with the complaint;
 - 2) obtain more information regarding the complaint;
 - 3) discuss possible resolutions with the individual;
 - 4) agree on a plan for resolving same/similar complaints moving forward; and

- 5) Issue a Complaint Resolution Report (*Appendix E*) to the individual, detailing the nature of the complaint, date it was received, date of meeting with the individual, and identified resolution.
 - a. The individual and provider must sign the written response. If the individual refuses to sign, the provider writes “refused to sign” on the appropriate signature line and initials/dates the line.
 - b. A copy of the complaint resolution must be retained in the provider’s file keeping system.
 - B) All complaints must have an action plan identified within ten business days from the date the complaint was received.
 4. After a Complaint Resolution Report is issued for a specific concern, any subsequent complaints from an individual(s) in the identified HS-BL program must bring the issue directly to the provider or as agreed upon in the previous Complaint Resolution Report.
 - A) If the individual(s) does not feel comfortable bringing the concern to the attention of the provider, they may notify the Homeless and Housing Program Specialist (HHPS). The HHPS:
 - 1) may re-direct the individual back to the provider to resolve the issue at the lowest level and follow Procedure 3.A above.
 - 2) may investigate the complaint and initiate a mediation session with the Provider and individual with the complaint following Procedure 3.A above.
 - B) The HHPS authors the Complaint Resolution Report. The individual, provider, and HHPS sign the report. Copies are issued to the provider and individual. The provider copy is retained in the provider’s record keeping system.
 - C) The HHPS may implement a program improvement plan (see *Section XI – Compliance Actions*) for lack of responsiveness relating to complaints made from people in their care.
 5. Individuals with complaints or concerns about their tenancy or residency rights may also contact their regional Legal Aid office for consultation.
 6. Providers are prohibited from retaliating against a person served who reports a complaint internally or externally. Providers issuing a notice to vacate within enough proximity to the date of a Housing Support recipient’s complaint that a reasonable person would consider it retaliatory may be subject to a compliance action (see *Section IV – Compliance and Quality Assurance*).

NOTICE TO VACATE PROCESS

Purpose: St. Louis County Public Health and Human Services' (PHHS) Housing Support – Board and Lodge Program (HS-BL) establishes an eviction policy for providers and outlines a process which aims to preserve both resident and property management rights and prevent evictions.

Authority: [Minnesota Statute, Chapter 256I](#)

Housing Support Agreement

Definitions:

Coordinated Entry System (CES) - the system for all households throughout St. Louis County experiencing homelessness or risk of homelessness to access housing.

Provider - an entity that receives the Housing Support payment and is responsible for collecting the participants' obligation toward their Housing Support amount when applicable and making sure the Housing Support funding is paid toward its intended purposes (i.e., rent, utilities, and services). The provider is also the entity that provides supplemental services, if applicable.

Rental Period – full rental period plus one day

Procedures:

1. All individuals receiving Housing Support funds are expected to fully comply with the HS-BL's house/facility rules. Failure to comply with the house rules may result in eviction.
2. Providers must attempt to address behaviors or circumstances which may lead to notice to vacate process initiation. All attempts must be documented in the provider's record-keeping system.
3. Immediate Notice to Vacate
 - A) Reasons for an immediate notice to vacate may include, but are not limited to:
 - 1) illegal substances are on the property and substantiated to be in the possession of a specific resident;
 - 2) physical altercation with another resident and/or staff; or
 - 3) behavior which jeopardizes the safety of other residents.
 - B) The eviction process is:
 - 1) the individual is asked to leave the property immediately and should be provided with contact information for Legal Aid, as well as the Coordinated Entry System (CES);

- 2) law enforcement is called as needed to assist to maintain safety of the individual, other residents, and the premises;
- 3) the provider pursues an emergency or expedited eviction through the courts as needed. Every effort shall be made to avoid a court eviction, but the individual must vacate.

4. 14-Day Notice to Vacate

A) Reasons for a 14-day notice to vacate include, but are not limited to:

- 1) non-payment of rent, which may include:
 - a. the individual's portion of the rent (after Housing Support is applied); and/or
 - b. the Housing Support payment from St. Louis County due to recipient/resident non-compliance.
- 2) repeated house/facility rule violations (not listed in Procedure 3.A);
- 3) repeated late rent payments;
- 4) failure to comply with Housing Support reporting requirements and rules for St. Louis County may result in a 14-day notice.

B) The eviction process is:

- 1) the individual receives a written notice of the violations and notice to vacate the premises in 14 days;
- 2) the individual is notified of the right to acquire legal representation regarding the notice to vacate;
- 3) the individual is given the opportunity to have a meeting to discuss the violations and remedies. The meeting must be requested in writing to the house manager within seven (7) days of notice, including weekends and holidays;
- 4) the individual's ability to remedy the violation(s) within 14 days shall result in continued residency;
- 5) the individual's inability to remedy the violations within 14 days, but ability to show good faith effort may be granted an extension for compliance at the discretion of the provider;
- 6) failure to remedy the lease violations results in a court action eviction.

5. Rental Period Notice to Vacate

- A) Reasons for a rental period notice to vacate includes minor house/facility rule violations (not listed above).
- B) The eviction process is:
 - 1) the individual receives a written notice of the violations and notice to vacate the premises within a rental period;
 - 2) the individual is notified of the right to acquire legal representation regarding the notice to vacate;
 - 3) the individual is given the opportunity to have a meeting to discuss the violations and remedies. The meeting must be requested in writing to the house manager within seven (7) days of notice, including weekends and holidays;
 - 4) the individual's ability to remedy the violation within the rental period shall result in continued residency;
 - 5) the individual's inability to remedy the violations within the rental period, but ability to show good faith effort may be granted an extension for compliance at the discretion of the provider;
 - 6) failure to remedy house/facility rule violations results in a court action eviction.

HOUSING SITE EXPANSIONS

Purpose: St. Louis County Public Health and Human Services' (PHHS) Housing Support – Board and Lodge Program (HS-BL) establishes a policy regarding housing site expansions for providers.

Authority: [Minnesota Statute, Chapter 256I](#)

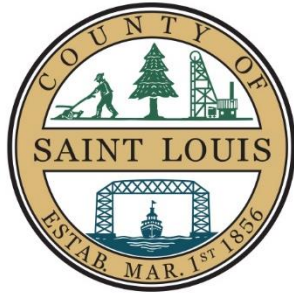
Housing Support Agreement

Definitions:

Provider - an entity that receives the Housing Support payment and is responsible for collecting the participants' obligation toward their Housing Support amount when applicable and making sure the Housing Support funding is paid toward its intended purposes (i.e., rent, utilities, and services). The provider is also the entity that provides supplemental services, if applicable.

Procedures:

1. Providers must submit a new proposal (see *Section III*) for consideration by the PHHS HSP if they wish to open a new HS-BL setting or wish to expand into other types of Housing Support settings.
 - A) Providers are prohibited from submitting a proposal to add facilities or expand housing sites for six months after the date that the most recently approved facility first starts receiving referrals, or no more than two expansions within twelve months.
 - B) Each proposal submitted must include a description of how the provider will expand sites while continuing to satisfy standards set forth in the HS-BL Program Provider Manual.



**PUBLIC HEALTH
& HUMAN SERVICES**
ST. LOUIS COUNTY, MN

SECTION X:
DOCUMENTATION REQUIREMENTS

DOCUMENTATION STANDARDS

St. Louis County Public Health and Human Services' (PHHS) Housing Support Program (HSP) requires that providers keep accurate, current, and complete records for not only the facility attributed to a specific vendor profile form, but also for each individual who resides at the facility. During site visits and audits, PHHS may request to review:

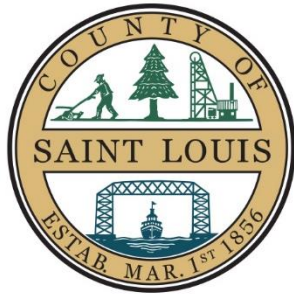
Provider – Per Approved Location
Operational Permit and/or Zoning Permit (if applicable)
Minnesota Department of Health License & Registration, along with any applicable citations
Site Visit Form (if applicable)
St. Louis County Premise Form
Residency Requirements Resulting in Eviction (may be within house rules)
Templates of Forms Used (i.e., intake forms, case notes)
Data Practices Policy
Indemnity and Insurance Agreement (includes Provider Manual Compliance Agreement)
Expenditure Reports for Monthly Food Purchases and Menus
List of All Individuals Served for Quarter with Move In, Move Out, and Absence Dates
List of All Staff and Volunteers with Direct or Unsupervised Contact and NetStudy 2.0 background check clearances (or submission for new staff)
List of All Staff and Volunteers who Transport Clients and Verification of Driver's Licenses
Workers Compensation Coverage and Active Insurance Verification
Corrective Orders and/or Program Improvement Plans
Site Visit Forms and File Audit Forms
Training Record
Code of Conduct/Ethics for Program with Signed Acknowledgement by all Employees and Volunteers
Emergency Response Plan for Site

Person Served File – Required for Each HS-BL Program Participant (Rate 1 and/or Rate 2)
Professional Statement of Need or Request for Medical Opinion (if Rate 2 or SSR facility)
Signed Program Participation/Residency Agreement
Signed Acknowledgement of Participant and Privacy Rights
Acknowledgement of Complaint Resolution Process
Authorization for Release of Information
Contacts Log (i.e., referrals, etc.) (last 12 months)
Case Notes (describing services provided and dates) (last 12 months of case notes)
Complaint Resolution Reports
Adverse Events Involving the Client
Discharge Notice

CASE NOTES STANDARDS

For providers offering supplemental services, case notes are required. The standards are noted below:

Case Notes
Clearly state the date of the meeting/service, if it was attempted or completed, who was present, what services were provided or discussed. Must connect to the Professional Statement of Need tenancy support areas.
Providers may maintain separate medication administration reports (MARs) and transportation logs. If a provider utilizes a calendar to keep track of appointments, it should be clearly noted if the provider helped to make the appointment.
All case notes must demonstrate evidence that services are provided and/or offered per the <i>Minimum Supplemental Services Rate Standards Policy</i> .



**PUBLIC HEALTH
& HUMAN SERVICES**
ST. LOUIS COUNTY, MN

SECTION XI:
COMPLIANCE AND QUALITY ASSURANCE

PROVIDER REVIEW PROCESS

Purpose: St. Louis County Public Health and Human Services' (PHHS) Housing Support – Board and Lodge (HS-BL) seeks to grow and develop providers to establish quality programs to serve individuals. A systematic provider review process ensures minimum standards for quality assurance are satisfied or exceeded.

Authority: [Minnesota Statute, Chapter 256I](#)

Housing Support Agreement

Definitions:

Corrective order – may be issued for first-time or minor violations of Provider Manual/PHHS expectations or Housing Support Agreement (see *Appendix J*)

Program improvement plan - issued and implemented when a service provider is found to have accrued more than one corrective order within three months' time or is found to have egregiously violated HS – BL policy or procedure (see *Appendix K*)

Provider - an entity that receives the Housing Support payment and is responsible for collecting the participants' obligation toward their Housing Support amount when applicable and making sure the Housing Support funding is paid toward its intended purposes (i.e., rent, utilities, and services). Provider is also the entity that provides supplemental services, if applicable.

Procedure:

1. During the first six months from the date of the initial Housing Support Agreement, providers must:
 - A) Complete all HS-BL Program training required;
 - B) Comply with monthly site visits and/or file audits (see *Section XI - Site Visits and File Audits*) which consistently demonstrate:
 - 1) complete provider documentation;
 - 2) complete participant documentation;
 - 3) safe, clean, dignified, and healthy housing units;
 - 4) following state and county standards, policies, and procedures as set forth in the Provider Manual;
 - 5) timely response to documentation requests from HS-BL Program, which is considered, at a maximum, fifteen business days;

- 6) accurate and complete accounting practices, as well as no outstanding or unresolved issues with PHHS' Economics Services & Supports Division (ESS).
 - C) Existing providers with a new expansion must comply with site visits every other month for six months.
 - D) New providers may only receive corrective orders during the first six-month monitoring period (see *Section XI – Compliance Actions*).
 - E) At the conclusion of the six-month monitoring period, the Homeless and Housing Program Specialist (HHPS), in consultation with PHHS Behavioral Health Division leadership, notifies the provider as to whether they can continue to provide services or if two calendar months' written notice to terminate the Housing Support Agreement is necessary (see *Section XI – Compliance Actions*).
2. During the last six months from the date of the initial Housing Support Agreement:
- A) providers must complete any remaining HS-BL training;
 - B) the HHPS completes quarterly site visits and file audits as described in Procedure 1.B above.
 - C) providers may receive corrective orders and/or program improvement plans (see *Section XI – Compliance Actions*).
 - D) depending upon when the initial Housing Support Agreement is signed, Procedures 1 and 2 may extend into a subsequent contract year.
 - E) at the conclusion of the final six-month monitoring period, the HHPS, in consultation with PHHS Behavioral Health Division leadership, notifies the provider as to whether they can continue to provide services or if two calendar months' written notice to terminate the Housing Support Agreement is necessary (see *Section XI – Compliance Actions*).
3. Following the initial twelve-month monitoring period, providers are required to comply with the following:
- A) providers must complete ongoing training requirements and/or training hours.
 - B) the HHPS completes at least bi-annual site visits and file audits to providers receiving the supplemental service rate, and annual site visits to providers receiving the housing rate only, as described in Procedure 1.B above.

- C) where necessary, the HHPS may initiate a compliance action against a provider to remedy policy/procedure violations (see *Section XI – Compliance Actions*).

SITE VISITS AND FILE AUDITS

Purpose: St. Louis County Public Health and Human Services' (PHHS) Housing Support – Board and Lodge Program (HS-BL) completes site visits and file audits to ensure that people served by programs are safe, healthy, and adequately housed, as well as verify that programs are operating according to the Provider Manual and any applicable laws.

Authority: [Minnesota Statute, Chapter 256I](#)

Housing Support Agreement

Definitions:

File audit – an event wherein a representative of a PHHS' HS-BL Program reviews documentation to ensure compliance with policy and procedure

Site visit – an event wherein a representative of PHHS' HS-BL Program completes an inspection of the physical premises, and may interview individuals residing at the premises, to ensure compliance with policy and procedure

Procedures:

1. The Homeless and Housing Program Specialist (HHPS) or designee conducts site visits to housing units and/or provider offices to ensure compliance with all requirements set forth in the Provider Manual.
2. Site visits may be scheduled in advance or occur randomly without notice. The HHPS or designee must be allowed entrance into the facility.
3. The HHPS or designee conducts a review of the housing unit, along with a review of PHHS' expectations for the housing unit, during site visits. The Site Visit Form (*Appendix B*) must be retained in the provider's record keeping system for the contract year.
4. The HHPS may request to see provider and participant files at any time to ensure all required documentation is accounted for and completed accurately. Requests may be broad or targeted, and providers will be given a reasonable amount of notice prior to a file audit to assure preparation of the documents.
 - A) A File Audit Form (*Appendix F*) is used to ensure compliance with documentation standards. Copies of File Audit Forms must be retained in the provider file for the contract year.
5. Areas of concern identified by the HHPS or designee during the course of the site visit or file audit may be addressed through compliance actions reflective of the severity of the concern (see *Section XI – Compliance Actions*).

COMPLIANCE ACTIONS

Purpose: St. Louis County Public Health and Human Services' (PHHS) Housing Support – Board and Lodge Program (HS-BL) issues compliance actions when HS-BL Programs are found in violation of policies, processes, or procedures within the Provider Manual in an effort to assist the HS-BL Program to quickly address identified concerns and continue providing services.

Authority: [Minnesota Statute, Chapter 256I](#)

Housing Support Agreement

Definitions:

Adverse events – an event involving an individual receiving Housing Support dollars that includes serious injury and/or death. Overdoses are considered serious injuries.

Corrective order – may be issued for first-time or minor violations of Provider Manual/PHHS expectations or Housing Support Agreement (see *Appendix J*)

Investigation – a formal review of a provider upon receipt of a report or complaint alleging that the safety, health, and well-being of residents is compromised, or if evidence suggests the provider consistently violates policy and procedure

Overpayments – overpayment returns for Housing Support dollars may be used as a compliance measure when it is determined that a provider has been found to be out of compliance, or is currently out of compliance, with the Housing Support Agreement (state-specific requirements)

Program improvement plan – issued and implemented when a service provider is found to have accrued more than one corrective order within three months' time or is found to have egregiously violated HS – BL policy and procedure or the Housing Support Agreement (see *Appendix K*)

Provider - an entity that receives the Housing Support payment and is responsible for collecting the participants' obligation toward their Housing Support amount when applicable and making sure the Housing Support funding is paid toward its intended purposes (i.e., rent, utilities, and services). Provider is also the entity that provides supplemental services, if applicable.

Termination – ending services through the Housing Support Agreement

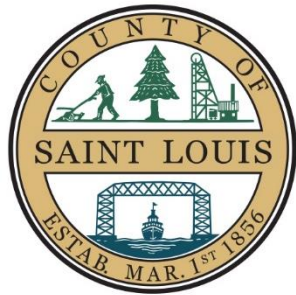
Procedures:

1. The Homeless and Housing Program Specialist (HHPs), in consultation with PHHS Behavioral Health Division leadership, may issue a compliance action as a result of a site visit, file audit, or complaint review/investigation. Compliance actions include corrective orders and program improvement plans (see *Appendices J* and *K*, respectively, for templates).

- A) Providers receiving a corrective orders must respond to the action in writing within 10 business days.
 - 1) Corrective orders may contain more than one area requiring remedy or response.
 - B) Providers failing to respond to the corrective order or remedy areas of concern within the stated amount of time:
 - 1) if in violation of the Provider Manual/PHHS expectations, and within the first six months of the initial Housing Support Agreement, receives two calendar months' notice of PHHS' intent to terminate the Housing Support Agreement.
 - 2) if in violation of the Provider Manual/PHHS expectations, may be placed on a program improvement plan (PIP).
 - 3) if in violation of the Housing Support Agreement, may be referred to the Minnesota Department of Human Services for breach of contract.
 - C) All corrective orders must be retained in the provider's record keeping system.
2. Providers receiving a PIP must comply with the plan for a timeframe, not to exceed three months.
- A) PIPs may also be implemented on an area of concern if receiving multiple corrective orders during the contract period.
 - B) Providers failing to comply or cooperate with the PIP:
 - 1) if in violation of the Provider Manual/PHHS expectations, receives two calendar months' notice of PHHS' intent to terminate the Housing Support Agreement.
 - 2) if in violation of the Housing Support Agreement, may be referred to the Minnesota Department of Human Services for breach of contract.
 - C) All PIPs must be retained in the provider's record keeping system.
 - D) PIPs may be extended an additional three months at the discretion of PHHS, so long as it does not extend beyond the contract year in which the PIP was issued.
3. Providers must report adverse events as follows:
- A) Any reports of alleged maltreatment of vulnerable adults must be reported to the Minnesota Adult Abuse Reporting Center immediately.

- B) Providers must document any adverse events (on or off-site) and notify the HHPS of any adverse events and/or reports of alleged maltreatment within twenty-four hours.
 - 1) Any report of an adverse event may result in a site visit from the HHPS or designee, depending upon what other agencies are investigating the event (i.e., law enforcement, licensor).
 - 2) The HHPS may review adverse events or reports of alleged maltreatment screened out by the PHHS Adult Protection Team.
 - 3) Failing to appropriately report an adverse event results in a corrective order.
 - 4) If a provider receives notice from the Minnesota Department of Health's Office of Facility Health Complaints that maltreatment or neglect is substantiated following review, or a stipulated agreement is required to oversee compliance with applicable licensing laws and requirements, the HHPS must be notified within 24 hours.
 - C) Providers must maintain documentation regarding adverse events reported during the contract year in the provider's record keeping system.
4. Notwithstanding termination determinations as noted above, PHHS or the provider may elect to terminate the Housing Support Agreement by providing the other party with two calendar months' written notice, with or without cause, to terminate services.
- A) Providers seeking to terminate the Housing Support Agreement must provide written notification to the Contract Services Representative (CSR) and HHPS. Alternatively, the CSR provides written notification to the provider if PHHS elects to terminate the Housing Support Agreement.
 - B) Providers may elect to indefinitely close a housing site without terminating an active Housing Support Agreement by:
 - 1) providing two calendar months' written notification to the Contract Services Representative (CSR) and HHPS;
 - 2) following Procedure 4.C to ensure appropriate transfer into another housing option of the HS-BL recipient's choosing.
 - C) Providers completing the termination process are responsible for ensuring people currently residing in their programs receive at a minimum (unless otherwise requested by the person):

- 1) referral to a different HS-BL setting and/or the Coordinated Entry System (CES) to complete a VI-SPDAT and ensure the person's placement on the CES priority list if there are no beds available for a lateral transfer into another HS-BL setting acceptable to the individual served;
 - 2) a plan for the individual to take with him/her upon discharge, including information about SNAP eligibility, agencies to assist with basic needs or housing crises, and other maintenance benefits requirements and case management.
- D) Providers terminating the Housing Support Agreement with less than two calendar months' notice to PHHS are prohibited from entering into another Housing Support Agreement for one full fiscal year and must follow the process for new providers (see *Section III – New Provider Application Process*).
- 5. Overpayments may be requested if the provider violates Housing Support Agreement or if in violation of Section IV – Housing Support Funds Management.
- 6. If the Housing Support Agreement is terminated for any reason, the provider must give written notice to each Housing Support recipient. The written notice must also be posted in a shared living space.



PUBLIC HEALTH & HUMAN SERVICES

ST. LOUIS COUNTY, MN

SECTION XII:

APPENDICES



NEW PROVIDER APPLICATION CHECKLIST

PHASE 1: PRE-PROPOSAL		
<input type="checkbox"/>	Schedule an informational meeting with the HHPS	<i>Meeting is designed to explore the proposed program as well as alignment with the Housing Support Program.</i>
<input type="checkbox"/>	Review entire HS-BL Provider Manual	<i>Strongly encouraged prior to preparation of proposal in order to ensure facility/program design complies with HS-BL Policy</i>
<input type="checkbox"/>	Notify HHPS of intent to move forward in application process	<i>Potential providers will be introduced to Contract Services Representative (CSR) for assistance with the contracting process. Other application assistance related to programmatic and policy/procedure issues is provided by HHPS.</i>

PHASE 2: PROPOSAL & REVIEW		
<input type="checkbox"/>	Contact Minnesota Health Care Programs (MHCP) Provider Enrollment	<i>Potential providers will need to enroll with MHCP during the Housing Support Agreement Application process.</i>
<input type="checkbox"/>	Contact the Minnesota Department of Health (MDH) and/or other state agencies with oversight	<i>Contact the regional MDH office to obtain information related to required licensure or registrations. If DHS licensure is required, contact the appropriate DHS licensing authority for more information.</i>
<input type="checkbox"/>	Submit a program proposal to the HHPS for St. Louis County Public Health and Human services Housing Support Program's consideration	
<p style="text-align: center;"><u>At a minimum, proposals should include:</u></p> <ul style="list-style-type: none"> ○ The proposed business model related to facility and services; ○ A description of the proposed location of services and licensure(s) required; ○ A description of the target population and number of people you propose to serve; ○ Your motivation for serving this population, including how you determined the need for the population you seek to serve; ○ Describe your knowledge related to the target population you seek to serve, including any experience providing support or services to people with disabling conditions, who are low income, and homeless; ○ An explanation of how you intend to fulfill all requirements for HS-BL Rate 1 services; 		



- Any request for Rate 2 or “authorized supplemental service rate capacity” beds and a description of the services to be provided if authorized;
- How you propose to integrate Person-Centered, Housing First, Harm Reduction, and Trauma-Informed Care models into your program in order to serve individuals with high barriers and high needs;
- A description of how minimum standards set forth in the Policy and Procedure Manual will be addressed;
- A sustainability plan addressing how the provider will remain financially stable during periods of time when the facility is not fully occupied;
- A description of the process to be followed upon an individual’s violation of program rules;
- Information about your/staff members’ backgrounds and qualifications to provide these services, as well as a list of all business partners (silent or otherwise); and
- Anything else you think would be helpful for reviewers to know when considering your proposal.

Once a proposal is received, the following levels of review occur:

1. PHHS HSP conducts a “face value” review
2. HSP Advisory Committee and possible regional stakeholders review and determine if proposal meets a community need
3. PHHS Behavioral Health Division leadership reviews for final approval

Potential providers will be notified by the HHPS if their proposal does not pass a certain level of review or if revisions are being requested before further review. For proposals moving forward, providers must remain in contact with the HHPS every 30 days. If no communication is received, the proposal process is terminated and a new proposal must be submitted.

Only proposals that pass all levels of review are asked to continue the application process

<input type="checkbox"/>	Meet with PHHS staff	<ul style="list-style-type: none"> - All proposed forms should be sent to HHPS at least one week prior to the scheduled meeting - Representatives from PHHS that attend: HSP staff, the CSR, regional coordinated entry coordinator, regional triage team, and supervisors. - Providers are encouraged to bring business partners and staff to the meeting as well
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One or both parties (PHHS and/or Provider) may decide at the end of the meeting to no longer pursue a Housing Support Agreement. If both parties agree to move forward, the formal application process begins.



PHASE 3: HOUSING SUPPORT AGREEMENT APPLICATION			
** All areas of concern or further clarification needed brought up during the Proposal & Review Phase MUST BE ADDRESSED during this application phase.			
MDH LICENSE OR REGISTRATION	<input type="checkbox"/>	Obtain MDH Licensure and/or Registration (or other licensures as required by applicable state law)	<i>Contact your regional Minnesota Department of Health Office to complete the licensure/registration process. This may take several weeks to complete.</i>
	<input type="checkbox"/>	Housing Support Orientation Training	<i>Certificates of completion/Email certifying attendance for both trainings must be attached to application</i>
REQUIRED TRAININGS	<input type="checkbox"/>	Vulnerable Adult Mandated Reporting Training	
	INSURANCE & LICENSING REQUIREMENTS	<input type="checkbox"/>	General Liability Insurance
<input type="checkbox"/>		Business Automobile Liability Insurance	
<input type="checkbox"/>		Professional Liability Insurance	
<input type="checkbox"/>		Workers' Compensation Certificate of Compliance (if applicable)	
<input type="checkbox"/>		Work with CSR to determine if any other licenses of registrations may be required for proposed setting/facility	<i>These licenses may be required by MN Department of Human Services or Minnesota Department of Health</i>
PROVIDER/STAFF/ VOLUNTEERS	<input type="checkbox"/>	Submit Background Checks for Providers/Staff/Volunteers	<i>Background checks are required for anyone who has direct contact with or unsupervised access to Housing Support Program recipients or has access to their personal property or private data. Receipts indicating submission of background check requests through NetStudy 2.0 must be included with the Housing Support Agreement Application.</i>
	<input type="checkbox"/>	Collect copies of Driver's Licenses for transporting personnel	<i>Attestation that all staff that transport Housing Support Program recipients have a valid driver's license on file is required in the Housing Support Agreement Application and may ask to be verified in site visits.</i>

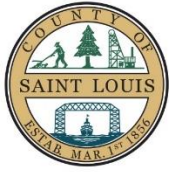


<input type="checkbox"/>	Submit the Housing Support Agreement Application and all required documents to HHPS
REQUIRED DOCUMENTS CHECKLIST	
<input type="checkbox"/>	Housing Support Agreement application form with all required sections completed
<input type="checkbox"/>	List of residency restrictions/house or facility rules that may result in eviction
<input type="checkbox"/>	MDH License and/or Registration or Licensure from other oversight agencies
<input type="checkbox"/>	Certificates of completion/attendance for DHS trainings (2)
<input type="checkbox"/>	Roster of identified staff and their qualifications
<input type="checkbox"/>	NetStudy 2.0 notice of background check submission for all staff/volunteers with direct or unsupervised contact or access to private data
<input type="checkbox"/>	Evidence of workers' compensation coverage (if applicable)
<input type="checkbox"/>	Insurance certificate
<input type="checkbox"/>	Liability insurance certificate
<p>ONCE THE HOUSING SUPPORT AGREEMENT APPLICATION HAS BEEN REVIEWED TO ENSURE DOCUMENTS HAVE BEEN COMPLETED ACCURATELY AND COMPLETELY, A <u>HOUSING SUPPORT AGREEMENT AND INDEMNITY AND PROVIDER MANUAL COMPLIANCE AGREEMENT</u> WILL BE SENT TO THE PROVIDER TO BE SIGNED AND RETURNED TO THE CSR.</p>	

PHASE 4: HOUSING AND REFERRALS			
HOUSING	<input type="checkbox"/>	Locate suitable housing unit	<i>Housing must match the services/population to be served, and must have all operational permits in place.</i>
	<input type="checkbox"/>	Schedule Initial Site Visit	<i>A copy of the Site Review form completed by SLC staff must be included with other housing application forms and submitted to CSR and HHPS</i>
	<input type="checkbox"/>	Complete and submit Premise Form	<i>Notifies law enforcement officials of the nature of your facility. Copy of submitted form must be attached to application</i>
	<input type="checkbox"/>	Prepare a Program Participation Agreement	<i>Program Participation Agreement must include reference to house/facility rules and residency restrictions which may result in eviction</i>
	<input type="checkbox"/>	Become an Enrolled Provider with MHCP	<i>All Supplemental Service Rate (SSR) providers are required to enroll with MHCP as a part of the Housing Support Agreement Application and is needed in order to bill for SSR.</i>



	<input type="checkbox"/>	Attend a Billing Lab for Housing Support Supplemental Service Providers	<i>Information about sessions are available on the MHCP enrolled provider training page. For questions about the MHCP enrollment application or Billing Lab registration assistance, contact the Provider Call Center #651-431-2700 or 800-366-5411</i>
	<input type="checkbox"/>	Complete Background Checks for Providers/Staff/Volunteers	<i>A background check clearance form is required for all providers and staff of the housing unit prior to referral requests.</i>
Upon approval from HS-BL Program and CSR, a Vendor Profile form will be completed by the CSR and the provider set up in relevant Housing Support payment systems.			
REFERRALS	<input type="checkbox"/>	Document Vendor Number	<i>The CSR will relay this information to the provider once they are set up to receive payments</i>
	<input type="checkbox"/>	Request or accept referrals for individuals eligible for HS-BL services	<i>Contact the regional PHHS Triage Social Worker to advertise or request referrals, as well as participate in any "real-time" opening initiatives.</i>
	<input type="checkbox"/>	Contact individuals referred and assist with completion of steps required during the referral process and once the individual is housed.	<i>Further information on the steps in the referral process can be found in the Provider Manual Section IV-Referral Process</i>



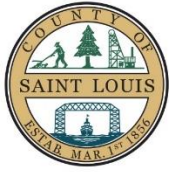
SITE VISIT

PHHS conducts initial, random, and scheduled site visits of housing units in the Housing Support Board and Lodge Program to ensure that housing units are safe, healthy, clean, and habitable, as well promote an individual's quality of life and dignity.

Date of Site Visit:	
Provider Name:	
Address/Location:	
Name of Reviewer:	
Scheduled/Random:	

Overall Facility

- ☐ Clean floors and walls with no visible damage
- ☐ Intact ceiling with little to no water damage
- ☐ Windows appear to be functioning and free from disrepair
- ☐ Plumbing fixtures are fully functioning
- ☐ Housekeeping, including cleaning and lavatory supplies, is provided
- ☐ Laundering, laundry supplies or service provided
- ☐ Fans or other cooling methods are available for hot periods (over 80°F inside) in summer
- ☐ Plan for facility/site maintenance (snow shoveling, lawn mowing)
- ☐ Garbage service provided
- ☐ Food preparation and service for three nutritional meals a day on site provided
- ☐ Functioning smoke detectors are in each bedroom and in shared living spaces, including the kitchen and at least one on each floor
- ☐ Functioning carbon monoxide detector on each floor
- ☐ Adequate lighting is available for each room with light fixtures (no bare bulbs)
- ☐ Fire extinguishers are present and up-to-date (not expired)
- ☐ Windows and doors are not blocked, allowing for emergency exit



Bedrooms

- ☐ The number of bedrooms matches the capacity indicated in the approved proposal
- ☐ Each bed is on a bedframe and has sheets, a blanket and at least one pillow
- ☐ Each bedroom will have private storage for individuals – either closet(s) with appropriate shelving or dressers
- ☐ Door knobs function on each door
- ☐ Room dividers are purchased and/or meet guidelines
- ☐ Smoke detectors in each bedroom

Bathrooms

- ☐ Toilet paper is available
- ☐ Hand soap is available
- ☐ Towels and wash cloths are available

Living Area

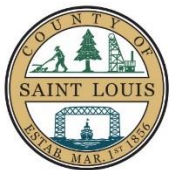
- ☐ There is adequate seating for individuals in shared living area

Other

- ☐ There is access to either functioning washing machine/dryer or other laundry services
 - a. Specify laundry services: _____
- ☐ There is a house telephone in a common space that is available to all residents who should not have to go outside or enter into another residents' private space to use it
- ☐ Participant Rights Form is located in a shared, accessible area.
- ☐ Emergency Response Plan is located in a shared, accessible area.

Minnesota Department of Health

- ☐ Minnesota Department of Health Lodging Rules and Statutes (Minn. Rules 4625) appear to be satisfied
- ☐ Minnesota Department of Health Lodging Rules and Statutes (Minn. Rules 4625) do not appear to be satisfied and require follow-up with the Licensor:
 - a. Areas of concern:



**PUBLIC HEALTH
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ST. LOUIS COUNTY, MN

APPENDIX B

Concerns Expressed by Residents (if any)

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OVERALL ASSESSMENT

	Housing unit meets standards set forth by PHHS and DHS. No additional improvement needed.
	Housing unit does not meet PHHS life safety requirements (smoke detectors, carbon monoxide detectors, fire extinguishers, blocked exits, etc.). Identified concerns must be remedied within 72 hours of the site visit prior to an official compliance action's issuance (see below).
	Housing unit meets standards set forth by PHHS and DHS. However, minor areas of improvement are noted and must be remedied within 10 days prior to official compliance action issuance (see below).
	Housing unit does not meet the standards set forth by PHHS and DHS. Compliance action to be issued.
<u>Noted Areas for Improvement:</u>	

PHHS Staff (Printed Name): _____

PHHS Staff (Signature): _____

**ST. LOUIS COUNTY HOUSING SUPPORT PROVIDER
INDEMNITY AND PROVIDER MANUAL COMPLIANCE AGREEMENT**

THIS AGREEMENT by and between the ST. LOUIS COUNTY BOARD OF COMMISSIONERS, 320 West Second Street, Duluth, Minnesota 55802 (hereinafter referred to as "County"), and the HOUSING SUPPORT PROVIDER (hereinafter referred to as "Provider") listed below.

WHEREAS, the County and Provider are entering into a Housing Support Agreement ("HS Agreement") simultaneously herewith; and

WHEREAS, in exchange for the County's execution of the HS Agreement, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Provider agrees to the following:

1. Name and address under which the Provider does business:
Name:
Address:

2. **Indemnity.** Provider shall defend, indemnify, and hold harmless the County, its officials, officers, agents, volunteers, and employees from any liability, claims, causes of action, judgments, damages, losses, costs, or expenses, including reasonable attorneys' fees, resulting directly or indirectly from any act or omission of Provider, its subcontractors, anyone directly or indirectly employed by them, and/or anyone for whose acts and/or omissions they may be liable in the performance of the services required by this Agreement or the HS Agreement, and against all loss by reason of the failure of Provider to perform fully, in any respect, all obligations under this Agreement and the HS Agreement.

3. **Liability Insurance and Workers Compensation.**
 - a. **Insurance.** Provider agrees to obtain and maintain liability insurance throughout the term of the HS Agreement. St. Louis County shall be listed as additional insured on the policy. A current certificate of insurance shall be filed with the County prior to commencement of this Agreement. If for any reason, Provider cancels, modifies, or is terminated from insurance, Provider must in writing notify the County within 5 business days and make a good faith effort to obtain or replace the insurance. The minimum liability insurance levels to be maintained by Provider are:

General Liability Insurance.

\$500,000 for claims for wrongful death and each claimant for other claims.

\$1,500,000 each occurrence for claims.

No Less Than \$2,000,000 Aggregate coverage.

Policy shall include at least premises, operations, completed operations, independent contractors and subcontractors and contractual liability and environmental liability.

Business Automobile Liability Insurance.

\$500,000 for claims for wrongful death and each claimant for other claims.

\$1,500,000 each occurrence.

Must cover owned, non-owned and hired vehicles.

- b. **Worker's Compensation.** Provider must also maintain Worker's Compensation insurance per Minnesota statutory requirements.

The above insurance must be maintained for the duration of this contract. All insurance policies shall be open to inspection by the County, and copies of policies shall be submitted to the County upon written request. All subcontractors shall provide evidence of similar coverage.

4. **Provider Manual Compliance** Housing Support Board and Lodge Provider acknowledges reviewing and understanding of the content, policies, procedures, requirements, and expectations entailed in the Board and Lodge Program Provider Manual. Provider confirms receipt of a copy of said Provider Manual and agrees to abide by all policies and procedures defined therein. Provider agrees that failure to comply with any and all policies and procedures may result in compliance actions, up to and including termination of the Housing Support Agreement.
5. This Indemnity and Provider Manual Compliance Agreement is incorporated into the Housing Support Agreement executed by the parties hereto. The County reserves the right to immediately rescind any contract not in compliance with these requirements and retains all rights thereafter to pursue any legal remedies against Provider.

IN WITNESS WHEREOF, Board and Provider agree that this Agreement is effective on **July 1, 2020 through June 30, 2021.**

PROVIDER

**ST. LOUIS COUNTY
BOARD OF COMMISSIONERS**

[Provider Signatory 1]
[Signatory Title]

Linnea Mirsch, Director
Public Health and Human Services

Date: _____

Date: _____

Approved as to form and execution:

[Provider Signatory 2]
[Signatory Title]

Benjamin Stromberg
Assistant County Attorney

Date: _____

Date: _____



St. Louis County Premise Form

Officer: _____
Pin #: _____

Business Name: _____

Location/Address: _____ **Suite #:** _____

Business Information:

Business Phone: _____ Business Email: _____

Building Owner Information:

Name: _____ Same as above: ☐ Phone: _____

Manager Information: (if applicable)

Company Name: _____ Phone: _____

Alarm Information:

Is property protected by an alarm? ☐ Yes ☐ No

If yes, list alarm company: _____

Contact Name: _____ Phone: _____

Key Holder Information: (Names and phone number of current key holders in your business who have keys to the property and/or access codes to an alarm if applicable)

- | | |
|----------|--------------|
| 1. _____ | Phone: _____ |
| 2. _____ | Phone: _____ |
| 3. _____ | Phone: _____ |
| 4. _____ | Phone: _____ |

Notes:

Department Use Only

Email to:

City of Duluth – Nick Lepak (nlepak@duluthmn.gov)

St. Louis County – Wade Rasch (RaschT@stlouiscountymn.gov)

COMPLAINT RESOLUTION REPORT

Providers must respond to or otherwise follow-up on complaints or areas of concern within **72 hours**. Complaints **must have an action plan within ten business days** from the date the complaint was received.

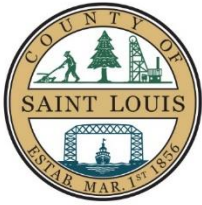
This form is to be completed by the Provider and issued to the individual bringing forth the complaint in accordance with the Housing Support complaint resolution process.		
Complainant:	Organization/Program Name:	Facility address:
Date complaint reported:		
Date of meeting with complainant:		
Description of complaint or area of concern:		
Possible resolutions discussed:		
Plan for resolution of complaint/similar complaints moving forward:		
Provider Name (Printed):	Complainant Name (Printed):	

Provider Signature **Date**

Complainant Signature **Date**

 SLC Staff Author Name (if applicable)

 SLC Staff Signature Date

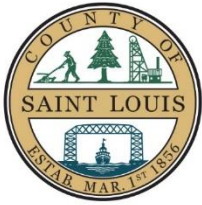


**PUBLIC HEALTH
& HUMAN SERVICES**
ST. LOUIS COUNTY, MN

APPENDIX F

FILE AUDIT

Reviewer:		Program:	Participant File Initials (if reviewed):	Review Date:
Available for Review? (Yes/No/NA)	Provider Documentation	Date(s)	Comments	
	Initial Site Visit			
	Data Practices Policy (not provided by the county, must be created by agency/program in accordance with applicable data privacy laws)			
	MDH License and/or Registration			
	DHS License (if applicable)			
	Operational Permit/License (if applicable)			
	St. Louis County Premise Form			
	Participant Rosters (quarterly, with move in, move out, and absence dates)			
	Expenditure Reports for Food Purchases and Menus (6 months of Menus)			
	Staff and their Qualifications			
	Staff and Volunteer Rosters with Verification of Completed Background Checks.			
	Staff and Volunteer Rosters with Verification of Driver's License			
	Workers Compensation Coverage and Insurance Verification			
	MDH or DHS Licensing Reports or Citations			

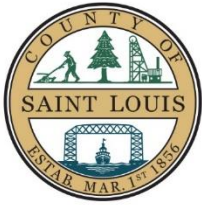


**PUBLIC HEALTH
& HUMAN SERVICES**
ST. LOUIS COUNTY, MN

APPENDIX F

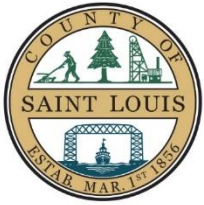
FILE AUDIT

	Corrective Orders and/or Program Improvement Plans		
	Site Visit Forms		
	File Audit Forms		
	Training Record		
	Code of Conduct/Ethics with Current Employee and Volunteer Acknowledgments		
	Emergency Response Plan for Site		
Available for Review? (Yes/No/NA)	Participant Eligibility Documentation	Date(s)	Comments
	Professional Statement of Need or Request for Medical Opinion Form (most recent) – showing documented need for at least one of the services provided		
Available for Review? (Yes/No/NA)	Participant Intake Documentation	Date(s)	Comments
	Signed Program Participation Agreement (should clearly outline residency requirements or house rules resulting in eviction)		
	Signed Acknowledgment of Participant and Privacy Rights (each program or agency uses their own form; these are not county issued forms)		
	Signed Acknowledgment of Complaint Resolution Process (each program or agency uses their own form; these are not county issued forms)		



FILE AUDIT

	Releases of Information (each program or agency uses their own form; these are not county issued forms)		
Available for Review? (Yes/No/NA)	Participant Services Documentation	Date(s)	Comments
	Contact Logs (should clearly demonstrate any referrals or contacts made to external agencies for, or on behalf of, a participant)		
	Case Notes (must include date and description of services provided if SSR received)		
	Adverse Events (if applicable, should include date/time/nature of incident and demonstrate actions the provider took to report it)		
	Complaint Resolution Reports (this is a county issued form)		
	Discharge Notice		
Available for Review? (Yes/No/NA)	Enhanced SSR Documentation	Date(s)	Comments
	75% of residents have primary diagnosis of MI, CD, or both with related special needs		
	24-hour, on-site, supportive services from qualified staff capable of intervention in a crisis of persons with late-state inebriety or mental illness who are vulnerable to abuse or neglect		
	Secure central storage of medication		



**PUBLIC HEALTH
& HUMAN SERVICES**
ST. LOUIS COUNTY, MN

APPENDIX F

FILE AUDIT

	Reminders and monitoring of medication for self-administration		
	Support for developing an individual medical and social service plan, updating the plan, and monitoring compliance with the plan		
	Assistance with setting up meetings, appointments, transportation to access medical, chemical health, and mental health providers		
	Resident has been offered an opportunity to apply for admission to a licensed residential treatment program for mental illness, chemical dependency, or both, have refused the offer, and refusal is documented in writing		
Available for Review? (Yes/No/NA)	Supplementary Rate for Certain Facilities Documentation	Date(s)	Comments



PARTICIPANT RIGHTS

While participating in the PHHS Board and Lodge Program, all individuals receiving services have the right to:

- be treated with dignity and respect at all times
- be free from bullying, harassment, discrimination, and violence in all of its forms
- live in housing which is free from disrepair and promotes your quality of life
- eat three, nutritional meals per day as offered on site
- know the contact information of those responsible for your care
- know the services you should be provided and to ask questions about those services
- terminate your housing with adequate notice
- privacy and confidentiality, and to determine who can receive information about you and how that information is shared
- contact law enforcement if you believe you are the victim of a crime or in the case of an emergency
- make complaints or voice concerns about your care without fear of losing your housing

The contact information for the landlord and/or property manager is:

BUSINESS NAME:	
CONTACT NAME:	
BUSINESS ADDRESS:	
TELEPHONE:	

The contact information for my service provider is:

BUSINESS NAME:	
CONTACT NAME:	
BUSINESS ADDRESS:	
TELEPHONE:	



Complaint Resolution Process

- **First level:** Discuss your concerns directly with the provider. Take notes!
- **Second level:** Report concerns to the Homeless and Housing Program Specialist if you have already tried to resolve the concern with the provider.
- You should receive a Complaint Resolution Report from the provider following the complaint resolution process.

PHHS Housing Supports Program

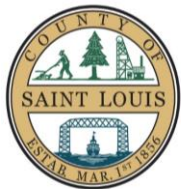
- Jensina Rosen, Housing and Homeless Program Specialist: 218-733-2846

Tenant Advocacy Organizations:

- Tenant Landlord Connection at One Roof Housing: 218-727-5372; 12 E. 4th St., Duluth
- Indian Legal Services: 218-727-2881, 102 W. 1st St., Duluth
- Legal Aid Duluth: 855-204-1697; 302 Ordean Building, 424 W. Superior St., Duluth
- Legal Aid Iron Range: 800-886-3270; Olcott Plaza, Ste. 200, Virginia

Other Advocacy and/or Oversight Organizations:

- City of Duluth Human Right's Office: 218-730-5291
- Office of the Ombudsman for Mental Health and Developmental Disabilities: 877-766-5481
- Minnesota Department of Health Northeast District Office: 218-302-6166



NEW HS-BL PROGRAM PARTICIPANT CHECKLIST

Who is responsible/provides assistance?		Document Needed	Process
Triage Financial Worker	<input type="checkbox"/>	<i>Combined Application Form (CAF)- DHS-5223</i>	<ul style="list-style-type: none"> - Program participant meets with financial worker in the County office for interview in the Government Services Center - Select SNAP and cash
	<input type="checkbox"/>	<i>Interim Assistance Agreements - DHS-1795/1795A</i>	<ul style="list-style-type: none"> - Completed and signed prior to the end of the processing period
	<input type="checkbox"/>	<i>Signed Personal Statement about Assets- DHS-6054</i>	<ul style="list-style-type: none"> - Completed and signed prior to the end of the processing period
	<input type="checkbox"/>	<i>Authorization to Release Information- DHS-2243A</i>	<ul style="list-style-type: none"> - Completed and signed prior to the end of the processing period
	<input type="checkbox"/>	<i>Proof of application for Social Security</i>	<ul style="list-style-type: none"> - Completed by program participant turned into County within 30 days of eligibility determination
Qualified County Worker/Respondent	<input type="checkbox"/>	<i>Professional Statement of Need or Request for Medical Opinion</i>	<ul style="list-style-type: none"> - Interview to complete PSN is done and must be signed by a qualified worker; PSN is required for supplemental service rate (SSR) authorization - Qualified County Workers: <i>South Triage Social Worker or North Triage Social Worker</i>
HS-BL Provider	<input type="checkbox"/>	<i>Shelter Form- DHS- 2952</i>	<ul style="list-style-type: none"> - Completed by Provider
	<input type="checkbox"/>	<i>Copy of Program Participation Agreement signed by both Provider and Program Participant</i>	<ul style="list-style-type: none"> - Completed by Provider and maintained on file
Triage Phone Number North: 218-471-7391			Triage Phone Number South: 218-733-2717



QUARTERLY DATA REPORTING FORM

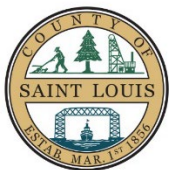
Provider Information	
Date of Form Completion	
Name of Provider	
Facility Reporting	
Quarterly Report Dates	
Person Completing Form	

Admission/Discharge Summary		
Total number of people served during reporting period		
Number of people admitted during reporting period		
Average length of stay for all Housing Support recipients		
Number of people by length of stay	1 – 30 days	
	31- 60 days	
	61 – 90 days	
	91 – 120 days	
	121 – 180 days	
	180 – 365 days	
	More than 1 year	
	More than 2 years	
Number of people discharged during reporting period		
Primary reasons for discharge	Voluntarily	
	<i>Permanent Housing</i>	
	<i>Treatment</i>	
	<i>Departed on Own</i>	
	Involuntarily	
	<i>Eviction</i>	
	<i>Jail/Prison</i>	
	Other	
	<i>Hospitalization</i>	
	<i>Death</i>	



Adverse events during reporting period	Serious injury	
	Death	
	Overdose not resulting in hospitalization	

Demographic Information		
Age:	18-24	
	25-34	
	35-44	
	45-55	
	56-64	
	65 and older	
Race/Ethnicity as defined by the individual served:	African American/Black	
	American Indian	
	White/non-Hispanic	
	Hispanic/LatinX	
	Asian	
	Two or More Races	
	Don't Know/Refused to Answer	
Gender identification as described by the individual served: FTM – Female to Male Transgender MTF – Male to Female Transgender	Female	
	Male	
	FTM Transgender	
	MTF Transgender	
	Gender Fluid/Non-Binary/No Gender Identification	
	Don't Know/Refused to Answer	



Disability or disabling condition as identified by a qualified professional (Request for Medical Opinion Form or PSN) (participants may have more than one disabling condition):	Substance Use Disorder	
	Mental Illness	
	Developmental Disability	
	Learning Disability	
	Physical Disability	
	Other:	
Number of people served with existing service provider connections:	ARMHS	
	TCM – Private	
	CM – County	
	ACT Team	
	SUD Provider	
	Other:	
Number of people identifying as a veteran during reporting period:		
Number of people admitted with the following homeless status prior to program entry (may count individuals in more than one category):	Long-term Homeless (<i>MN - 3 times in 4 years, or 1 year continuously</i>)	
	Literally Homeless (<i>HUD – living in a place not meant for human habitation, or living in a temporary setting, like emergency shelter</i>)	
	Chronic Homeless (<i>HUD - living in a place not meant for human habitation for 12 months continuously</i>)	
	First-time Homeless	

Supplemental Services (complete only if you have authorized supplemental service capacity)	
Please identify the supplemental services offered to Housing Support recipients during the reporting period:	<input type="checkbox"/> Assistance with transportation (providing rides and/or bus passes) <input type="checkbox"/> Arranging meetings or appointments <input type="checkbox"/> Arranging medical or social service appointments

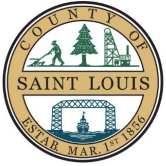


	<p> <input type="checkbox"/> Medication reminders <input type="checkbox"/> Less than 24 hour per day supervision <input type="checkbox"/> 24 hour on-site staff/supervision <input type="checkbox"/> Referrals to services as identified in the Professional Statement of Need </p> <p> <input type="checkbox"/> List agencies most commonly referred to: </p> <p>_____</p> <p>_____</p> <p>_____</p> <p> <input type="checkbox"/> If all minimum supplemental services were offered and/or provided, what additional supplemental services were offered: </p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>If you receive an ENHANCED supplemental service rate, please provide a description of the services offered as required by statute:</p>	
<p>If you receive a PROJECT-BASED supplemental service rate authorized by the Minnesota Legislature, please provide a description of the services offered as required by statute:</p>	



Additional Information

Please provide any comments or concerns you have with regard to the provision of housing and/or services for this reporting period that you feel would be important for St. Louis County or DHS to know.



**PUBLIC HEALTH
& HUMAN SERVICES**
ST. LOUIS COUNTY, MN

APPENDIX J

CORRECTIVE ORDER

____ LTH Supportive Housing

____ Supportive Housing

____ Board and Lodge

____ Assisted Living/Customized Living

____ Adult Foster Care

PROVIDER NAME AND ADDRESS:

COMPLIANCE OFFICIAL:

PHONE:

DATE OF ORDER:

BASIS FOR CORRECTIVE ORDER:

PROVIDER DIRECTIONS: Please submit in writing notice of how these violations have been corrected and the date the corrections were made within 10 business days. Sign and date this form and return to this compliance official **no later than** _____. Your signature certifies that all corrections listed below have been made. Failing to comply with the corrective order may result in the implementation of a program improvement plan (PIP) pursuant to the St. Louis County Board and Lodge Program Provider Manual, Compliance Actions Policy.

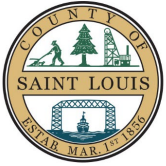
Citation/Rule	Violation	Deadline for Correction	Date Corrected	How Corrected

COMPLIANCE OFFICIAL SIGNATURE: _____

DATE ISSUED: _____

PROVIDER SIGNATURE: _____

DATE RETURNED: _____



**PUBLIC HEALTH
& HUMAN SERVICES**
ST. LOUIS COUNTY, MN

PROGRAM IMPROVEMENT PLAN

APPENDIX K

____ LTH Supportive Housing

____ Supportive Housing

____ Board and Lodge

____ Assisted Living/Customized Living

____ Adult Foster Care

PROVIDER NAME AND ADDRESS:

COMPLIANCE OFFICIAL:

PHONE:

DATE OF PLAN:

BASIS FOR PLAN IMPLEMENTATION:

PROVIDER DIRECTIONS:

Correction Number	Remedy Requirement
1.	
2.	
3.	

REVIEW MEETING DATE:

COMPLIANCE OFFICIAL SIGNATURE: _____

DATE ISSUED: _____

PROVIDER SIGNATURE: _____

DATE RECEIVED: _____