



***Interagency Council on Homelessness  
Strategic Planning Committee***



***23 August 2022***

# Meeting Agenda



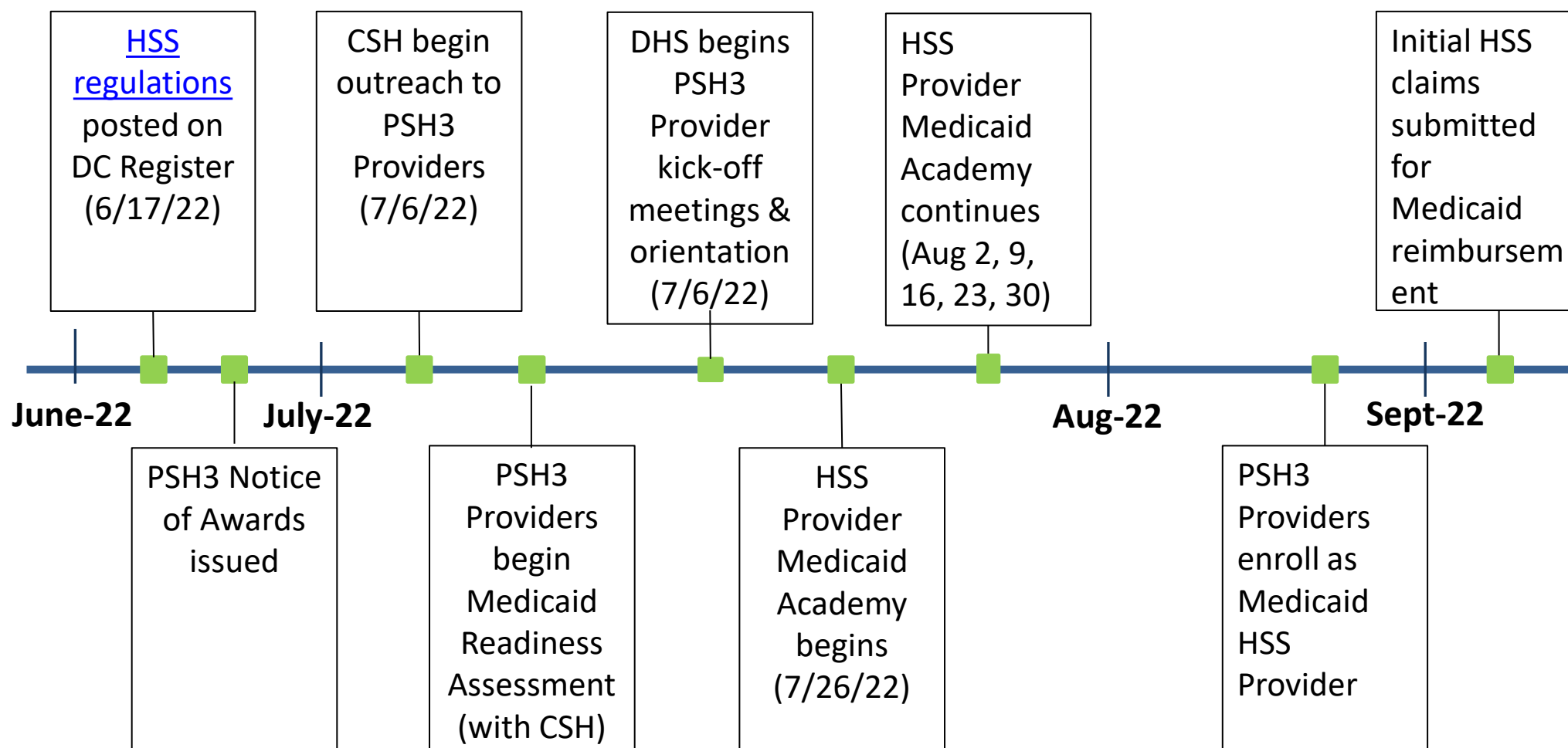
- I. **Welcome & Agenda Review (5 mins)**
  - a) **Introduction & Agenda Review**
  - b) **Call for Partners Updates/Announcements**
- II. **Discussions (60 mins)**
  - a) **DHS PSH & Medicaid Launch Progress (20 mins)**
  - b) **FRSP Program Updates (40 mins)**
- III. **Updates (20 mins)**
  - a) **Upcoming Solicitations (15 mins)**
  - b) **DHS – Monkeypox Response and Protocols (5 mins)**
- IV. **Announcements and Reminders (as needed)**
- V. **Summary and Adjournment (5 mins)**
  - a) **Reminder: Strategic Planning now meets every other month**
  - b) **Next Meeting: October 25, 2:30 – 4 PM**

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# Timeline and Key Dates



# Provider Capacity Supports

- ❖ **PSH3 Kick-Off & Orientation – DHS and Office of Contract & Procurement**
  - Introductory 1:1 meeting to review high-level program and contract requirements and expectations for each provider; Introductions to key points of contact
- ❖ **Technical Assistance for PSH3 Providers - [CSH](#)**
  - CSH supports PSH3 providers' transition to a DC Medicaid HSS provider with a three-step approach: 1) Provider Self-Assessment; 2) Medicaid Academy training; 3) Tailored 1:1 and group coaching
  - Technical Assistance Assumptions: Smaller providers, especially those that do not have Medicaid billing experience, will likely need greater support; continuity of care for clients is central so imperative to ensure existing providers transition successfully
- ❖ **[DHS HSS Website](#)**
  - Launch of revamped HSS website in September 2022, including FAQs, CSH training materials

**Have an immediate question related to the HSS benefit?  
Please contact Dena Hasan ([dena.hasan@dc.gov](mailto:dena.hasan@dc.gov))**

# DC Medicaid Academy Training Dates

DC Medicaid Academy Session	Date/Time	Topic
<i>Summer Session 1</i>	7/26/2022 3-5PM	Focus on understanding Medicaid Provider Enrollment & Steps to Complete It
<i>Summer Session 2</i>	8/2/2022 3-5PM	Individual Medicaid Eligibility and Enrollment Into the HSS Benefit
<i>Summer Session 3</i>	8/9/2022 3-5PM	Staffing Models: Cost Estimates and Revenue Projections for Medicaid Reimbursement
<i>Summer Session 4</i>	8/16/2022 3-5PM	Policies & Procedures for Medicaid providers
<i>Summer Session 5</i>	8/23/2022 3-5PM	Ins and Outs of Medicaid Documentation & Documentation Compliance and BILLING!
<i>Summer Session 6</i>	8/30/2022 3-5PM	Quality Assurance & Improvement for Medicaid Providers



# Medicaid Standards: Third-party, Conflict- Free Assessments, Care Plan Development & Client Choice

- ❖ Requirement: Persons performing client evaluations, assessments, and plans of care must be independent from case managers delivering services, and cannot be:
  - related by blood or marriage to the individual, or paid caregiver of the individual
  - financially responsible for the individual
  - empowered to make financial or health-related decisions on behalf of the individual
  - the case manager delivering services to the individual, or those who have interest in or are employed by the case management entity delivering services
  
- ❖ Requirement: Clients must select their Medicaid Housing Supportive Services (HSS) provider

# Conflict-Free Assessment Progress

- ❖ Completed ~2,000 conflict-free assessments with 4 providers, as well as with new PSH clients
  - ❖ ~30 clients expressed interest in provider change
- ❖ DHS will reach out to providers ~2 weeks before starting assessments with their clients; providers should be updating client contact information in preparation



# Data & Billing

- ❖ New fields are added to HTH to capture information HSS providers need to bill Medicaid
- ❖ Gathered and incorporated input on new HTH fields from providers
- ❖ Updated HTH will launch on September 1, 2022

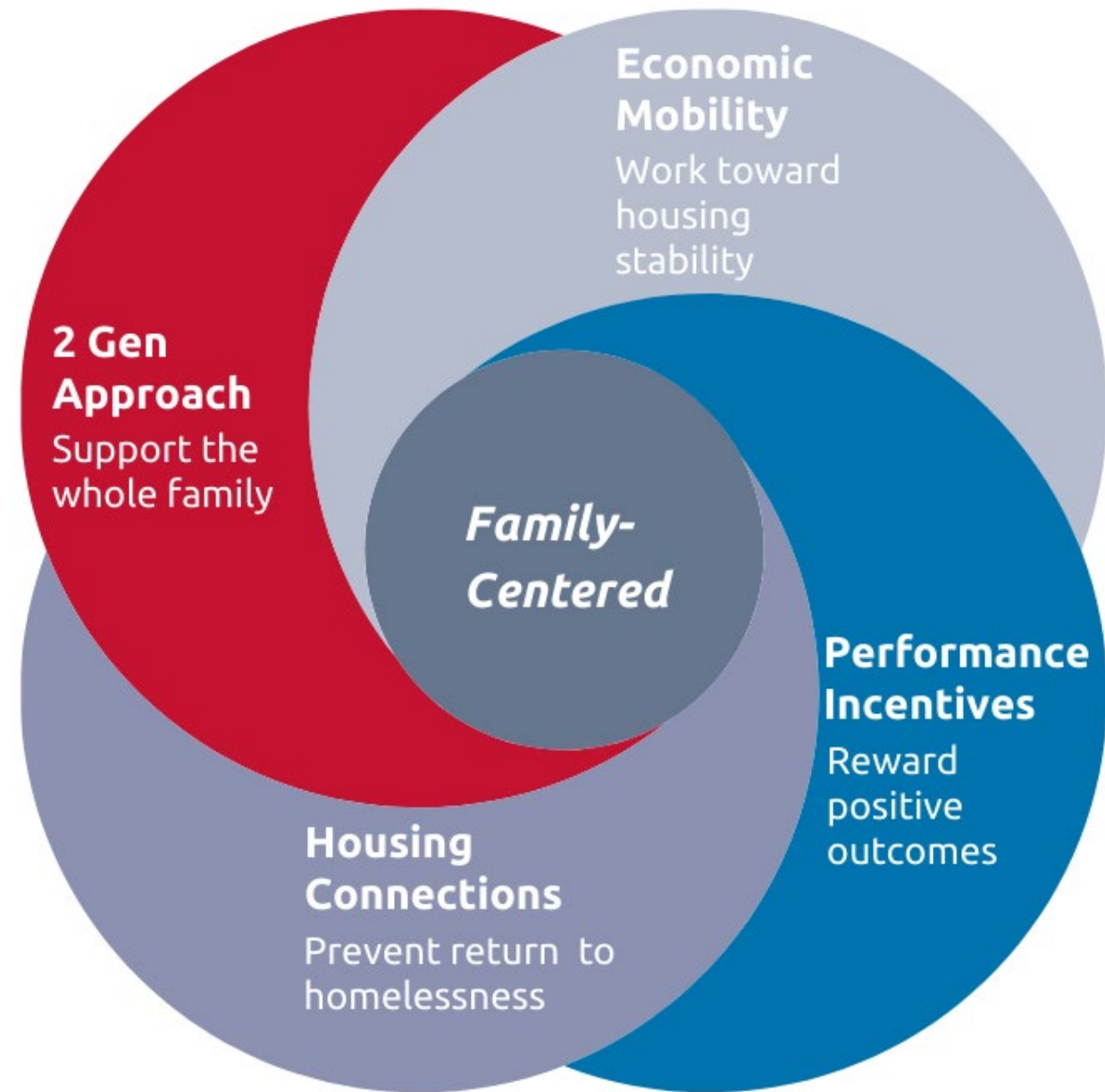
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# New Human Care Agreements

We want to directly partner with providers so that we can quickly assess what's working and what's not and make changes together.



# Highlight of Changes in the New FRSP Contract

Description	Existing Contract	New Contract
<b>Clear Key Performance and Outcome Expectations</b> <ul style="list-style-type: none"> <li>Increasing income, housing stability, return to homelessness</li> </ul>	No	Yes
<b>Incentives for client and providers</b>	No	Yes
<b>Option to opt-in and opt-out of case management</b>	No	Yes
<b>Enhanced tracking and documentation</b> <ul style="list-style-type: none"> <li>Income increase</li> <li>Rent payment</li> <li>Recertification</li> </ul>	No	Yes
<b>Life Skills Training</b>	No	Yes
<b>Non-traditional Hour Services</b>	No	Yes
<b>Full enforcement of program rules</b>	No	Yes

# FRSP Human Care Agreements Updates

- We have deemed 19 Providers as ‘Qualified’ – this means that they are eligible to establish a Human Care Agreement for FRSP Case Management Services.
- 14 of those 19 are existing FRSP Providers
- All existing FRSP providers were deemed qualified – which will help for a smooth transition

# Human Care Agreements Timeline

ITEM	STATUS
Select Qualified Providers	COMPLETE
Finalize Awards	IN PROGRESS
Ramp Up Period	Now-October 1
New Model Begins	October 1

# Changes to FRSP Rent Payments & Inspections

- DHS is in the process of transitioning rent payment & inspections from DCHA to Greater Washington Urban League (GWUL)
- GWUL previously managed this process for the Rapid Rehousing Program for Single Adults – and so they are expanding their portfolio for FRSP.

# Goals of GWUL Partnership



## **New Tools to Make Life Easier for Families.**

We will be rolling out a new client payment portal – so clients can pay rent through their phone. They can also go to any MoneyGram in DC and connect the money order to their account.



## **Improved Customer Service for FRSP Families & Landlords.**

One phone number, responsive, fast service.



## **Flexibility to Try New Things.**

Through this agreement we can pay clients financial incentives directly. We are planning to implement bonuses for successful outcomes – one day we might try matched savings accounts.



## **Faster & Better Inspections.**

Reduce wait time to get into units. Ensure accountability for safe healthy homes.



# GWUL Timeline

ITEM	STATUS
Transition all inspections	COMPLETE
Transition all landlord payments	IN PROGRESS to be complete by Sept 1
Roll Out MRI Payment Tool	IN PROGRESS
Roll Out New Client Payment Portal	FALL 22

# Upcoming Changes

- Continue our IT System development for effective management and oversight of providers
- Updating the FRSP Regs based on FRSP Task Force Feedback & OIG Report.

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# Understanding the HUD NOFOs



HUD has released two separate but related notices of funding opportunity (NOFO):

- ❖ **CoC NOFO:** This is the annual funding competition to renew existing HUD CoC Program Grants and to apply for new programs under the CoC Bonus and Domestic Violence Housing Bonus
- ❖ **Unsheltered Supplemental NOFO:** The purpose of this special NOFO is to target efforts to reduce unsheltered homelessness, particularly in communities with very high levels of unsheltered homelessness and homelessness in rural areas. Through this Special NOFO, HUD will award funding to communities to implement coordinated approaches - grounded in Housing First and public health principles - to reduce the prevalence of unsheltered homelessness, and improve services engagement, health outcomes, and housing stability among highly vulnerable unsheltered individuals and families. HUD expects applicant communities to partner with health and housing agencies to leverage mainstream housing and healthcare resources. \$267.5 million is available for projects as part of the Unsheltered Homelessness Set Aside. The District is eligible for about \$14.6 million.

# Timeline: CoC NOFO



- ❖ **Community Input Sessions:**
  - **Fall 2021:** NOFO Debrief & Community Input Sessions on Use of Bonus Resources
  - **Summer 2022:** Input Session on Prioritization Framework for Supplemental NOFO to be adopted at today's Executive Committee Meeting
- ❖ **8/12 & 8/18/22: Community Informational Sessions**
- ❖ **8/12, 8/18, & 8/19/22: Project Application Training Sessions**
  - TCP will add training sessions on 8/22/22 based on demand
- ❖ **8/26/22: Project Applications and Justification Letters Due**
- ❖ **9/30/22: Consolidated Application Package Due to HUD**

# Timeline: **Unsheltered Supplemental NOFO**



- ❖ **Community Input Sessions:**
  - 7/27/22: ICH Emergency Response and Shelter Operations
  - 8/2/22: ICH Single Adult System Workgroup
- ❖ **Adoption of Community Feedback**
  - 8/9/22: Executive Committee
- ❖ **8/12 & 8/18/22: Community Informational Sessions**
- ❖ **8/12, 8/18, & 8/19/22: Project Application Training Sessions**
  - TCP will add training sessions on 8/22/22 based on demand
- ❖ **9/20/22: Declaration of Intention to Apply Due; Submission of Project Application Materials/Justification Letters begins**
- ❖ **9/30/22: Project Applications and Justification Letters Due**
- ❖ **Adoption of Draft Community Plan**
  - 10/11/22: Executive Committee
- ❖ **10/30/22: Consolidated Application Package Due to HUD**

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# What You Need to Know About Monkeypox

DC HEALTH  
GOVERNMENT OF THE DISTRICT OF COLUMBIA

## What is monkeypox?



Monkeypox is a rare, but potentially serious viral illness that can be transmitted from person to person through direct contact with bodily fluids or monkeypox lesions/rash.

## How do I get monkeypox?



Monkeypox spreads between people primarily through direct contact with infectious sores, scabs, or bodily fluids. Monkeypox can spread during intimate contact between people, including sex, kissing, hugging, or talking closely; and touching fabrics and objects during sex that was used by a person with monkeypox, such as bedding and towels. It can also be spread through respiratory droplets or oral fluids from a person with monkeypox.

## What are the symptoms of monkeypox?



Fever



Swollen Lymph Nodes



Headache



Chills



Muscle aches



Exhaustion



Backache



Skin Lesions (rash)

Symptoms usually appear 7–14 days after exposure, with range of 5–21 days.

## What happens if I think I have monkeypox?

You should see your healthcare provider or local wellness clinic for a health assessment.

## How can I prevent monkeypox?

- ▶ Avoid coming into contact with people recently diagnosed with the virus or those who may have been infected.
- ▶ Wear a face mask if you are in close contact with someone who has symptoms.
- ▶ Wash your hands with soap and water or use hand sanitizer, especially after coming into contact with those who are infected — or suspected infected.

For more information about monkeypox, visit: [Preventmonkeypox.dc.gov](https://www.preventmonkeypox.dc.gov)

# Monkey Pox (MPX) Update

- DHS issued guidance on 8/4, available [HERE](#)
- Please share the [DC Health MPX Factsheet](#) widely
- DC Health will be joining Shelter Town Hall Mtgs & Training Peer Educators
- Setting up vaccination clinics with DC Health for at risk populations



# DHS MPX Guidance

## For Suspected Cases

- Notify DC Health: **844- 493-2652**
- Notify DHS & TCP [HERE](#)
- *CONGREGATE SETTINGS ONLY*  
Call ISAQ Hotline 202-671-3076

## Vaccination

- Eligibility Information & Pre-Registration [HERE](#)
- Vaccination Clinic Scheduled for 8/31, 9-12 and 3-6pm  
CCNV parking lot – corner of 2nd and D St

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# Concerns/Questions Flagged re Migrants



- ❖ Providers and advocates on the call are working with families and referring them to the Virginia Williams Family Resource Center (VWFRC), which has been more responsive recently
- ❖ Representatives with lived experience articulated
  - Concern that influx of migrants and accommodations in the District's homeless services system will displace local residents that are in need homeless services;
  - Call to embrace impacted migrant individuals and families who are in the District through no fault of their own.
- ❖ Need for clear messaging re what part DHS can play in this and where the funding is coming from –including clarification that FEMA funding is the source of support for interim shelter, and not local funding.
  - Need to be explicit that monies local District dollars allocated/budgeted for via the DC Council are not the source of support for the Migrant individuals and families served.
  - Ensuring that we're not relying on anecdotal messages which create a hostile environment
- ❖ How do we ensure we are equipped with the cultural and linguistic competency to adequately support the influx of migrants?



