



**Request for Contract – Information Summary  
FY21 SCOPE OF WORK TEMPLATE**

**CONTRACT IS MEDICAID**

**PNDS ASSIGNED:** Melissa Payne

*To be completed by staff for any amount over \$1,000.00. If necessary, additional information may be requested regarding the vendor prior to proceeding with the contract process.*

<b>Contractor Name:</b>		
<b>Corporate Address:</b>		
<b>Local Address:</b>		
<b>Billing Address:</b>		
<b>Phone:</b>	<b>Fax:</b>	<b>Federal Tax ID #:</b>
<b>Contact/Position:</b>		<b>Email:</b>

**Name of Program/Services**

Peer Support Services—Tenancy focus

**Description of Services**

Peer Support Services—Tenancy focus is a service provided to individuals who have tenancy support needs and is intended to increase an individual’s ability to live successfully in the community by maintaining tenancy. Peer Support Services-Tenancy focus is appropriate for individuals who are currently in stable housing but have continuing needs around maintaining tenancy, community inclusion, building supports, and enhancing quality of life. This service is intended as a step-down from more intensive supports (e.g. Community Support Team, Transition Management Service) and to provide a ‘light touch’ for individuals who have already achieved stable housing (90 days post-lease signing) but require ongoing support for tenancy.

**Required Elements of the Program/Service**

Provider is expected to adhere to the current state service definition for Peer Support Services (Clinical Coverage Policy 8G);

**Best Practices for Permanent Supportive Housing**

- Choice of housing
- Functional separation of housing and services
- Decent, safe, and affordable housing
- Housing integration
- Access to housing



- Flexible, voluntary, and recovery focused services
- Active outreach and engagement
- Connecting people to benefits and community-based services
- Providing direct supports for housing retention

Ensuring persons are living in safe, decent, and affordable housing is essential to treatment retention and success. When a person is facing eviction or living in homelessness or substandard housing, it is imperative that every effort to avoid eviction or rapidly re-house a person be made.

#### **Highlights and examples of Skills Development, Symptom Management and Recovery Support**

- Actively explore and pursue Community Inclusion opportunities with member
- Actively explore employment and education options with member, with emphasis on IPS-Supported Employment
- Manage Integrated PCP with focus on housing and community inclusion
- Support with discharges from hospitals and other crisis centers
- Assist and support completion of recertification documentation for rental assistance
- Assist and support preparation for and scheduling of annual inspection of unit
- Attend and provide support during lease-signing and move-in
- Assist and support member with ability to inhabit new housing upon move in
- Assist and support member with shopping for items needed to maintain community living
- Assist and support members when they separate from housing (e.g. move out furniture, secure storage, work with natural supports, etc.)
- Assist and support member with re-housing plans
- Assist and support member with completion of FL-2 and applying for Special Assistance (SA) In-home
- Assist and support member with applying/recertification for Disability and Medicaid
- Assist and support member with applying for mainstream vouchers

#### **TCLI specific requirements**

- Communicate with Alliance TCLI staff as needed
- Complete and submit a Monthly Tenancy Checklist to TCLI Supervisor
- Assist and support with completing and obtaining signatures on TCL Voucher Forms
- Notify TCL staff when referring member to additional services, higher level of care, or discharging from services
- Provide notification to TCL Team of any application denials, lease violations, rehuses, notices to vacate, or unexpected absences from unit (i.e., hospitalization or incarceration)

#### **Additional Staff Training Requirements:**



Permanent Supportive Housing 15-hours  
Housing First

**Target Population and Eligibility Criteria**

This is a step-down service for individuals who are living in supportive housing AND meet eligibility requirements for Peer Support (Clinical Coverage Policy 8G)

**Exclusionary Criteria**

Individuals receiving other services that provide tenancy support (ACTT, CST, TMS, Individual Support)

**Discharge Criteria**

Individuals experiencing a housing crisis or are in need of housing search assistance or are in need of a higher level of care

**Collaboration**

- Provider will participate in monthly Learning Collaborative meetings related to tenancy and employment.
- It is expected that provider shall adhere to System of Care values and principles in providing a person centered, strength-based service delivery approach to assist members in achieving their outcomes.
- Provider shall collaborate with Alliance and any other identified partners in implementing this service.
- Provider will collaborate with other provider agencies that are providing services to individuals who receive Peer Supports.
- A minimum of weekly collaboration is expected for all individuals receiving IPS-SE services.
- Provider will work with local Alliance Housing Specialists to identify other potential avenues for housing for these individuals that is self-sustaining. Provider will attend case review meetings with Alliance's TCLI staff as requested for applicable individuals.
- Provider will work with local churches, nonprofits, thrift stores to identify cost effective ways for individuals receiving this service to furnish their homes.
- Provider will work with community resources and organizations to ensure member is aware of ways to fully integrate into his or her community utilizing physical and behavioral health, social, spiritual, financial, transportation, vocational and educational resources.

**Documentation Requirements**

A daily full service note or grid that meets the criteria specified in the DMH/DD/SAS Records Management and Documentation manual (APSM 45-2) is required. The DMH/DD/SAS Records Management and Documentation Manual can be found at: <https://files.nc.gov/ncdhhs/RMandDM%203rd%20Edition%209-1-16.pdf>



**Required Outcomes**

Outcomes will be measured through PCP goals and progress

**Reporting Requirements**

**Utilization Management**

**Finance**

Provider must submit all billing into the Alliance Claims System (ACS) for reimbursement. Provider is responsible for tracking the amount of service reimbursement they have been paid.

Billing code is H0038 for Peer Support Services.