

Frequently Asked Questions on the *Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status*

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Section I. Purpose:

In July 2014, HUD published the Notice CPD-014-12–[Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status](#) (Prioritization Notice) which provided guidance to Continuums of Care (CoC) and recipients of Continuum of Care (CoC) Program (24 CFR part 578) funding for permanent supportive housing (PSH) regarding the order in which eligible households should be served in all CoC Program-funded PSH. The Prioritization Notice also established recordkeeping requirements for all recipients of CoC Program-funded PSH that includes beds that are required to serve persons experiencing chronic homelessness as defined in 24 CFR 578.3, in accordance with 24 CFR 578.103 and are applicable for all program participants entering these projects following the effective date of the Prioritization Notice.

Since publishing the Prioritization Notice, HUD has received many questions and requests for clarification. The questions and answers provided in this document are all based on actual questions that HUD received. The guidance contained herein aims to provide additional information and clarity for CoCs and recipients of CoC Program-funded PSH.

Section II. Orders of Priority for Permanent Supportive Housing

1. What is the difference between a “dedicated” permanent supportive housing (PSH) bed and a “prioritized” PSH bed? What is an example of each?

A CoC Program-funded PSH project with beds that are specifically targeted to persons experiencing chronic homelessness are considered to be either dedicated or prioritized. Section II of the Prioritization Notice provides guidance on what each of these classifications mean and how they are different. Here is a further breakdown of each:

Dedicated PSH. A PSH bed is considered to be “dedicated” when the project recipient has committed to exclusively serving the persons experiencing chronic homelessness for the duration of the grant. These typically are beds in projects that were funded under special Notice of Funding Availability (NOFA) requirements in a given CoC Program Competition (formerly Homeless Assistance Grants competition). For example, beds in PSH projects that were originally funded as a Samaritan Housing Bonus project are considered to be dedicated and this designation cannot generally be changed. Similarly, in FY 2013 and FY 2014 the only permissible PSH projects that could be funded, either through reallocation or through the FY 2014 bonus, were projects that would exclusively serve chronically homeless individuals and families. These beds are also considered to be dedicated. A recipient may also choose to designate some or all of the beds in a PSH project as dedicated on their own, even when not required through NOFA. Under either circumstance, the recipient is required through its grant agreement to exclusively serve persons experiencing chronic homelessness in those beds that are dedicated unless there are no persons within the CoC’s geographic area that meet that criteria. HUD does not expect recipients of dedicated or prioritized CoC Program-funded PSH to hold vacant beds open indefinitely while waiting to locate persons experiencing chronic homelessness. For more information, see question 8. These beds are also identified as “CH Beds” on a CoC’s Housing Inventory Count. Where PSH projects have dedicated beds on their own and not as part of a NOFA funding

requirement, the designation can be changed but only through a grant agreement amendment, because HUD considers this a significant change to the grant agreement.

Prioritized PSH. A PSH bed is considered to be “prioritized” when a project recipient has prioritized persons experiencing chronic homelessness in some or all of its beds even though this was not the target population identified in the original project application. Prior to 2013, HUD did not have a meaningful way to track these beds. Beginning in the FY 2013 CoC Program Competition, HUD updated the project application to include a field for the project applicant to identify beds that would be prioritized for use by persons experiencing chronic homelessness. This information is incorporated into the grant agreement for that year and the recipient is required to prioritize persons experiencing chronic homelessness in at least as many beds as indicated in the most recent project application. A recipient of PSH may choose to prioritize persons experiencing chronic homelessness in more beds than indicated in the project application without being required to execute a grant agreement amendment.

2. Are recipients of PSH funded under the CoC Program required to follow the orders of priority provided in the Prioritization Notice?

No. However, HUD strongly encourages CoCs to incorporate the orders of priority described in the Prioritization Notice into their written standards. By doing so, CoCs may then require all CoC Program-funded PSH recipients to comply and follow these orders of priority. Although not required, HUD would only consider a CoC as following the orders of priority provided in the Prioritization Notice when orders of priority are incorporated exactly as stated in the Prioritization Notice.

3. Does HUD expect all PSH funded through the CoC Program to prioritize the chronically homeless?

At this time, only 30 percent of all CoC Program-funded PSH is dedicated to the chronically homeless. In order to meet the Administration’s goal of ending chronic homelessness, recipients must significantly increase the number of PSH units targeted to persons with the highest needs and greatest barriers towards obtaining and maintaining housing on their own. HUD expects recipients of PSH to serve people with the longest histories of homelessness and the most severe service needs. Although this typically would be persons experiencing chronically homeless, HUD recognizes that there are homeless individuals and families that have severe service needs that are in need of PSH but that do not yet meet the criteria required to be considered chronically homeless. Therefore, the Prioritization Notice establishes two orders of priority aimed at ensuring that all PSH funded through the CoC Program targets the persons who need it the most—whether that be a person experiencing chronic homelessness or a person with the most severe needs that do not yet meet the requirements to be considered chronically homeless—and moves communities away from a first-come-first-served approach that has been ineffective in reducing chronic homelessness.

4. What is the order of priority for CoC Program-funded PSH beds that are either dedicated or prioritized for the chronically homeless?

Where the CoC has adopted the orders of priority described in the Prioritization Notice, recipients of either dedicated or prioritized CoC Program-funded PSH must select persons for permanent supportive housing in the following order:

Order of Priority 1—A household should be prioritized first in dedicated or prioritized PSH if all of the following are true:

- (a) Individual or head of household meets the definition of chronically homeless per 24 CFR 578.3; and,
- (b) The length of time the individual or head of household has been homeless is at least 12 months continuously or over a of at least four occasions in the past 3 years where the total length of time homeless totals at least 12 months; and,
- (c) The individual or head of household has been identified as having severe service needs.

Order of Priority 2—A household should be prioritized second in dedicated or prioritized PSH if all of the following are true:

- (a) Individual or head of household meets the definition of chronically homeless per 24 CFR 578.3; and,
- (b) The length of time the individual or head of household has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter is at least 12 months continuously or over a period of at least four occasions in the past 3 years where the total length of time homeless totals at least 12 months; and,
- (c) The individual or head of household has **NOT** been identified as having severe service needs; and,
- (d) There are no chronically homeless households within the CoC's geographic area that meet the criteria under Order of Priority 1 for dedicated or prioritized PSH.

Order of Priority 3—A household should be prioritized third in dedicated or prioritized PSH if all of the following are true:

- (a) Individual or head of household meets the definition of chronically homeless per 24 CFR 578.3; and,
- (b) The length of time the individual or head of household has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter is at least four occasions in the past 3 years where the total length of time homeless totals less than 12 months; and,
- (c) The individual or head of household has been identified as having severe service needs; and
- (d) There are no chronically homeless households within the CoC's geographic area that meet the criteria under Order of Priority 1 and 2 for dedicated or prioritized PSH.

Order of Priority 4—A household should be prioritized fourth in dedicated or prioritized PSH if all of the following are true:

- (a) Individual or head of household meets the definition of chronically homeless per 24 CFR 578.3;
- (b) The length of time the individual or head of household has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter is at least four

occasions in the past 3 years where the total length of time homeless totals less than 12 months (see question 5 below); and,

- (c) The individual or head of household has **NOT** been identified as having severe service needs; and
- (d) There are no chronically homeless households within the CoC's geographic area that meet the criteria under Order of Priority 1, 2, and 3 for dedicated or prioritized PSH.

5. On page 7 of the Prioritization Notice, there is a conflict between the second and fourth order of priority for dedicated and prioritized beds. Both include persons with at least 12 months of continuous time living in a place not meant for human habitation, in an emergency shelter, or in a safe haven and who have not been identified as having severe service needs—which is accurate?

HUD published the Prioritization Notice with an error on page 7—which has since been corrected and posted—under Section III.A.1.d, where persons that have been living in a place not meant for human habitation, a safe haven, or in an emergency shelter are identified under both order of priority numbers 2 and 4. Persons that have been continuously living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months continuously should always be prioritized under either order of priority 1 (if they also have severe service needs) and 2 (if they do not have severe service needs). Order of priority number 4 in the Prioritization Notice erroneously included these households. The Notice has been corrected and the revised version has now been [posted](#).

6. What is the order of priority for CoC Program-funded PSH beds that are not dedicated or prioritized?

HUD encourages CoCs and recipients of non-dedicated and non-prioritized CoC Program-funded PSH to offer housing to persons experiencing chronic homelessness first, to the maximum extent possible. For all other CoC Program-funded PSH, where the CoC adopts the orders of priority established in the Prioritization Notice and incorporates them into their written standards, households should be selected in the following order:

Order of Priority 1—A household should be prioritized first in non-dedicated and non-prioritized PSH if the following are true:

- (a) Household is eligible for CoC Program-funded PSH meaning that there is a household member with a disability and they are coming from a place not meant for human habitation, a safe haven, or in an emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution; and
- (b) The household has been identified as having severe service needs.

Order of Priority 2—A household should be prioritized second in non-dedicated and non-prioritized PSH if all of the following are true:

- (a) Household is eligible for CoC Program-funded PSH meaning that there is a household member with a disability and they are coming from a place not meant for

human habitation, safe haven, or emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution; and,

- (b) The household has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 6 months or has experienced three occasions in the past 3 years of living in one of these locations; and,
- (c) The household has NOT been identified as having severe service needs; and,
- (d) There are no eligible households within the CoC's geographic area that meet the criteria under Order of Priority 1 for non-dedicated or non-prioritized PSH.

Order of Priority 3—A household should be prioritized third in non-dedicated and non-prioritized PSH if all of the following are true:

- (a) Household is eligible for CoC Program-funded PSH meaning that there is a household member with a disability and they are coming from a place not meant for human habitation, safe haven, or emergency shelter.. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution; and,
- (b) The household has NOT been identified as having severe service needs **AND** has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter for less than six months or has experienced less than three occasions of living in one of these locations in the past 3 years; and,
- (c) There are no eligible households within the CoC's geographic area that meet the criteria under Order of Priority 1 and 2 for non-dedicated or non-prioritized PSH.

Order of Priority 4—A household should be prioritized fourth in non-dedicated and non-prioritized PSH if the following is true:

- (a) Any household that is eligible for CoC Program-funded PSH meaning that there is a household member with a disability and they are coming from transitional housing where they entered directly from a place not meant for human habitation, emergency shelter, or safe haven.
- (b) There are no eligible households within the CoC's geographic area that meet the criteria under Order of Priority 1, 2, and 3 for non-dedicated or non-prioritized PSH.

Summary of Each Order of Priority

Order of Priority for Dedicated or Prioritized, Non-Dedicated Beds

Order of Priority for Dedicated and Prioritized PSH	Meets HUD's Chronic Homelessness Definition	Has Severe Service Needs?	Other Requirement
1	Yes	Yes	At least 12 months continuous <u>or</u> at least 12 months cumulative across 4 episodes in three years
2	Yes	No	At least 12 months continuous <u>or</u> at least 12 months cumulative across 4 episodes in three years
3	Yes	Yes	Less than 12 months cumulative across 4 episodes in three years
4	Yes	No	Less than 12 months cumulative across 4 episodes in three years

Order of Priority for Non-Dedicated and Non-Prioritized PSH	Meets HUD's Chronic Homelessness Definition	Has Severe Service Needs?	Other Requirements
1	No	Yes	Coming from streets, safe haven, emergency shelter
2	No	No	Coming from streets, safe haven, and emergency shelter PLUS at least 6 months continuously homeless or at least 3 occasions in 3 years.
3	No	No	Coming from streets, safe haven, emergency shelter
4	No	No	Coming from transitional housing (first came from streets, safe haven, emergency shelter)

7. Does HUD expect CoCs and recipients of CoC Program-funded PSH to also prioritize veterans?

In addition to ending chronic homelessness, *Opening Doors* also seeks to end homelessness among veterans by the end of this year. HUD is strongly encouraging CoCs to work and coordinate with local Veterans Affairs (VA) Medical Centers on The HUD-Veterans Affairs Supportive Housing (HUD-VASH) program, to the extent that the program is available in a geographic area, to coordinate efforts related to ending veteran's homelessness. In particular, CoCs and CoC Program-funded PSH projects targeting homeless veterans should generally prioritize homeless veterans that are not eligible for VA housing and services. Further, where CoCs have adopted the orders of priority described in the Prioritization Notice, HUD encourages CoCs to further prioritize veteran households. Essentially this means that if two households present for assistance and both fall under the same order of priority (i.e., both chronically homeless and fall under order of priority number 1 for dedicated and prioritized PSH) but one is a veteran household and the other is not, the veteran household should be prioritized first.

8. Are recipients of dedicated or prioritized PSH funded under the CoC Program required to hold beds vacant indefinitely while trying to identify persons that meet the highest priority?

No. HUD does not expect recipients of dedicated or prioritized CoC Program-funded PSH to hold vacant beds open indefinitely while waiting to locate chronically homeless persons with the longest histories of homelessness and most severe service needs. Recipients are only expected to exercise due diligence and should document the efforts they have undertaken to locate persons that would be considered the highest priority. HUD does not have a specific time frame that a recipient must hold a bed vacant.

This is also the case when there are no persons identified within the CoC that meet the definition of chronically homeless in general. Where the orders of priority have been adopted by a CoC, if there are no persons within the CoC's geographic area that meet the definition of chronically homeless per 24 CFR 578.3, recipients of dedicated and prioritized CoC Program-funded PSH may serve households that are not experiencing chronic homelessness and in the order of priority described in the Prioritization Notice for non-dedicated and not-prioritized PSH beds. Should the bed turnover and become vacant again, the recipient must start by first seeking households that meet priority number 1 for dedicated and prioritized CoC Program-funded PSH.

9. How are these commitments made by CoCs in the FY 2013/FY 2014 CoC Application related to information entered in the project application and how will HUD monitor those commitments?

CoCs can expect to report on progress made on goals set and commitments made in the FY 2013/FY 2014 CoC Application in the FY 2015 CoC Application. HUD cannot comment on how that information will be requested or the extent it will contribute to the CoCs overall score.

In addition, where project applicants for PSH have indicated some or all of their non-dedicated PSH beds will be prioritized for use by the chronically homeless the project

grant agreement will incorporate this commitment. This means that as those beds turnover, the recipient will prioritize persons experiencing chronic homelessness for housing.

It is important to note that CoCs made commitments, and were scored for this criterion, based on the extent to which all CoC Program-funded PSH beds that turnover in a given operating year will be prioritized for the chronically homeless. Project applicants enter the number of beds that will be prioritized for the chronically homeless if and when they turnover. HUD will not penalize CoCs or project applicants where the turnover rate is lower than expected; however, HUD expects CoCs and project applicants to have met the overall percentage of turnover for which they committed. For example, if a CoC indicated in the FY 2013/FY 2014 CoC Application that it would have 100 beds made available through turnover in 2014 and they committed 85 percent of those, or 85 beds, to be prioritized for the chronically homeless. However, in 2014 there were only 75 beds that came available through turnover HUD would expect that only 85 percent of those, or 63 beds, to have been prioritized for the chronically homeless in 2014. Alternatively, if the CoC had a higher number of beds made available through turnover in 2014, HUD would expect a higher number of beds—based on the commitment of 85 percent—to have been prioritized for the chronically homeless.

Section III. Assessment Tools, Fair Housing, and Waiting Lists

- 10. Our community’s assessment tool assigns a score to each person when they are assessed and in some cases, a person with a high assessment score would not be considered the highest priority based on the Prioritization Notice. How should communities that want to prioritize persons in accordance with the orders of priority established in the Prioritization Notice reconcile this?**

Appendix A of the Prioritization Notice provided guidance on what HUD considers to be qualities of a good assessment tool and encourages CoCs to select a tool that will work in their community based on those criteria but has not endorsed any specific assessment tool. Ideally, an assessment tool will be aligned with HUD’s requirements and priorities however, assessment tools are created and developed independent of HUD and might place higher emphasis on factors that are not weighed as high by HUD when considering how to prioritize households for permanent supportive housing. Communities choosing a tool such as the VI-SPDAT that assigns a score to each person assessed might find persons receiving the highest score do not necessarily meet the highest priority according to the Prioritization Notice. In such cases, HUD expects the CoC to use the assessment tool as a starting point but use the guidelines of the Prioritization Notice to establish a single prioritized list. Some assessment tools might also prioritize specific disability-types which would not be consistent with fair housing requirements. CoCs can resolve this by ensuring that other factors are taken into consideration beyond the assessment tool when determining how a household should be prioritized for assistance. Even when the assessment tools do not align exactly with the Prioritization Notice, they provide valuable information to CoCs and are necessary to ensure that households are all assessed consistently across the CoC.

11. Our CoC wants to adopt the orders of priority established in the Prioritization Notice but has CoC Program-funded PSH projects with existing waiting lists. In such cases, how do CoCs create a single prioritized list, as encouraged by HUD in the Prioritization Notice?

HUD encourages CoCs to incorporate into their operating policies and procedures (which are included in the CoC's governance charter) a requirement that all CoC-funded PSH only accept referrals through a single prioritized list that is created through the CoC's coordinated entry process. This will allow recipients of CoC Program-funded PSH to maintain their own project-level waiting lists, if necessary, provided that all households are referred to the project-level waiting list based on where they fall on the CoC's single prioritized list and not on the date in which they first applied for housing assistance.

The CoC Program interim rule does not include any requirement that CoCs or recipients of CoC Program funds establish or maintain waiting lists. HUD recently published a [policy brief](#) on coordinated entry and the waiting list process. HUD strongly encourages CoCs and recipients of PSH to limit project-level waiting lists to the maximum extent feasible, however, when a waiting list cannot be avoided CoCs and recipients of PSH must consider the following:

- (1) Where a CoC adopts the order of priority established in the Prioritization Notice, recipients and subrecipients must only take referrals from a single prioritized list—each CoC and its providers, may determine the most effective way to address existing project-level waiting lists.
- (2) CoC's may, for example, decide to reassess all persons currently on a projects waiting list or eliminate the existing waiting list altogether. The CoC and recipients must notify all persons on the existing project-level waiting list(s) of such actions and ensure a transparent and open process.
- (3) The CoC's single prioritized list must not exclude eligible persons from housing (e.g., only prioritizing persons with a specific disability type).

This specific guidance only applies to projects that are funded with CoC Program funds where there are no other funding sources whose regulations prohibit the intended treatment of existing project-level waiting lists. HUD is working with other program offices (e.g., HOME Program) to develop guidance around how PSH receiving other sources of funding from HUD can participate in a meaningful way. See question 10 for specific information regarding projects that receive funding through both the CoC Program and the HOME Program.

12. What are examples of data-driven methods to identify whether or not a households has severe service needs?

The Prioritization Notice states that a household is considered to have severe service needs if they have a history of high utilization of crisis services and/or have significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain housing. The Prioritization Notice goes on to say that severe

service needs should be verified through data-driven methods or through the use of an assessment tool.

One example of a data-driven method is to conduct data matches using administrative data from hospitals, mental health systems, jails, or similar systems to spot frequent users and generate a list of priority individuals. This list can be cross-referenced with the current shelter census or other crisis service settings to locate and assertively engage potential program participants.

Another data-based strategy for targeting services is to use de-identified administrative data to develop predictive models that can be used in multiple venues to identify persons at highest risk of long-term homelessness and repeat hospitalization, recidivism or chronic child welfare involvement.

The United States Interagency Council on Homelessness has developed a resource that highlights these strategies in practice called [“Spotlight on Innovation: Communities Leading the Way on Prioritization”](#).

13. Is it permissible for a permanent supportive housing project that receives funding through both the CoC Program and the HOME Program to participate in a CoC’s coordinated entry process and receive for prioritized placement into vacant units designated for homeless persons?

Provisions at 42 U.S.C. 12755 and HOME Program regulations at 24 CFR 92.253(d) require that persons assisted in housing funded through the HOME Program be selected from a waiting list in chronological order; however, the waiting list process for units may defer to the process allowed by other Federal regulations. Under the CoC Program, CoCs are required to create written standards, which must include policies and procedures for determining and prioritizing which eligible individuals and families will receive PSH assistance funded with CoC Program funds (24 CFR 578.7(a)(9)(v)). The HOME Program requirement for selecting persons off of a waitlist in chronological order defers to this CoC Program requirement and allows for the establishment of a limited preference such as one for persons experiencing chronic homelessness with the longest histories of homelessness and the most severe service needs.

To implement a limited preference, owners of existing HOME Program-funded projects must update the tenant selection plans as required by 24 CFR 92.253(d). When providing HOME Program funding to new projects that will have a limited preference, the participating jurisdiction must describe the preference in its Consolidated Plan in accordance with 24 CFR 92.253(d)(3). The HOME Program requirement for the affirmatively marketing of units can be satisfied if a coordinated entry system includes all homeless providers in its system and provides a method for persons who decline assessment through the coordinated entry system to be placed on a HOME Program-funded project waiting list.

When establishing a limited preference, the project may further prioritize within that preference. For example, if a project establishes a limited preference for persons

experiencing chronic homelessness, the project may further prioritize within that limited preference in a manner consistent with the Prioritization Notice.

The HOME Program-funded project's existing waitlist does not get dissolved in order to implement the limited preference. Instead, the project-specific wait lists still must be maintained in chronological order, but those persons referred from the coordinated entry system, as long as they meet the criteria for the limited preference, may be moved up on the list and prioritized for housing placement. The HOME Program-funded project may choose to maintain one general wait list and a separate wait list for designated units, or it may maintain a combined wait list, within which persons who meet the qualifications of the limited preference are prioritized.

14. Many assessment tools gauge vulnerability or level of service needs by assessing for certain types of disabilities. Is this compliant with fair housing laws?

Protections should be in place to ensure compliance with all civil rights requirements, including, but not limited to, the Fair Housing Act, Title VI of the Civil Rights Act of 1964, and Section 504 of the Rehabilitation Act of 1973. To be compliant with fair housing laws:

- (1) The assessment tool must not seek disability-related information unless it is necessary for determining the need for housing-related services.
- (2) The coordinated entry process must ensure program participants are informed of rights and remedies available under applicable federal, state, and local fair housing and civil rights laws, in accordance with the requirement at 24 CFR 578.93(c)(3).
- (3) The assessment tool can make certain considerations for specific disabilities provided that no housing decisions are made solely on the basis of a specific disability.

15. If a project receives funding through the CoC Program and another Federal program that requires that all participants have a serious mental illness to be eligible for services, how would the CoC prioritize under this circumstance?

HUD is encouraging recipients of CoC Program-funded PSH to follow the order of priority outlined in the Prioritization Notice, as adopted by the CoC, while also considering the goals and any identified target populations served by the project. CoC Program-funded PSH that is targeted to specific subpopulations should follow the order of priority under Sections III.A. or III.B. of the Prioritization Notice to the extent persons within that subpopulation meets the criteria.

For example, Project Home is a PSH project with dedicated beds that also receives funds from the Department of Health and Human Services (HHS) to pay for supportive services in conjunction with CoC Program-funded PSH that targets persons with a serious mental illness. The HHS funding requires that all participants that receive assistance have a serious mental illness. On the CoC's single prioritized waiting list there are five chronically homeless households that would meet the first tier under the order of priority for dedicated beds (i.e., longest history of homelessness and most severe service needs); however, none of them have a serious mental illness. Project HOME would not be required to serve these households even though they are higher priority within the CoC overall; instead, Project Home would prioritize the chronically homeless person with a serious mental illness that has the longest history of homelessness and most severe service needs among all other eligible persons with a mental illness within a CoC.

16. If a CoC's coordinated entry system is not yet fully operational for permanent supportive housing, how does a permanent supportive housing project that is not yet able to participate in a coordinated entry system follow the order of priority established in the Prioritization Notice?

Prioritization is the most effective when performed through a coordinated entry process. HUD recognizes that in many communities the coordinated entry system is still being developed and might not currently be in place for every housing type. In the meantime, recipients of CoC Program-funded PSH may still prioritize following the order of priority established in the Prioritization Notice by selecting persons from their project's wait list in a prioritized manner. Where a waitlist does not exist, the provider should be exercising due diligence to locate persons that meet the highest levels of priority according to the Prioritization Notice.

Section IV. Recordkeeping Requirements

17. Are the recordkeeping requirements in the Prioritization Notice only applicable to CoCs and PSH funded through the CoC Program recipients that have adopted the order of priority into their written standards?

No. Section V. of the Prioritization Notice establishes recordkeeping requirements for **all** recipients of CoC Program-funded PSH to the extent that they are required to document a program participant's status as chronically homeless as defined in 24 CFR 578.3 and in accordance with 24 CFR 578.103. This would include any recipient of CoC Program-funded PSH with one or more beds that are considered dedicated or prioritized for the chronically homeless. Recipients of CoC Program-funded PSH for which this applies must adhere to these requirements for project participants entering the project after July 28, 2014. Section V. of the Prioritization Notice also provides optional guidance on how providers that have adopted the orders of priority in Section III. of the Prioritization Notice should maintain evidence of implementing the priorities.

18. When documenting a program participant's chronically homeless status, under what circumstances is it acceptable for the length of time homeless to be documented based solely on a program participants self-report?

The Prioritization Notice provides guidance on how recipients of CoC Program-funded PSH are now required to document a households status as chronically homeless for dedicated and prioritized beds, including the order of priority for obtaining evidence. In general, recipients must seek documentation in the following order: (1) third-party documentation, (2) intake worker observations, and (3) certification from the person seeking assistance, self-report. This means that ideally, all documentation would be obtained first through third-party documentation, then intake worker observations, and lastly through self-report if neither of the other sources are available.

When documenting duration of homelessness, either continuous period of homelessness or number of occasions, there are limitations on the extent a period can be documented solely through self-report. To document 12 months of continuous homelessness, only 3 months can be documented via self-report. So at least 9 months of the 1-year period must be documented by one of the following: (1) HMIS data, (2), a written referral, or (3) a written observation by an outreach worker. To document at least four distinct occasions of

homelessness, at least three of the occasions must be documented in the same manner. Up to 3 months for continuous or one occasion for occasional may be documented via self-report from the person seeking assistance.

In extremely rare circumstances, a self-report may be accepted for the entire period when third-party evidence cannot be obtained. When such cases present, the intake worker must obtain a certification from the individual or head of household seeking assistance, and document all efforts made to obtain third-party documentation. The intake worker must also document the severity of the households living situation. An example of where this might occur is where an individual has been homeless and living in a place not meant for human habitation in a secluded area for more than 1 year and has not had any contact with the homelessness assistance system during that entire period.

19. Are there any circumstances when a program participant's diagnosis can be documented via self-report?

No. The recipient must maintain evidence of a diagnosis with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability. The condition must be documented with third-party documentation. For eligibility in PSH, a program participant's disability must also be of long and continuing duration, substantially impede the program participant's ability to live independently, and be improved by the provision of more suitable housing conditions. Although not specifically stated, by virtue of the nature of chronic homelessness, a person that meets all of the criteria of the definition of "chronically homeless" can be reasonably assumed to meet this standard. For additional information regarding documenting evidence of a diagnosis, refer to Section V.B.b.iii. of the Prioritization Notice.

20. Are records contained in HMIS or comparable database used by victim services or legal services providers acceptable evidence of third-party documentation?

Yes. Records contained in an HMIS or comparable database used by victim service or legal service providers are acceptable evidence of third-party documentation and intake worker observations if the HMIS retains an auditable history of all entries, including the person who entered the data, the date of entry, and the change made; and if the HMIS prevents overrides or changes of the dates entries are made.

21. Is there a minimum number of days in which a person must be homeless in order for that period to count as an occasion?

No. In order to provide the maximum extent of flexibility to communities, HUD has not required that a single occasion of homelessness must total a certain number of days. Instead, HUD would consider an occasion to be any period of homelessness where the household resided in a place not meant for human habitation, an emergency shelter, or a safe haven where that period was demarcated by a break, defined in the Prioritization Notice as at least 7 or more consecutive nights not residing in a place not meant for human habitation, in shelter, or in a safe haven.

Where the CoC has adopted the order of priority included in the Prioritization Notice, in order to meet the highest level of priority for dedicated and prioritized beds, an individual or household must have had either one occasion that lasted continuously without a break for 12 months or over a period of at least four occasions, each separated by a break as defined in the Prioritization Notice, where cumulative length of time homeless totals at least 12 months.

22. Can a child with a disability qualify a household as chronically homeless?

Under the definition of chronically homeless, the head of household (either adult or a minor if there is no adult present) must have the qualifying disability and meet all of the other criteria (i.e., length of time homeless) in order for a family to be considered chronically homeless.

Section V. Other

23. If a person is accepted into a permanent housing program but the project has not secured a permanent housing unit, does their chronic homeless status change if they do not remain on the streets or in a emergency shelter during the period while they are waiting for a unit? Does the chronically homeless household have to remain on the streets or in an emergency shelter during the period from being accepted into the project to lease-up of the unit or can they maintain their eligibility regardless of where they reside during that interim period?

To be served in HUD's Homeless Assistance Programs, projects funded under the Continuum of Care (CoC) or Emergency Solutions Grants (ESG) Programs, a household must meet the eligibility criteria under the specific program and applicable component type. Staff must document a client's chronically homeless status at intake into the project and should follow HUD's stated preferred order for documentation as described in the Prioritization Notice.

HUD understands that once a chronically homeless household has been determined eligible and accepted into a CoC Program-funded permanent supportive housing program, a unit is not always immediately available. During this time, unless they have other options such as living temporarily with friends or family, the household will generally continue to reside in an emergency shelter or on the streets, prolonging their period of homelessness.

Communities should continuously work to improve the system to decrease the amount of time it takes to secure a unit for program participants once accepted into a PSH program.

Because these types of changes and improvements can take time, HUD has determined that after an individual or family has been accepted into a program but before an appropriate unit has been identified, a household may stay with a friend or family or in a hotel or motel without losing their eligibility for the permanent supportive housing program in which they have already been accepted. HUD would also allow a CoC to temporarily house the participant in an available transitional housing bed while a permanent housing unit is identified. This allowance is only permitted in the circumstances described here and does not apply to persons enrolled in transitional housing that were considered chronically homeless prior to entry into the program and the following requirements apply:

- (1) Since the program participant has been accepted into a permanent supportive housing project, the transitional housing provider cannot place any requirements on the program participant, including requiring a program participant to participate in additional services as a condition of occupancy or requiring the program participant to meet sobriety requirements.
- (2) The permanent supportive housing provider must be **actively** assisting the program participant to identify a unit as quickly as possible and must be able to document attempts at locating a unit in the case file. Under no circumstances, should the placement in transitional housing slow down placement into permanent housing. This means that placing a program participant into a permanent housing unit should not take any longer than the time it would normally take to place someone in permanent housing who is residing on the streets or in an emergency shelter.
- (3) There cannot be duplication in billing for the program participant. For example, both programs cannot provide and then seek reimbursement from HUD for housing search or other services. The permanent supportive housing provider and the transitional housing provider must coordinate to ensure that appropriate services are provided and the same services are not being paid for out of both grants.

In addition to working to decrease the length of time it takes to locate and house a program participant in a permanent supportive housing unit, HUD expects CoCs to routinely review their portfolio of homeless assistance housing options to ensure the supply reflects the need. This means that if a CoC recognizes it has many homeless persons eligible for permanent supportive housing, for example, but they have more transitional housing available, then they should seriously consider developing a reallocation strategy that would allow them to reduce the number of transitional housing options in favor of creating more permanent supportive housing. HUD recognizes this takes time and is offering CoCs this flexibility, when the criteria above has been met, so chronically homeless persons have an alternative to sleeping on the streets when waiting for housing placement.

HUD encourages CoCs and recipients to follow a Housing First approach and establish policies and procedures that reduce barriers to obtaining a unit and reduce the amount of time households wait for units. This could include strategies such as identifying landlords who are willing to work with the recipient, inspecting units for Housing Quality Standards in advance of a household being shown the unit, and identifying landlords who are willing to rent units already in compliance with HUD's standards of Fair Market Rent and rent reasonableness.

- 24. A chronically homeless person has been accepted into a permanent supportive housing program and has begun working with the recipient to identify a permanent supportive housing unit. The program participant is currently living on the streets and has no friends or family to stay with temporarily while an appropriate unit is located and secured. The permanent housing recipient is able to make arrangements with a transitional housing recipient to allow the person to reside in one of the transitional housing beds temporarily during this interim period. What are the data collection and reporting requirements for this person?**

The program participant cannot be entered into two residential programs in HMIS at the same time. Based on the 2014 HMIS Data Standards, the project entry date must be collected at project entry and indicates the date a client has joined the project. For a permanent supportive housing project, this is the date of entry into a permanent supportive housing unit.

Therefore, for the program participant temporarily residing in a transitional housing bed while a permanent supportive housing unit is being located and secured, the program participant must be entered into the transitional housing project in HMIS. The project entry date would be the date they move into the transitional housing bed. Once a permanent supportive housing unit has been secured and the program participant begins to occupy the unit, the program participant must be exited from the transitional housing project in HMIS and entered into the PSH project. As stated in question 22, the PSH entry date is the date the program participant moves into their permanent supportive housing unit.