CHANGE WELL PROJECT
PARTNERING TO STRENGTHEN COMMUNITY SYSTEMS

Department of Homeless Services and Housing
August 2025 HSH Town Hall
Summary of Community Feedback

The second town hall, co-hosted on August 20, 2025, by the Department of Homeless Services and Housing (HSH) and the Change Well Project, focused on the existing Housing for Health (HFH) Supportive Housing and/or Services Master Agreement (SHSMA). Three hundred and eighty-seven (387) people registered for the event, with two hundred and forty-five attending. HSH provided an overview of how the SHSMA functions, why it is an effective model, and how HSH plans to leverage this model while establishing the new department. After the presentation, we facilitated ten (10) breakout groups to discuss challenges and barriers faced by current HFH contracted providers related to contracting, invoicing, and monitoring processes. We also explored potential barriers for non-HFH providers applying for the SHSMA. Overall, more currently contracted providers attended than non-contracted providers. This report examines the questions and themes that emerged during the breakout sessions.

Questions posed for non-HFH Contractors:

1. *Are there any challenges when accessing the SHSMA Request for Statement of Qualifications?*
   - No responses
2. *Are there SHSMA terms and conditions you find to be challenging to comply with. If so, why?*
   - The few providers on the call responded that the reporting requirements seem burdensome, and it would be taxing to meet compliance standards.

Questions Posed for Current HFH Contractors

1. *As a SHSMA Contractor have you experienced any concerns or challenges with billing or payment? If so, please describe them. Have these concerns or challenges been resolved?*

Challenges to Changes in Participant Acuity Level

Inconsistent Acuity Assessment
   - There is a lack of clarity in how acuity determinations are made, with concerns that different teams aren't using the same process or guidance.

Timing of Changes

- Challenges stem from the timing of acuity changes. Some believe people are being transferred to low acuity too quickly after moving into PSH.

Communication on Rate Changes
- Providers need better communication about what will happen when a participant's acuity level changes, consistent answers, and clarity on when the reimbursement rate will take effect.

Budgeting Impacts
- Moving participants from high acuity to low acuity can impact how contractors have projected and budgeted, and they seek guidance on balancing the budget impact.

Invoicing Challenges

Acuity Changes Impacting Billing
- Billing and invoicing processes are impacted by changes in acuity level, especially when providers are not notified in advance. This causes challenges in recovering full funding for services already delivered.

ICMS Invoicing Errors
- ICMS invoices are identified as having errors. Contractors are reaching out to HFH to correct the acuity and ensure proper payment. Errors cause contractors to spend a lot of time on administrative tasks, especially dealing with reimbursement discrepancies that were initially correct. Program changes related to client acuity per month versus annually are creating inconsistent monthly rates.

Supplemental Reports & Invoice Delays
- Requests for supplemental reports from HFH are causing delays in invoice processing.

CHAMP Issues
The concerns center on access to CHAMP for financial tasks and the seamless integration of CHAMP with other systems, such as HMIS, while ensuring data accuracy across all systems.

Limited Access
- There is limited access to CHAMP for contractors. This means that program and services staff bear a significant portion of the burden of providing notes for CHAMP and ICMS meetings.

Financial Access Needed
- There is a need for a financial view in CHAMP to pull invoices, and it's felt that programs shouldn't have to do this for the finance teams. A "CHAMP financial or admin view" is desired.

Data Discrepancies
- Contractors are experiencing discrepancies in the data snapshots they receive from DHS, which negatively impacts billing and needs alignment.

Data Integration Issues
- General concern over integrating services and ensuring the data systems (HMIS and CHAMP) work together. There's curiosity about how the integration will look and progress.

2. *Do you have concerns with the SHSMA contract monitoring processes?*

Timing and Coordination of Monitoring Visit

- Coordinating monitoring visits between Housing for Health (HFH) and Central Contracts Monitoring Division (CCMD) would help reduce the burden on providers. Currently, providers are hosting multiple monitoring visits over several weeks.

Lack of Necessary Expertise

- There is a perception that the monitoring team lacks the necessary expertise, impacting the quality and relevance of the monitoring.

Lack of Clarity and Follow-Up

- Concerns were raised around a lack of clear follow-up after annual monitoring, a lack of specificity in findings, and the timeliness of monitoring reports.
- The development of Corrective Action Plans (CAPs) lacked sufficient specificity.
- The lack of availability of HFH training courses is impacting the ability to remain in compliance.
- Contractors feel that it is imperative that the DHS communicate with all staff to address concerns and to make sure everyone is on the same page.

This town hall revealed several concerns for both current and potential SHSMA contractors. Non-HFH providers expressed worry about the reporting requirements and the difficulties of meeting compliance standards. Current contractors pointed out challenges caused by inconsistent acuity assessments, which affect billing, budgeting, and overall financial management. Invoicing problems related to ICMS errors and the need for additional reports lead to delays and administrative workload. The limited access to and integration of CHAMP with other systems worsen these issues. Lastly, contractors raised concerns about the SHSMA contract monitoring process, including a lack of expertise among monitoring teams, insufficient follow-up, and a need for better coordination and communication from both HFH and DHS.