

# Ohio

Department of  
Job and Family Services

Ted Strickland, Governor  
Douglas E. Lumpkin, Director

## Session 4: 3:15 to 5:00

Welcome and Introductions

Overview of MFP Housing recommendations (supported  
by the Technical Assistance Collaborative Report)

Highlighting the “Cuyahoga Metropolitan Housing  
Authority” Best Practice

Public Housing Agency Partnership Plan

Open Dialogue



Helping Ohioans Move, Expanding Choice  
Ohio's Money Follows the Person (MFP)  
Demonstration Project  
CFDA # 93.791





U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
WASHINGTON, D. C. 20410-0001

THE SECRETARY

June 22, 2009

Dear Executive Director:

As a joint effort between the Department of Housing and Urban Development and the Centers for Medicare & Medicaid Services (CMS), the Department of Health and Human Services (HHS), this letter is sent to share information with you about the Money Follows the Person (MFP) demonstration program and to identify how you can support this crucial effort.

The MFP program, which is administered by CMS, is the largest congressionally mandated Medicaid demonstration in the history of serving people with disabilities and the elderly. This program provides nearly \$1.75 billion for home and community-based long-term care (LTC) services by supporting states to shift their Medicaid LTC spending away from institutional settings to community living. Institutional settings include hospitals, nursing homes, and intermediate care facilities for the mentally retarded (ICF/MRs, which serve people with developmental disabilities).

In 2006, CMS awarded MFP grants to 29 states and the District of Columbia, and expects approximately 37,000 individuals to transition from institutions to the community between now and 2011. A cross section of Medicaid LTC populations will make the transition, including elderly individuals with intellectual and physical disabilities, and individuals with mental illness. Many of these individuals will need housing in the community.

At this time, the Department is urging public housing authorities (PHAs) to provide a local admission preference to people making the transition from institutions into community-based settings. Some people who are transitioning may reside in one of the 29 states or in the District of Columbia, which are approved to participate in the MFP program. As you know, PHAs may limit the number of applicants that qualify for any local preference. The Public Housing and the Housing Choice Voucher (HCV) programs are examples of available community-based residential options that may benefit many currently institutionalized, low-income individuals who plan to transition into community-based living. Please be assured that program participants will receive all necessary supportive services through the CMS network.

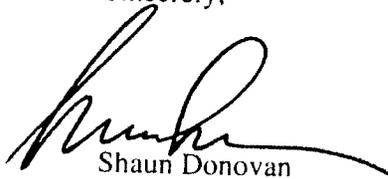
Enclosed is a tool developed through the collaboration of the Department and CMS to assist you in providing housing to individuals transitioning from institutional to community-based settings. The tool, entitled *Money Follows the Person: A Q & A for Public Housing Authorities* explains, through the use of a question and answer format, how to get involved in this important program. It also includes a listing of contacts for the 29 states and the District of Columbia that are participating in the demonstration program.

Thank you for considering the provision of a local admission preference for people transitioning from institutional to community-based settings. This is an opportune time to initiate this preference, since CMS has provided funding to help states provide Medicaid-eligible individuals who are transitioning with appropriate, necessary long-term care services in a community setting. Further, coordinating with the MFP program to provide housing options for individuals with disabilities will help you to comply with obligations resulting from the Supreme Court's *Olmstead* decision and the Americans with Disabilities Act of 1990.

Additional information on the MFP program is available on the Internet at: [http://www.cms.hhs.gov/DeficitReductionAct/20\\_MFP.asp](http://www.cms.hhs.gov/DeficitReductionAct/20_MFP.asp). In the near future, the Department and CMS will host a conference call with PHA and MFP directors to answer any MFP questions and respond to suggestions you may have to improve the utility of this joint project.

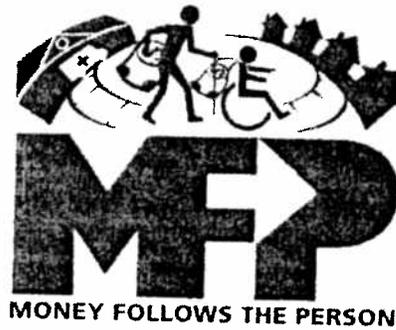
If you have questions about the enclosed MFP tool or would like to request free technical assistance to participate in the MFP program, please contact Ms. Renee Kneppar, of HUD, at 202-402-6263. If you have questions regarding the MFP program, please contact Ms. Kate King, of CMS, at 410-786-1283.

Sincerely,



Shaun Donovan

Enclosure



## **Money Follows the Person Rebalancing Demonstration**

# **A Q&A for Public Housing Authorities**

Developed by the Centers for Medicare & Medicaid Services in cooperation with the Department of Housing and Urban Development

## **The Money Follows the Person Demonstration**

Q.1. What does “Money Follows the Person” (MFP) mean?

A.1. Money Follows the Person or MFP allows Medicaid funding (services) to follow a person from an institutional setting to housing in the community. Even though these services are provided by different entities, the Medicaid funding pays for the costs of services in the community.

The Centers for Medicare & Medicaid Services (CMS) defines MFP as a system of flexible financing for long-term services and supports that enable available funds to move with the individual to the most appropriate and preferred setting as the individual’s needs and preferences change. This approach has two major components. One component is a financial system that allows Medicaid funds to be spent on home and community-based services when individuals move to the community. This often involves a redistribution of State funds between the long-term services institutional and waiver programs. The second component is an institutional setting transition program that identifies individuals in institutions who wish to transition to the community and helps them to do so.

Q.2. What is the purpose of MFP?

A.2. MFP provides states with new resources to help them make changes to their long-term care services and programs. In addition, MFP assists with State efforts to reduce their reliance on institutions while developing community long-term care services and programs. Money Follows the Person focuses on assuring that older adults and people with disabilities receive the assistance they need to fully participate in the communities in which they live.

Q.3. How is “Institution” being defined?

A.3. For the MFP Demonstration, an institution is defined as a hospital, a nursing home, an intermediate care facility for the mentally retarded and, in limited instances, psychiatric facilities.

Q.4. What is a “Waiver” service or program?

A.4. When you hear the term Waiver service or program, this usually refers to a service or program that is funded by a Medicaid program called home and community based services (HCBS) waivers. Every state has HCBS programs or services. Home and community-based waiver services help individuals who are eligible for Medicaid who otherwise qualify to be admitted to an institution to live independently in the community. Federal regulations allow States to cover services that are not typically covered under the regular Medicaid program. Subject to approval by CMS, each state chooses which services they will offer.

Q.5. Why is it so difficult to have Medicaid funding (services) follow a person from an institution to housing in the community?

A.5. Medicaid beneficiaries have an entitlement to services in an institution. Medicaid will pay for all eligible beneficiaries to live in an approved institution. Most of the Medicaid

longterm services, supports, programs, and waivers that help people live in the *community* are not entitlements.

- Q.6. What does “Rebalance” mean?
- A.6. Most Medicaid long-term care spending pays for services in institutions. In FY 2006, over 71% of Medicaid long-term care spending for individuals with disabilities and older adults paid for nursing home care. While spending on home and community based services has grown significantly over the past ten years, the structure of the Medicaid program is biased toward institutional care. “Rebalance” means creating the flexibility to allow Medicaid payment for services in the settings that are preferred by older adults and people with disabilities. By offering a full array of services in the community, the percentage of Medicaid funds spent on home and community-based services will increase, thereby rebalancing Medicaid long-term care spending.
- Q.7. What benefits do States receive for participating in the demonstration?
- A.7. States receive additional federal Medicaid funds for up to one year for home and community based services provided to each person who moves to the community.
- Q.8. What happens after the one-year period ends?
- A.8. States are required to continue to provide services using home and community based services waivers or regular Medicaid services for as long as the person lives in the community and is eligible for Medicaid services. States that have waiting lists for waiver services are required to expand or reserve funding to continue serving people who transition.
- Q.9. Why is housing such an important piece of the Demonstration?
- A.9. After an individual enters a nursing home or other institution, he or she soon loses their home or apartment in the community. Individuals who are interested in moving out of institutions and returning to the community find a limited selection or lack of affordable, accessible, and integrated housing in their communities. Therefore, it is often difficult or impossible for people to transition out of nursing homes without having housing options available.
- Q.10. Which States are a part of MFP and will additional States be added?
- A.10. Awards were made to 30 States and the District of Columbia. South Carolina has since ended its participation in the program.
- Q.11. How many people in each state will be transitioning out of institutions?
- A.11. Initial proposals projected that over 38,000 Medicaid beneficiaries would transition over a five-year period. The actual number of transitions may vary from the initial estimates as States develop the infrastructure, including working with PHAs and other housing agencies, to support older adults and people with disabilities participating in MFP in the community.

About 44% of the individuals who transition will be older adults, 29% will be individuals with physical disabilities; 20% will be individuals with intellectual/developmental disabilities and about 7% will have a mental illness.

\* States and the number of individuals expected to transition \*

| State                | Number | State          | Number | State        | Number |
|----------------------|--------|----------------|--------|--------------|--------|
| Arkansas             | 305    | Kentucky       | 546    | North Dakota | 110    |
| California           | 2,000  | Louisiana      | 760    | Ohio         | 2,231  |
| Connecticut          | 700    | Maryland       | 2,413  | Oklahoma     | 2,075  |
| District of Columbia | 1,110  | Michigan       | 3,100  | Oregon       | 780    |
| Delaware             | 100    | Missouri       | 250    | Pennsylvania | 2,490  |
| Georgia              | 1,312  | Nebraska       | 900    | Texas        | 2,616  |
| Hawaii               | 415    | New Hampshire  | 370    | Virginia     | 1,011  |
| Illinois             | 3,357  | New Jersey     | 590    | Washington   | 660    |
| Indiana              | 1,031  | New York       | 2,800  | Wisconsin    | 1,262  |
| Iowa                 | 518    | North Carolina | 1,045  |              |        |
| Kansas               | 934    |                |        |              |        |

Q.12. Who is eligible for MFP?

A.12. States will assist older adults (age 65 and older), individuals with physical disabilities, individuals with intellectual/developmental disabilities and individuals with psychiatric disabilities. Participants must have lived in an institution for at least six months prior to transitioning.

### Accessing Services

Q.13. Who helps individuals during and after the transition and what is their role?

A.13. Each participant will be paired with a person who assists them during the transition process. States use different terms to describe the person who helps with the transition process such as transition coordinator, relocation specialist or care manager. We will use the term transition coordinator to refer to this person.

The transition coordinator is usually involved during the pre-transition planning, the actual transition, and for a period following the transition. The transition coordinator provides information about community services, programs, and housing to individuals living in institutions who are interested in moving. The transition coordinator assesses what services and supports will be needed to help the person move and live successfully in the community. Transition coordinators will work with housing agencies to locate housing if necessary, and coordinate or arrange services as needed.

Once the person is settled in the community, they will be assisted with service coordination by a service coordinator or case manager.

- Q. 14. What services will be available to help tenants live independently?
- A.14. Each state program submits to CMS a description of the services that are available during and following MFP participation. The services must be sufficient to enable a person to live independently in the community. States will offer beneficiaries who transition a range of home and community based waiver services and other services traditionally covered by Medicaid. Waiver services typically include care management services, personal emergency response systems, home modifications and accessibility adaptations, personal care assistance services, homemaker/home health aide services, adult day health services, habilitation services, psychosocial rehabilitation services, clinic services for individuals with chronic mental illness, home delivered meals, and other services developed by the state that are required to keep a person from being institutionalized. Additional services are available to help with daily activities such as bathing, dressing, using the toilet, preparing meals and eating, housekeeping, shopping, and making appointments with health care providers if needed.
- Q.15. Who will arrange and coordinate services that are needed by tenants?
- A.15. MFP participants will work with the transition coordinator to assess their needs and develop a plan to meet those needs. The coordinator will assist with the move and arrange services that are needed during and following the move.
- Q.16. Who will monitor the services that are provided?
- A.16. Transition coordinators make regular visits and phone calls to participants to ensure that all necessary services are being provided. Over time, the contact will shift to the service coordinator affiliated with the home and community based services program. A back up plan will be prepared for each participant in the event that a scheduled service is not provided as planned. The execution of this plan is the responsibility of the individual's service coordinator.
- Q.17. Will the services provided change if the tenant's needs change and how will this be done?
- A.17. The transition coordinator or service coordinator and the participant will have contact on a regular basis. As the person's service needs change, the transition coordinator or the service coordinator will work with the person to adjust their plan to assure all of the individual's needs are met.
- Q.18. What happens if a person's health declines?
- A.18. The transition coordinator or the service coordinator will monitor the participant's health status and make referrals to home health agencies or arrange appointments with medical professionals as needed. Should someone address the potential health situation when/if a person needs to return to a nursing home setting?

## **Housing**

- Q.19. How will MFP help participants maintain their apartment?
- A.19. Services arranged by the transition coordinator will include housekeeping, laundry, periodic heavy cleaning, assistance with meal planning and preparation, and other assistance needed to maintain the unit.
- Q.20. Are funds available to retrofit a unit? How do housing managers access those funds?
- A.20. Yes, the transition coordinator will coordinate with the property manager and the prospective tenant to determine what, if any, modifications to an apartment unit may be needed for the individual to live independently. Each state program has guidelines for the type of retrofitting that may be approved, the maximum cost of the changes, and the process for approving the work.
- Q.21. How will the cost of furniture, supplies and equipment needed to set up an apartment be paid?
- A.21. The MFP demonstration utilizes Medicaid funds to cover the costs of setting up an apartment and related one-time transition expenses. The items that may be purchased and the amount of available funds varies by state. MFP demonstration funding may be used for such items as utility deposits, essential furnishings (a bed, a table, chairs, window blinds, eating utensils, and food preparation items), moving expenses, pest eradication, allergen control, one-time cleaning prior to occupancy or other items specified by the individual State of residency.
- Q.22. In view of the large scope of MFP, why aren't additional funds available for rent subsidies?
- A. 22. Medicaid law prohibits the use of funds to pay for rent, utilities or food (room and board) outside of an institution. Note, previous sentence contradicts Answer 14 that states home delivered meals are covered. The Congressional Committees with jurisdiction over Medicaid do not have jurisdiction over HUD programs. The Congressional committees who drafted the Deficit Reduction Act (DRA) did not include additional funding for housing when it drafted the Money Follows the Person Demonstration section of the DRA. However, as a "Supplemental Service" under MFP things such as rental deposits and utility turn-on expenses (one time costs) can be paid.
- Q.23. What role are property managers and other housing professionals expected to have?
- A.23. Property managers and other housing professionals' roles will not change as a result of having a MFP participant lease one of their units or receive the housing assistance offered. Services will be arranged by staff that supports the participant during and after the transition. Property managers may want to have the contact information for the transition coordinator or service coordinator in the event the property manager becomes aware of a concern or need of the tenant.

Q.24. What sources of funding for housing might be used to support MFP demonstration participants?

A.24. Funding sources that may be used to support MFP demonstration participants include, but are not limited to, most types of housing choice vouchers (HCV); low income housing tax credits (LIHTC); community development block grant funds (CDBG); HOME investment partnership program (HOME) funds (predominantly tenant-based rental assistance (TBRA); federal rural housing services funding (RHS); housing finance agency (HFA) bond funds; community housing development organization funds (CHDO); state and local housing trusts; section 811 supportive housing for persons with disabilities program, Public Housing, and a variety of homeownership funding sources. Some states have been successful in establishing a source of bridge funding to make rental housing more affordable while individuals are on waiting lists for housing choice vouchers.

Q.25. What types of housing will be needed by MFP participants?

A.25. Many participants will prefer and need units that are affordable, accessible, and integrated in housing developments in the community. It is expected that participants will want a variety of living arrangements and types of housing, such as public housing units, apartments in senior communities, sharing a house or apartment with roommate(s), living with a family, living alone, etc. The DRA describes three types of “qualified” housing:

- A home owned or leased by the individual or the individual's family member;
- An apartment with an individual lease, with lockable access and egress, and which includes living, sleeping, bathing, and cooking areas over which the individual or the individual's family has domain and control; or
- A group or shared residence for no more than 4 unrelated individuals.

Q.26. What, if any, new or special requirements or guidance are made on the PHAs or housing professionals due to HUD and Congressional support of the MFP demonstration?

A.26. There are no new or special requirements of PHAs or housing professionals due to HUD and Congressional support of the MFP demonstration. In October 2006, in a letter to PHA executive directors, Secretary Jackson stated, “*The Department strongly supports expanding accessible, affordable, and integrated housing options to promote the transition of people with disabilities and seniors out of institutional settings and into the community. The Money Follows the Person Rebalancing Initiative offers a great opportunity for public housing authorities (PHAs), state housing finance agencies, CMS, and local disability organizations to work together to provide such housing options. I encourage all PHAs, under their existing authority to set local preferences, to use Public Housing units, Housing Choice Vouchers, Mainstream Vouchers to join with state Medicaid offices and aging and disability agencies administering Medicaid programs in promoting the Money Follows the Person Rebalancing Initiative.*”

Q.27. Will the PHA property manager or other housing professionals be expected to respond to emergencies and if so, with whom should they contract?

A.27. There are no additional or special requirements for property managers or other housing professionals for MFP participants related to emergencies. Each state MFP demonstration is required to have an emergency response and back-up system that can be accessed by the property managers and other housing professionals who become aware of any situation that requires an immediate or urgent level of response.

Q.28. How will a PHA, property manager, or other housing professionals know that an applicant is participating in the MFP Demonstration?

A.28. Since a transition coordinator will be providing assistance to each MFP participant, the PHA, a property manager, or other housing professionals will be informed that an applicant is participating in the MFP demonstration.

Q.29. What should a housing professional expect from a MFP participant?

A.29. A housing professional should expect a participant in the MFP demonstration to be moving from a nursing home or other institution. They should expect the individual or a legal representative to sign a lease (if it is required) as any other tenant would. In addition, as has been discussed at length in this document, each MFP participant will have access to a variety of services and supports depending upon their needs including 24 hr. care if the individual requires it. Lastly, as was mentioned in Q.27, each participant in the MFP demonstration will have access to an emergency and backup response team or system.

Q.30. How does having a MFP participant as a tenant affect common or public areas of a building?

A.30. There are no specific MFP requirements that will affect common or public areas of a building. Tenants who are MFP participants will access and use public or common areas in the same way any other tenant would.

## Appendix

### Sample MFP Preference Language

**Define:** Local preferences (24 CFR 960.206) must be based on local housing needs and priorities determined by the PHA. PHAs may limit the number of applicants that qualify for any local preference. PHAs that choose to establish local preferences are permitted to rank the preferences in a hierarchical order for admission purposes.

**Persons Transitioning from Institutional Settings:** Under the category of local preferences, a PHA may choose to provide a preference to people transitioning from institutional settings into independent, community-based living. Institutional settings include hospitals, nursing homes, and institutions for individuals with developmental disabilities. Some people transitioning may reside in one of the 29 States or the District of Columbia that have received specific funding for transitioning persons from institutions through a demonstration called Money Follows the Person (MFP). MFP is administered by the Centers for Medicare & Medicaid Services (<http://www.cms.hhs.gov/RealChoice/downloads/MFP.pdf>). The demonstration provides the necessary health and social services that people will require upon transitioning from an institution and thereafter to live independently in the community.

|    |                        |              |  |
|----|------------------------|--------------|--|
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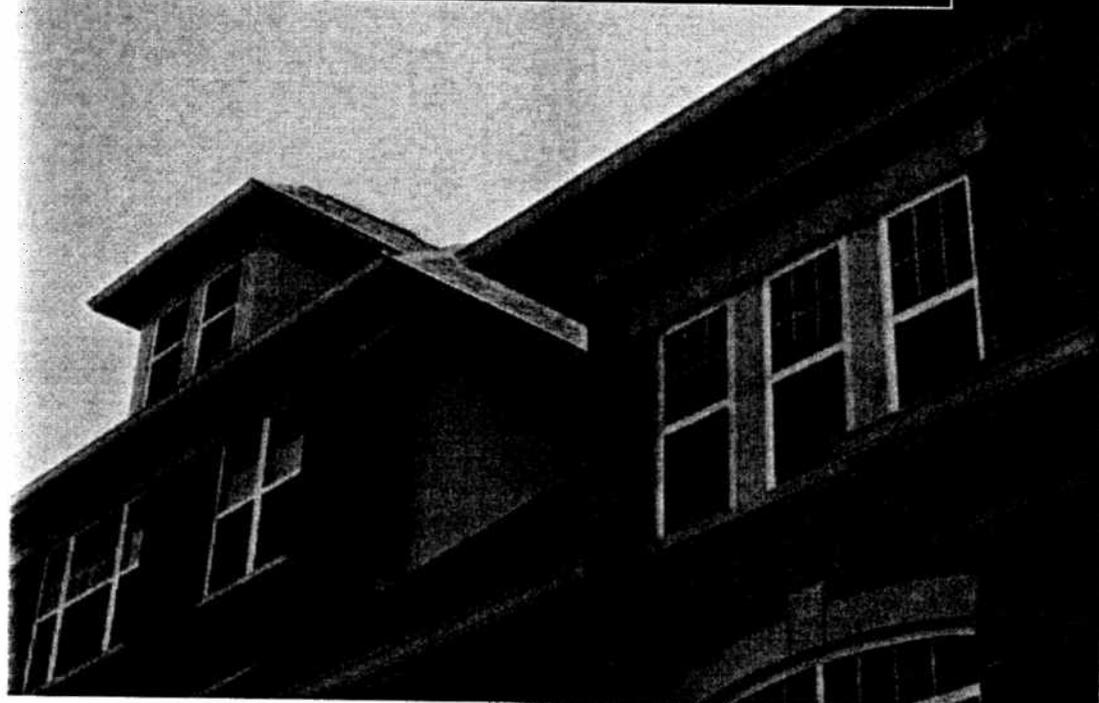
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## **MFP Project Directors Contact List as of June 11, 2009**

Selected text related to  
MFP

## **Report to the Ohio Interagency Council on Homelessness and Affordable Housing**



**Prepared By the  
Technical Assistance  
Collaborative**

June 29, 2009



## Section II – PSH Policy Discussion

### Brief History of Housing and Service Approaches

It is now well-understood that many people with the most severe and complex disabilities can live successfully in the community in their own homes as long as their housing is affordable and appropriate to their needs and they have access to the right services and supports. Over the past 30 years, well intended efforts to provide community-based housing with services, as opposed to institutional care, resulted in the use of an array of congregate residential settings (group homes, Adult Care Homes, shelters, etc.) still used today to satisfy the extraordinary demand for housing and supports for the lowest income people with the most serious and long-term disabilities. It is reasonable to hypothesize that if we started from scratch today using current funding levels to create the same number of permanent housing units linked with services instead of 'facility beds,' the result would look very different.

Unfortunately, states do not have that opportunity. The scarcity of affordable housing linked with community-based services – or even single population group housing – means that many people with serious and long-term disabilities in Ohio who could live in the community continue to reside in expensive facility-based care, or in segregated settings that compromise their civil rights, or are homeless on the streets of Ohio's cities. These 'alternative settings' are more costly to Ohio taxpayers and are paid for with state and federal funding streams that rarely leverage federal housing programs or successful service approaches that help people achieve the maximum degree of independence possible.

The Medicaid program, enacted in 1965, is a major source of payment for long-term care services for many non-elderly people with disabilities who live in these facilities. Over 20 years ago, states began offering Medicaid services to people outside institutions. Since that time, various Medicaid optional benefits and waiver programs have been configured to help people receive assistance with daily activities, skill building, personal care services, etc., that would allow them to live in their own home or apartment.

In 1999, the U.S. Supreme Court's *Olmstead* decision affirmed a state's responsibility under the Americans with Disabilities Act (ADA) to offer services (Medicaid and other state or locally financed) in the 'most integrated setting' appropriate to the person's needs, prompting states to further expand their Medicaid and state financed community-

based services. A recent study published in *Health Affairs*<sup>1</sup> reports that the percentage of Medicaid spending for community-based long-term care – as opposed to Medicaid-financed institutional care – rose from 19.2 percent of long-term care expenditures to 37.2 percent from 1995 - 2005. This statistic documents the paradigm shift occurring within Medicaid long-term care policy. The Community Choice Act (S. 683 and H.R. 1670) – now being considered by Congress – will further accelerate these trends in long term care policy if enacted.

This evolution in models and policy is driven by many factors, including the need to be more fiscally responsible with taxpayer money. Numerous studies have documented the cost-effectiveness of providing permanent supportive housing for a person who is chronically homeless. Less well publicized studies show significant Medicaid savings from community-based vs. facility-based care. For example, a *Journal of Health and Social Policy* reported study in 2006 found that the average total public expenditure on a recipient of Medicaid Home and Community-Based Waiver services was an estimated \$44,000 less than for a person receiving institutional services.<sup>2</sup>

Despite all this evidence, recently released data prepared by the federal Centers for Medicare and Medicaid Services (CMS) show a 41 percent increase in nursing home use by younger people with mental illness since 2002 – with over 428,000 people with serious and long-term disabilities under age 65 ‘living’ in nursing home beds.<sup>3</sup> While there are many dimensions associated with solving this problem – including growing the capacity of community-based organizations to deliver high quality services in people’s homes – an essential missing ingredient is affordable and accessible housing. While Medicaid can pay for services and supports in a person’s home, it cannot provide a rental subsidy to make housing in the community affordable. Nor is it easy or desirable to divert scarce state or local support services funding to pay for housing. The housing ‘affordability gap’ discussion later in this report illustrates that because most people with disabilities who are receiving Medicaid or state-financed disability services are extremely low income, they cannot afford to obtain any decent housing in the community without an ongoing housing subsidy.

The PSH approach discussed below represents an established paradigm in the provision of affordable housing and community-based supports for the most vulnerable people with significant and long-term disabilities. PSH is grounded in two important and related policy goals. The first is that the housing problems of very low income people

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<sup>1</sup> H. Stephen Kaye et al, “Do Noninstitutional Long-Term Care Services Reduce Medicaid Spending?” *Health Affairs* 28, no.1 (2009): 262-272

<sup>2</sup> M. Kitchener et al, “Institutional and Community-Based Long-Term Care: A Comparative Estimate of Public Costs,” *Journal of Health and Social Policy* 22, no.2(2006): 31-50

<sup>3</sup> Information Bulletin #271 [www.stevegoldada.com](http://www.stevegoldada.com)

with disabilities should be addressed by the nation's affordable housing resources and that these needs should be a high priority. The second principle follows the first by reinforcing that people with serious and long-term disabilities who are homeless or institutionalized – or at risk of experiencing either condition – can be served most successfully and most cost-effectively through a re-alignment of services funding now being spent on unnecessary and expensive alternatives.

### **The Permanent Supportive Housing Approach**

The nation's first PSH initiative began in 1987 through a partnership between the Robert Wood Johnson Foundation (RWJF) and the U.S. Department of Housing and Urban Development (HUD). Ohio had three of the nine sites selected for this Demonstration Program on Chronic Mental Illness, which provided 125 HUD Section 8 Certificates (now Housing Choice Vouchers) to each of the counties, along with substantial RWJF funding for mental health system development. This PSH Demonstration program also inaugurated the research proving that the PSH approach is a more cost-effective and successful alternative to expensive institutional settings and homelessness.

Coincidentally, 1987 was also the year that Congress enacted the Stewart B. McKinney Act HUD Homeless Demonstration programs targeted to addressing the nation's growing problem of homelessness among both individuals as well as homeless families. These programs were permanently authorized in the 1990s as the McKinney-Vento Homeless Assistance programs and included both transitional housing as well as PSH – targeted to homeless people with disabilities, including people with mental illness, people with substance abuse, and people with HIV/AIDS. Majority of Ohio's 8,000+ PSH units are funded through HUD's Homeless Assistance programs administered through local Continuums of Care.

Since 1990, Ohio has also developed PSH through the HUD Section 811 Supportive Housing for Persons with Disabilities program (Section 811). Section 811 provides supportive housing opportunities for people with the most serious and long-term disabilities who can also benefit from community-based services and supports to live successfully in the community. Section 811 housing can be targeted to people with mental illness, people with intellectual or other developmental disabilities, and/or people with physical or sensory impairments.

In Ohio and in other states, through these federal initiatives and programs, the PSH approach has emerged over the past twenty two years as an evidenced-based and cost-effective permanent housing model. According to Governor Strickland:

*“Because Ohio has not developed a long-term plan for ending homelessness, we have paid the price through higher health care, emergency shelter, and criminal justice costs. We know that supportive housing that is permanent with services to help people become healthy and employable is more cost-effective and humane, and we have examples in Ohio that proves it works. It takes leadership at the top levels of government, however, to coordinate the resources of housing, mental health, employment and other services to create supportive housing that works.”*

Today across Ohio there are numerous efforts underway to expand permanent housing linked with community-based supportive services targeted to vulnerable people with significant and long-term disabilities. These include impressive local initiatives to end chronic homelessness, continued development of high quality, non-profit-owned PSH for people with mental illness who are homeless or at risk of homelessness, and ‘Money Follows the Person’ activities supported with federal grant funds to reduce Ohio’s reliance on expensive Medicaid-funded institutional settings. Not all of these Ohio efforts are necessarily referred to or defined as PSH at this time. Nonetheless, all of these efforts fall well within an acceptable definition of the PSH approach and illustrate Ohio’s de-facto adoption of this housing and services paradigm for extremely low income vulnerable people with significant and long-term disabilities.

Over recent years, Ohio has had some difficulty reaching consensus on a common definition of PSH – a policy problem TAC has encountered in several other states. Typically, the problem begins with a debate on the various approaches/models of housing and services (group homes vs. apartments, etc.) and whether or not they ‘fit’ within the PSH paradigm. Another issue is the variety of permanent housing models (single site, scattered site, etc.) and whether they all qualify as PSH. Finally, permanent housing approaches linked with services for certain disability sub-populations, such as three to four person properties for people with intellectual/developmental disabilities may not currently be referred to as PSH but nonetheless may have all the characteristics of the approach.

Despite Ohio’s history on this issue, it is important for the future of housing and services policy in Ohio for state officials to adopt the basic principles which define the PSH approach. Within this PSH framework, there can be an array of models of permanent housing and services that qualify as PSH. It is equally important to determine which models do not qualify as PSH – while at the same time not devaluing the role they may play in providing housing and support services for certain high priority populations.

## Defining Principles/Dimensions of Permanent Supportive Housing

Over the past 22 years, several different models of providing PSH have evolved, including: (1) single-site single purpose PSH buildings; (2) scattered site tenant-based model with tenants choosing the PSH unit; (3) low density scattered site project-based models; and (4) integrated models with a portion of the units in a rental property dedicated to PSH. While the housing and service model for PSH can vary significantly within and across communities, PSH as a housing approach incorporates all the following important principles/dimensions:

- PSH is permanent community-based housing targeted to vulnerable very low income households with serious and long-term disabilities;
- PSH tenants have leases or landlord/tenant agreements that provide PSH tenants with all rights under state/local landlord laws. Generally, PSH leases provide for continued occupancy with no limits on length of stay as long as the PSH tenant complies with lease requirements;
- PSH meets federal Housing Quality Standards (HQS) for safety, security and housing/neighborhood conditions;
- PSH complies with federal housing affordability guidelines – meaning that PSH tenants should pay no more than 30-40 percent of their monthly income for housing costs (i.e., rent and tenant-paid utilities);
- PSH tenants are provided access to a comprehensive and flexible array of voluntary services and supports responsive to their needs, accessible where the tenant lives if necessary, and designed to access housing and maintain housing stability;
- PSH services and supports should be individually tailored, flexible and accessible by the tenant 24 hours a day/7 days a week, if necessary;
- PSH services are voluntary and cannot be mandated as a condition of obtaining housing or of ongoing tenancy; and
- The PSH approach requires ongoing collaboration between service providers, property managers, and tenants to preserve tenancy and resolve crisis situations that may arise.

It is important to state again that a housing approach that does not meet the definition of PSH is not necessarily a de-valued approach. There is a need, and an appropriate use, for other housing and services approaches. For example, certain homeless families

might benefit from living in transitional housing with clear time limits and service expectations. Certain ex-offenders re-entering the community may need time-limited but intensive supports to become employed, stably housed and re-integrated in society. Certain shared housing models with peer supports, such as the Oxford House model, have demonstrated successful outcomes for certain populations but do not incorporate all the principles/dimensions of the PSH approach.

What separates the PSH approach from other housing/service models is the fundamental fact that – because of the nature and extent of the disabling condition – the household qualifying for PSH can be expected to continue to need PSH for the long-term. This does not necessarily mean that all PSH tenants remain PSH tenants over their lifetime. Many PSH tenants do move on successfully to other permanent housing – just as very low income people in public housing or the Section 8 Housing Choice Voucher program may move on to non-subsidized housing at some future point.

### **The Cross-Disability Integrated PSH Model**

Adopting a set of principles/dimensions which defines PSH is a critical first step in understanding the value of the emerging cross-disability integrated PSH housing model. As practitioners and policy makers assess the progress made in the PSH approach over the past 20 years, it is increasingly recognized that a PSH opportunity can be created anywhere, provided two essential components are in place: (1) a decent, safe and affordable unit; and (2) structured links to appropriate PSH services to ensure a successful tenancy. And as long as appropriate community-based supportive services are linked to the household in the PSH unit, the unit itself does not need to be designated for a specific PSH sub-population but can be set-aside for any PSH-eligible household. Several states – notably North Carolina and Louisiana – have pioneered the cross-disability PSH model which relies on mainstream affordable housing production programs, such as Low Income Housing Tax Credit (LIHTC) financed housing linked with community-based services (often financed by Medicaid) targeted to high priority populations. This cross-disability approach is ideal to achieve broad state disability policy goals, such as those desired in the Money Follows the Person Initiative.

In North Carolina and Louisiana, the state housing agency mandates that 5-10% of the units in every LIHTC-financed property be set-aside as PSH units. [NOTE: North Carolina began with an optional approach but soon moved to a mandate when virtually all owners were willing to create PSH units.] Since 2002, North Carolina has financed over 1,600 PSH units across the state and Louisiana has created more than 700 integrated PSH units in the past three years. In both states, access to these units is governed by state definitions of PSH priority populations.

The success of the integrated cross-disability model has attracted the attention of several other states<sup>4</sup> and prompted new and significant legislation for HUD's Section 811 Supportive Housing Program. This legislation formalizes the cross-disability policy, which has been in Section 811 funding notices for the past 10 years, and creates incentives for integrating 811 units within affordable rental housing developments through a new Section 811 Demonstration Program. Strong bi-partisan legislation ensured its unanimous passage by the US House of Representatives in September of 2008 and it is expected to be enacted during 2009.

It is important to note that the cross-disability PSH model will not supplant other PSH models but rather expands the strategies and tools that a state can use to create more PSH units at scale for a variety of PSH households. In Ohio, it could mean a steady supply of 150 - 200 new PSH units created every year through the Ohio Housing Finance Agency (OHFA). As will be discussed in the next section of this report, Ohio also has thousands of Housing Choice Vouchers targeted to people with disabilities that could potentially be directed to integrated PSH models.

In order to better leverage these PSH resources, the State of Ohio will need to: (1) adopt uniform PSH principles/dimensions that can serve as a 'definition' across a variety of models; and (2) identify the target populations that will qualify to live in cross-disability PSH units sponsored or created as a result of state investment.

### **PSH Target Populations**

Although there is extensive material available on the various target populations that can benefit from the PSH approach, it can be summarized generally within two major categories: (1) households with significant and long-term disabilities who are chronically homeless or at risk of becoming chronically homeless; and (2) households with significant and long-term disabilities who are unnecessarily institutionalized or at risk of institutionalization. Both groups include people whose homelessness or institutionalization results in Ohio taxpayers supporting the well-documented high cost of nursing homes, homeless shelters, emergency room care, public detoxification facilities, corrections facilities and other settings that are the default to providing people with more cost-effective PSH.

Not coincidentally, over the past 10 years, national efforts to expand PSH have been driven by two distinct public policy goals, including: (1) ending chronic homelessness; and (2) reducing reliance on expensive institutional settings that may also violate the

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<sup>4</sup> North Carolina housing and human services officials have made presentations on this model to state officials in Louisiana, New Mexico, Illinois, Pennsylvania, and Texas.

Americans with Disabilities Act, as found in the 1999 U.S. Supreme Court's *Olmstead vs. L.C.* decision. It is significant that, until recently, these goals have been perceived as distinct and separate at both the state and local level despite the fact that the target populations for both initiatives are adults with serious and long-term disabilities who can benefit from services and supports in the community in order to obtain and maintain permanent housing.

TAC recommends that a comprehensive framework for a State of Ohio PSH policy should encompass both of the above policy goals, and should define the priority populations eligible for PSH units created as a result of state financing or other state action. The states of North Carolina and Louisiana have developed useful cross-disability policies and PSH preferences, summarized below, which provide a good starting point for these decisions.

### **PSH Eligible Target Populations**

Extremely low income households (30 percent of AMI and below) in which a sole individual or an adult household member has a serious and long-term disability qualifying them for permanent supportive housing assistance in either HUD's McKinney Vento Homeless programs or HUD's Section 811 Supportive Housing for Persons with Disabilities program, including:

- Households with serious mental illness or co-occurring mental illness and substance abuse who are homeless or at-risk of homelessness or institutionalization;
- Homeless households with serious and long-term disability directly related to abuse of alcohol or drugs;
- Households with serious intellectual or developmental disabilities acquired before the age of 22 who are homeless or at-risk of homelessness or institutionalization;
- Households with serious physical, sensory, or cognitive disabilities occurring after the age of 22 who are homeless or at-risk of homelessness or institutionalization;
- Households with serious disabilities caused by chronic illness, including but not limited to HIV/AIDS, who are no longer able to work and who are homeless or at-risk of homelessness or institutionalization;

- People ages 18 to 21 who have serious disabilities who are aging out of Ohio's foster care system and who are homeless or at-risk of homelessness or institutionalization; and
- People with serious and long-term disabilities who are being released from Ohio correctional facilities and who are at-risk of homelessness or institutionalization.

### **Wet vs. Damp vs. Dry PSH Models**

During recent years, PSH stakeholders have come to understand that different PSH service models are effective for different PSH populations at different times and that offering a variety of choices is part of a comprehensive PSH system. This is particularly true with respect to models for people who are chronically homeless who have addictive disorders or co-occurring mental illness and addictive disorders. Successful efforts to reduce chronic homelessness across the country have illuminated the need for an array of models for this population, including 'wet' housing (alcohol is allowed), 'damp housing' (substance use is allowed but not in the premises), and dry housing (tenants are expected to abstain from all substances). These models recognize that different people experience the stages of recovery in different ways, and that progress towards abstinence is rarely a linear process.

The success of any PSH model depends on the ability of the housing and services providers to understand the theory and practice of the service approach and ensure that service and housing delivery strategies are faithful to the model. This is important when implementing 'wet' and 'damp' service approaches, which must take the needs of all tenants and the surrounding neighborhood into consideration. Ohio faces real policy and financing challenges implementing 'wet' and 'damp' PSH housing models, which typically serve chronically homeless people who may not be eligible for Medicaid reimbursable services.

### **The Re-entry Population and PSH**

Ohio is recognized as a leader in addressing the complex problem of prisoner re-entry and is also challenged by the estimated 25,000 prisoners released each year. The Council highlighted this issue in a break-out session in the Fall of 2008 that assessed the strengths and weaknesses of current re-entry policies and approaches. This group acknowledged that, in Ohio, 're-entry means different things to different people,' based on the diversity of the re-entering population, and recommended that the dimensions of re-entry be more clearly defined so that best practice models could be aligned with agency resources, targeted sub-populations and state policy goals.

The PSH approach is one of many strategies being deployed by states to better manage the growing number of people reentering society from jails and prisons. Because the scale of the re-entry issue is so overwhelming, it is important for Ohio be very clear that the PSH approach for the re-entering population should be limited to those individuals with the most serious and long-term disabilities who are the highest priority for PSH and who are most at-risk of homelessness and/or institutionalization. It is also important to acknowledge that certain offenders within this high priority population – including sexual predators and people with convictions for violent criminal offenses – may not be eligible for many federally funded PSH units. Thus, to the extent that the Ohio criminal justice system is able to fund permanent rental subsidies, these resources should be prioritized for these high priority individuals who will be screened out of federally financed PSH units.

### **Money Follows the Person and PSH**

Money Follows the Person (MFP) is a federal initiative to assist states to make widespread changes to their Medicaid funded long-term care support systems with the specific goal of reducing reliance on expensive institutional care by expanding more cost-effective community-based opportunities for elders and people with serious and long-term disabilities. Spurred by the U.S. Supreme Court's *Olmstead* decision, as well as by the clear fiscal benefits derived from more cost-effective community-based models, Ohio's HOME Choice Demonstration Program was created through an MFP grant awarded to the Ohio Department of Job and Family Services (ODJFS). The HOME Choice project design, created in partnership with consumers and stakeholders, is built on existing long-term services and supports through the Home and Community-Based Services (HCBS) waiver with newly created MFP Supplemental and Demonstration Services added to wrap around and fill gaps in the HCBS program.

A primary objective of Ohio's MFP initiative is to 'eliminate barriers in state law, the state Medicaid Plan, the state budget, or otherwise, that prevent or restrict the flexible use of Medicaid funds to enable Medicaid eligible individuals to receive support for appropriate and necessary long-term services in the settings of their choice,' including the safe transition of 2,231 persons currently residing in institutions to community-based settings. While many of the services and supports provided through MFP are limited to MFP participants, Ohio intends to use the opportunities presented to evaluate potential solutions that could then apply to larger system reform.

## A Unified Ohio PSH Vision

HOME Choice will generate a demand for new affordable and accessible permanent housing opportunities linked with voluntary and flexible services and supports to meet individualized needs. In other words, Ohio's MFP initiative will generate a demand for new PSH housing opportunities across Ohio. This is an important point because MFP activity in Ohio provides the rationale and imperative for the State of Ohio to unite two important policy initiatives – ending chronic homelessness and ending unnecessary institutionalization – within a single comprehensive PSH policy framework.

Stakeholders invested in either policy goal are wise to understand the long-term implications of a united vision for the future expansion of the PSH approach in Ohio. It is unfortunate that during recent years, policy makers in Washington, D.C., did not appreciate that these two separate federal activities were essentially about the same goals: (1) improving the lives of the nation's most vulnerable people with disabilities through the provision of evidenced-based and promising practices in community-based housing and services, and (2) assuring the most cost-effective use of taxpayer money. And, while people living in institutions or at risk of institutionalization do not meet the HUD definition of homeless – the civil rights implications associated with confining someone unnecessarily in an institutional setting certainly rises to the same level of priority within state policy.

In a time of scarce resources and economic stress, it is not surprising that any single stakeholder group would resist changes in policy if that means a potential dilution of resources for that group's priority. However, the opportunities for an expansion of PSH in Ohio through new federal funds are real, and a unified vision for the future of PSH in Ohio will position the state to best leverage resource opportunities that could be created today in local communities, as well as those that will be available in 2009 and potentially in 2010. A single PSH policy message and strategy originating and driven by state leaders and the Council creates the best possible opportunity to influence important local housing and services stakeholders (PHAs, County Boards, CD officials, etc.). These players are critical to achieving a comprehensive PSH system in Ohio that could lead the nation in the development of this model during the next decade.

## **Section IV – Analysis of Ohio Medicaid Plan and Unified Long-Term Care Budget Resources**

TAC conducted a thorough review of Ohio's Medicaid State Plan and waivers. Interviews were conducted with state administrators responsible for the Medicaid Plan and waivers, and also with other state and local key informants with direct knowledge of the Medicaid program. TAC also reviewed many documents related to the Medicaid Plan, waivers, managed care system, the Money Follows the Person (MFP) initiative, and the Unified Long-Term Care Budget. TAC primarily focused on the portions of the Plan and waivers of greatest importance to disability populations at risk of homelessness or otherwise qualifying for permanent supportive housing. These include people with mental illness, people with intellectual/developmental disabilities (I/DD), people with drug/alcohol addictions, and people with physical disabilities.

Ohio has a comprehensive Medicaid Plan that incorporates virtually all optional services, as well as the basic mandatory services. Ohio's Plan also incorporates service definitions, service access criteria and provider qualifications that reflect nationally recognized best practices. Ohio's constellation of Home and Community-Based Service waivers also provide a preferred practice array of community-based services and supports for people with I/DD or other special types of disabilities. In short, Ohio's Medicaid Plan and waivers contain many of the tools that a state would need to provide flexible, individualized community based mainstream services to the wide variety of tenants intended to reside in PSH units.

The limitation on Medicaid in Ohio is not related to ineffective benefit design, narrow service definitions or restrictive provider requirements. Rather, the limitation is with match. For example, in mental health a substantial portion of state funds for ADAMH Boards, and also local levy funds, are already committed to matching services provided to Medicaid enrollees. Every new Medicaid-eligible enrollee that enters the local mental health system commandeers more state or local levy money as match for whatever Medicaid services they use, and in most areas the ability to match new Medicaid services is now severely restricted. In the Home and Community-Based Services arena, there is a parallel limitation based on the number of slots available under the current waivers. For example, people with I/DD are reported to experience substantial delays accessing Home and Community-Based services in many areas of the state.

Another limitation is that single non-elderly adults with a sole disability of substance abuse are not currently eligible for SSI or Medicaid in Ohio. As a result of the lack of

Medicaid eligibility, people with a substance abuse addiction are continually challenged to achieve success in housing, employment, physical and mental health, and other key indicators. Even with aggressive efforts on the part of eligibility specialists and the Benefit Bank, there will remain a cohort of adults for whom general fund appropriations and federal Substance Abuse Prevention and Treatment (SAPT) block grant funds will be the sole source of funding for community services. This places an additional strain on scarce non-Medicaid resources to support the overall PSH initiative.

These limitations on the ability to serve new enrollees and some adults with substance abuse have a direct impact on the efforts to provide PSH linked with mainstream services for people with disabilities. The limitations have an equally deleterious effect on the long-term sustainability of the MFP initiative. The fact is that to serve new enrollees the state agencies, the Boards and their provider networks will have to find ways to re-deploy current service resources, since it is unlikely that expanded services financing will be forthcoming in the near future. It should be noted that there are concerted efforts through the Benefits Bank and related activities to expand SSI and Medicaid eligibility for people who are homeless or at-risk of homelessness. These efforts are correct and laudable, but they will also increase demand for the very limited match available for Medicaid services, which in turn has the unintended consequence of further limiting the availability of non-Medicaid funding for people or service types ineligible for Medicaid reimbursement.

With regard to the mental health system, stakeholders at the state, Board, and provider levels were unanimous that it would be difficult to absorb new consumers of Medicaid mental health services within their service areas. They also reported that there are virtually no resources for services: (a) for people who do not qualify for Medicaid; and/or (b) services necessary to sustain independent community living that do not qualify for Medicaid reimbursement. Successful PSH service linkage models depend on non-Medicaid service funding, as well as Medicaid, and thus the problems of developing sustainable services and supports for PSH residents is further constrained by the lack of non-Medicaid funding.

### **Medicaid and MFP**

MFP is intended to provide integrated community living for people living in or at risk of placement in more restrictive and more expensive nursing facility settings. This initiative will create a pipeline of people wishing to move out of institutional settings into PSH and other affordable community settings. By re-balancing the institutional care system towards more community-based care, Ohio will create the potential to save considerable funds which can over time be re-deployed to meet other needs within the Ohio Medicaid program or long-term care budget.

The MFP initiative and attendant extra funding for transition to community living is important for two reasons. First, it will help to jump-start the process of assisting people to move from nursing facilities into community settings, primarily by bridging the time gap between when a person is ready to leave a facility and when an affordable unit matched with appropriate community services and supports becomes available.

Second, and more importantly, it will demonstrate the feasibility and cost-effectiveness of integrated community living, as opposed to restrictive institutional care, thereby providing a foundation for transforming MFP from a demonstration project into a mainstream program. During the transition phase, the MFP funds will assist to demonstrate what service modalities are most helpful in assisting people with serious disabilities to live successfully and sustain tenancy in PSH in the community. The experience under MFP can be translated into services delivery policies, practices and protocols that can be implemented by Boards and service providers to both sustain and expand the program.

It seems likely that the applicable Boards and local service providing agencies will need to be involved in this process from the very beginning, since they will have to make commitments to sustain long-term services and supports to assure ongoing community tenure once the transition process is complete. Boards will also have to assure that each person has a lead agency or clinical home responsible for assuring continuity of care, responding to crises, and coordinating the efforts of other community service providers and natural community resources and supports. The importance of MFP resources to support community services should not be underestimated. The ability to deploy these resources will give officials at both the state and Board levels time to find and implement solutions to the long-term funding sustainability puzzle. The elapsed time should also, with any luck, allow the economy and therefore the state/local revenue picture to improve.

It should be noted that Boards and local providers face the same issues related to people who are homeless or at risk of homelessness, many of whom are not connected to mainstream community services prior to moving into PSH. For both the MFP initiative and the efforts to end and prevent long-term homelessness, it will be necessary to find solutions to the current constraints on local systems to integrate new enrollees into their service systems.

## The Ohio Unified Long-Term Care Budget

Ohio has recently begun planning for implementation of a Unified Long-Term Care Budget that will allow flexibility across the current silos of long-term care service financing and will provide positive financial tools and incentives for community-based as opposed to facility-based care. This is an extremely creative and timely endeavor, and it appears to be consistent with current directions and priorities in national health care reform. TAC views the MFP initiative as providing a firm foundation for implementing the Unified Long-Term Care Budget. Specifically, the service linkage mechanisms and protocols designed and implemented for MHP should be able to be scaled up to meet service planning and long-term service linkage imperatives for the Unified Long-Term Care Budget. This is why it is important for the MFP service linkage activities to be policy driven and consistent with the future vision of the system across all disabilities as opposed to being ad hoc and driven by the exigencies of each individual moving out of a facility into the community.

The MFP initiative incorporates some transition planning facilitation resources that may not be fully available under Ohio's Unified Long-Term Care Budget (see above). These resources include extra staffing for outreach and transition planning, and funding to facilitate the physical transition from a facility to an independent housing unit. As MFP is implemented, it will be important to document how these resources are used and plan for replication when the Unified Long-Term Care Budget is fully implemented. It may be that Medicaid is not sufficient by itself to cover all of these necessary service costs, and if so it will be necessary to identify additional sources of ongoing financial support for services at the local level. This analysis may also trigger consideration of an 1115 waiver to support system-wide implementation of the successful elements of the MFP initiative.

## ODOD Recommendations

To focus ODOD Housing Policy to further the development of PSH throughout the state, TAC makes the following recommendations:

- Adopt a long-term policy vision and funding strategy for the Ohio Housing Trust Fund that would prioritize and maximize the use of these funds to support evidenced-based and nationally recognized effective practices to prevent and end homelessness and institutionalization, including PSH and rapid re-housing.
- TAC concurs with the recommendation of advocates to 'lift the cap' on the Ohio Housing Trust Fund now when revenues are well below the \$50 million cap. Ohio is at an opportune 'moment in time' in terms of determining eligible uses of Ohio Housing Trust Fund resources when revenues again exceed the \$50 million cap.
- Consider adopting rigorous policies for the use of new funds in excess of \$50 million including: (1) limiting the use of these funds to one-time, non-re-occurring capital expenditures for a statewide expansion of PSH for all target populations; (2) prioritizing the capitalization of operating reserve accounts for at least 15 years with the specific objective of reducing rents in PSH units to a level affordable (30 percent of income) to households receiving Supplemental Security Income (SSI) or Temporary Assistance to Needy Families (TANF); (3) incentivizing the use of Housing Trust Fund capitalized reserves for the creation of integrated PSH housing in affordable multi-family developments; (4) incentivizing the use of Housing Trust Fund capitalized reserves to support accessible and barrier free PSH units in multi-family developments. TAC estimates that the cost of creating a 15-year reserve for a one bedroom PSH unit in Columbus affordable to a single person household receiving SSI to be approximately \$130,000.



### **Recommendation #4: Capitalize on New Federal Funding Initiatives**

During the next eighteen months, there will be a number of new federal funding initiatives that can serve as a catalyst to spur additional investment in PSH. TAC recommends that the State prepare to take full advantage of these opportunities in order to further the Council's PSH and rapid re-housing objectives. Four specific opportunities include:

- **American Recovery and Reinvestment Act of 2009:** The recently passed stimulus package offers a number of HUD managed housing programs that could be used to further the Council's goals. These programs include: the Homelessness Prevention Rapid Re-housing Program (HPRP), (OH State program to receive \$26 Million), the Tax Credit Assistance Program (OH State Program to receive \$83 million), and the Neighborhood Stabilization Program (an additional \$2 billion to be distributed competitively by HUD). TAC commends the State's recent efforts to convene a small working group of state officials and homeless stakeholders to develop a framework for HPRP funds, balancing the need to use these funds strategically to bolster and improve the homeless prevention network in Ohio with the federal mandate to allocate these funds as quickly as possible. These HPRP funds should facilitate an extension/expansion of the Family Homeless Prevention Pilot, a model replicated in the HPRP design.
- **National Housing Trust Fund:** The President's 2010 budget includes a \$1 billion request to capitalize the National Housing Trust Fund (NHTF). If this funding is appropriated by Congress, Ohio will receive a significant allocation of NHTF resources. One of the core goals of the NHTF is to support the creation of rental housing targeted for extremely low income households with incomes at or below 30 percent of the Area Median Income (AMI). TAC recommends that OHFA and the Council create PSH financing models using the infusion of NHTF resources to close the 'housing affordability gap' and ensuring that PSH tenants pay no more than 30 percent of income for rent. This could be accomplished by increasing the capital contribution in order to underwrite these units at approximately 15 percent AMI or creating a capitalized operating reserve fund, which the project would draw from over time to fill the gap between the tax credit rent and what the resident can afford.
- **Section 811 PSH Demonstration Project:** Section 811 Supportive Housing for Persons with Disabilities legislation (H.R. 1675) – the Frank Melville Supportive Housing Investment Act of 2009 – was re-introduced on March 23, 2009. This important PSH bill received widespread bi-partisan support during the last Congress and is expected to pass this year. The legislation proposes an innovative Section 811 Demonstration program to spur the development of integrated PSH units (e.g., 10 units within a 100 unit property) within new affordable rental housing developments funded with resources such as LIHTC, HOME, NSP, or NHTF, etc. The Demonstration Program will provide a long-term Project Rental Assistance Contract (PRAC) to ensure that these PSH units are affordable to extremely low-income people with serious and long-term disabilities who can benefit from community-based services and supports. State HFAs and

state and local community development agencies will be eligible to apply for 811 Demonstration funds. TAC recommends that Ohio state agencies begin to develop policies within the Qualified Allocation Plan and Consolidated Plan to compete successfully for 811 Demonstration program funding in order to encourage the development of integrated cross-disability PSH units.

- **New Disability Vouchers from HUD:** In the next 2-3 months, HUD is expected to issue a Notice Of Funding Availability to PHAs for 3,000-4,000 new Disability Vouchers. TAC recommends that the Council use the 50/50 PSH Campaign strategy to engage Ohio PHAs to promote applications that would dedicate these vouchers for MFP-related activities. Some percentage of these new vouchers (depending on the PHA) could also be project-based which would facilitate their use in new PSH projects.

#### **Recommendation #5: Focus Proposed State Housing Research and Data Analysis Capability on PSH**

TAC supports the creation of the housing research and data analysis capability within OHFA called for in its Annual Plan. If this research capacity is developed, TAC further recommends that OHFA designate permanent supportive housing as a 'critical' research area with a focus on defining the need for PSH across the State and assessing the impact of PSH on homelessness, institutional beds, criminal justice system, mainstream service costs, etc.

The Council having access to a housing research capability would be of particular importance in assessing the ongoing implementation, impact, and overall success of the PSH Policy Framework and the 50/50 PSH Partnership Campaign called for in Recommendations #1 and #2. The Council would be able to utilize this research capability and data to assess cost savings across systems of care and engage State agencies and local government entities to build support for the 50/50 PSH Partnership Campaign over the long-term.

#### **Recommendation #6: Ohio Department of Mental Retardation and Developmental Disabilities Housing Policy**

The Ohio Department of Mental Retardation and Development Disabilities (ODMRDD) housing program provides a broad portfolio of community-based housing throughout Ohio. Local non-profit housing corporations continue to be the main 'driver' of the Department's housing models and have developed an impressive array of housing opportunities and choices in a number of Ohio communities. TAC reviewed the

## Appendix A: Ohio Housing Resources

### A-1: State of Ohio TAC Priced Out Study – 2008

| State | Area   | Total SSI | SSI as % of One Person Income | Percent Of SSI To Rent Efficiency | Percent Of SSI To Rent One Bedroom | SSI As An Hourly Wage | Hourly SSI As % Of One Bdrm Housing Wage |
|-------|--|-----------|-------------------------------|-----------------------------------|------------------------------------|-----------------------|--|
| Ohio  | Akron, OH MSA                                      | \$637     | 17.69%                        | 79.12%                            | 92.46%                             | \$3.68                | 32.44%                                   |
| Ohio  | Brown County, OH HUD Metro FMR Area                | \$637     | 20.60%                        | 68.60%                            | 71.89%                             | \$3.68                | 41.72%                                   |
| Ohio  | Canton-Massillon, OH MSA                           | \$637     | 19.90%                        | 71.27%                            | 79.12%                             | \$3.68                | 37.91%                                   |
| Ohio  | Cincinnati-Middletown, OH-KY-IN HUD Metro FMR Area | \$637     | 16.50%                        | 75.03%                            | 88.85%                             | \$3.68                | 33.76%                                   |
| Ohio  | Cleveland-Elyria-Mentor, OH MSA                    | \$637     | 17.57%                        | 77.86%                            | 90.42%                             | \$3.68                | 33.17%                                   |
| Ohio  | Columbus, OH HUD Metro FMR Area                    | \$637     | 16.72%                        | 78.96%                            | 91.83%                             | \$3.68                | 32.66%                                   |
| Ohio  | Dayton, OH HUD Metro FMR Area                      | \$637     | 18.15%                        | 76.60%                            | 87.59%                             | \$3.68                | 34.24%                                   |
| Ohio  | Huntington-Ashland, WV-KY-OH MSA                   | \$637     | 23.23%                        | 64.36%                            | 76.13%                             | \$3.68                | 39.40%                                   |
| Ohio  | Lima, OH MSA                                       | \$637     | 19.20%                        | 74.41%                            | 75.35%                             | \$3.68                | 39.81%                                   |
| Ohio  | Mansfield, OH MSA                                  | \$637     | 20.71%                        | 61.22%                            | 74.72%                             | \$3.68                | 40.14%                                   |
| Ohio  | Parkersburg-Marietta-Vienna, WV-OH MSA             | \$637     | 21.77%                        | 66.24%                            | 70.80%                             | \$3.68                | 42.37%                                   |
| Ohio  | Preble County,                                     | \$637     | 19.54%                        | 80.37%                            | 82.88%                             | \$3.68                | 36.19%                                   |

| State | Area  | Total SSI | SSI as % of One Person Income | Percent Of SSI To Rent Efficiency | Percent Of SSI To Rent One Bedroom | SSI As An Hourly Wage | Hourly SSI As % Of One Bdrm Housing Wage |
|-------|---|-----------|-------------------------------|-----------------------------------|------------------------------------|-----------------------|--|
|       | OH HUD Metro FMR Area                             |           |                               |                                   |                                    |                       |  |
| Ohio  | Sandusky, OH MSA                                  | \$637     | 17.53%                        | 67.18%                            | 80.84%                             | \$3.68                | 37.10%                                   |
| Ohio  | Springfield, OH MSA                               | \$637     | 18.15%                        | 74.88%                            | 83.35%                             | \$3.68                | 35.98%                                   |
| Ohio  | Toledo, OH MSA                                    | \$637     | 18.15%                        | 74.72%                            | 83.20%                             | \$3.68                | 36.05%                                   |
| Ohio  | Union County, OH HUD Metro FMR Area               | \$637     | 15.92%                        | 97.64%                            | 97.95%                             | \$3.68                | 30.62%                                   |
| Ohio  | Weirton-Steubenville, WV-OH MSA                   | \$637     | 21.05%                        | 59.96%                            | 73.46%                             | \$3.68                | 40.83%                                   |
| Ohio  | Wheeling, WV-OH MSA                               | \$637     | 22.68%                        | 58.86%                            | 70.95%                             | \$3.68                | 42.27%                                   |
| Ohio  | Youngstown-Warren-Boardman, OH HUD Metro FMR Area | \$637     | 20.94%                        | 67.97%                            | 76.29%                             | \$3.68                | 39.32%                                   |
| Ohio  | Statewide Non-MSA                                 | \$637     | 21.16%                        | 69.38%                            | 77.70%                             | \$3.68                | 38.60%                                   |
| Ohio  | Statewide   | \$637     | 18.50%                        | 74.41%                            | 85.40%                             | \$3.68                | 34.93%                                   |

**A-2: State of Ohio Disability Vouchers**

| <b>Public Housing Authority</b>                                | <b>City</b>    | <b>Vouchers for people with disabilities</b> |
|--|----------------|--|
| <b>Ashtabula Metropolitan Housing Authority</b>                | Ashtabula      | 60   |
| <b>Athens Metropolitan Housing Authority</b>                   | Athens         | 23   |
| <b>Belmont Metropolitan Housing Authority</b>                  | Martins Ferry  | 6  |
| <b>Bowling Green Metropolitan Housing Authority</b>            | Bowling Green  | 20   |
| <b>Brown Metro Housing Authority</b>                           | Georgetown     | 7  |
| <b>Butler Metropolitan Housing Authority</b>                   | Hamilton       | 100  |
| <b>Cambridge Metropolitan Housing Authority</b>                | Cambridge      | 8  |
| <b>Chillicothe Metropolitan Housing Authority</b>              | Chillicothe    | 50   |
| <b>City of Marietta</b>  | Marietta       | 15   |
| <b>City of Middletown Housing Authority</b>                    | Middletown     | 514  |
| <b>Clermont Metropolitan Housing Authority</b>                 | Batavia        | 84   |
| <b>Clinton Metropolitan Housing Authority</b>                  | Wilmington     | 4  |
| <b>Columbiana Metropolitan Housing Authority</b>               | East Liverpool | 81   |
| <b>Columbus Metropolitan Housing Authority</b>                 | Columbus       | 1030   |
| <b>Cuyahoga Metropolitan Housing Authority</b>                 | Cleveland      | 683  |
| <b>Dayton Metropolitan Housing Authority</b>                   | Dayton         | 222  |
| <b>Delaware Metropolitan Housing Authority</b>                 | Delaware       | 103  |
| <b>Emerald Development &amp; Economic Network (EDEN), Inc.</b> | Cleveland      | 50   |
| <b>Fairfield Metropolitan Housing Authority</b>                | Lancaster      | 35   |
| <b>Fayette Metropolitan Housing Authority</b>                  | Washington     | 75   |

| <b>Public Housing Authority</b>                 | <b>City</b>  | <b>Vouchers for people with disabilities</b> |
|---|--------------|--|
| <b>Greene Met Housing Authority</b>             | Xenia        | 12   |
| <b>Hamilton County</b>                          | Cincinnati   | 0  |
| <b>Hancock Metropolitan Housing Authority</b>   | Findlay      | 683  |
| <b>Highland Housing Authority</b>               | Highland     | 50   |
| <b>Ironton Metropolitan Housing Authority</b>   | Ironton      | 4  |
| <b>Jackson County Housing Authority</b>         | Wellston     | 104  |
| <b>Jefferson Metropolitan Housing Authority</b> | Steubenville | 223  |
| <b>Knox Metropolitan Housing Authority</b>      | Mount Vernon | 4  |
| <b>Lake Metropolitan Housing Authority</b>      | Painesville  | 16   |
| <b>Licking Metropolitan Housing Authority</b>   | Newark       | 240  |
| <b>Lorain Metropolitan Housing Authority</b>    | Lorain       | 75   |
| <b>Lucas Metropolitan Housing Authority</b>     | Toledo       | 221  |
| <b>Marion Metropolitan Housing Authority</b>    | Mansfield    | 163  |
| <b>Medina Metropolitan Housing Authority</b>    | Medina       | 17   |
| <b>Meigs Metropolitan Housing Authority</b>     | Middleport   | 6  |
| <b>Monroe Metro Housing Authority</b>           | Cambridge    | 5  |
| <b>Morrow Metropolitan Housing Authority</b>    | Marion       | 32   |
| <b>New Avenues for Independence*</b>            | Cleveland    | 75   |
| <b>Pickaway Metropolitan Housing Authority</b>  | Circleville  | 41   |
| <b>Pike Metropolitan Housing Authority</b>      | Piketon      | 17   |
| <b>Portage Metropolitan Housing Authority</b>   | Ravenna      | 90   |
| <b>Seneca Metropolitan Housing Authority</b>    | Mansfield    | 20   |

| <b>Public Housing Authority</b>                   | <b>City</b>      | <b>Vouchers for people with disabilities</b> |
|---|------------------|--|
| <b>Springfield Metropolitan Housing Authority</b> | Springfield      | 250  |
| <b>Stark Metropolitan Housing Authority</b>       | Canton           | 100  |
| <b>Tuscarawas Metropolitan Housing Authority</b>  | New Philadelphia | 30   |
| <b>Vinton Metropolitan Housing Authority</b>      | McArthur         | 0  |
| <b>Warren Metropolitan Housing Authority</b>      | Lebanon          | 75   |
| <b>Wayne Metropolitan Housing Authority</b>       | Wooster          | 8  |
| <b>Williams Metropolitan Housing Authority</b>    | Napoleon         | 0  |
| <b>Youngstown Metropolitan Housing Authority</b>  | Youngstown       | 38   |
| <b>Zanesville Metropolitan Housing Authority</b>  | Zanesville       | 70   |
|   |                  |  |
|   | <b>Total</b>     | <b>5839</b>                                  |

**A-3: State of Ohio Community Development Block Grant  
Program/Home Investment Partnerships Program**

| <b>STA</b> | <b>NAME</b>          | <b>CDBG FY2008</b> | <b>HOME FY2008</b> |
|------------|----------------------|--------------------|--------------------|
| OH         | AKRON                | 6,719,041          | 1,756,577          |
| OH         | ALLIANCE             | 680,239            | 0                  |
| OH         | BARBERTON            | 737,744            | 0                  |
| OH         | BOWLING GREEN        | 300,202            | 0                  |
| OH         | CANTON               | 2,849,827          | 670,779            |
| OH         | CINCINNATI           | 12,855,724         | 3,806,660          |
| OH         | CLEVELAND            | 23,601,124         | 6,081,589          |
| OH         | CLEVELAND<br>HEIGHTS | 1,723,214          | 0                  |
| OH         | COLUMBUS             | 6,362,991          | 4,704,687          |
| OH         | CUYAHOGA<br>FALLS    | 697,405            | 0                  |
| OH         | DAYTON               | 6,249,477          | 1,747,128          |
| OH         | EAST CLEVELAND       | 1,104,770          | 442,118            |
| OH         | ELYRIA               | 662,312            | 0                  |
| OH         | EUCLID               | 1,035,443          | 0                  |
| OH         | FAIRBORN             | 259,462            | 0                  |
| OH         | HAMILTON CITY        | 1,458,717          | 421,744            |
| OH         | KENT                 | 298,370            | 0                  |
| OH         | KETTERING            | 541,058            | 0                  |
| OH         | LAKEWOOD             | 2,172,899          | 0                  |
| OH         | LANCASTER            | 554,557            | 0                  |
| OH         | LIMA                 | 1,218,387          | 374,754            |
| OH         | LORAIN               | 1,209,273          | 466,719            |
| OH         | MANSFIELD            | 960,826            | 353,871            |
| OH         | MARIETTA             | 434,150            | 0                  |
| OH         | MASSILLON            | 718,625            | 0                  |
| OH         | MENTOR               | 176,210            | 0                  |
| OH         | MIDDLETOWN           | 670,051            | 0                  |
| OH         | NEWARK               | 834,069            | 0                  |
| OH         | PARMA                | 972,981            | 0                  |
| OH         | SANDUSKY             | 804,479            | 0                  |
| OH         | SPRINGFIELD          | 1,964,456          | 536,827            |
| OH         | STEUBENVILLE         | 735,446            | 0                  |
| OH         | TOLEDO               | 7,886,761          | 2,427,457          |
| OH         | WARREN               | 1,303,067          | 751,468            |
| OH         | YOUNGSTOWN           | 3,877,371          | 774,948            |
| OH         | BUTLER COUNTY        | 1,145,694          | 765,090            |
| OH         | CUYAHOGA             | 3,737,697          | 2,722,828          |

| <b>STA</b> | <b>NAME</b>           | <b>CDBG FY2008</b> | <b>HOME FY2008</b> |
|------------|-----------------------|--------------------|--------------------|
|            | <b>COUNTY</b>         |                    |                    |
| OH         | FRANKLIN<br>COUNTY    | 1,798,440          | 869,750            |
| OH         | HAMILTON<br>COUNTY    | 3,362,796          | 1,357,119          |
| OH         | LAKE COUNTY           | 1,384,689          | 480,809            |
| OH         | MONTGOMERY<br>COUNTY  | 1,828,720          | 1,011,707          |
| OH         | STARK COUNTY          | 1,419,192          | 848,085            |
| OH         | SUMMIT COUNTY         | 1,013,484          | 424,199            |
| OH         | OHIO STATE<br>PROGRAM | 47,760,768         | 26,687,192         |
|            |                       |                    |                    |
|            | <b>Totals</b>         | <b>158,082,208</b> | <b>60,484,105</b>  |

**A-4: State of Ohio Neighborhood Stabilization Program**

| <b>State</b> | <b>Community</b>   | <b>NSP Allocation</b> |
|--------------|--------------------|-----------------------|
| OH           | AKRON              | \$8,583,492           |
| OH           | BUTLER COUNTY      | \$4,213,742           |
| OH           | CANTON             | \$3,678,562           |
| OH           | CINCINNATI         | \$8,361,592           |
| OH           | CLEVELAND          | \$16,143,120          |
| OH           | COLUMBUS           | \$22,845,495          |
| OH           | CUYAHOGA COUNTY    | \$11,212,447          |
| OH           | DAYTON             | \$5,582,902           |
| OH           | ELYRIA             | \$2,468,215           |
| OH           | EUCLID             | \$2,580,464           |
| OH           | FRANKLIN COUNTY    | \$5,439,664           |
| OH           | HAMILTON CITY      | \$2,385,315           |
| OH           | HAMILTON COUNTY    | \$7,970,490           |
| OH           | LAKE COUNTY        | \$3,402,859           |
| OH           | LORAIN             | \$3,031,480           |
| OH           | MIDDLETOWN         | \$2,144,379           |
| OH           | MONTGOMERY COUNTY  | \$5,988,000           |
| OH           | SPRINGFIELD        | \$2,270,009           |
| OH           | STARK COUNTY       | \$4,181,673           |
| OH           | SUMMIT COUNTY      | \$3,767,144           |
| OH           | TOLEDO             | \$12,270,706          |
| OH           | YOUNGSTOWN         | \$2,708,206           |
| OH           | OHIO STATE PROGRAM | \$116,859,223         |
|              | <b>Total NSP</b>   | <b>\$258,089,178</b>  |

## Appendix F: Ohio Housing Locator Analysis

### Purpose

In conjunction with work performed for the Ohio Interagency Council on Homelessness and Affordable Housing, TAC explored the Ohio Housing Locator, which is a web-based search engine for linking low-income persons in the state with listings of affordable housing vacancies. The Locator also serves the purpose of assisting persons with physical disabilities to identify accessible housing suitable to their needs. TAC investigated the potential to coordinate the Locator and its future directions with TAC's recommendations to the Interagency Council for facilitating production of supportive housing in Ohio for highly vulnerable populations.

### Overview

The Ohio Housing Locator was developed in 2007. Since then, state agents have continually adjusted its functions in response to feedback from consumers using the service and property owners listing their vacancies. Its specifics were planned after a review of a comparative analysis completed by the University of Florida of the 16 statewide housing locators available in other states. Rather than subscribe to a private service as some states do, Ohio elected to create their own Locator in-house with features comparable to the more sophisticated sites available nationally. For Ohio, this choice has allowed state officials to tailor the Locator closely to their preferences and maintain a relatively low annual cost of operation. The cost is shared across three state departments and is considered an effective use of funds by all contributors.

### Specifics of Ohio's Housing Locator

- Ohio's Locator is one of the minority of state Locator sites that provides real time vacancy listings.
- Relative to the Locators available nationally, Ohio's is among a subgroup of more advanced systems that lists details about each vacancy.
- Ohio's Locator allows for advanced searches, which include identifying accessible housing.
- The listing inventory of Ohio's Locator includes both publicly funded housing and private market listings. Many others include only publicly funded housing.

- As is the case in many states, Ohio's Locators relies on voluntary self-registration by property owners.

### **Success of the Locator**

Ohio's Locator shows evidence of success in its second year of operation.

- Current data indicates high rates of utilization and new users.
- As with other states, current outreach methods to consumers are considered effective.
- Service providers across the state refer clients to the Locator in high numbers and commend it as a valuable resource.
- Half of all searches on the Locator came from referring sites with links to the Locator signaling effective collaboration with these other sites.
- The most frequent redirector to the Ohio Locator is HUD's website signaling that many levels of research by users.
- A significant fraction of hits on the Locator are from users in other states signaling its utility for users beyond state borders.

### **Obstacles Faced by the Ohio Locator**

The greatest challenge faced by the Locator is trying to increase participation by landlords and expand the inventory of listings. Currently, the Locator's listings are far from complete. Other states have faced similar difficulties and, in some cases, shifted away from Ohio's structure of voluntary participation by landlords to one of producing a more simplistic but complete "static" affordable housing inventory. To create such an inventory, the cooperation of landlords is not required as public financing agencies can supply all the needed details. In Ohio, this alternative has been considered and deemed less desirable than the incomplete "active list." Going forward, there is a strong commitment to expanding the existing inventory listings to be more complete. Issues contributing to the Locator's inventory problems are:

- OHFA continues to work to educate Low Income Housing Tax Credit property owners regarding the merits of the Locator.

- Public Housing Authorities in Ohio have been at times reluctant and inconsistent participants.
- The homeless CoC arena is not very well connected with the Housing Locator.
- The Locator has faced competition from a national subscriber services for affordable housing listings called *Socialserve.com*.
- Permanent Supportive Housing providers are reluctant to participate in the Locator.
- Permanent Supportive Housing providers perceive that the Locator is unlikely to connect them with individuals who meet HUD defined homeless criteria.
- Ohio lacks the legal mandate, as is the case in Massachusetts that all owners of publicly financed housing participate in it.
- There is no incentive or pressure from authorities within the state government, as is the case in some other states, for all affordable housing programs to use the Locator.

## Outreach

To date, many strategies have been tried to increase landlord participation in the Locator including:

- Outreach and publicity materials were created with the use of \$25,000 grant per year for 5 years from the Ohio Developmental Disabilities Council.
- Staff time has been made available to carry out outreach activity.
- OHFA recently put participation in the Locator into the state's QAP checklist for re-certifications to be completed by housing agencies. Outreach to Public Housing Authorities has been carried out.
- The Locator sponsors have made numerous presentations at compliance workshops for property owners who receive Low Income Tax Credit financing.

## TAC Recommendations

TAC recommends the following menu of potential enhancements to the Ohio Housing Locator:

- Adopt a 5-year goal to achieve full participation (including current listings of vacancies) of all property owners in Ohio funded through state or local HOME, CDBG, NSP, Ohio Housing Trust Fund, or other government capital or rental subsidy resources. Achieve this goal by adopting firm policies and incentives for the future use of state housing funding;
- Add homelessness definition criteria to the Locator to better engage PSH providers;
- Develop function for more detailed information describing accessibility features for each listing;
- Include function that elaborates on the specific subsidy mechanisms and affordability features (e.g., deep subsidy based on 30 percent of tenant income towards rent, etc.);
- Develop a feature that lists detail of proximity to public transportation for each listing as is available on other Locator sites for users without their own car;
- Seek support from the HUD Field Office using the reasonable accommodation provisions of Section 504 to strongly encourage all Section 811 properties to participate in the Locator;
- Engage all CoC Coordinators with the Locator as a means of requiring full participation by McKinney/Vento-funded permanent supportive housing sites;
- Create email lists of active landlords, including those without current listings;
- Use automatic weekly reminder emails to landlords with properties listed;
- Use monthly reminder emails to landlords without current listing;
- Allow property managers to add links to their own websites and pictures of the property listed (Use these new features to attract more private landlords.);

- Publicize details of the Locator’s success with consumers as a means of attracting more private landlords; and
- Build in more accommodations to the site itself to increase its utility for people with disabilities who have sensory impairments.

## Appendix G: Ohio's HOME Choice Transition Program – Money Follows the Person Initiative Analysis

### Purpose

In conjunction with work performed for the Ohio Interagency Council on Homelessness and Affordable Housing, TAC assessed the Ohio's Money Follows the Person Initiative (MFP Initiative) commonly referred to as HOME Choice Transition Program. TAC's analysis focused on the Ohio's Department of Job and Family Services' (ODJFS) MFP housing strategy to identify affordable housing options which will be made available to MFP participants as they make the transition from institutions to a community-setting.

### Specifics of Ohio's MFP Initiative

On January 11, 2007, the State of Ohio received approval for the Money Follows the Person demonstration project. The State of Ohio could receive up to \$100 million in federal matching funds over a five-year period. The HOME Choice Transition Program will use these resources to assist 2,231 elderly people and persons with disabilities from institutions to relocate to appropriate community-settings. The MFP demonstration grant period is from January 1, 2007 through September 30, 2011.

The HOME Choice Transition Program has two "core" goals – helping Ohioans leaving institutional settings through the HOME Choice Transition Program *and* balancing Ohio's system of long-term services and supports. The Center for Medicare and Medicaid Services (CMS) defines "balance" as a shift from institutional expenditures to community expenditures. In developing its Operational Protocol, Ohio's Planning and Advisory Group (PAG) chose to define "balance" as "choice" rather defining "balance" in terms of a shift in expenditures.

This view is consistent with the U.S. Supreme Court's *Olmstead* decision which affirmed a state's responsibility under the Americans with Disabilities Act (ADA) to offer services (Medicaid and other state or locally financed) in the 'most integrated setting' appropriate to the person's needs, prompting states to further expand their Medicaid and state financed community-based services. Further echoing the theme of "choice", the PAG developed the following vision statement to guide its Operational Protocol: "Ohioans who need long-term services and supports, get services and supports they need in a timely manner in settings they want from whom they want, and if needs change, services and supports change accordingly."

From January of 2007 to February of 2008, the PAG organized itself into a number of workgroups and met to develop the components of the Operational Protocol. The Operational Protocol key components include: 18 balancing strategies with specified benchmarks to measure progress; a variety of strategies to “test new policies” through the demonstration period; an “opportunity to partner” with a variety of stakeholders to include Centers for Independent Living, the County Boards of MR/DD and ADMH, and local mental health providers in order to identify successes and gaps within Ohio’s long-term service delivery system; and housing recommendations to both expand access to affordable housing for MFP participants and assess barriers that people with disabilities face in accessing affordable housing.

CMS approved Ohio’s Operation Protocol on June 30, 2008. As a result, ODJFS and its broad group of stakeholders moved into the implementation phase to identify and transition MFP participants from institutions to community-settings. ODJFS was also authorized to begin to claim the “enhanced match rate”<sup>13</sup> for home and community-based (HCB) services for the demonstration project.

### **Success of the MFP Initiative to Date**

Since the implementation of the MFP Initiative in early 2007, the HOME Choice Transition Program has had a number of successes. These are:

- Established a broad-based stakeholder group called the Planning and Advisory Group to develop the different components of the Operational Protocol;
- Maintained a broad level of participation on the Planning and Advisory Group’s workgroups throughout the planning process with each workgroup meeting an average of 10 times over a 13 month timeframe;
- Developed a close collaborative interagency partnership between the interested state agencies to include – Ohio Department of Job and Family Services (ODJFS), Ohio Department of Mental Health (ODMH), Ohio Department of Mental Retardation and Developmental Disabilities (ODMRDD), and Ohio Department of Aging (ODOA);
- Developed and received CMS approval of the HOME Choice’s Operational Protocol which will guide the implementation effort to transition 2,231 elderly people and persons with disabilities from institutions to community-based settings; and

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<sup>13</sup> According to the HOME Choice Transition Program’s Facts and FAQs about HOME Choice’s Operational Protocol, “the enhanced Federal Medical Assistance Percentage (FMAP) rate is approximately 20% in addition to the approximate 60% regular FMAP to equal approximately 80%.”

- Developed a three-part housing strategy to assist these 2,231 MFP participants in identifying appropriate, affordable housing options over the demonstration project period.

### **TAC Recommendations**

TAC recommends the following strategies to improve and enhance the implementation of Ohio's Home Choice Program:

#### **General MFP Recommendations**

TAC supports the Ohio's Department of Job and Family Services' (ODJFS) current MFP housing approach to pursue three distinct efforts – the Local Housing and Services Cooperatives, a Rental Assistance Program, and a Permanent Supportive Housing Pilot (discussed in greater detail below). These three efforts provide ODJFS with an effective mechanism to further develop state inter-agency cooperation and explore and assess strategies to utilize Medicaid-funded services in conjunction with permanent supportive housing.

Inter-agency cooperation will be a critical aspect of transition planning and ongoing service delivery for each person to be served under MFP. Based on the MFP Relocation Workbook, MFP participants will be identifying needs related to family and informal supports; housing; health care; personal care; transportation; employment; and social activities. Also included will be formal services through some combination of Medicaid, ODMH, ODADAS, OMRDD, etc. It is highly unlikely that participants in MFP will need services from just one agency or funding source. And, each individual's needs will be unique when they begin participation, and will change in unique ways over time as they live in the community. Thus, interagency collaboration and coordination will have to be individualized and flexible over time. TAC recommends that standard interagency agreement protocols be developed that can guide individual service planning and service coordination among participating agencies. As noted throughout this report, the actual work of planning, assuring, and maintaining appropriate individualized service access and delivery is most likely to occur at the Board level. Thus, the roles and responsibilities of the cognizant Boards will have to be clearly detailed in the protocols. These protocols should guide:

- Designation of a lead agency/clinical home for each participant;
- Specification of which types of other community agencies should participate;
- Definition of the roles and responsibilities of each participating agency;

- Description of mutual service planning and service plan updates will be accomplished;
- Description of how communications will be maintained among the parties; and
- Specification of the resources that are to be committed to the participant by each agency included in the agreement.

TAC also recommends that a standard protocol be developed relevant to all participating disability populations to assist transition coordinators to provide detailed information on housing resources and options for MFP participants. This protocol should detail how the Housing Locator and related housing search resources can be used; criteria for the variety of housing resources available; equal housing and reasonable accommodation rights of prospective tenants; and information on other factors, such as proximity of resources and transportation, neighborhood quality, etc. It is important to the success of MFP that participants make informed choices among housing options, rather than being steered to whatever may be readily available at the moment.

### **MFP Housing Recommendations**

TAC has been working closely with ODJFS staff on the development of its MFP housing approach, specifically, the Local Housing and Services Cooperatives, a Rental Assistance Program, and a Permanent Supportive Housing Pilot. To assist in the development and implementation, TAC makes the following recommendations regarding the three MFP housing initiatives:

- Develop clear guidance and a very detailed scope of services for the agencies selected to support regional housing cooperatives in order to better focus their efforts on obtaining new housing resources for MFP participants. Given the compelling need to identify permanent rental subsidy resources for people leaving facility-based care, these agencies should be required to assertively engage local PHAs, particularly those identified as having received disability vouchers from HUD from 1997-2002. Other suggested areas of focus include community development officials controlling HOME funds which can be used for tenant-based rental assistance, HUD assisted housing providers with chronic vacancy issues (which could be identified by willing HUD Field Office staff), and building relationships with County Boards.

- Strategically deploy MFP housing capacity and expertise in targeted areas/regions of the state determined as 'high need/high demand' based on an assessment of three factors: (1) the housing preferences expressed by MFP participants; (2) the need for expanded capacity; and (3) strategic opportunities to expand the supply of PSH units.
- Based on the assessment and identification of 'high need/high demand' MFP communities, conduct a strategic analysis to determine: (1) high priority areas for targeting valuable MFP rental assistance resources; and (2) local PHAs in these areas that currently administer Section 8 Housing Choice Vouchers set-aside by Congress for non-elderly people with disabilities. TAC will assist JFS with the PHA analysis.
- Strategically engage local PHAs to administer MFP rent subsidies for a limited period for identified consumers for a reasonable administrative fee. In exchange, the PHA would ideally be able to offer some type of systematic transition to a Section 8 Housing Choice Voucher. TAC has committed to work with JFS on the engagement efforts with local PHAs.
- Conduct a more refined financial analysis of the proposed rental assistance program assessing the cost of rent subsidy, the term of the rent subsidy, and the potential number of individuals to be served. ODJFS will be able to continually refine the financial model as partnerships with local PHAs are established. TAC has committed to providing JFS with a financial modeling tool to assist with this analysis.
- Develop guidelines and contract documents for the operation of the rental assistance program. The guidelines will be used by the subsidy administrator (i.e., local PHAs) to ensure that the funds are administered responsibly and JFS's program goals are met.
- Consider an informal approach (as opposed to a formal Request for Information) to solicit feedback from local PSH stakeholders regarding the potential benefit of the cross-disability PSH Pilot concept. Consider a survey tool (on-line perhaps) to help encourage a greater response rate, as well as facilitate the collection and analysis of data.
- Work with the MFP partner agencies (i.e., ODOA, ODMH, ODMRDD, etc.) to develop a common understanding of a potential cross-disability PSH pilot project, its feasibility (given MFP resources available), and the specific goals which the

pilot seeks to achieve. In addition to the Pilot's goals, interagency discussions should focus on referral mechanisms to the housing types and amount of resources offered by the MFP initiative (i.e., development or operating resources), preferred location(s) of the pilot, linkage with services, and the development of an assessment to measure the pilot's success. This upfront 'buy-in' from all the MFP partners is needed for the success of the pilot itself and its potential for replication on a greater scale.

- Explore a partnership with OHFA as ODJFS's 'housing partner' in the PSH pilot if deemed feasible. OHFA would potentially be able to: offer access to matching capital funds or operating funds; assist in the development and issuance of an RFP; assist with the evaluation of proposal, conduct underwriting of the project; and assist with the assessment of the Pilot.
- If deemed feasible, structure the Pilot RFP in order for it to be seamlessly integrated with OHFA and ODOD funding rounds (i.e., LIHTC) to facilitate and encourage participation from experienced permanent supportive housing developers throughout Ohio.

## **Appendix H: Ohio Public Housing Agencies (PHA) Best Practices**

In its stakeholder interviews and analysis performed for the Ohio Interagency Council on Homelessness and Affordable Housing (Council), TAC identified several Public Housing Agencies (PHA) that have worked closely with local stakeholders to support the development of permanent supportive housing or expand access to the Section 8 Housing Choice Vouchers for people with disabilities. The Council may be able to highlight these successes as part of the Council's engagement strategy with PHAs and local governments across Ohio.

Below is a discussion of these PHA's "Best Practice" efforts:

### **Cuyahoga Metropolitan Housing Authority**

The Cuyahoga Metropolitan Housing Authority (CMHA) in partnership with area disability advocates and provider agencies has supported the development of the Gateway Advisory Board (GAB) as a mechanism to manage a "set-aside" of Section 8 vouchers insuring fair access to a broad-based group of disability advocates and service providers. CMHA has made up to 1,308 Section 8 Housing Choice Vouchers available for tenant-based rental assistance through referrals from the Gateway Advisory Board/. Formally recognized by CMHA, the GAB meets periodically to manage these resources and facilitate access to these vouchers.

GAB is comprised of a variety disability advocates and service providers that act as the referring agency for a specific disability sub-population. There are five special needs systems that qualify to refer through the GAB. They are: mental health, physical disabilities, mental retardation/developmental disabilities, homeless and HIV/AIDS. The GAB members include: the AIDS Task Force of Greater Cleveland, Cleveland Housing Network, Cuyahoga County Board of Mental Retardation and Developmental Disabilities, Department of Children and Family Services, Domestic Violence Center, Family Transitional Housing, Lakewood Christian Service Center, New Life Community, Projecto Luz, Services for Independent Living, Inc., VA Domiciliary, West Side Catholic, and Y-Haven. In addition, Emerald Development Corporation (EDEN), a local non-profit housing organization, serves as the administrative liaison between the GAB and CMHA in the referral process. EDEN also provides specialized technical assistance to these agencies to develop a better understanding of the Section 8 Housing Choice Voucher program and the GAB's process for accepting referrals.

CMHA has also begun to work closely with the HOME Choices Transition Program considering an additional “set-aside” of Section 8 vouchers specifically for MFP participants. If these vouchers are approved by CMHA, the Gateway Committee will likely be responsible for managing access of these vouchers to MFP participants.

### **Columbus Metropolitan Housing Authority**

In many communities across the country, PHAs in collaboration with local non-profit developers has used Section 8 Project-Based Vouchers (PBV) to provide the needed operating subsidies needed to create permanent supportive housing. HUD released final PBV regulations in 2005 that provided greater flexibility to PHAs to use these vouchers in conjunction with permanent supportive housing. The Housing and Economic Recovery Act of 2008 also brought positive changes to the regulations providing added flexibility to PHA in managing a PBV portfolio. Despite these improvements to the Section 8 PBV Program, many PHAs have been reluctant to implement a PBV Program<sup>14</sup> as part of their Section 8 Housing Choice Voucher Program for a variety of reasons. HUD’s new leadership team will likely improve PHA’s operating environment allowing them greater flexibility and additional resources to more effectively manage their program including the Section 8 HCV program. These positive changes will create an opportunity for the Council to engage PHAs on dedicating resources, including the use of Section 8 PBV to create additional permanent supportive housing.

The Columbus Metropolitan Housing Authority has strongly supported the Community Shelter Board-led *Rebuilding Lives* Plan to create permanent supportive housing in the greater Columbus area. As part of its support, CMHA has project-based approximately 1,200 vouchers most of which provide the necessary operating support for permanent supportive housing. CMHA expects to continue to project base additional units with the goal of managing 2,400 PBV units over the next two years. CMHA is widely considered a national leader in the used of PBV with permanent supportive housing. CMHA has continued to work closely with local developers including Community Housing Network and National Church Residences to effectively utilize Section 8 PBVs in large, single-purpose permanent supportive housing projects using low-income housing tax credits. CMHA may be able to play a leadership role providing peer-support and expertise to other Ohio PHAs that express interest in using PBV in conjunction with permanent supportive housing. This specialized expertise may prove important to assist fellow PHAs in overcoming common operational challenges (i.e., design of the procurement process and design of the waiting list structure).

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<sup>14</sup> The Section 8 PBV Program is an optional program under Section 8 regulations.

### **Dayton Metropolitan Housing Authority**

The Dayton Metropolitan Housing Authority (DMHA) has successfully converted an underutilized public housing building to permanent supportive housing serving homeless men and women who are eligible for public housing. DMHA, working with Montgomery County officials, identified an underutilized public housing building (formerly the Helena Hi-Rise), conducted needed rehabilitation, targeted access to these units for homeless individuals and provided on-site supportive services. The River Commons Project has proven to be very successful with 98% of the 69 homeless residents have retained their housing for more than seven months and half of the residents are employed.

Montgomery County officials and the Homeless Solutions Policy Board (i.e., Montgomery County's 10 Year Plan policy and planning entity) also provided essential support to make River Commons a success including organizing a campaign to furnish the project's apartments with furniture and household items. The River Commons Project represents a successful model for other PHAs that are considering redevelopment strategies for underutilized buildings within their public housing portfolio.



CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY

**Housing Choice Voucher Program**

3400 Hamilton Avenue  
Cleveland, Ohio 44114-4133

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June 2, 2009

T. Brock Robertson  
Housing Coordinator  
Bureau of Community Services Policy  
Ohio Department of Job and Family Services  
Columbus, OH.

Dear Brock:

It is our pleasure to be a partner with the State of Ohio on The Money Follows the Person Program, (Ohio Home Choice Demonstration Project). As you know, at the April Board of Directors meeting for the Cuyahoga Metropolitan Housing Authority, the Board authorized 25 Housing Choice vouchers to be utilized for this program.

These 25 vouchers are in addition to the 1,308 vouchers that are set-aside for disabled families in Cuyahoga County. Because the Ohio Home Choice Demonstration Project is new, we decided to keep them separate from the regular vouchers being used by other disabled families. The staff of the HCVP is in contact with you to work through any challenges that may arise from this. To date, staff has scheduled interviews for 14 of the 25 families. We go directly to the nursing homes because we know that coming to our offices would be a challenge.

This program is necessary and needed not only in our community (Cuyahoga County), but throughout the State of Ohio and the entire country. Should you require assistance from us to help with presentations for other HA's, please just let me know?

We are excited and believe this program will be a win-win-win for all involved.

Sincerely,

Priscilla Pointer-Hicks  
Director  
Housing Choice Voucher Program

**Public Housing Authority Partnership Plan  
As of July 2009**

**Building the Partnership one PHA at a time:**

- The Cuyahoga Offer of Support – In process (see attached support letter from CMHA)
- ODJFS Outreach to Ohio Housing Authority Council – Completed
- The Akron Offer of Support – In Process
- HUD request for feedback on an upcoming Notice of Funding Availability (NOFA) – Completed (See attached summary)
- ODJFS Response to HUD letter – Completed (see attached)
- ODJFS sends out request to TC/CM's for participant names statewide – In process
- ODJFS sends letters to PHA's asking for an application to the NOFA when released – In process
- ODJFS includes Q&A and an outline of what MFP can provide to assist PHA's – In process

## HUD Releases DRAFT Proposed Notice of Funding Availability (NOFA) for Rental Assistance for Non-Elderly Persons with Disabilities

On June 22, 2009 HUD announced the opportunity for the public to submit comments in response to a draft proposed Notice of Funding Availability for rental assistance for non-elderly persons with disabilities. This draft NOFA announces the future availability of \$30 million in funding for approximately 4,000 Section 8 Housing Choice Vouchers (HCV) for non-elderly disabled households. Go to <http://edocket.access.gpo.gov/2009/pdf/E9-14651.pdf> for a complete copy of the draft NOFA.

These vouchers were appropriated by Congress in the Fiscal Year (FY) 2009 HUD Budget. Specifically, the Appropriations language states:

*\$30,000,000 for incremental vouchers under section 8 of the Act for nonelderly disabled families: Provided, That assistance made available under this paragraph shall continue to remain available for the same population upon turnover: Provided further, That the Secretary of Housing and Urban Development shall make such funding available, notwithstanding section 204 (competition provision) of this title, to entities with demonstrated experience and resources for supportive services.*

The draft NOFA reflects HUD's interpretation of this language. Although it is very detailed, it is important to note that this is only a **DRAFT** NOFA. HUD is requesting comments addressing the threshold factors used to distribute assistance, whether HUD should establish a more performance-based method for distributing vouchers, and how the State institutional transition program – including federally-funded Money Follows the Person (MFP) demonstration grants – can work effectively with Public Housing Agencies (PHAs) awarded vouchers. Comments are due to HUD by **July 13, 2009**. It is possible that the final NOFA to be published later this year may have some significant changes as a result of input from the public.

The link between HCV and MFP was not required by Congress but rather is a proposed HUD policy to help states and communities reduce unnecessary and inappropriate institutionalization among non-elderly people with disabilities. This initiative to target a portion of new HCV to people living unnecessarily in restrictive settings was suggested to HUD officials by TAC and the Consortium for Citizens with Disabilities (CCD) Housing Task Force in 2008 and again in 2009. The initiative was featured in remarks made by the Obama Administration on June 22, 2009, which was the 10<sup>th</sup> anniversary of the U.S. Supreme Court decision *Olmstead v. L.C.* To see copies of letters and press releases encouraging PHAs to establish HCV waiting list preferences for non-elderly people with disabilities and to partner with MFP states and other similar initiatives, go to [www.tacinc.org/draftNOFA.html](http://www.tacinc.org/draftNOFA.html).

### **Funding Categories**

The draft NOFA proposes 2 categories of funding:

- **Category 1:** Approximately \$22.5 million that will support an estimated 3,000 vouchers for non-elderly disabled households on a PHA waiting lists; and
- **Category 2:** Approximately \$7.5 million that will support an estimated 1,000 vouchers to enable non-elderly households with disabilities to transition from nursing homes and other health care institutions into the community. These institutions could include intermediate care facilities and specialized institutions that care for people with mental retardation, developmental disabilities, or mental illness. As mentioned above, the draft NOFA encourages PHAs to partner with state Medicaid agencies –

including in those states that administer a MFP demonstration program – to identify eligible households and assist in meeting their support service needs as they transition from institutions into the community.

### **Linkages to Supportive Services and Money Follow the Person**

The draft NOFA requires that all PHA applicants (both Category 1 and 2) demonstrate resources for providing supportive services for non-elderly disabled families and include a detailed description of what these services are and how they will be delivered.

Applications for Category 2 must in addition identify a partnering agency that will provide support services and help identify the number of individuals to be transitioned in a 12-month period. These services must include the provision of care/case management, in addition to needed health and social services. Currently, there are MFP demonstration grants in 29 states and the District of Columbia that provide these services to assist people – both elderly and non-elderly – as they move from nursing homes and institutions into the community (see listing of MFP contacts online at [www.tacinc.org/docs/HUD\\_draft\\_NOFA/MFP\\_Grantee\\_contact\\_info.pdf](http://www.tacinc.org/docs/HUD_draft_NOFA/MFP_Grantee_contact_info.pdf)). It is important to note that although MFP serves all transitioning individuals, these vouchers by law are specifically targeted to non-elderly (i.e., under age 62) people with disabilities.

For applicants located in states without MFP grants, the draft NOFA encourages PHAs to contact the state Medicaid agency to determine if there are similar supportive services available to people transitioning into the community. To apply for these funds, applicants must secure a commitment from a partner agency to provide services similar to those provided through the MFP grants.

### **Proposed Eligible Applicants**

PHAs currently administering a Section 8 HCV program are the only proposed eligible applicants for this funding. In addition, the draft NOFA requires that, to be eligible to apply for funding, PHAs must also meet one of the following threshold experience criteria:

1. At least 20 percent of the PHA's HCVs are used by non-elderly disabled families;
2. The PHA has a preference for non-elderly disabled families as recorded in its Administrative Plan; or
3. The PHA has previously been funded for one of the following special purpose voucher allocations:
  - *Rental Assistance for Non-Elderly Persons with Disabilities in Support of Designated Housing Plans*
  - *Rental Assistance for Non-Elderly Persons with Disabilities related to Certain Types of Section-8 Project Based Developments*
  - *Mainstream Housing Opportunities for Persons with Disabilities*
  - *Project Access Pilot Program*

PHAs are limited to applying for no more than the total of 10% of HCV authorized baseline, or 200 vouchers, whichever is less. PHAs can apply for both categories, but cannot exceed the maximum voucher request, and must submit a separate application for each category.

The draft NOFA states that for Category 2, the number of vouchers requested by a PHA may not exceed the number of vouchers that the partnering service resource agency is projecting will be need to assist transitioning individuals over a 12-month period.

## **Proposed Application Process**

Once a final version of the NOFA is published in the Federal Register, PHA applicants will be required to submit applications through the online grants.gov system. According to the draft NOFA, before submitting an application, each PHA applicant must submit to their HUD Field Office an addendum to their Section 8 HCV Administrative Plan that outlines reasonable steps the applicant will take to affirmatively further fair housing in regards to these vouchers awarded through this NOFA. Reasonable steps must include informing affected applicants on how to file a fair housing complaint.

The NOFA also encourages PHA applicants to take the following proactive steps in addressing accessibility problems for persons with disabilities:

- Where requested, assist program participants to gain access to supportive services available within the community, but not require participants to accept services as a condition of continued participation in the program.
- Identify public/private funding sources to assist participants in covering the costs of structural alterations and other accessibility features that are needed as accommodation for their disabilities.
- Provide housing search assistance.
- In accordance with rent reasonableness standards, approve higher rents to owners that provide accessible units with structural modifications for people with disabilities.
- Provide technical assistance, through referrals to local fair housing and equal opportunity offices, to owners interested in making reasonable accommodations or modifications to units.

## **Funding**

According to the draft NOFA, all technically acceptable applications that meet the threshold criteria in the NOFA will be funded to the extent funds are available. If more approvable applications are submitted than funding available under this NOFA, HUD will conduct a national lottery to select applications for funding.

The draft NOFA also states that any funds remaining unobligated under HUD's FY2008 NOFAs *Rental Assistance for Non-Elderly Persons with Disabilities in Support of Designated Housing Plans* or *Rental Assistance for Non-Elderly Persons with Disabilities Related to Certain Types of Section 8 Project-Based Developments and Section 202, Section 221 (d)(3) and Section 236 Developments* will also be made available under this NOFA under Category 1.

Preliminary information gathered by TAC indicates that there may be significant remaining unobligated funds from the FY2008 NOFAs that could result in as many as 1,000 additional vouchers being funded out of this final NOFA, once published.

# Ohio

Department of  
Job and Family Services

Ted Strickland, Governor  
Douglas E. Lumpkin, Director

July 13, 2009

Ms. Phyllis Smelkinson  
U.S Department of Housing and Urban Development  
Office of Public and Indian Housing  
Housing Voucher Management and Operations Division  
451 7<sup>th</sup> Street, SW., Room 4210  
Washington, DC 20410

Dear Ms. Smelkinson:

The Ohio Department of Job and Family Services (ODJFS) thanks the U.S Department of Housing and Urban Development (HUD) for the opportunity to submit comments on Docket No. FR-5332-N-01 and the commitment to assist state agencies in the implementation of the Money Follows the Person Demonstration Program (known in Ohio as "HOME Choice").

As the State Medicaid Agency in Ohio, we wish to submit comments on this Notice of Funding Availability (NOFA). The primary barrier HOME Choice participants face is the ability to obtain affordable and accessible housing in the community. Many participants are on a low-fixed income and cannot afford to pay market rates for an apartment. Additional vouchers will assist us in ensuring safe, affordable and accessible housing in Ohio. However, we suspect that 1,000 vouchers nationally may not be enough to meet the national MFP housing need. Initial MFP project proposals across the 30 participating states reveal that as many as 38,000 participants are expected to transition into community settings. Due to this volume, we encourage HUD to raise the number of Category 2 vouchers for MFP by allowing unobligated funds under HUD's FY2008 NOFAs to be made available under Category 2 instead of Category 1.

Each Public Housing Authority (PHA) has local discretion making it difficult to work strategically to address the housing needs of Ohioans who have disabilities. Many PHAs have not allocated vouchers for non-elderly persons with disabilities and/or persons residing in nursing homes or other institutions within their administrative plans. PHAs are interested in partnership, but question how to accommodate MFP within the various local structures. We recommend HUD to broaden qualified applicants to include State Housing Finance Agencies and State Community Development Agencies. Doing so will allow vouchers to be connected to

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HOME Choice consumers in areas where the PHA has chosen to not apply for these vouchers. We further recommend that HUD provide technical assistance to PHAs to alleviate the questions that may prevent the PHAs from participating in such an important demonstration.

We are concerned that the proposed NOFA section on "PHA experience" is so restrictive that it will impede PHA applications. We have a successful partnership with the Cuyahoga (County) Metropolitan Housing Authority, and it is willing to apply for the new, additional vouchers. However, we may have difficulty convincing small PHAs who may not meet the threshold requirement for "PHA experience" to apply for Category 2 vouchers. We suggest that HUD modify the experience section of the NOFA to prevent the unintended consequence of discouraging otherwise capable PHAs interested in MFP collaboration and/or accept applications from PHAs without the required experience if the PHA can demonstrate a partnership with the MFP demonstration project.

Beyond the applicability of the NOFA, we request greater HUD attention to the tracking and monitoring of vouchers for persons with disabilities. There is no process in Ohio, or nationally, to verify the use of vouchers designated specifically for persons with disabilities (Mainstream Vouchers). We know through anecdotal and advocacy experience, that vouchers dedicated to persons with disabilities are not always used appropriately especially during re-allocation. PHA accountability is limited and no consistent means exists to verify that the voucher went to the next person on the waiting list that had a disability or into the main pool of vouchers for the PHA. In order to hold PHAs accountable for these vouchers, we recommend that HUD create a tracking and monitoring system to verify the designated vouchers and ensure their use for persons with disabilities. We believe that doing so will further advance the movement to ensure choice and independence for all persons with disabilities consistent with the Olmstead decision and the President's "The Year of Community Living" effort.

We thank you for the leadership necessary to move the President's effort forward and look forward to continued partnership with HUD on MFP as well as other critical housing initiatives. We believe this is a great opportunity for us to provide leadership and build partnerships with PHAs working together to serve Ohioans with disabilities.

If you wish to discuss these suggestions, please contact ODJFS Housing Coordinator Brock Robertson at 614-466-6742.

Sincerely,



John Corlett  
Medicaid Director

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**From:** BONNIE HUBBARD-NICOSIA  
**To:** BONNIE HUBBARD-NICOSIA  
**Date:** 7/13/2009 9:20 AM  
**Subject:** Ohioans who are elderly or have disabilities need your help to access the upcoming housing voucher opportunities for MFP  
**Attachments:** Draft HUD Letter\_1.doc; Housing Voucher Need List\_1.xls

Recently the U.S. Department of Housing and Urban Development (HUD) requested recommendations around new Housing Choice vouchers that will be released sometime this fall. Included in this Notice of Funding Availability (NOFA) were vouchers for people under the Money Follows the Person Demonstration Project. We at ODJFS, are working on a letter with our comments on the proposed Notice of Funding Availability (NOFA) and have, in fact, requested more be given to help us transition persons out of inpatient settings. The draft letter is attached and is awaiting signature - the deadline for comments to HUD is July 13.

#### WE NEED YOUR ASSISTANCE!

We want to begin a coordinated effort to reach out to the Public Housing Authorities in Ohio. We need your assistance, though. We can advocate better if we have a little more information at the State level. We would like the names, and the county of residence, for ALL HOME Choice participants with whom you are currently working, or plan to work with soon, who are unable to leave the inpatient setting (e.g. nursing facility, ICFMR facility, hospital) due to housing issues. We plan to compile this data and present it to the PHA's when we formally request that they apply for the NOFA once released in the Fall. Gathering this detailed information will help us to prove the need for vouchers.

I have attached an excel spreadsheet for you to use to provide us the names and counties of HOME Choice participants facing a housing barrier. Please submit this information to the attention of Brock Robertson at [Brock.Robertson@jfs.ohio.gov](mailto:Brock.Robertson@jfs.ohio.gov) by July 30th. Not providing this information makes it difficult to even suggest to the PHA's that there is a need for housing for persons in inpatient facilities within your community. We plan to approach only those PHA's who have a need as established by you. If you are unable to submit the names of individuals who need a voucher, we will not approach the PHA in your area of the State. For example, if the Columbus area has an identified need for 20 vouchers (meaning we have 20 actual people in mind), we will formally ask the PHA to seek at least 20 vouchers through the upcoming NOFA and we will use this opportunity to share with the PHA our intent to provide MFP supports (e.g. your role as a transition coordinator, the available community transition funds, and ODJFS state support) creating a true partnership in managing the housing and service needs of participants - it is a win win for all of us!

We can't accomplish this work without your help. We just don't have the data at the state level that indicates who is "stuck" due to a housing barrier. We have a great opportunity and we need to take advantage of it!!! ODJFS is willing to provide the support to you to build proactive and positive relationships with the PHA's. The NOFA provides a great opportunity to get these partnerships started. We have already built two such partnerships with Cuyahoga and soon Akron - we congratulate and send our thanks to the PHA's and transition coordinators in these two areas for the work necessary to build these two partnerships - we would like to see more partnerships across the State and we want to work with you to build them!

Thank you for your hard work and please contact us if you have any questions.

Respectfully,

Erika Robbins  
MFP Project Director

