

Medicaid Innovation Accelerator Program State Medicaid-Housing Agency Partnerships Toolkit

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Medicaid Innovation Accelerator Program State Medicaid-Housing Agency Partnerships Toolkit

The Medicaid Innovation Accelerator Program (IAP) is a collaboration between the Center for Medicaid and CHIP Services (CMCS) and the Center for Medicare & Medicaid Innovation designed to build state capacity and support ongoing innovation in state Medicaid systems. One of the four program areas within IAP is Community Integration through Long-Term Services and Supports (CI-LTSS), which includes targeted program support in the development of State Medicaid-Housing Agency Partnerships. CMCS supported State Medicaid-Housing Agency Partnerships in conjunction with the U.S. Department of Housing and Urban Development (HUD), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Office of the Assistant Secretary for Planning and Evaluation (ASPE), and the U.S. Interagency Council on Homelessness (USICH).

The goal of the State Medicaid-Housing Agency Partnerships technical support is to help states align policy and funding between Medicaid, state agencies overseeing programs for individuals with disabilities, and housing agencies to expand opportunities for community living. The need for individuals to have decent, safe, affordable, community-based housing that provides them with the rights of tenancy and linkages to voluntary and flexible supports and services is critical, as the lack of affordable and accessible housing is a significant barrier to community integration for people who use long-term services and supports (LTSS). The U.S. Centers for Disease Control defines social determinants of health as “conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks” and includes housing as a key factor.¹ Research suggests that supportive housing can improve health outcomes² and reduce health care costs³ among many populations, including (but not limited to) people with disabilities and/or chronic health conditions who are experiencing homelessness.

Research suggests that supportive housing can improve health outcomes among many populations who often have high care costs.²

¹ Office of Disease Prevention and Health Promotion. Social Determinants of Health. U.S. Department of Health and Human Services. 2018. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>.

² Center on Budget and Policy Priorities. *Supportive Housing Helps Vulnerable People Live and Thrive in the Community*. May 31, 2016. <https://www.cbpp.org/sites/default/files/atoms/files/5-31-16hou.pdf>.

³ Academy Health. *Rapid Evidence Review: What Housing-Related Services and Supports Improve Health Outcomes Among Chronically Homeless Individuals?* July 18, 2016. <https://www.academyhealth.org/sites/default/files/Updated.Homelessness%20and%20Housing%20Rapid%20Evidence%20Review%20FINAL.pdf>.

This IAP State Medicaid-Housing Agency Partnerships Toolkit is designed to assist states as they consider systems-level changes that further community integration, including the intersection between health care and housing. This toolkit is based on the tools used to provide intensive program support to 16 states that participated in the IAP State Medicaid-Housing Agency Partnerships Tracks between 2016 and 2018. Improvements were incorporated into the tools based on feedback from the states, IAP coaches, and federal agency partners. While the toolkit is not intended to focus specifically on the Medicaid coverage of housing-related activities, states may refer to the 2015 CMCS Informational Bulletin: “[Coverage of Housing-Related Activities and Services for Individuals with Disabilities](#)”⁴ for more information about Medicaid service coverage. As noted in prior guidance and consistent with statute, CMS does not provide Federal Financial Participation for room and board in home and community-based services, but can assist states with coverage of certain housing-related activities and services.

Partnerships

Successful partnerships to expand opportunities for community living require a variety of agencies at the state and local level to work together. The necessary partners will vary and may expand over time based on the state’s goals and target population(s), but the following list contains common partners:

- The state Medicaid agency;
- The state’s housing finance agency;
- State agencies that administer affordable housing and/or homelessness programs;
- Local public housing agencies;
- HUD-funded Continuums of Care (homeless services entities);
- Supportive housing providers;
- Affordable and supportive housing developers and owners/landlords;
- The state intellectual disability or developmental disability services agency;
- The state unit on aging;
- The state behavioral health authority;
- Area agencies on aging;
- State agencies that oversee programs and services for people with physical disabilities;
- Aging and disability resource centers;
- Centers for independent living;
- Health and behavioral health providers; and
- The Governor’s Office and state budget office, to assist interagency coordination and securing resources.

⁴ Centers for Medicaid and Medicare Services. CMCS Informational Bulletin. *Coverage of Housing-Related Activities and Services for Individuals with Disabilities*. U.S. Department of Health and Human Services. June 26, 2015. <https://www.medicaid.gov/federal-policy-guidance/downloads/cib-06-26-2015.pdf>.

Some important and necessary components of successful partnerships include:

- A common understanding of the language and jargon used, target populations served, and goals and intended outcomes of the various systems involved in the partnership's work;
- In-depth sharing of governing policies and operational practices;
- A genuine openness to input about opportunities for coordination and program and policy changes related to the goals of the partnership;
- Regular and routine communications shared among partners;
- Staffing and financial resource support of the partnership's work; and
- Leadership buy-in and support of the initiative needed to bring the work to fruition.

Goal Setting

Once the initial partnership team is established, an important first step is goal setting. When planning to implement any level of systems change where services and systems already exist, it may be challenging for the team to think across systems and silos and beyond "what is" to consider "what should be." Having a common understanding of existing systems, policies, language, opportunities, and limitations is a necessary foundation on which to build new strategic goals and plan implementation activities.

Target Populations

Another important early step is for the team to identify any target populations that are expected to benefit from the partnership's work, specifically as it relates to the team's strategic goals and activities. The following is a list of the common populations who use LTSS that have been the target of similar partnership work:

- People transitioning from or at risk of entering institutions;
- People with high service utilization costs;
- People with mental illness and/or substance use disorders;
- People with cognitive and/or physical disabilities, including those who are aging;
- People with complex needs; and
- People who are at risk of or experiencing homelessness.

The partnership team may decide to focus initially on one or more of these populations, many of which overlap, and then expand its efforts to benefit others over time.

Components of the IAP State Medicaid-Housing Agency Partnerships Toolkit

The toolkit contains the following resources and instructions for states' use. Except for the glossary, tools are presented in recommended order of use:

- The [driver diagram](#) articulates the high-level plan for systems change.
- The [housing-related services crosswalk](#) maps out programmatic and funding information for currently-available housing-related services.
- The [housing assessment](#) maps out programmatic and funding information for currently available affordable housing⁵ resources and helps identify opportunities to improve capacity.
- The [gap analysis](#) prompts discussion to help state teams determine what is needed to reach the state's goals related to housing and community integration.
- The [action plan](#) sets forth the goals, objectives, deliverables, and action steps in the state's effort around systems change.
- The [glossary](#) defines key terms in housing and Medicaid to help partners understand each other's language.

Driver Diagrams

A driver diagram is a tool used to link or associate the drivers (strategies, levers, or factors) of improvement to the specific aims or objectives of the project. Driver diagrams can quickly convey goals and objectives and associated actions and interventions but are not meant to contain detailed information on how to execute the work. A driver diagram can be thought of as a hypothesis for how to create improvement or reach a goal. Each driver diagram has at a minimum:

- An **aim statement**—a quantifiable goal for overall success;
- **Primary drivers**—high- or system-level factors expected to lead to the aim; and
- **Secondary drivers**—actions and interventions designed to achieve the primary drivers.

When reading the driver diagram from left to right, one can ask, "How will we reach the aim, such as increasing community-based housing options for the target population?" The primary driver should be the answer. When reading the driver diagram from right to left, one can ask, "Why are we implementing this strategy?" The aim statement should answer this question.

⁵ In general, housing for which the occupant(s) is/are paying no more than 30 percent of his or her income for gross housing costs, including utilities. Please note that some jurisdictions may define affordable housing based on other, locally determined criteria, and that this definition is intended solely as an approximate guideline or general rule of thumb.

HUD User Helpdesk. *HUD User Glossary*. U.S. Department of Housing and Urban Development. Accessed September 2019. https://archives.huduser.gov/portal/glossary/glossary_a.html.

Housing-Related Services Crosswalk

The purpose of the services crosswalk is to identify the current availability of housing-related services and supports.⁶ The services crosswalk is designed to help states map out the housing-related services currently available, but it is not intended to include new ideas from the goal-setting discussion. The services crosswalk shows the relationships between services provided under various funding streams and agency authority, capturing the type of housing-related services being provided, the target populations, the funding sources and administering agencies, geographic service coverage, and other pertinent information. Housing availability is not part of the services crosswalk but is included in the [Housing Assessment Tool](#).

Given the varied nature of programs and funding streams in many states, dialogue across state agencies, and in some cases, with local and private partners, is essential for completing the services crosswalk. The process of completing the services crosswalk may result in conversations about service definitions, duplication or gaps in service populations, policies, and funding that may lead to additional opportunities for systems change.

Housing Assessment

The goal of the housing assessment is to help states identify and understand the housing resources potentially available for supportive housing and to assess opportunities for targeting and expanding supportive housing for their target population(s).

The housing assessment has two main components:

1. A **matrix** designed to capture details about specific affordable housing programs available in a state, along with important program considerations to identify potential opportunities to expand supportive housing for the target population(s); and
2. An **appendix** that contains basic information on many of the programs identified in the matrix, including how to find details about the resources allocated to a given state, along with additional considerations for using each resource.

Research and experience suggest that three components are necessary for supportive housing to be successful. Often called the “three-legged stool,” the components include:

1. **Services** that are individualized, voluntary, and coordinated to support the person living successfully in the community;

Housing-related services include activities that support an individual’s ability (1) to prepare for and transition to housing and (2) to be a successful tenant, thereby sustaining tenancy.

⁶ The Toolkit Glossary contains a listing of housing-related services and supports.

2. **Capital** resources to support acquisition, new construction, and renovation; and
3. **Operating and rental assistance** resources to support affordability, which generally takes the form of tenant- or project-based assistance or subsidies.

The [housing-related services crosswalk](#) (discussed previously) captures information and generates discussion about the services component of supportive housing, and the housing assessment is designed to capture the remaining information.

Gap Analysis Questions

Once the state has set its goals and has a current assessment of the services and housing system, it can begin to ask, “What are the gaps between where we are now and where we want to be?” and “What action steps need to be taken and what changes need to be implemented to reach our goal(s)?”

The Gap Analysis Tool comprises a set of questions to help spur discussion and debate about the actions needed to change the current system from “what it is now” to “what it will be.” The first set of housing-related service questions focuses on concepts such as ensuring that the intended target populations are being served, required policy and regulatory changes are being identified, and partnerships and collaborations that need to be developed are recognized.

A second set of gap analysis questions focuses on affordable and supportive housing. Again, states will have a strong interest in ensuring that ongoing, quality partnerships, with clearly defined roles and opportunities for engagement and collaboration, exist between the health care and housing sectors. In addition, states will want to analyze whether the supply of supportive housing in the state is being utilized to its fullest extent, and if it is adequate for the target population(s). For states where the supportive housing supply is deemed inadequate, the Gap Analysis Tool includes a series of questions that provide an opportunity for states to discuss policy levers that may lead to an increase in the supply of supportive housing.

The gap analysis discussion should result in a set of objectives and strategies or action steps that states can implement to achieve the goals set out at the beginning of this process. These strategies and action steps should then inform the development of the action plan described below.

Action Plan

The Action Plan Tool is a template designed to capture the goals, objectives, and action steps that the state will undertake over a period of time to achieve the systems change envisioned. In a broad scale systems change initiative, for each goal there will be at least one specific objective, and for each objective, there will be one or more action steps. The first section of the Action Plan template includes fields for the following information related to each action step:

- Description of the action step/activity;
- Name of the lead staffer for each action step and his or her associated agency;
- Name of any key partner agencies and associated staff involved in accomplishing each action step;
- The start and target completion date for each action step; and
- Progress notes to keep everyone abreast of the implementation status of the project. (System change projects often take place over many months and years, so progress notes are essential to keeping all team members on the same page).

The second section of the Action Plan Tool includes a sample list of potential activities for states to consider as they develop their action plans, organized by key housing-related services and partnerships focus areas. This list is not meant to be exhaustive or directive. Rather, it includes some of the questions that other states used when developing action plans for housing-related services and partnerships. States may choose to use items from this list and/or modify and add other activities related to their specific goals.

Action plans are dynamic documents that grow, change, and should be adjusted over time as circumstances change. Effectively managing the ever-changing nature of action and implementation plans is essential to achieving the established goals.

State Medicaid-Housing Agency Partnerships Glossary

The toolkit concludes with a glossary of common terms related to community living, supportive housing, and housing-related services and supports.

Conclusion

This IAP State Medicaid-Housing Agency Partnerships Toolkit was designed to assist states as they consider the intersection between their health care and housing systems and address the need for affordable housing and housing-related services among individuals who need LTSS. We hope you find the tools, ideas, and resources in this toolkit helpful as your state develops, implements, and evaluates housing-related services and partnerships. As you review these tools, please consider the following keys to success and lessons learned by the 19 IAP Partnership States that have participated in the IAP State Medicaid-Housing Agency Partnerships track.

- **Start by Analyzing the Current System and Processes**
A good place to start when looking to achieve a new goal or implement change is to determine what is currently in place across various systems and funding streams. Components of this Toolkit helped IAP states identify areas of duplication or underutilized resources, analyze gaps in services or processes, and find opportunities for cross-system collaboration. Considerable progress can often be made through

duplication elimination, policy coordination, and process improvement without the need for new resources.

- **Build a Core Team with Broad Support**

Successful partnerships require a core team of people working together towards a common goal. But the nature of state Medicaid-housing partnerships requires broader support. In addition to having a core team of state agency partners from Medicaid, agencies operating programs for individuals with disabilities, and housing with primary responsibility for implementing the state’s action plan, expanding participation in key aspects of the work to include a broader set of public and private partners can help build a larger movement toward achieving your goals. Use interagency agreements, Executive Orders, and other mechanisms to formalize and institutionalize the partnerships to help ensure that the work continues over time.

- **Have a Plan for Stakeholder Engagement**

Having a strategy to identify, engage, and inform key public, private, and non-profit stakeholders at various points in the process helps obtain buy-in from those who may be critical to your implementation efforts. A strong network of external partners can also be effective in keeping the state’s partnership goals front and center when efforts may stall as a result of changes in the fiscal or political environment.

- **Clearly Identify Partner’s Roles and Responsibilities**

IAP states found that clearly identifying partners’ roles and responsibilities is important for long-term success. This becomes even more important as the number of partners and stakeholders increases and the project plan becomes more complex.

- **Communicate Effectively**

It sounds obvious, but good communication with partners is a key element for a successful partnership. Communication that is consistent, honest, positive, and well-organized is essential to keeping partners engaged and in sync with each other.

- **Create an Actionable Plan**

An action plan provides a critical structure for outlining short-term and longer term goals, and should include strategies designed to achieve the state’s goals. Many components of this Toolkit are designed to help staff from different systems work together to identify resources and gaps that will inform state action plan goals, strategies and action steps. Updating the plan regularly helps to maintain momentum and provides a foundation upon which to build future efforts.

- **Educate & Update Leadership**

Leadership changes happen. Whether it's the retirement of a frontline supervisor or an entire change of administration, keeping leadership informed and up-to-date is essential. States have found that developing talking points and presentations that are shared with all team members helps to ensure consistent messaging related to partnership goals, expected benefits, project progress and outcomes. It is also critical to gaining and maintaining strong leadership buy-in and support from decision makers like Governors, agency and division leaders, legislators, and community stakeholders.

- **Appreciate the Value of Data**

The impact of data is important. Partners will need to understand what's currently being collected, if and how it can be shared, and what is needed to measure the impact of housing on Medicaid beneficiaries' service use, health and other outcomes. Gathering, matching, and analyzing data, and presenting findings to leaders and policymakers can significantly impact their understanding and appreciation of the interconnectedness of housing and health care.

- **Leverage Existing Resources**

Resources are scarce everywhere and finding new money to expand housing and services is challenging. Some states have learned that leveraging existing programs, data, and resources is a good way to move their action plan forward and test new ideas in a tough fiscal environment. Through leveraging, IAP states have tapped into those resources for new purposes, broadened their use for new target populations, and pilot tested housing and service interventions. Others have been able to leverage data from a statewide data warehouse and analytical services from partner agencies, often to make the case for additional resources.

- **Take Advantage of Relevant Technical Support**

To develop their action plans, many IAP states built on work previously undertaken through other health and housing technical support initiatives offered by national organizations. Other states used technical support outside of IAP to help implement their action plans. In addition to national technical support opportunities, states note that additional expertise and assistance may also be available through local colleges, universities, and not-for-profit institutes.

State Medicaid-Housing Agency Partnerships Toolkit

Driver Diagrams: Identifying Specific Goals and Objectives

A driver diagram describes how the state expects to achieve an improvement goal or aim. It provides a framework for understanding the goals of the program and the strategies or interventions that are needed for the program to be successful. The driver diagram is also useful for ascertaining what areas to consider for monitoring and performance measurement over the course of the project.

The components of the driver diagram include the following items:

- **An aim statement**—a quantifiable goal for overall success;
- **Primary drivers**—high- and system-level factors expected to lead to the aim; and
- **Secondary drivers**—actions and interventions to achieve the primary drivers.

When developing a driver diagram, the first focus should be on defining very clear aims/goals for the project. The aims should be measurable within specified timeframes. The drivers are strategies, policies, and practices that, if put into place, will move the initiative along to achieve the aim.

The primary drivers, sometimes referred to as key drivers, are system components or factors that contribute directly to achieving the aim. Secondary drivers are actions, interventions, or lower-level components necessary to achieve the primary drivers. Secondary drivers should be used to identify changes that can be implemented in order to affect the primary drivers.

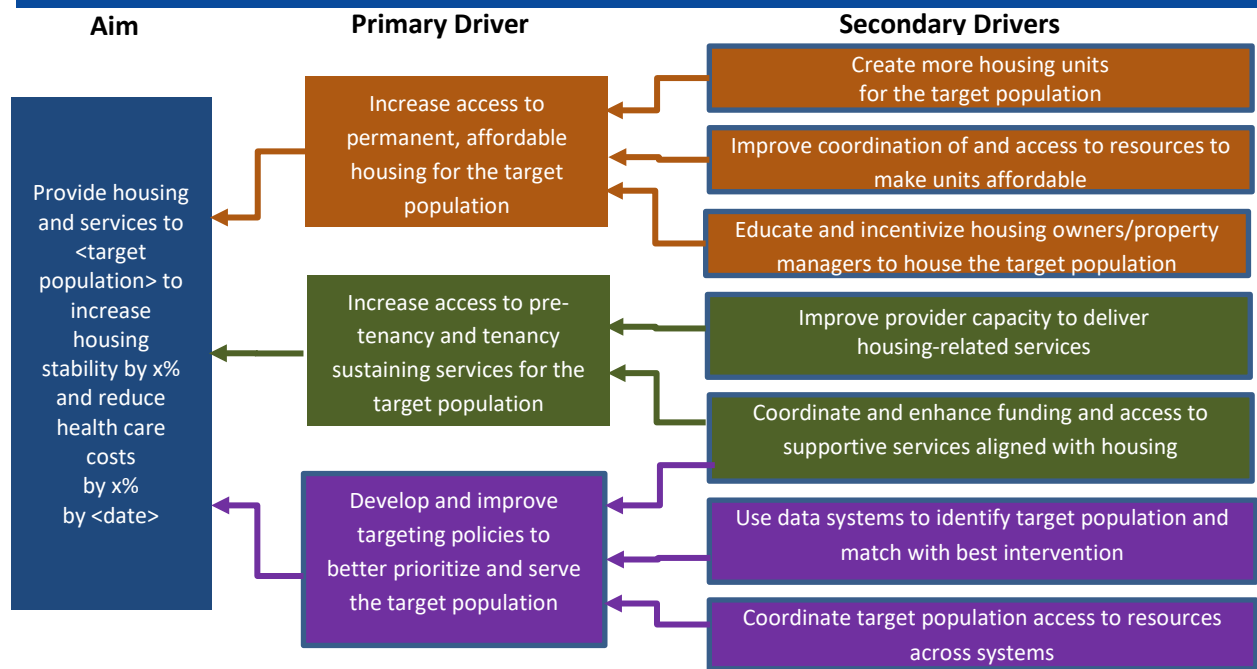
The driver diagram helps to organize an overall performance measurement approach. Whereas the aim will likely align with outcome measures to assess the impact of drivers, most drivers will align with process measures used to assess progress. The driver diagram should reflect the logical relationship between the process and outcome measures selected for performance measurement and the primary and secondary drivers that link directly to the aim.

The [example on the next page](#) illustrates how the aim, primary, and secondary drivers appear together in the diagram to quickly show how the aim is expected to be achieved. More information about driver diagrams can be found online at <https://innovation.cms.gov/Files/x/HCIATwoAimsDrvr.pdf>⁷.

⁷ Center for Medicare and Medicaid Innovation Learning and Diffusion Group. Defining and Using Aims and Drivers for Improvement A How-to Guide. U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services. January 2013. <https://innovation.cms.gov/Files/x/HCIATwoAimsDrvr.pdf>.

Example Driver Diagram

Sample Housing-Related Services Partnerships Driver Diagram



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Housing-Related Services Crosswalk

The purpose of the services crosswalk is to identify what the service system looks like today, in terms of housing-related services and supports. The [housing-related services crosswalk tool](#) (Table 1) is designed to help states map out the housing-related services currently available, but it is not intended to include new ideas from the goal-setting discussion. Once completed, the crosswalk will show the relationship between the listed services, funding streams, and agency authority as it exists today.

To complete the crosswalk, list each service in the left-most column of the spreadsheet on the following page. Be certain to include housing-related services and supports as well as services that address health and long-term services and support needs. Examples of the services that states may want to consider, as well as definitions of those services, are included in the [glossary](#) at the end of this Toolkit.

Follow the instructions contained in the column headings for each service listed and include the following items:

- Funding source;
- Administering agency;
- Funding mechanism (such as a 5-year contract or annual grant);
- Target population served; and
- Geographic areas where the service is available.

When complete, the crosswalk represents a snapshot of what the system looks like today but is not an aspirational document. It should not include any of the goals or target populations from the goal-setting work.

The services included in the crosswalk may be provided by health care agencies, human service agencies, state and local housing agencies, and/or community partners. Services may target distinct populations such as the following:

- People with physical, intellectual, and/or developmental disabilities;
- People experiencing homelessness;
- People with mental and/or substance use disorders; and
- Older adults, veterans, and other populations needing long-term services and supports.

It is essential that the team completing this work include members from a wide variety of agencies, programs, and organizations.

Housing-Related Services Crosswalk Tool

Table 1. Housing-Related Services Crosswalk Tool

<p>What housing-related services does the state currently provide?</p> <p>Instructions: List as distinct services or as grouped services (such as pre-tenancy) as appropriate.</p>	<p>What funding sources (program name or statutory authority) currently are paying for these services?</p> <p>Instructions: List the specific name of the program and/or federal or state statutory authority for each funding source. For example, State OPTIONS Program (statute #), Medicaid waiver, or HUD Emergency Solutions Grant.</p>	<p>List the agency that currently administers/oversees the funding for this service.</p> <p>Instructions: For example, assistance in the housing search may be provided by a contracted nonprofit housing case manager whose services are funded by a mental health authority, an area agency on aging, a public housing authority, or others.</p>	<p>What funding mechanism(s) is/are used for housing-related service(s)?</p> <p>Instructions: Indicate the method of service payment (which may vary by funding source) including fee for service, annual grant award, capitated rate, or others.</p>	<p>For what eligible population(s) is this service covered?</p> <p>Instructions: Consider all populations including people who need long-term services and supports, people experiencing chronic homelessness, people with serious mental illness, and others.</p>	<p>Is the service offered statewide? If not, in what geographic areas is it offered?</p> <p>Instructions: Availability may vary by funding source. For example, a HUD or locally-funded service may be available only in certain areas, whereas a state- or Medicaid-funded service may be available statewide.</p>

State Medicaid-Housing Agency Partnerships Toolkit

Housing Program Resource and Policy Assessment

Supportive housing is affordable, lease-based housing that is integrated in the community, provides individuals with the rights and responsibilities of tenancy, and links them to voluntary and flexible supports and services. This tool is intended to (1) help state teams identify and understand the housing resources potentially available for supportive housing in the state, and (2) assess opportunities for targeting supportive housing for the state’s target population(s). The tool includes a [matrix](#) of the most prominent affordable and homeless housing programs (Table 2). Other programs that may contribute to a state's supportive housing supply are also included, such as the U.S. Department of Housing and Urban Development’s (HUD's) Continuum of Care (CoC) Program, in which the most significant resources are likely to be at the local level. Each program is identified by its resource type. The two primary categories of housing resources are as follows:

- **Capital** resources to support acquisition, new construction, and renovation; and
- **Operating/rental assistance** resources to support affordability, which generally take the form of tenant- or project-based assistance.

The remaining columns in the matrix represent important program “rules” or practical guidance that are important for states to consider when determining whether a program is a potential resource for the target population(s). It is important to note that these are only **some** of the rules and considerations. The housing experts on the state team may suggest other important considerations as well. Some of the information in the matrix may easily be prepopulated by state housing staff, whereas other information could be completed by the team together.

The Housing Assessment Tool also includes [Appendices A–G](#) which provide reference information on the programs in the matrix, including how to find information on the resources allocated to the state, and state considerations for using each resource. Depending on the state's goals, you may choose over time to examine the considerations included for smaller and regionally or locally administered programs as well.

State completion of the information in the matrix and consideration of the potential opportunities related to the state’s specific resources will help identify housing gaps for the target population(s) using the housing-related questions in the Gaps Analysis in the toolkit. Examples of proven strategies to address gaps for a population are included with the [Gap Analysis questions](#).

States are encouraged to work through this [Housing Assessment Tool](#) and the [Gap Analysis](#) as a team—both to increase the knowledge of those less familiar with housing and to encourage cross-agency communication and collaboration. Ultimately, it should help the state team develop and incorporate the specific strategies to increase community living, identified within the state's [action plan](#).

Resource and Policy Assessment Matrix

Table 2. [State Name] Housing Program Resource and Policy Assessment Matrix

Program	Resource: Capital	Resource: TBRA ⁸	Resource: PBRA ⁹	Administering State Agency	No. of Vouchers, Units, or Dollars Administered	Applicable Eligibility Requirements ¹⁰ Related to Age, Disability, Income, Homeless and Citizenship Status, or Other Factors	Any Allowable Targeting for Individuals with Specific Disability Types or Who Are Homeless or Institutionalized	State's Current Targeting Policy? Is There a Preference for the State's Target Population(s)?	Other Program-Specific Considerations
State Public Housing Agency (PHA) ¹¹ Housing Choice Voucher (HCV)	NA	X	X	(If applicable)	HCVs: Mainstream 5-year: Non-Elderly Disabled (NED): NED 2:	–Age? No –Disability? No –Income? 30/50% Area Median Income (AMI) –Homeless? No –Citizenship? Yes	–Disability-specific? No –Homeless? Yes –Institutionalized? Yes		If a state-level project-based HCV program has been implemented, how many units? Has the maximum cap been met? Are any projects/units for the target or other “special populations”? Are all of the state's NED vouchers being used by people with disabilities and/or populations targeted under the original application to HUD? (Other considerations in Appendix A)

⁸ TBRA is tenant-based rental assistance that allows individuals to locate a housing unit of their choice in the private rental market; if they move, they can take the rental assistance to another unit.

⁹ PBRA is project-based rental assistance that provides rental assistance through a contract with the owner of a building who agrees to lease subsidized units to eligible individuals. If an individual moves, the rental assistance stays with the unit, which then may be rented to another eligible individual.

¹⁰ Federal eligibility requirements; the administering agency may have added other approved requirements. States should update the prepopulated information as needed.

¹¹ Only applicable if the state has an agency that acts as a PHA.

Public Housing ¹²	NA	NA	X	(If applicable)	(If applicable)	<ul style="list-style-type: none"> -Age? No -Disability? No -Income? 30/80% AMI -Homeless? No -Citizenship? Yes 	<ul style="list-style-type: none"> -Disability-specific? No -Homeless? Yes -Institutionalized? Yes 		Are there any units in the state's public housing portfolio that could be leveraged upon turnover for the target population(s)?
Section 811 Project Rental Assistance (PRA)	NA	NA	X	(If applicable)	(If applicable)	<ul style="list-style-type: none"> -Age? Yes -Disability? Yes -Income? 30% AMI -Homeless? No -Citizenship? No 	<ul style="list-style-type: none"> -Disability-specific? Yes -Homeless? Yes -Institutionalized? Yes 		<p>What is the referral process to ensure that units are occupied in timely manner?</p> <p>Are unit locations and types a good fit for the target population, as evidenced by service agency partners?</p> <p>(Other considerations in Appendix B)</p>
Section 811 Capital Advance	X	NA	X*	NA (nonprofits only)		<ul style="list-style-type: none"> -Age? Yes -Disability? Yes -Income? 50% AMI -Homeless? No -Citizenship? No 	<ul style="list-style-type: none"> -Disability-specific? Yes -Homeless? Yes -Institutionalized? Yes 	NA	Are there any owners who manage multiple Section 811 properties who might be willing to implement preferences or targeting of turnover units for your target population(s)?
Section 202	X	NA	X*	NA (nonprofits only)		<ul style="list-style-type: none"> -Age? Yes -Disability? No -Income? 50% AMI -Homeless? No -Citizenship? No 	<ul style="list-style-type: none"> -Disability-specific? No -Homeless? Yes -Institutionalized? Yes 	NA	Are there any owners who manage multiple Section 202 properties who might be willing to implement preferences or targeting of turnover units for your target population(s)?

¹² Not every state has a public housing portfolio.

Low Income Housing Tax Credit (LIHTC)	X	NA	NA		How many supportive housing units resulted from Qualified Allocation Plan (QAP) set asides or incentives, if any, in recent years?	<ul style="list-style-type: none"> –Age? No –Disability? No –Income? 40/50% AMI –Homeless? No –Citizenship? No 	<ul style="list-style-type: none"> –Disability-specific? No –Homeless? Yes –Institutionalized? Yes 	<p>Are there QAP incentives to serve the target population?</p> <p>If yes, what types of projects or models are allowed and/or incentivized?</p>	<p>What is the rent for any supportive housing units developed through the LIHTC program? Is it affordable to people with extremely low incomes?</p> <p>What is the occupancy rate of any supportive housing units developed through the program?</p> <p>(Other considerations in Appendix C)</p>
National Housing Trust Fund (NHTF)	X	NA	X ¹³			<ul style="list-style-type: none"> –Age? No –Disability? No –Income? <30% AMI –Homeless? No –Citizenship? Yes 	<ul style="list-style-type: none"> –Disability-specific? Yes –Homeless? Yes –Institutionalized? Yes 	<p>Are any populations targeted or prioritized for these funds by the state’s NHTF Allocation Plan?</p>	<p>How is the state using and/or allocating these funds?</p> <p>Is the state using NHTF in conjunction with other programs like LIHTC or Section 811 PRA to make units affordable to households with incomes at 30% of AMI?</p> <p>Is the state opting to use NHTF funding for operating reserves or operating costs in order to create units at or below 30% AMI?</p>
HOME Investment Partnerships (HOME)	X	X	NA			<ul style="list-style-type: none"> –Age? No –Disability? No –Income? 80% AMI –Homeless? No –Citizenship? Yes 	<ul style="list-style-type: none"> –Disability-specific? Yes –Homeless? Yes –Institutionalized? Yes 	<p>See next column</p>	<p>Are HOME funds used as capital for rental projects?</p> <p>If so, are there incentives for projects that serve the target population or other “special populations”?</p>

¹³ For approved operating costs or to fund an operating reserve to create/sustain units for extremely low-income households.

									<p>How much funding is allocated for this annually?</p> <p>Are these incentives for single site projects, for unit set-aside projects, or for both?</p> <p>Is HOME tied to LIHTC projects?</p> <p>Does the state use HOME funds for tenant-based rental assistance?</p> <p>How much funding is allocated for this annually?</p> <p>How many households are served? Does the program have a target population(s)?</p> <p>(Other considerations in Appendix E)</p>
Community Development Block Grant (CDBG)	X	NA	NA			<p>–Age? No</p> <p>–Disability? No</p> <p>–Income? 80% AMI</p> <p>–Homeless? No</p> <p>–Citizenship? Yes</p>	<p>–Disability-specific? Yes</p> <p>–Homeless? Yes</p> <p>–Institutionalized? Yes</p>	See next column	<p>Does the state use CDBG for housing rehabilitation, acquisition or development?</p> <p>Does the state use CDBG to fund Public Services?</p> <p>If so, is the amount less than 15% of the total funding allocation?</p> <p>Are these services that might be covered under other funding sources?</p> <p>Does the state use CDBG at all for supportive housing? Is so, is there a target population(s)?</p>

									(Other considerations in Appendix E)
Continuum of Care (CoC) (Permanent Supportive Housing (PSH) program component only) ¹⁴	X	X	X	Include the 5 CoCs with the largest awards in the most recent funding round		<ul style="list-style-type: none"> –Age? No –Disability? Yes –Income? No¹⁵ –Homeless? Yes –Citizenship? Some 	<ul style="list-style-type: none"> –Disability-specific? Yes –Homeless? Required –Institutionalized? No 	To what extent have the 5 CoCs with the largest most recent awards adopted the orders of priority in Notice?	<p>For the 5 CoCs with the largest awards—</p> <ul style="list-style-type: none"> – What geographic locations are covered? – How many PSH units are included? How many of these are project-, tenant-, and sponsor-based? What are the occupancy rates? – To what extent is PSH targeted to persons experiencing chronic homelessness or long-term episodic homelessness through dedicated, prioritized, or DedicatedPLUS beds? – Did the CoC receive one or more awards for new PSH in the most recent funding round? – To what extent has the CoC adopted housing first? – What is the status of Coordinated Entry Systems?

¹⁴ Rental assistance for CoC-funded PSH may also take the form of sponsor-based assistance, whereby sponsor agencies (e.g., nonprofits) locate and rent housing units in the private market and sublease them to eligible individuals. If an individual moves out of the unit, the sponsor then can sublease it to the next eligible person.

¹⁵ Extremely low-income (ELI) is presumed, but the CoC Program does not have income limits anymore. Coordinated Entry System priorities may keep referrals to ELI, but it is not required.

									– Is the CoC assessing if CoC-funded services could potentially be funded through other funding sources, freeing up CoC funds for additional PSH?
State Capital Funds	X	NA	NA	(If state has a program such as state housing trust funds, bond funded programs or levies that provide capital for affordable housing)				See next column	<p>Does the state have a Housing Trust Fund? Are funds directed to serve any target populations?</p> <p>Does the state use general obligation or other bond programs for affordable housing?</p> <p>Do these provide incentives to serve specific target populations?.</p> <p>Does the state use tax levies for affordable housing? Do these funds serve the target population(s)?</p>
State Rental Assistance	NA			(If applicable)					<p>Does the state's program mirror the federal HCV program?</p> <p>Does it provide a “bridge” or permanent subsidy?</p> <p>If implemented as project- as well as tenant-based, are any projects/units for the target population or other “special populations”?</p>

Appendix A: Public Housing Agency Resources

Basic Information

Public housing agencies (PHAs) are public agencies overseen by a board of commissioners that is either elected or appointed by the city, town, or governor to develop, own, and manage public housing under contract with the U.S. Department of Housing and Urban Development (HUD) and/or the state. PHAs can administer Housing Choice Vouchers, conventional public housing programs, or both, as well as numerous other affordable housing programs.

Housing Choice Voucher Program

The HUD Housing Choice Voucher (HCV) program is the major federal program for assisting low-income families, the elderly, and people with disabilities to obtain decent, safe, and affordable housing in the community. Vouchers commonly are referred to as tenant-based rental subsidies because they are provided to eligible applicants to use in private market rental housing of their choice that meets the HCV program requirements. The HCV household pays a portion of monthly housing costs that is based on the income of the household. The household's portion is usually, but not always, equal to 30–40 percent of its monthly adjusted income. This subsidy is based on the cost of moderately priced rental housing in the community and is provided by a PHA under a contract with HUD.

Special Purpose Vouchers

In addition to regular HCVs, there are special-purpose vouchers that Congress has appropriated exclusively for people with disabilities. Because of various requirements imposed on these vouchers by law and by congressional appropriations language, they are an invaluable resource for meeting the housing needs of people with disabilities because they must continue to be set aside for people with disabilities even when they turn over and are reissued. This means that some percentage of the vouchers administered by PHAs in a state are targeted exclusively for people with disabilities through the following programs:

- **Mainstream Housing Opportunities for Persons with Disabilities**—Mainstream vouchers are set aside exclusively for nonelderly people with disabilities. From 1995 through 2005, Congress funded new voucher allocations annually. From 2005 through 2017, Congress did not fund any new vouchers but funded existing vouchers annually. The HUD Fiscal Year 2017 and 2018 appropriations included nearly \$400 million for an estimated 50,000 new mainstream vouchers, the first new vouchers since 2005. HUD awarded more than \$98 million in funding to 286 PHAs in September of 2018 and will publish another Notice of Funding Availability to award additional vouchers in 2019.

- **Rental Assistance for Non-Elderly Persons with Disabilities (NED vouchers)**—Over the past decade, HUD has awarded more than 55,000 other vouchers targeted to nonelderly people with disabilities, now referred to as NED vouchers.¹⁶
- **Rental Assistance for Non-Elderly Persons with Disabilities (NED Category 2)**—Category 2 vouchers enable nonelderly people with disabilities to transition from nursing homes and other health care institutions into the community. Only people currently living in institutions are eligible to apply for these vouchers.

On June 14, 2011, HUD published [PIH Notice 2011-32](#)¹⁷, a critical document for ensuring the effective utilization of all the NED vouchers described above. Upon turnover, NED vouchers must continue to be provided **only** to nonelderly disabled households.

State-Level Resources

Some state agencies are authorized as PHAs. To ascertain whether any state agencies in your state act as a PHA, to obtain their contact information and identify the number of HCVs or any special purpose vouchers and public housing units they administer, as applicable,¹⁸ visit the following websites:

- [HUD Housing Authority Profile Database](#)¹⁹
- [HUD PHA Contact Information](#)²⁰

In addition to the questions found in the matrix, other state considerations regarding PHA resources are included in the following list.

¹⁶ NED vouchers include those vouchers previously known as Designated Housing Vouchers, Certain Developments Vouchers, Project Access Vouchers, and 1-year Mainstream Vouchers.

¹⁷ U.S. Department of Housing and Urban Development Public and Indian Housing. *Notice PIH 2011-32 (HA)*. June 2011. <https://www.hud.gov/sites/documents/PIH2011-32.PDF>.

¹⁸ Not every state has a state public housing portfolio.

¹⁹ U.S. Department of Housing and Urban Development. Housing Authority Profile Database. Accessed September 2019. <https://pic.hud.gov/pic/haprofiles/haprofilelist.asp>.

²⁰ U.S. Department of Housing and Urban Development. *PHA Contact Information*. Accessed September 2019. https://www.hud.gov/program_offices/public_indian_housing/pha/contacts.

Considerations for State PHA Resources (if applicable):

- *HCVs can be targeted to certain populations by providing waiting list preferences. PHAs may provide preferences without permission from HUD for certain populations including people who are homeless or chronically homeless, people with disabilities, and people with disabilities leaving institutions. However, HCVs may not be targeted to people with specific disabilities unless approved by HUD as part of remedial action such as a settlement agreement.*
- *The PHA may limit the number of applicants who may qualify for any local preference (e.g., PHA provides a preference for people who are chronically homeless up to 100 vouchers).*
- *Project-Based Vouchers (PBVs) may be targeted to people who need specific services. Under a new law and regulation, they also may be targeted to people with specific disabilities under certain circumstances and with HUD approval. Mainstream Vouchers can be project based.*
- *Category 2 NED vouchers are targeted to nonelderly individuals with disabilities who currently are residing in nursing homes or another health care institution and want to move (back) into the community.*
- *Some supports are critical to making an HCV program effective, including housing search assistance, availability of landlord network and/or units, staff trained to assist participants in applying for housing and making requests for reasonable accommodations or appeals, and funds for security/utility deposits and move-in related costs.*
- *The U.S. Interagency Council on Homelessness [PHA Guidebook to Ending Homelessness](#)²¹ is a useful resource for those seeking information and examples on how PHAs have become integral to their community's efforts to prevent and end homelessness.*

Regional/Local Resources

The same databases listed above can provide information on the total number of PHAs in the state and how many of them administer only public housing units, only vouchers, or both, as well as the total number that they administer across the state. States choosing to examine local PHA resources can complete Table A1, listing the top five PHAs with the largest number of HCVs in the state. The Technical Assistance Collaborative (TAC) voucher database can also help states complete Table A2 if the state desires to look at PHAs in the state with special purpose vouchers for people with disabilities.

²¹ United States Interagency Council on Homelessness. *PHA Guidebook to Ending Homelessness*. November 2013. https://www.usich.gov/resources/uploads/asset_library/PHA_Guidebook_Final.pdf.

Table A1. Public Housing Agencies with Largest Number of Housing Choice Vouchers in the State

Public Housing Agency	Phone Number	Address	No. of Housing Choice Vouchers	No. of Public Housing Units

Table A2. Public Housing Agencies in the State with NED or Mainstream Vouchers

Public Housing Agency	No. of Mainstream Vouchers	No. of NED Vouchers	No. of NED Category 2 Vouchers
TOTAL			

Abbreviation: NED, Non-Elderly Disabled.

Considerations for Each PHA HCV Program (in addition to the considerations for state PHA resources above):

- *What is the current turnover rate for the PHA’s HCV program? Does the program currently provide preferences for certain populations? What are these preferences? Is there a preference for your state’s target population?*
- *Has the PHA implemented a PBV program? If so, how many units and has the PHA met its maximum cap? Are any of these projects or units for the target population or other “special populations”?*
- *Does the PHA have any NED vouchers? Are all of the NED vouchers being utilized by people with disabilities and/or the populations targeted under the original application to HUD?*
- *Has the PHA and its board indicated a willingness to work on innovative programs and policies?*

Additional Information

HCV Utilization Rates

States may also find it useful to examine the utilization of HCVs by the five PHAs from Table A1 for populations receiving long-term services and supports by completing Table A3. Data from the [HUD Resident Characteristics Report](#)²² can provide this information and help states assess how utilization in their state compares with national utilization rates for these populations.

Table A3. HCV Utilization Rates by Non-Elderly Disabled, Elderly Disabled, and Elderly Households Without a Disability

Public Housing Agency	Non-elderly Individuals with Disabilities, %	Elderly Individuals with Disabilities, %	Elderly Individuals without an Identified Disability, %
State Average			
National Average			

Abbreviation: HCV, Housing Choice Voucher.

Public Housing Utilization Rates

For PHAs that also administer federal public housing units, states may want to examine the utilization of public housing units by the five PHAs in Table A1 and by completing Table A4. [Data from the Center for Budget and Policy Priorities](#)²³ can provide this information and help states again assess how utilization in their state compares with national utilization rates for these populations.

Table A4. Public Housing Utilization Rates by Non-Elderly Disabled, Elderly Disabled, and Elderly Households Without a Disability

Public Housing Agency	Non-elderly Individuals with Disabilities, %	Elderly Individuals with Disabilities, %	% Elderly Individuals without an Identified Disability, %
State average			
National average			

²² U.S. Department of Housing and Urban Development. *Resident Characteristics Report (RCR)*. Accessed September 2019. https://www.hud.gov/program_offices/public_indian_housing/systems/pic/50058/rcr.

²³ Center for Budget and Policy Priorities. *National and State Housing Fact Sheets & Data*. May 2019. <https://www.cbpp.org/research/housing/national-and-state-housing-fact-sheets-data>.

Appendix B: HUD Multifamily Supportive Housing Programs Sections 811 and 202

Basic Information

Section 811 Supportive Housing for Persons with Disabilities Program

The U.S. Department of Housing and Urban Development (HUD) Section 811 program funds the development of supportive housing for people with disabilities between the ages of 18 and 62 years. Historically, the program created group homes and congregate living situations for people with disabilities through the Section 811 Capital Advance program. As part of this traditional Section 811 program, HUD published a Notice of Funding Availability (NOFA) each year that specified the number of Section 811 units allocated to each HUD jurisdiction (on the basis of needs factors that include the number of people aged 18 years or older with disabilities). Currently, this program is not creating any new units, and only nonprofit organizations were eligible to apply.

Starting in 2011, the Section 811 program included two new approaches to creating integrated permanent supportive housing: the Modernized Capital Advance/Project Rental Assistance Contract (PRAC) multifamily option and the Project Rental Assistance (PRA) option. Both options require that properties receiving Section 811 assistance limit the total number of units with permanent supportive housing use restrictions to 25 percent or less. Although the traditional Section 811 program and these two new options are authorized in legislation, appropriations may direct that all funding for new Section 811 units be provided solely through only one or two of these options.

Section 202 Supportive Housing for the Elderly Program

The Supportive Housing for the Elderly program (Section 202) helps expand the supply of affordable housing with supportive services for adults aged 62 years and older. This program provides capital advances to finance the construction and rehabilitation of structures that will serve as supportive housing for very low-income older adults and provides rent subsidies for the projects to help make them affordable. Section 202 capital advances finance property acquisition, site improvement, conversion, demolition, relocation, and other expenses associated with supportive housing for the elderly. The capital advance does not have to be repaid if the project serves very low-income older adults for 40 years. Section 202 PRAC covers the difference between the HUD-approved operating cost per unit and the tenant's rent. Project rental assistance contract payments can be approved up to 5 years. However, contracts are renewable on the basis of the availability of funds. As with the Section 811 program, HUD publishes a NOFA for the Section 202 funding appropriated by Congress each year. The NOFA

specifies the number of Section 202 units allocated to each HUD jurisdiction, and only nonprofit organizations are eligible to apply.

State-Specific Resources

States may visit the [HUD Exchange](#)²⁴ to determine whether they received a Section 811 PRA award. States may also search the [National Housing Preservation Database](#)²⁵ maintained by the National Low Income Housing Coalition to determine the number of Section 811 Capital Advance and Section 202 program units in their state by selecting the appropriate program and filtering by state.

Some additional questions for the state to consider regarding these HUD multifamily programs are included in below.

State Considerations for HUD Multifamily Housing Programs:

- *HUD has indicated that it will entertain modifications to the state's PRA target populations if supported by all state agency partners. If your state's target population is not covered by the PRA program, you may want to consider whether it is possible to expand the Interagency Partnership Agreement to include this population.*
- *Your state can make a request for HUD to provide you with detailed information about the HUD-assisted multifamily housing in your state, including Section 202 and Section 811 Capital Advance projects.*
- *HUD has approved a homeless preference for its multifamily portfolio. A [toolkit](#)²⁶ for implementing this preference is available online at the HUD Exchange, and special technical assistance may be available.*
- *In every state, there are a number of property management companies that manage multiple properties, often including hundreds of affordable housing units. States may want to approach these larger companies to discuss implementing preferences or targeting of turnover units across their portfolio.*

²⁴ HUD Exchange. *Section 811 Project Rental Assistance (PRA) Program*. U.S. Department of Housing and Urban Development. Accessed September 2019. <https://www.hudexchange.info/programs/811-pra/>.

²⁵ Public and Affordable Housing Research Corporation, National Low Income Housing Coalition. *National Housing Preservation Database (NHPD)*. Accessed September 2019. <https://preservationdatabase.org/>.

²⁶ HUD Exchange. *Opening Doors Through Multifamily Housing: Toolkit for Implementing a Homeless Preference*. U.S. Department of Housing and Urban Development. October 2015. <https://www.hudexchange.info/resource/4810/opening-doors-through-multifamily-housing-toolkit-for-implementing-a-homeless-preference/>.

Appendix C: Low-Income Housing Tax Credit Program

Basic Information

The federal government created the Low-Income Housing Tax Credit (LIHTC) program to encourage the development of new mixed-income rental housing that would benefit low-income households. The program is administered not by the U.S. Department of Housing and Urban Development (HUD) but by the Internal Revenue Service (IRS) within the Department of the Treasury. Housing developed under the program must be maintained as affordable rental housing for at least 15 years. Eligible types of rental housing include the following:

- Multifamily rental housing;
- Mixed-use projects that include both rental housing and commercial space;
- Single-room occupancy housing; and
- Scattered-sites that can be bundled together as one project.

According to the LIHTC program guidelines, the minimum number of affordable units required in each LIHTC property is determined by the following federal formula:

- For an LIHTC project targeted to assist households at 50 percent of area median income (AMI) and below, at least 20 percent of the units in the project must be affordable.
- For an LIHTC project targeted to households between 50 and 60 percent of AMI, at least 40 percent of the units in the project must be affordable.

States may choose to require deeper affordability standards, such as a requirement that a certain number of units be affordable to people with incomes at 30 percent of AMI.

In addition, newly constructed or substantially rehabilitated properties financed with LIHTC are required to have 5 percent of the units accessible to people with mobility impairments and an additional 2 percent of the units accessible to people with sensory impairments. Because of the accessibility standards and the opportunity to create more deeply subsidized housing, the LIHTC program is a valuable housing resource for people with disabilities.

A Qualified Allocation Plan (QAP) is a strategic planning document that the LIHTC program requires states to develop describing how the LIHTC program will be used to meet the housing needs and housing priorities of the state. This plan must be submitted to the IRS each year for the state to receive its LIHTC allocation from the federal government.

State-Specific Information

[Find the agency that administers LIHTCs in your state](#)²⁷, and visit that agency's website to locate the latest QAP.

The following are additional state considerations regarding LIHTCs:

- Many states use the LIHTC program as a mechanism for creating new units of affordable housing for people with disabilities, older adults, and other very low-income people with special needs.
- A review of LIHTC policies that encourage or incentivize permanent supportive housing, including a state-by-state summary, can be found in the report [Optimizing Qualified Allocation Plans for Supportive Housing 2018-2019](#)²⁸.
- States have been successfully creating supportive housing using set asides in the QAP. Does your state's latest QAP include any supportive housing set asides? If so, what are the requirements in terms of who can apply and be served?
- States have also been successfully creating supportive housing using points in the rating and ranking process. Does your state's latest QAP include any supportive-housing-focused scoring incentives, and if so, what are they?

²⁷ National Council of State Housing Agencies. *HFA and Associate Members*. Accessed September 2019. <https://www.ncsha.org/about-us/>.

²⁸ Corporation for Supportive Housing (CSH). *Optimizing Qualified Allocation Plans for Supportive Housing 2018-2019*. May 2019. <https://www.csh.org/2019/05/optimizing-qualified-allocation-plans-for-supportive-housing-2018-2019/>.

Appendix D: National Housing Trust Fund Program

Basic Information

The National Housing Trust Fund (NHTF) is a new affordable housing production program administered by the U.S. Department of Housing and Urban Development (HUD) and the State-Designated Entity that primarily assists extremely low-income households. The NHTF was established under Title I of the Housing and Economic Recovery Act of 2008, Section 1131, to—

- Increase and preserve the supply of rental housing for extremely low-income families with incomes between 0 and 30 percent AMI, and very low-income families with incomes between 30 and 50 percent AMI, including homeless families; and
- Increase homeownership for extremely low-income and very low-income families.

The State-Designated Entity may use NHTF funds for the production or preservation of housing that is affordable to extremely low-income households (i.e., at or below 30 percent AMI) through the acquisition, new construction, reconstruction, and/or rehabilitation of affordable rental housing with suitable amenities. In addition, the State-Designated Entity may choose to use HTF resources for ongoing eligible operating costs or to fund an operating reserve to create and sustain rental housing units for households at or below 30 percent AMI.

On January 30, 2015, HUD published an Interim Rule²⁹ that provides the guidelines for states to implement the NHTF.

State-Specific Information

- Find your [State-Designated Entity for NHTF resources](#)³⁰ on the HUD Exchange.
- Find your state's most recent [Housing Trust Fund Allocation amount](#)³¹ on the HUD Exchange.
- View your state's [NHTF Allocation Plan](#)³² to help answer many of the questions in the matrix found earlier in this tool.

²⁹ For a summary see: U.S. Department of Housing and Urban Development. *National Housing Trust Fund: Interim Rule Summary 24CFR parts 91 and 93*. June 19, 2015. <https://www.hudexchange.info/resources/documents/National-Housing-Trust-Fund-Interim-Rule-Summary-24-cfr-parts-91-and-93.pdf>.

³⁰ HUD Exchange. *HTF Grantees: State Agencies and State-Designated Entities*. U.S. Department of Housing and Urban Development. Accessed September 2019. <https://www.hudexchange.info/programs/htf/grantees/>.

³¹ HUD Exchange. *HUD Awards and Allocations*. U.S. Department of Housing and Urban Development. Accessed September 2019. <https://www.hudexchange.info/grantees/allocations-awards>.

³² HUD Exchange *CPD Consolidated Plans, Annual Action Plans, and CAPERs*. U.S. Department of Housing and Urban Development. Accessed September 2019. <https://www.hudexchange.info/programs/consolidated-plan/con-plans-aaps-capers/>.

Appendix E: Community Development Block Grant and HOME Investment Partnerships Programs

Basic Information

Each year, Congress appropriates billions of dollars that go directly from the U.S. Department of Housing and Urban Development (HUD) to states, and communities eligible to receive federal funds. Before states and communities can receive these funds, they must have a HUD-approved Consolidated Plan (ConPlan), which outlines plans for the use of federal housing funds from several programs including the HOME Investment Partnerships (HOME) and Community Development Block Grant (CDBG) programs. These resources are administered by state and local community development officials. A list of the [HUD-approved ConPlans and contacts](#)³³ from your state can be found online at the HUD Exchange.

States may find it helpful to complete Table E1 using [HUD data on Fiscal Year \(FY\) 2018 ConPlan formula allocations](#)³⁴ for the CDBG and HOME programs for the state as well as localities (referred to as “participating jurisdictions” [PJs]). Considerations for the PJs in your state with the five highest CDBG and HOME awards are included later in this appendix.

Table E1. FY 2018 Consolidated Plan Allocations for the State

Name of PJ	Community Development Block Grant, \$	HOME, \$
TOTAL		

³³ HUD Exchange *CPD Consolidated Plans, Annual Action Plans, and CAPERs*. U.S. Department of Housing and Urban Development. Accessed September 2019. <https://www.hudexchange.info/programs/consolidated-plan/con-plans-aaps-capers/>.

³⁴ U.S. Department of Housing and Urban Development. *Community Planning and Development Program Formula Allocations for FY 2018*. Accessed September 2019. https://www.hud.gov/program_offices/comm_planning/about/budget/budget18.

HOME Investment Partnerships Program (HOME)

Created by the federal government in 1990, the HOME program is a formula grant of federal housing funds given to states as well as PJs. HOME funds may be used to—

- Build, buy, and renovate rental housing;
- Finance homeownership opportunities;
- Repair homes, including making buildings physically accessible; and
- Provide rental subsidies to eligible households.

Specifically, HOME resources may be used to cover the cost of acquiring land and buildings, renovating properties, and constructing new rental housing. However, HOME funds may not be used to fund ongoing housing operating costs. Funds can be provided for projects developed by both for-profit and nonprofit developers and can be made available in the form of grants or loans, which are designed to ensure affordability. Sometimes HOME funds are used to cover costs incurred to determine whether a project is feasible, such as architect and engineering fees.

The rental housing developed using HOME funds can take on many forms. The units can range in size from single-room occupancy units or efficiencies (studios) to multi-bedroom apartments. HOME-funded rental housing can be as small as a single family home or as large as an apartment complex with hundreds of units.

All housing developed with HOME funds must serve low- and very low-income individuals and families. For rental housing, at least 90 percent of HOME funds must benefit families whose incomes are at or below 60 percent of AMI; the remaining 10 percent must benefit families with incomes at or below 80 percent of AMI. However, the fact that HOME funds may not be used to subsidize the operating costs of rental housing can be a barrier to using the program for people with extremely low incomes (i.e., below 30 percent of AMI) including extremely low-income people with disabilities and older adults.

Given the limited incomes of many people with disabilities and older adults, they could benefit from rental housing targeted to people with incomes below 30 percent (or even 50 percent) of the AMI. Without a link to ongoing subsidy funding through programs such as Housing Choice Voucher (HCV) assistance or a state-funded subsidy, it is difficult to use HOME funds to develop permanent and affordable rental housing for people with incomes below 30 percent of AMI.

State-Level Resources

The HUD data used to complete Table E1 should indicate the amount that the state specifically received to administer in HOME funds for fiscal year (FY) 2018 (listed by the state name and "non-entitlement"). In addition to those found in the tool's matrix, other considerations regarding state-administered HOME funds are included below.

Other Considerations for State-Administered HOME Funds:

- *Some states focus their HOME funds on non-entitlement areas.*
- *States can use HOME funds to create tenant-based rental assistance (TBRA) bridge programs that provide rental assistance until someone receives an HCV or other longer-term assistance.*
- *States can use HOME TBRA funds for security and utility deposits.*

Regional/Local Resources

Questions that your state may want to consider for the five participating jurisdictions (PJs) receiving the largest HOME awards are included in the following box.

Considerations for Five Largest PJ HOME Awards:

- *Does the city/county use HOME funds as capital for rental projects? If so, are there incentives for projects that serve the target population or other special populations?*
- *Is there funding allocated for this annually? If so, are there incentives for single site projects, for units set aside in projects, or for both?*
- *Is HOME tied to Low-Income Housing Tax Credit projects?*
- *Does the city/county use HOME funds for TBRA? How much funding is allocated for TBRA annually? How many households are served? Does the program have a target population(s)?*

Community Development Block Grant Program

Authorized by Title I of the Housing and Community Development Act of 1974, Community Development Block Grant (CDBGs) can be used to address critical and unmet community needs, including those for housing rehabilitation, public facilities, infrastructure, economic development, and public services.

HUD determines the amount of each grant by using a formula containing several measures of community need, including the extent of poverty, population, housing overcrowding, and age of housing. The annual CDBG appropriation is allocated between states and local jurisdictions

called "non-entitlement" and "entitlement" communities, respectively. Entitlement communities consist of central cities of Metropolitan Statistical Areas (MSAs), metropolitan cities with populations of at least 50,000, and qualified urban counties with a population of 200,000 or more (excluding the populations of entitlement cities). States distribute CDBG funds to non-entitlement localities not qualified as entitlement communities.

Each grantee receiving CDBG funds is free to determine what activities it will fund as long as certain requirements are met. Each activity must be eligible according to HUD regulations and meet one of the following national objectives:

- Benefits people of low- and moderate-income;
- Aids in the prevention or elimination of slums or blight; and
- Meets an urgent housing/community development need³⁵ that the grantee is unable to finance on its own or with other funding sources.

States and communities may use up to 15 percent of their CDBG allocation to support essential public services such as employment services (e.g., job training), childcare, health services, substance use services, and services for homeless persons; and to make accessibility modifications to housing for people with disabilities.

State-Level Resources

The HUD data used to complete Table E1 should indicate the amount that the state specifically received to administer CDBG funds for the most recent fiscal year (listed by the state name and "non-entitlement"). In addition to those found in the tool's matrix, additional considerations regarding state-administered CDBG funds are included in the list below.

Other Considerations for State-Administered CDBG funds:

- *Nationally in FY 2014, only 25 percent of CDBG funding was allocated for some type of housing program.*
- *CDBGs may be used for acquisition and rehabilitation, but rules limit CDBG use for new construction.*
- *In multifamily buildings, at least 51 percent of the units must be occupied by low- or moderate-income households.*

³⁵ Urgent development is defined as posing a serious and immediate threat to the health or welfare of the community in the past 18 months.

Regional/Local Resources

Questions your state should consider for the five PJs receiving the largest CDBG awards are included in the list below.

Considerations for Five Largest PJ CDBG Awards:

- *Does the city/county use CDBGs for housing rehabilitation, acquisition or development?*
- *Does the city/county use CDBGs to fund public services? If so, is the amount less than 15 percent of the total funding allocation?*
- *Does the city/county use CDBGs to support supportive housing in any fashion?*

Appendix F: HUD Continuum of Care Program

Basic Information

In 1987, Congress passed the first federal law specifically addressing homelessness. The Stewart B. McKinney Homeless Assistance Act of 1987, later renamed the McKinney-Vento Homeless Assistance Act, provides federal financial support for a variety of programs to meet the many needs of individuals and families who are homeless. The 2009 Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act amends and reauthorizes the McKinney-Vento Homeless Assistance Act with the following substantial changes:

- A consolidation of the U.S. Department of Housing and Urban Development's (HUD's) competitive grant programs;
- The creation of a Rural Housing Stability Assistance Program;
- A change in HUD's definition of homelessness and chronic homelessness;
- A simplified match requirement;
- An increase in prevention resources; and
- An increase in emphasis on performance.

The programs authorized by HEARTH are administered by HUD's Office of Special Needs Assistance Programs.

The Continuum of Care (CoC) planning process was designed to promote the development of comprehensive systems to address homelessness by providing communities with a framework for organizing and delivering housing and services. The overall approach is predicated on the understanding that homelessness is not caused merely by a lack of shelter but involves a variety of underlying, unmet physical, economic, and social needs. As an entity, a CoC serves two main purposes:

- To develop a long-term strategic plan and manage a year-round planning effort that addresses the identified needs of homeless individuals and households, the availability and accessibility of existing housing and services, and the opportunities for linkages with mainstream housing and services resources; and
- To prepare a competitive grant application for CoC Program funds.

These resources are invaluable in providing housing and supportive services for people who are homeless. These funds are made available through a national competition announced each year in HUD's Notice of Funding Availability (NOFA). Applications should demonstrate broad community participation and identify resources and gaps in the community's approach to providing outreach, emergency shelter, and transitional and permanent housing, as well as

related services for addressing homelessness. An application also includes action steps to end homelessness, prevent a return to homelessness and establish local funding priorities.

State-Specific Resources

Visit the HUD Exchange to determine the number of [CoC planning groups in your state](#)³⁶ (select your state and the CoC Program from the program list). The site also provides information on [funding allocations by CoC within each state](#)³⁷ for the most recent fiscal year. States will want to determine which five CoCs received the largest awards from HUD in the most recent funding round to answer the questions found earlier in the tool’s matrix.

States may want to complete Table F1 to provide a complete inventory of the number of transitional housing (TH), permanent supportive housing (PSH), and Rapid Re-Housing (RRH) beds across their state. The Housing Inventory Count Reports located in the [grantee profiles](#)³⁸ on the HUD Exchange can provide this information by CoC. Most of these housing programs have different program qualification requirements and restrictions on length of stay. HUD-funded TH allows people who are homeless to remain in specified units up to 24 months, and the length of the program can vary depending on program design. TH beds may or may not be dedicated to people with disabilities. HUD-funded PSH has no fixed time limit and is dedicated to people who are homeless with disabilities. PSH units may have services on-site or provided through community service providers. HUD-funded RRH provides up to 24 months’ worth of tenant-based rental assistance to families in units in the community. Starting with the fiscal year 2017 CoC Program NOFA, a new project type called Joint TH and Permanent Housing (PH)-RRH was made available, combining TH and RRH under one project to serve individuals and families experiencing homelessness.³⁹

Table F1. Continuum of Care Beds in the State

Name of Continuum of Care	Type of Assistance	No. of Beds: Families	No. of Beds: Individuals
	TH		
	PSH		
	RRH		
	Joint TH PH-RRH		

³⁶ HUD Exchange *CPD Consolidated Plans, About Grantees*. U.S. Department of Housing and Urban Development. Accessed September 2019. <https://www.hudexchange.info/grantees/>.

³⁷ HUD Exchange. *HUD Awards and Allocations*. U.S. Department of Housing and Urban Development. Accessed September 2019. <https://www.hudexchange.info/grantees/allocations-awards>.

³⁸ See footnote 36.

³⁹ For more information on Joint TH and PH-RRH, see: <https://www.hudexchange.info/faqs/3250/what-is-a-joint-th-and-ph-rrh-component-project/>.

Name of Continuum of Care	Type of Assistance	No. of Beds: Families	No. of Beds: Individuals
	TH		
	PSH		
	RRH		
	Joint TH and PH-RRH		
	TH		
	PSH		
	RRH		
	Joint TH and PH-RRH		
	TH		
	PSH		
	RRH		
	Joint TH PH-RRH		
	TH		
	PSH		
	RRH		
	Joint TH PH-RRH		
TOTAL	TH		
TOTAL	PSH		
TOTAL	RRH		
TOTAL	Joint TH and PH-RRH		

Abbreviations: PSH, permanent supportive housing; RRH, Rapid Re-Housing; TH, transitional housing.

Some additional considerations regarding CoC resources in your state are included in the list below.

Other Considerations for CoC Resources:

- *CoCs are a critical partner in this work and are the local planning body for addressing homelessness.*
- *HUD has strongly encouraged that CoCs’ PSH beds be dedicated to people experiencing chronic homelessness including individuals and households with children.*
- *Communities are reallocating their transitional housing to PSH and RRH, as cost-effective and permanent housing options for specific target populations. It is helpful to understand where CoCs are in this process and encourage conversation about prioritization for these specific target populations.*

Appendix G: U.S. Department of Agriculture Housing and Community Assistance

Basic Information

Although not included in the matrix found earlier in the tool, U.S. Department of Agriculture (USDA) housing programs may be an important resource for your state to consider for your target population(s). USDA administers a variety of housing programs designed to serve people living in rural areas who have low or very low incomes. The following programs target resources for people who are older adults and/or have disabilities to gain access to rental housing or remain in their own modified housing:

- **Rental Assistance Program**—Provides rental assistance for Rural Rental Housing projects for people with very low and low incomes, older adults, and people with disabilities if they are unable to pay the basic monthly rent within 30 percent of adjusted monthly income.
- **Rural Rental Housing (Section 515)**—Provides mortgage loans to provide affordable multifamily rental housing for very low-, low-, and moderate-income families, older adults, and people with disabilities.
- **Rural Repair and Rehabilitation Program**—Provides loans and grants to very low-income owners who are 62 years old or older to make repairs or improvements to remove health and safety hazards or to complete repairs to make the dwelling accessible for household members with disabilities.

State-Specific Resources

Visit the [USDA website state offices listing](#)⁴⁰ to find your state-specific USDA website. Visiting your state's USDA website will provide you with a complete listing of rural development office contacts in your state, along with the areas they serve and other important state-specific funding information.

⁴⁰ United States Department of Agriculture Rural Development. *State Offices* Last Accessed September 2019. <https://www.rd.usda.gov/contact-us/state-offices>.

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Service and Housing Systems Gap Analysis

The following questions are designed to prompt a state’s thinking about the challenges and opportunities, strategies, and steps needed to move the service delivery and housing systems from where they are today to what is envisioned for the future. Keeping in mind the aims, goals, and objectives set forth in the [driver diagram](#) developed at the beginning of this system change process, discussion around these and other issues that arise should help identify many of the strategies and action steps that will make up the state’s action plan.

As a reminder, the questions below are meant to prompt the project team’s thinking but do not constitute an exhaustive list of all possible considerations. Each state is unique and as such, will have its own set of matters to deliberate.

Service-Related Questions for States to Consider After Completing the Housing-Related Services Crosswalk

1. Are the housing-related services that the state is currently providing addressing the needs of the target population(s) identified for the current partnership work? If not, what necessary housing-related services currently are not being provided?
2. Will the current housing-related services be sufficient to address the needs of the target populations set forth in the state’s goals?
3. What funds (federal, state, county, local, cost sharing, etc.) are available to cover the costs of services currently not provided?
4. Are the most appropriate funding sources being used for each type of service and target population? If not, what changes are necessary?
5. If funding sources are used differently, what opportunities, if any, arise? Are any challenges or obstacles created?
6. Are housing-related services and care coordination included in provider contracts? If not, should they be?
7. What is the current provider base available to provide the services, regardless of funding? Is it adequate? If not, what changes are needed?
8. What training and infrastructure needs does the provider base have?
9. What changes, if any, will need to be made to state regulations? What is the necessary timetable to accomplish these changes?
10. What federal approvals, if any, will be needed to add or modify services coverage? What is the necessary timetable to accomplish these changes?

Housing-Related Questions for States to Consider After Completing the Housing Assessment

1. Are the affordable housing programs currently being utilized to provide supportive housing to the target population(s) identified for the current partnership work adequately meeting the need?
3. Are there specific partnerships at the state and local level that need to be developed or strengthened around the resources identified in the matrix to leverage affordable and supportive housing resources more effectively and ensure non-duplication of efforts?
4. What barriers to housing access exist, such as fair housing issues or landlords/developers who are unwilling to serve the target population, and how can they best be addressed?
5. What systems and roles need to be developed for housing and service partners to effectively coordinate tenant selection and referral to supportive housing units for the target population(s)?
6. Are strategies in place to develop these roles, or are new strategies needed?
7. How can state housing and service agency partners work together to estimate the need for additional supportive housing to serve the target population(s), in terms of the number, type (e.g., bedroom size, accessibility), and geographic location of units?

If the supply of supportive housing is not adequately meeting the need, consider the following:

8. Are there existing affordable or subsidized housing units that could be leveraged to serve the target population? For example, units in existing U.S. Department of Housing and Urban Development Multifamily housing designated for the elderly and/or people with disabilities (e.g., Section 811 developments or Section 202s that have project-based operating assistance) can adopt a preference for persons with disabilities leaving institutions or for homeless individuals.
9. Do opportunities exist to create new supportive housing units through rental assistance without capital development? For example, Housing Choice Vouchers can be targeted to serve people with disabilities and/or people who are homeless or chronically homeless when a Public Housing Agency adopts a preference for any of these populations. Continuum of Care (CoC) program resources can provide new tenant- or sponsor-based rental assistance for persons experiencing chronic homelessness.
10. Are there opportunities to create new supportive housing units through rental assistance with capital development? For example, a state housing agency may provide incentives through their Qualified Allocation Plan for Low Income Housing Tax Credits for the development of new scattered site supportive housing units prioritized for

individuals with disabilities or people experiencing chronic homelessness and provide those properties with Section 811 Project Rental Assistance. CoC Program funding can also be used for new construction, acquisition, or rehabilitation to develop new permanent supportive housing for individuals experiencing chronic homelessness. Rental assistance to make those units affordable can be provided through the CoC Program or other programs such as the Project-Based Housing Choice Voucher Program.

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State Action Plan

The [State Action Plan template](#) is designed to capture the goals, objectives, and action steps that a state will undertake over a period of time to achieve the housing-related services and partnerships it envisions. States identify and fill in one or more goals for their work. For each goal, one or more specific objectives (which may also be seen as deliverables) should be identified, and for each objective, there should be one or more action steps.

The Action Plan template includes sections for the following related to each action step:

- Description of the action step/activity;
- Name of the lead staff person for each action step and his or her associated agency;
- Name of key partner agency(ies) and associated staff involved in accomplishing each action step;
- The start and target completion date for each action step; and
- Progress notes to keep everyone abreast of the implementation status of the project.

The Action Plan template includes fields for two goals, each with two objectives and action steps. However, each state's action plan will be different and may include a single goal or multiple goals and objectives. Some objectives may have numerous action steps that are needed to achieve the objective, whereas others may require fewer steps. States should adjust the template to accommodate the number of goals, objectives, and action steps that are appropriate for the project undertaken.

Following the template is a sample list of potential activities, organized by key housing-related services and partnership focus areas, for states to consider as they develop their action plan. This list is not meant to be exhaustive or directive. Instead, these are some of the questions that other states have used when developing similar action plans. States may choose to use what is in this list or to modify and/or add other activities as appropriate for their specific goals.

State Action Plan Template

State Goal #1: _____

A. Objective/Deliverable: _____

Action Step	Lead Agency/ Staff	Key Partner Agencies/Staff	Start Date	Target Completion Date	Progress Notes

B. Objective/Deliverable: _____

Action Step	Lead Agency/ Staff	Key Partner Agencies/Staff	Start Date	Target Completion Date	Progress Notes

State Goal #2: _____

A. Objective/Deliverable: _____

Action Step	Lead Agency/ Staff	Key Partner Agencies/Staff	Start Date	Target Completion Date	Progress Notes

B. Objective/Deliverable: _____

Action Step	Lead Agency/ Staff	Key Partner Agencies/Staff	Start Date	Target Completion Date	Progress Notes

Sample List of Potential State Activities

<p>1. Build the Team, Engaging Key Leadership and Stakeholders</p> <ul style="list-style-type: none"> ➤ Review the project team to ensure that appropriate partners are included ➤ Assess involvement of key leadership, develop a strategy to inform and engage them as appropriate ➤ Assess existing housing and service partnerships, coordinating structures and processes and potential effectiveness to move action plan strategies forward ➤ Identify key stakeholders and develop a process/plan to engage them ➤ Assess alignment of project goals with other policy priorities in the state 	<p>2. Identify, Gather, and Use Data</p> <ul style="list-style-type: none"> ➤ Identify data sources on target population(s) service use, cost, and outcomes ➤ Assess data to estimate the need, potential impact, and return on investment for supportive housing ➤ Estimate target population(s) data such as number of individuals, program eligibility status, service utilization, costs, and level of need ➤ Establish any needed data use agreements and link health, service, housing, and other data to learn more about individuals in the target population(s) ➤ Outline targeting and engagement strategy for individuals in the target population(s)
<p>3. Identify Strategies to Increase Availability of and Access to Housing-Related Services and Supports</p> <p><i>(See Services-Related Questions in the Service and Housing Systems Gaps Analysis)</i></p>	<p>4. Identify Strategies to Increase Supportive Housing Opportunities</p> <p><i>(See Services-Related Questions in the Service and Housing Systems Gaps Analysis)</i></p>
<p>5. Develop Investment and Cost-Effectiveness Analysis</p> <ul style="list-style-type: none"> ➤ Using data gathered on the target population(s), estimate return on investment for supportive housing and the impact on service utilization and outcomes ➤ Create a business case for stakeholders and decision-makers ➤ Develop budget, investment, reinvestment, break-even, and cost avoidance strategies 	<p>6. Evaluate, Adjust, and Sustain</p> <ul style="list-style-type: none"> ➤ Determine responsibilities and roles for ongoing implementation of action plan and structure/processes for the team to continue its work ➤ Develop measures to monitor performance and outcomes of action plan goals and objectives ➤ Develop and implement performance management and quality improvement process

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Glossary of Terms

This glossary is a list of housing-related terms, acronyms, and concepts that may be encountered as states seek to build partnerships between health care and housing systems. Additional health care-related terminology can be found online at <https://www.healthcare.gov/glossary/>⁴¹, and additional housing-related terminology can be found through the U.S. Department of Housing and Urban Development (HUD) glossary available online at <http://www.huduser.gov/portal/glossary/glossary.html>⁴².

Please note that the definitions provided below are in accordance with the manner in which the terms are typically defined within the context of housing. The definitions may or may not align with the federal definitions used to determine Medicaid coverage.

Assistance with daily living skills: Non-institutional delivery of services designed to assist individuals in maintaining their highest level of functioning in the most integrated and least restrictive setting possible. Services may range from more intensive supports such as assistance with activities of daily living (bathing, dressing, eating, toileting, etc.) to less-intensive services such as help with instrumental activities of daily living (medication or money management, meal preparation, home safety, etc.). Services may be delivered by formal and informal providers. Services may be provided in the office, in a community-based setting, or in the home.

Care coordination: Coordination with other ancillary, health and mainstream services that individuals may receive to promote better service utilization, coordination of care, and outcomes for individuals. Care coordination includes but is not limited to coordination of services such as medications, appointments, and services plans and goals, as well as roles of providers and outreach when needed. Coordination is done through individual meetings, care coordination team meetings, and other communication methods and includes securing appropriate release of information.

Caregiver/family support: Services and supports specifically designed to assist family caregivers of children or adults with disabilities. Services may include (but are not limited to) education, training, and counseling.

⁴¹ The Centers for Medicare and Medicaid Service. *Healthcare.gov Glossary*. Accessed September 2019. <https://www.healthcare.gov/glossary/>.

⁴² U.S. Department of Housing and Urban Development. *Resources*. Accessed September 2019. <https://archives.huduser.gov/portal/glossary/glossary.html>.

Community Development Block Grant (CDBG): Program created under the Housing and Community Development Act of 1974 that provides grant funds to local and state governments to develop viable urban communities by providing housing with a suitable living environment and expanding economic opportunities to assist low- and moderate-income residents.

Consolidated Plan (ConPlan): A document written by a state or local government describing the housing needs of the low- and moderate-income residents, outlining strategies to meet these needs and listing all resources available to implement the strategies. This document is required in order to receive some formula-funded HUD Community Planning and Development funds.

Continuum of Care (CoC): A collaborative funding and planning approach that helps communities plan for and provide, as necessary, a full range of emergency, transitional, and permanent housing and other service resources to address the various needs of people experiencing homelessness. HUD also refers to the group of service providers involved in the decision-making processes as the Continuum of Care.

Counseling/therapies: Individualized counseling designed to address a specific crisis, social support, medical, or psychiatric need. This service category is different from benefits and options counseling. It also includes specific therapies to assist in obtaining, retaining, or regaining physical and psychological health.

Discharge planning: Assistance with the transition from inpatient, nursing facility, residential treatment, jail, and/or other institutions, including assistance with discharge planning and planning for returning to community life by assisting with moving, timely access and transition to community-based services, medication and benefits, and returning to or finding a place to live. Assistance includes collaboration with facility discharge planners and other staff to develop and implement effective discharge or transition plans and other assistance as needed during the transition as well as monitoring and follow-up to determine if the services and resources accessed adequately address the participant's needs.

Equipment, technology, and modifications: The purchase or renting of items, devices, or product systems to increase or maintain a person's functional status. This service can include designing, fitting, adapting, and maintaining equipment, as well as training or technical assistance to use equipment.

Extremely low-income households (ELI): Those with incomes below 30 percent of the area median income.

Financial support/entitlement assistance/benefits counseling: Includes benefits counseling and assistance with applications (e.g., for income, food and utility assistance), as well as referral for legal advocacy, assistance with appeals, and acquiring necessary documentation.

Health management, education, and support: Includes accessing and utilizing medical, dental, substance abuse and mental health treatments as well as long-term services and supports. Health management may also include acute illness and chronic disease education, management and support, crisis and recovery planning, harm reduction services, substance abuse counseling, education related to mental illness, medication management, relapse prevention, HIV/AIDS/sexually transmitted diseases education, advanced directives, and end-of-life planning.

HOME Investment Partnerships Program (HOME): Program that provides formula grants to states and localities that communities use—often in partnership with local nonprofit groups—to fund a wide range of activities including building, buying, and/or rehabilitating affordable housing for rent or homeownership or providing direct rental assistance to low-income people. HOME is the largest federal block grant to state and local governments designed exclusively to create affordable housing for low-income households.

Homeless Management Information System (HMIS): A computerized data collection application designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness, while also protecting client confidentiality. It is designed to aggregate client-level data to generate an unduplicated count of clients served within a community's system of homeless services. An HMIS may also cover a statewide or regional area and include several CoCs. The HMIS can provide data on client characteristics and service utilization.

Housing choice voucher program: This is the federal government's major program for assisting very low-income families, the elderly, and people with disabilities to afford decent, safe, and quality housing in the private market. The program was formerly known as Section 8.

Housing First: An approach in which people experiencing homelessness are connected to permanent housing and appropriate supports swiftly and with few to no treatment preconditions, behavioral contingencies, or other barriers.

Housing-related services and supports: Services that support an individual’s ability to prepare for and transition to housing and to be a successful tenant in his or her housing arrangement and thus able to sustain tenancy.

Individual housing transition services may include the following:

- Conducting a screening and assessment of housing preferences and barriers related to successful tenancy;
- Developing an individualized housing support plan based on assessment;
- Assisting with rent subsidy application/certification and housing application processes;
- Assisting with housing search process;
- Identifying resources to cover start-up expenses, moving costs, and one-time expenses;
- Ensuring that the housing unit is safe and ready for move in;
- Assisting in arranging for and supporting the details of move-in; and
- Developing an individualized housing support crisis plan.

Individual housing and tenancy sustaining services may include the following:

- Providing early identification/intervention for behaviors that may jeopardize housing;
- Education and training on the role, rights, and responsibilities of tenants and landlords;
- Coaching on developing and/or maintaining relationships with landlords and property managers;
- Assisting in resolving disputes with landlords and neighbors;
- Advocacy and linkage with community resources to prevent eviction;
- Assisting with the housing recertification process;
- Coordinating with tenant to review, update, or modify the housing support and crisis plan; and
- Continuing training on being a good tenant and lease compliance.

Housing and Urban Development (HUD): Federal agency established in 1965 whose mission is to increase homeownership, support community development, and increase access to affordable housing free from discrimination.

Job skills training/education: Services that include assistance to locate and obtain paid employment or self-employment, and occupational skills development including opportunities/access to education and General Education Development (GED). These services also include supported employment.

Low-Income Housing Tax Credit (LIHTC): A tax incentive intended to increase the availability of low-income housing. The program provides an income tax credit to owners of newly constructed or substantially rehabilitated low-income rental housing projects.

Outreach and Inreach: Services that involve connecting individuals not yet served (outreach) and individuals already being served (inreach) with mainstream services and housing-related tenancy support services. Efforts typically focus on identifying and engaging with unserved, underserved, and poorly-served individuals. These services include home visits and efforts at re-engagement as needed.

Peer supports: Individuals with lived experienced trained and certified as peer specialists who provide information, peer counseling, mentoring related to health education, housing stability support, and so forth, and assist individuals to adopt and manage their own recovery plan.

Public housing agency (PHA): Any state, county, municipality, or other governmental entity or public body, or agency or instrumentality of these entities that is authorized to engage or assist in the development or operation of low-income housing under the U.S. Housing Act of 1937.

Qualified Allocation Plan (QAP): The mechanism by which a state housing finance agency promulgates the criteria by which it will select to whom it will award tax credits. Each state must develop a QAP. The QAP also lists all deadlines, application fees, restrictions, standards, and requirements.

Rapid Re-Housing: The practice of focusing resources on helping families and individuals quickly move out of homelessness and into permanent housing, which usually is housing in the private market. Services to support Rapid Re-Housing include housing search and landlord negotiation, short-term financial and rental assistance, and the delivery of home-based housing stabilization services, as needed.

Service assessment: Includes service intake, evaluation of individual needs, gathering information and documents for eligibility determination, arranging for specialized testing or evaluation (e.g., decision-making capacity), providing and completing the necessary assessment documentation, and reassessment (as appropriate).

Service monitoring: Ongoing monitoring and evaluation of services in the service plan. It includes coordination of those services with ancillary and informal services and supports (e.g., medical, mental health, substance use) and periodic discussions with the person receiving services to ensure ongoing efficacy of and satisfaction with services (as well as to trigger reassessment when the individual's condition or situation changes). Service monitoring also includes documenting referrals, follow-up, and progress related to service plan goals.

Service plan development: Working with the individual (and his or her family, caregivers, etc. as appropriate) to establish goals and develop a service plan to help meet those goals on the basis of individualized assessment. Activities include identification of and referrals to service providers and ancillary services, updating the plan as needed, providing and completing appropriate documentation around service plan development, acquiring required signatures, and reviewing and updating service plan goals.

Skill development and acquisition: The promotion and restoration of daily living skills, such as those that help individuals keep, learn, or improve skills and functioning for daily living. Services may range from how to use public transportation, to gaining the necessary skills for a person with intellectual or cognitive limitations to live independently in the community. Services may take place in the office, in a community-based setting, or in the home.

Support groups: A group of people with common experiences or concerns who provide each other with encouragement, comfort, and advice. Some also are designed to deliver information and education. Groups may be large or small and may meet in person, by phone, or online. Support groups address many topics such as grief and loss, parenting, health issues, conflict resolution/mediation, and smoking cessation.

Supportive housing (SH): Decent, safe, affordable, community-based housing that provides tenants with the rights of tenancy and links to voluntary and flexible supports and services.

State-level housing-related collaborative activities: Services that support collaborative efforts across public agencies and the private sector that assist a state in identifying and securing housing options for individuals with disabilities, older adults needing long-term services and supports, and those experiencing chronic homelessness.

Tenant-Based Rental Assistance (TBRA): Housing assistance that is used to subsidize private housing units of the household's choice in the community.

Transportation: Coordination and/or provision of both medical (nonemergency) and nonmedical (i.e., for employment) transportation services and options. Service includes escort/attendant-accompanied transport and accompanying individuals on appointments.

U.S. Interagency Council on Homelessness (USICH): An independent federal agency that partners with 19 federal Cabinet Secretaries and agency heads to coordinate the federal response to homelessness. USICH seeks to create a national partnership at every level of government and with the private sector to reduce and end homelessness in the nation while maximizing the effectiveness of the federal government in contributing to the end of homelessness.