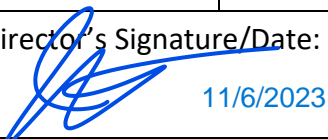
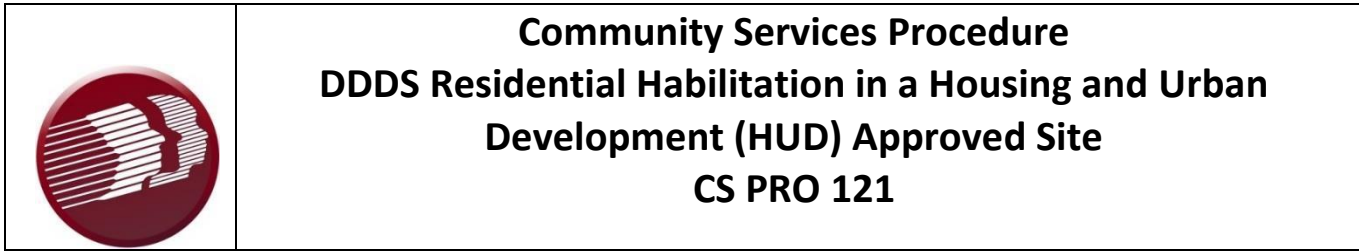
	<p>Community Services Procedure DDDS Residential Habilitation in a Housing and Urban Development (HUD) Approved Site CS PRO 121</p>
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Revision Date	Sections Revised	Description of Revision
11/03/2023	ALL	Origination date: November 3, 2023
Director's Signature/Date:  11/6/2023		<i>Live signature is located in the Office of the Director</i> Effective:



1. Purpose

The purpose of this policy is to define the expectations and process for obtaining certification approval before a service recipient seeking Residential Habilitation services/supports moves into a Neighborhood Group Home that is a federally approved Housing and Urban Development (HUD) identified property and the process for annual recertification.

2. Scope

- DDDS contracted Residential Habilitation Service Providers operating provider-managed sites that are HUD homes
- DDDS Community Services and Office of Business Supports and Services
- ARC of Delaware /HUD Project Owners
- Targeted Case Management Vendor

3. Definitions

Area Median Income (AMI) –The area median income is the midpoint of a region's income **distribution**, meaning that half of households in a region earn more than the median and half earn less than the median

EBLAST – The Division of Developmental Disabilities Services' email method to notify Residential Habilitation Service Providers of service recipients approved to explore residential habilitation supports and services.

Case Manager – a person with responsibility to provide information, advocacy, support, and guidance to service recipients of DDDS services. May be any one of the following:

- A. Family Resource Coordinator – assists DDDS service recipients that are enrolled in Diamond State Health Plan Plus or LTSS that have a Managed Care Organization Case Manager to access day habilitation and to transition into provider-managed residential habilitation settings
- B. Support Coordinator – provides targeted case management for DDDS service recipients residing in provider-managed residential habilitation settings

- C. Community Navigator – provides targeted case management for DDDS service recipients residing in natural living environments such as family home or own home and to transition into provider-managed residential habilitation settings
- D. OBRA Case Manager - assists people residing in nursing facilities who meet federal PASRR Level II screen criteria and need specialized services for intellectual or developmental disabilities or related conditions to transition into provider-managed residential habilitation settings

HUD - The Department of Housing and Urban Development (HUD) –a federal housing program which uses a certification process to determine a service recipient’s (tenant) ability to pay housing rent based on his/her financial assets (i.e., wages, unemployment, Social Security Benefits, and/or SSI) and the service recipient’s rent is adjusted accordingly.

Representative Payee - A person or organization appointed by the Social Security Administration to manage benefit payments for someone unable to do so on their own — for example, a minor child, a severely disabled person, or a retiree suffering from advanced dementia.

Transfer Planning Conference – (TPC) A meeting of the service recipient and their support team to prepare and coordinate a change in services with receiving and transferring teams present.

Project Owner – Provides safe and sanitary housing for individuals with disabilities while in partnership with HUD and receiving federal funding maintaining compliance with federal guidelines and HUD standards. HUD sites are owned by the Project Owner. The ARC of Delaware is one Project Owner who owns many HUD approved sites.

Tenant – a person receiving supportive services from a Residential Habilitation Service Provider.

Subsidy - A direct monetary aid furnished by a government to a private industrial also known as the Project Owner.

Subsidized – Housing operated by private owners who receive monetary aid from a government in exchange for renting to low- and moderate-income people. If a tenant qualifies the federal government will pay a percentage of rent to the Project Owner.

Unsubsidized - Housing operated by private owners who do not receive monetary aid. Regular private rentals at rental rates comparable to the surrounding market.

4. Standards

- 4.1 An approved HUD site identified as a neighborhood group home (NGH) must be licensed by the Division of Health Care Quality.

<https://regulations.delaware.gov/AdminCode/title16/Department%20of%20Health%20and%20Social%20Services/Division%20of%20Health%20Care%20Quality/3310.shtml>

- 4.2 An approved HUD site **CANNOT** be used for emergency/temporary housing due to federal regulation.
- 4.3 No new tenants may be allowed to move into a HUD site without the Project Owner’s approval. HUD applicants must meet income-based eligibility criteria. A tenant applicant must have financial assets below 80% of Area Median Income (AMI) which is established by HUD. The Project Owner manages the eligibility of the tenant through initial and annual income reporting supplied by the tenant, their legal guardian, and/or rep payee. The Project Owner is responsible for obtaining required documentation to determine eligibility. A Case Manager may assist the Project Owner in obtaining the required documentation, if requested.
- 4.4 A tenant in a HUD site must not be required to pay an out-of-pocket rent amount exceeding 30% of the gross rent.

Example: Gross rent	\$1000.00 (established by HUD)
Subsidy	\$ 800.00 (the difference between tenant rent and gross rent)
	\$ 200.00 (Remaining balance to tenant “out-of-pocket”)

- 4.5 The Residential Habilitation Service Provider is under no obligation for payment of rent but may be responsible for damages in the home for the lack of oversight by staff. The Residential Habilitation Service Provider receives a board payment from the tenant or their rep payee for food expenses.
- 4.6 The tenant or their rep payee is required to directly pay the Project Owner, not to the Residential Habilitation Service Provider (unless they are the same), the monthly out-of-pocket amount of gross rent determined by HUD.
- 4.7 A HUD home is not eligible for annual reconciliation from the Division for rent, utilities, and major repairs.

- 4.8 The Division must have up to date knowledge of HUD homes, HUD Residential Habilitation Service Providers, and HUD tenants. All new HUD properties identified as potential NGH must be reported to the Office of Business Supports and Services (OBSS) during the home certification process.

Initial HUD Certification

- 4.9 When a Residential Habilitation Service Provider responds to an interested service recipient exploring residential options, the agency will identify on the EBLAST provider response form if the site is a HUD approved home. (**See Appendix C EBLAST Authorized Provider Response form**)
- 4.10 During the initial residential placement process, the Case Manager will confirm with the identified Residential Habilitation Service Provider if the selected site is a HUD identified site or not. Once confirmed, the Case Manager will assist the service recipient, their legal guardian, and/or rep payee with gathering all required documentation and inform the service recipient interested in the HUD site of the additional eligibility requirements. The Case Manager will inform the service recipient that a move-in date cannot be verified until HUD approval is confirmed. (**See Appendix A HUD Eligibility Verification Information Request form**)
- 4.11 If the Neighborhood Group Home is a HUD home owned or leased by the Residential Habilitation Service Provider, the Case Manager will send HUD checklist and all supporting documentation to the Residential Habilitation Service Provider (Project Owner) of the HUD home.
- 4.12 If the Neighborhood Group Home is a HUD home owned by The ARC of Delaware (Project Owner), the Case Manager will send the HUD Eligibility Verification Information Request form (**See Appendix A**), the ARC HUD Demographic Form (**See Appendix B**), and all documentation to The ARC of Delaware care of Director of Housing and Community Relations; 2 S. Augustine Street Ste B Wilmington DE 19804; phone number 302 966-9400 x 105, Fax numbers 302 966-0683 or 302 966-0722, Toll free 800-232-5460 (TTY/TDD Relay); email zfrench@thearcofdelaware.org.
- 4.13 A future tentative move in date must be included on HUD Eligibility Verification Information Request form. (**See Appendix A**)
- 4.14 The Project Owner will alert the service recipient, legal guardian, representative payee, and the Case Manager when the service recipient is approved by HUD as well as unsubsidized amount of monthly rent.

HUD Recertification

- 4.15 The Project Owner will contact the tenant, their legal guardian, and/or rep payee for all current bank statements, current wage information, etc. Financial information must be

current or within 120 days. Information must be submitted minimally 30 days before recertification is due.

5. Procedure

<u>HUD Certification Procedure</u>	
<u>Action by:</u>	<u>Action:</u>
<p>Case Manager Initial referral to HUD NGH</p>	<ol style="list-style-type: none"> 1. Reviews EBLAST Authorized Provider response form to determine if site is an HUD approved site. 2. Confirms with Residential Habilitation Service Provider home of interest is a HUD home. 3. If the residential site is a confirmed HUD site, the Case Manager explains to the service recipient and/or their legal guardian and representative payee that the desired home is also HUD home; explaining that HUD homes have an additional application process which requires additional eligibility which requires the submission of additional financial information. 4. Explains to the service recipient and/or legal guardian that the move in date is tentative until qualification for HUD housing is complete. 5. Works with the service recipient and/or legal guardian to complete HUD Eligibility Verification Information Request Form. 6. <u>Within 5 business days</u>, requests all supporting documentation from the service recipient and/or legal guardian, based on HUD Eligibility Verification Information Request Form. 7. Once HUD eligibility verification requested information is received, submits to immediate supervisor within <u>5 business days</u>.
<p>Immediate Supervisor</p>	<ol style="list-style-type: none"> 8. Reviews HUD Eligibility Verification Information Request Form information verifying information is comprehensive and complete 9. Submits supporting documentation to Project Owner (Residential Habilitation Service Provider Program Director/Executive Director or The ARC of Delaware Housing Manager), and DDDS TCM liaison, if applicable. <ol style="list-style-type: none"> a. HUD Eligibility Verification Information Request Form b. ARC HUD Demographic Form, Appendix B c. All supporting documentation 10. Schedules TPC with understanding move-in date is tentative.

<p>Project Owner - Residential Provider agency NGH HUD approved site</p> <p>OR</p>	<ol style="list-style-type: none"> 11. Completes HUD application. 12. Obtains service recipient, representative payee, and/or legal guardian valid signatures to complete application. 13. Submits HUD application to obtain HUD approval. 14. Notifies Case Manager when approval is given. 15. Notifies service recipient/legal guardian/rep payee of expected monthly rent.
<p>Project Owner - Arc of Delaware owned HUD property</p>	<ol style="list-style-type: none"> 16. Completes HUD application. 17. Obtains service recipient, representative payee and/or legal guardian valid signatures to complete application. 18. Submits HUD application to obtain HUD approval. 19. Notifies Residential Habilitation Service Provider when HUD approval is provided. 20. Notifies service recipient/legal guardian/rep payee of expected monthly rent.
<p>Support Service Provider - Residential Provider Agency</p>	<ol style="list-style-type: none"> 21. Confirms move-in date.
<p align="center">HUD RECERTIFICATION NGH HUD approved site</p>	
<p>Project Owner</p>	<ol style="list-style-type: none"> 1. Requests all current bank statements, current wage information from service recipient/legal guardian/rep payee. 2. Completes HUD application. 3. Request current copy of Social Security award letter(s) from service recipient/legal guardian/rep payee. 4. Obtains signature from service recipient, representative payee, and/or legal guardian. 5. Submits HUD application. 6. Notifies rep payee of rental amount.

Also See:

- LSPRO 0005 Placement
- LSTSK 0005 A New Development Placement
- LSTSK 0005 B New Development Placement

Attachments:

- Appendix A HUD Eligibility Verification Information Request Form
- Appendix B ARC HUD Demographic Form
- Appendix C EBLAST Provider Response Form

Appendix A



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Developmental Disabilities Services

To:

Date: [Click here to enter a date.](#)

Subject: **HUD ELIGIBILITY VERIFICATION INFORMATION REQUEST**

The following referral is submitted for consideration of residency in the HUD home shown below:

Name of Referred: *Type Last Name, First Name*

Proposed HUD address: *Type Street Address, City, State, Zip*

Completed by: *CM/FSS Full Name/Title/Region*

HUD requires we verify all information to determine an applicant’s eligibility for rental subsidy. Please provide copies of the following documents: ***Please check and initial before all included documents. ****

✓	REQUIRED DOCUMENTS
<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	Social Security Card
<input type="checkbox"/>	Proof of Citizenship (Certificate of Naturalization, Certificate of Citizenship – if applicable)
<input type="checkbox"/>	Proof of Income (SSA/SSI, Any other Income Source)
<input type="checkbox"/>	Bank Statements (Copies of 6 consecutive Checking Account Statements, 1 Savings Account Statement)
<input type="checkbox"/>	Employment Verification (Copies of 6 consecutive paystubs OR Letter from Employer)
<input type="checkbox"/>	Name, Phone Number & Address of Representative Payee: Clearly Print _____
	ARC HUD Demographic Sheet

DDDS INTERNAL USE ONLY

	<input type="checkbox"/>	HCBS Waiver <input type="checkbox"/> Active <input type="checkbox"/> Submitted Click here to enter a date.
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***Only complete packages will be accepted for consideration.**

Appendix B



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Developmental Disabilities Services

Division of Developmental Disabilities Services

Community Services

ARC HUD Demographic Form

All information to be secured from the accompanying parent of guardian at the time of client admission.

Name: _____ Date: _____

MCI Number: _____ County: _____

Date of Birth: _____ Social Security Number: _____

Medicaid Number: _____ Medicare Number: _____

Blue Cross Number: _____ Other Insurance: _____

Sex: _____ Race: _____ Religion: _____

Disability: _____

Address moving to: _____ Phone: _____

Residential Agency: Name: _____
 Address: _____
 Telephone: _____

Type of Admission: **Neighborhood Group Home** **Shared Living**

Previous IDD Program: _____

Proposed Date of Admission: _____

Appendix C



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Developmental Disabilities Services

E-BLAST AUTHORIZED PROVIDER RESPONSE FORM

* Send This Entire Document Back to Kyle P. Massey, Administrative Specialist II *
kyle.massey@delaware.gov

Date: [] First Name: [] MCI #: []
Provider Agency Name: []
Address: [] County: []
City: [] State: [] Zip Code: []
Contact Name: []
Contact Phone: []
Contact E-Mail: []

Is your agency interested in providing supports to this person? YES NO
If you are interested in working with this person, please answer the following questions:

1. What services are you interested in providing?

- Residential Supports: NGH CLA Male Female Co-Ed

Legacy Provider ID: [] Program Site: []

Handicap Accessible? YES NO Address: []

Apt. or Unit #: [] City: [] State: [] Zip Code: []

Please provide the basic property details these should include information about the primary features of the property including the number of bedrooms and bathrooms, accessibility features if any, recent renovations (appliances, doors, floors, etc.), extras (pool, garden, fireplace, etc.), also the location, neighborhood and nearby attractions, the surrounding environment.

Site Description: []

Other: []

- Supported Living BA Consultative Services RN Consultative Services

2. Based on the narrative information you have been provided how would you support this person?

(This is your opportunity to discuss areas you excel in related to this person's wishes and show how you can uniquely support them.)

