

## **Supportive Services Plan – Housing for Persons with Disabilities**

To ensure that housing will serve the population in the most integrated setting appropriate to the needs and choices of individuals with disabilities in accordance with Section 504 and Title II of the ADA, HUD requires owners of housing for persons with disabilities to provide a supportive services plan for their projects. The plan must be submitted as part of the original funding application, updated regularly and revised (and possibly resubmitted to HUD) when there are significant program modifications such as a change in the target population or a request for 210 Transfer Authority.

You can develop a Plan by drafting responses to the questions under each section below or you can create your own document.

- a. Supportive Services Plan Summary.** A detailed description of the disability types the housing is expected to serve. Housing may be provided specifically for persons with physical disabilities, developmental disabilities, or chronic mental illness or any combination of the three. A commitment to expand the designated population served when market need shifts.
  
- b. Program Alignment.** Plan must describe how the project aligns with the state's efforts to support housing stability and ensure consistency with policies governing the operation of housing for persons with disabilities. The Plan must also discuss how the Owner will foster ongoing communication with the state or local Medicaid or health and human service agency to make sure the housing is sustainable.
  
- c. Outreach and Referral Process.** Describe the approach for managing the outreach, referrals, and waiting lists to successfully identify and house prospective tenants in a timely and efficient manner. Approach must document the roles and responsibilities of each partner. Plan must document your method of outreach and referral. Include how and from whom/where persons will be referred and admitted for occupancy in the project. You must also document your waitlist policy. All methods of outreach and referral and management of the waiting list must be consistent with fair housing and civil rights laws and regulations, and affirmative marketing requirements.

**d. Communication Plan.** The description should also outline the activities taken to ensure effective communication with persons with disabilities and to ensure meaningful program access to persons with limited English Proficiency. Plan must specify how dispute resolution between residents and owner/management agents will be managed.

**e. Occupancy Restriction (if applicable).** You may, restrict occupancy within housing developed under the Section 811 program to one of the three types of disability noted above. If requesting approval to restrict occupancy, submit the following:

- i.** A description of the population of persons with disabilities to which occupancy will be limited.
- ii.** An explanation of why you are choosing to restrict occupancy of the proposed project(s) to the population described in (i) above, including an explanation of how restricting occupancy to a subcategory of persons with disabilities promotes the goals of the Section 811 program.
- iii.** A description of your experience in providing housing and/or supportive services to proposed occupants.
- iv.** A description of how you will ensure that occupants of the proposed project will be integrated into the neighborhood and community.
- v.** A description of your approach should the need for housing for the population you will be serving wanes over time, causing vacancies in your project.

**f. Owner Affiliation with Service Provider.** Explain whether you will be making supportive services available to the residents or will be coordinating the availability of any supportive services through one or more service providers.

**g. A detailed description of the person centered, supportive services** that will be made available by sponsor, owner or other entity to the residents or, if you will be coordinating the availability of any supportive services, a description of the supportive service(s) and how the coordination will be implemented; Additional information can be found at <https://www.medicaid.gov/medicaid/hcbs/transition-plan/index.html>. The expectation is that the services will be well thought out, realistic and appropriate to the needs of the tenants.

- i.** An assurance that any supportive services that you will make available to the residents will be based on their individual needs; and
- ii.** A commitment to make the supportive services available or coordinate their availability for the life of the project
- iii.** A commitment to expand the designated population served when market need shifts.
- iv.** If applicable, a description of how the residents will be connected to opportunities for employment.

**h. On-site management.** An indication as to whether the project will include a unit for a resident manager. Applicable to group homes only.

**i. Choice.** A statement certifying that you will not condition admission or occupancy on the resident's acceptance of any supportive services. Plan must document your approach for ensuring individual choice for persons served throughout their tenancy. A supportive services plan for housing assisted must permit each resident to take responsibility for choosing and acquiring their own services, to receive any supportive services made available directly or indirectly by the owner of such housing, or to not receive any supportive services.

**j. Formal Partnerships.** If services are being provided by an entity other than the applicant, please provide the following to evidence the partnership: Letters of intent, memoranda of understanding, or other agreements from State Medicaid Agencies and/or other community-based organizations serving persons with disabilities, including but not limited to Centers for Independent Living (as defined in section 702 of the Rehabilitation Act of 1973 (29 U.S.C. 796a)), fair housing organizations, state Aging and Disability Resource Centers (ADRCs), Area Agencies on Aging (AAAs) or State Agencies (as defined as defined in section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002), State Protection and Advocacy Agencies (P&A's) Community Mental Health Centers and/or Long Term Care Ombudsmen, Accountable Care Organizations, health and human services agencies, or other State agencies with experience helping identify and assist individuals seeking to transition into community settings or to remain in community settings. The letter, memo, or agreement must be on the organization's letterhead and must include:

- i.** Names, titles, and e-mail addresses of the state's core operational staff within partner agencies. Core members should include, at a minimum, at least one lead team member from each partner agency(ies)
- ii.** Description of the state/local agency's policy concerning housing for the population to be served and a demonstration that your approach is consistent with state and/or local agency plans and policies governing the operation of housing for persons with disabilities
- iii.** Services the organization will provide i.e., funding for the provision of supportive services, outreach, referral of residents, tenancy support.
- iv.** Population the organization serves, including whether population is limited by type of disability, age, or geographic area
- v.** Description of provider's experience in providing such supportive services, coordinating outreach and referrals for the disability type, and/or assisting persons with disabilities moving into units
- vi.** Communication strategy i.e., type and frequency of meeting, use of technology, protocols for information sharing, dispute resolutions procedures, responsibility of each partner)
- vii.** Record Keeping and Documentation protocol and
- viii.** Renewal provision

**k. Funding Sources.** Document the anticipated sources of funding to cover community-based supportive services. Document the use of any Medicaid, state, local, federal or private funds. Document measures you would take should funding for any of the needed supportive services becomes depleted.

**l. Monitoring.** Document your approach for measuring and monitoring the quality and effectiveness of each partnership. Owners must commit to updating the supportive services plan not less than once every three years.