Mainstream Vouchers
Serving Persons At Serious Risk of Entering or Transitioning out of Institutional Settings

Mainstream vouchers are tenant-based vouchers that assist non-elderly persons with disabilities and their families. Mainstream vouchers follow the same program policies as regular Housing Choice Vouchers (HCV). This topic guide highlights the use of Mainstream vouchers to support community integration for people with disabilities at serious risk of entering or transitioning out of institutional settings or other segregated settings.

Commitment to Community Integration

HUD is committed to ensuring those transitioning out of, or at serious risk of entering, institutional settings have a meaningful choice in affordable, accessible housing and the delivery of long-term health care and support services. Mainstream vouchers can serve as a resource to provide sustained community-based integrated housing opportunities to non-elderly persons with disabilities. Combining affordable housing with access to voluntary services, helps further the goals of the integration mandate of the Americans with Disabilities Act (ADA) as interpreted by the Supreme Court in Olmstead v. L.C. Targeting these resources can help States and communities meet goals outlined in Olmstead plans or settlement agreements. PHAs can best utilize Mainstream Vouchers for this purpose by:

1) Establishing a preference for non-elderly persons with disabilities who are transitioning from or at serious risk of entering institutional or other segregated settings and

2) Establishing formal and informal partnerships with health and human service agencies and community organizations who serve this population

What is an Institutional Setting?

Institutional or other segregated settings include, but are not limited to:

- Congregate settings populated exclusively or primarily with individuals with disabilities;
- Congregate settings characterized by regimentation in daily activities, lack of privacy or autonomy, policies limiting visitors, or limits on individuals’ ability to engage freely in community activities and to manage their own activities of daily living; or
- Settings that provide for daytime activities primarily with other individuals with disabilities

Examples of institutional settings include nursing facilities, intermediate care facilities (ICF), psychiatric hospitals, board and care homes, and long term hospitals, and rehabilitation hospitals.
Establishing Partnerships

Developing and sustaining partnerships at the state and local level will assist PHAs to utilize Mainstream vouchers by providing effective outreach and referrals, affordable and accessible housing search, assisting with a timely transition to a unit, and ensuring participants have access to ongoing supportive services and tenancy supports. Key partners may include:

- **State Health & Human Services and/or State Medicaid Agency:** State Health and Human Service Agencies and/or State Medicaid agencies are often the funders of the support services for persons with disabilities, although they may provide the funds through intermediaries such as disability-specific state agencies or managed care organizations. [Find your State Medicaid Agency here.](#)

- **Money Follows the Person Program (MFP):** MFP programs support state efforts for rebalancing their long-term services and supports system so that individuals have a choice of where they live and receive services. From the start of the program in 2008 through the end of 2019, states have transitioned 101,540 people to community living under MFP. [Find contact information for your State’s MFP program here.](#)

- **Centers for Independent Living (CILs):** CILs provide independent living services for people with disabilities for people with all types of disabilities. CILs are staffed by people with disabilities and provide peer-to-peer training helping people navigate complex social service systems. These programs provide peer-to-peer training, tools, resources, and supports for integrating people with disabilities fully into their communities to promote equal opportunities, self-determination, and respect. [Find the CILs in your state here.](#)

- **Aging and Disability Resource Centers/No Wrong Door System (ADRC/NWD System):** ADRC/NWD Systems help individuals, their caregivers, and professionals navigate and braid together a full range of private or public resources and support planning for future long-term care needs. ADRC/NWD Systems also serve as the entry point for streamlined access to publicly administered long term supports, including those funded under Medicaid, the Older Americans Act, and state revenue funded programs. ADRC/NWD Systems provide assistance in applying for publicly funded programs, facilitate person centered planning and service plan activation. Contact information for many ADRCs can be found through the [Eldercare Locator.](#)

- **State Protection and Advocacy Agencies (P&A’s):** P&As work at the state level to protect individuals with disabilities by empowering them and advocating on their behalf. There are 57 P&As in the United States and its territories, and each is independent of service-providing agencies in their states. [Find a P&A in your state.](#)

- **Community Health and Human Service Providers:** Direct services are often provided by community service providers through contracts with state and local government health authorities. Some of these providers may serve all population groups while others may target populations with specific disabilities. The links below can connect you with the disability-specific agencies in your state.
  - [Serious mental illnesses](#)
  - [Intellectual and/or developmental disabilities](#)
  - [Physical disabilities](#)
  - [Traumatic brain injuries](#)
  - [Multiple sclerosis](#)
Each of the partners outlined above plays an important role in supporting community integration efforts by funding, coordinating, or directly providing for a range of services and supports.

### Partners Offer a Range of Services & Support

- Outreach & Referral Services
- Assistance with Securing Documentation
- Housing Search Assistance
- Transportation
- Move-in Costs (security deposit, utility deposit)
- Tenancy Education (rights & responsibilities of being a tenant)
- Payment of Home Accessibility Modifications
- Reasonable Accommodation Requests
- Independent Living Skills & Training
- Peer Counseling & Peer Support
- Coordinate/provide ongoing tenancy supports

There is no limit to the number of agencies a PHA may partner with for referrals and supportive services. PHAs can have agreements with several community-based organizations committing to provide supports and referrals, or alternatively, formalize agreements with primary partner agencies that in turn have demonstrated commitments to work with various identified community-based organizations. Key elements to consider in the development of any partnership include:

- Establish key points of contact
- Engage in level setting
- Define roles and responsibilities
- Meet regularly and as often as needed
- Enter in Memorandum of Understanding (MOU) or other written protocol
- Set goals and review progress

### Aligning System Resources to Address Community Needs

With the recent influx of various federal, state and local resources to address the impacts of COVID-19, communities should consider how to use each of their resources strategically to meet the needs within their community. In particular, communities with access to Emergency Housing Vouchers (EHVs) and Mainstream Vouchers will benefit from a review of prioritization or preferences, administrative policies, and staffing structures to determine how these can align or complement each other.

Example 1: A PHA implemented preferences for all target populations outlined in the FY19 Mainstream NOFA (including for people transitioning from institutions). The PHA recently received an allocation of EHV that will prioritize persons experiencing homelessness. As part of an overall scan of resources, the community has also determined that persons exiting institutions need greater access to rental assistance resources. In response to this, the PHA should consider increasing the weight of preference on its regular waiting list for people transitioning from institutions or segregated settings.
Example 2: A PHA with an allocation of EHV and Mainstream vouchers decides to hire a full-time staff person to provide housing search assistance and act as a landlord liaison. Seventy-five percent of the staff member’s time will be paid with EHV service fee dollars and the other twenty-five percent is paid through Mainstream administrative fees, reflective of the time spent on each program, respectively.

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