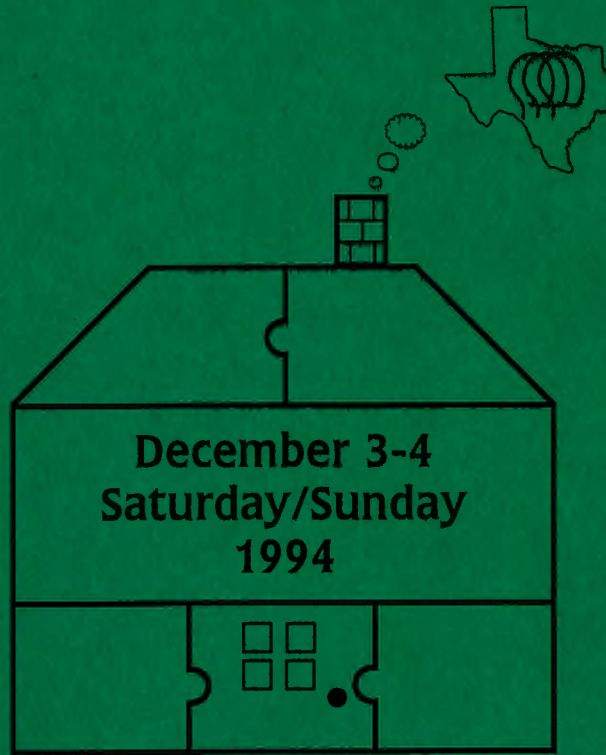


Creating Affordable Housing Options For Persons With Brain Injury

– Supported Living Options –



A foundation for building a house
that can become a home - where the heart is.

Who
We Are

Southwest Regional Brain Injury Rehabilitation and Prevention Center: Project funded by U.S. Department of Education through the Rehabilitation Services Administration to improve service for people with brain injuries and their families in RSA Region 6.

Texas Head Injury Association (THIA): A non-profit organization dedicated to meeting the needs of people with brain injuries and their families by developing programs for public awareness and education, encourage research and rehabilitation, and provide family guidance.

REACH OF DALLAS
8625 KING GEORGE SUITE # 210
DALLAS, TEXAS 75235

**Creating Affordable Housing Options
For
Persons With Brain Injury
- Supported Living Options -**

SPONSORED BY:

**TEXAS HEAD INJURY ASSOCIATION
and Its ADVOCACY COMMITTEE
AUSTIN, TEXAS**

**SOUTHWEST REGIONAL BRAIN INJURY
REHABILITATION AND PREVENTION CENTER
HOUSTON, TEXAS**

The Southwest Regional Brain Injury Rehabilitation and Prevention Center
is sponsored by Grant Number HI28A0009 from the
Rehabilitation Services Administration,
Washington, DC

**CREATING AFFORDABLE HOUSING OPTIONS
FOR PERSONS WITH BRAIN INJURY
-Supported Living Options-**

AGENDA

Day 1 - Saturday, December 3, 1994

ALL PRESENTATIONS WILL BE IN A WORKSHOP FORMAT
IN THE COCHISE/CHEROKEE ROOM
WILSON WORLD HOTEL, IRVING, TEXAS

		<u>TAB</u>
8:30 - 10:00	Registration and Coffee and Getting Acquainted	
10:00 - 10:15	Welcome and Opening Remarks.....1 Darlene Plyter, THIA President & Board Chair	
10:15 - 10:35	The Language of Supported Living.....2 Terri Petrucci-Coley	
10:35 - 10:45	Break	
10:45 - 11:30	Options in Housing.....3 Linda Courtney	
11:30 - 12:30	Panel: Directions in Housing.....4 What Consumers Prefer.....Ben Almond Fed. Mandates: The Rehab Act....Jonas Schwartz Directions for Texans.....David Garza Q's from Audience and A's from the Panelists	
12:30 - 1:40	Lunch Buffet provided in the Atrium	
1:40 - 2:40	The HOME Investment Partnership Program.....5 Learn about funds that people with disabilities can use for housing, and How to make application: David Garza	
2:40 - 3:40	Barriers and Accommodations.....6 Joe Bontke and Dave Krych	
3:40 - 3:50	Break	
3:50 - 4:50	Buying A Home, Housing Co-Ops, and Other.....7 Sarah Andre and Mandy DeMayo	
4:50 - 5:15	1st Day Wrap-Up and Q's & A's	

Dinner on your own... See you in the morning!

AGENDA
Day 2 - Sunday, December 4

ALL PRESENTATIONS WILL BE IN A WORKSHOP FORMAT
 IN THE COCHISE/CHEROKEE ROOM
 WILSON WORLD HOTEL, IRVING, TX

	<u>TAB</u>
8:00 - 8:30	Coffee and Regroup
8:30 - 9:45	Overview of Long-Term Community Supports.....8 Belinda Carlton
9:45 - 10:00	Break
10:00 - 11:00	Shared Living / Personal Care Homes.....9 Brenda Seawell
11:00 - 12:00	Independent Living Centers.....10 Jonas Schwartz
12:00 - 1:00	Lunch Buffet provided in the Atrium
1:00 - 2:00	PAS / CLASS / Waivers.....11 Belinda Carlton
2:00 - 3:00	Creating Natural Supports.....12 Joyce Dawidczyk
3:00 - 3:10	Break
3:10 - 4:10	Summary of All Low Income Housing Options.....13 including Tenant Rental Assistance, review How To Apply for various options: David Garza and Belinda Carlton
4:10 - 4:30	Wrap Up, Q's & A's, and Goodbyes.
	Bios.....14
	Misc.....15

THANKS TO ALL ADVOCATES FOR YOUR PARTICIPATION !

This Housing Workshop was brought to you under Grant No. HI28A0009 from the U.S. Dept of Education-RSA to the Southwest Regional Brain Injury Rehabilitation & Prevention Center at T.I.R.R., Houston, TX then under minigrants to the Texas Head Injury Association (THIA) and its Advocacy Committee. Copies of this manual may be obtained from THIA for a charge of \$25 by calling 1-800-392-0040. We would appreciate the manual and/or any part thereof not being reproduced by other means.



Texas

Head Injury

Association

December 3, 1994

A National Head Injury Foundation State Chapter

Dear Workshop Participant:

We sincerely welcome you to **Creating Affordable Housing Options for Persons With Brain Injury - Supported Living Options!** This workshop was made possible through a grant from the U.S. Department of Education through the Rehabilitation Services Administration (RSA) to improve services for people with brain injuries and their families in RSA's Region 6.

This grant project has been administered to our region's five state area (Texas, Oklahoma, Louisiana, Arkansas, and New Mexico) under the excellent direction of Dr. Don Lehmkuhl, who had originally applied for the grant in 1990. It is unfortunate that Dr. Lehmkuhl could not be here with us for this workshop, so that we could thank him for all his wonderful work as Center Director. Attending from the Brain Injury Center, however, are Melanie Gall, Consumer Advocacy Liaison, and Linda Courtney, Community Integration Liaison, who directed our THIA Advocacy Committee in putting on this workshop. We made many attempts to get additional federal funding, but that did not happen; so unfortunately the Southwest Regional Center Project as we've known it for the past four years will close on December 31.

It has been my personal pleasure, as President of the Texas Head Injury Association for the past two years and four months, to work closely with the Brain Injury Center and be a member of its Advisory Board. That Advisory Board was made up of representatives from our five states; some from each State Head Injury Association, some survivors and family members, and some professionals in related fields. I will really miss all of these good friends, as well as the Center Staff, and sincerely hope our paths cross again someday. As an aside, I will also be closing out my term as THIA President on December 31, and retiring from the THIA Board of Directors, since this is my sixth year, and we have limited terms. I do intend to keep on being an advocate for persons with brain injuries and their families. I hope you will join me, if you're not already an advocate; we desperately need more people, helping people who have survived a brain injury.

What is an advocate? The dictionary tells us an advocate is "one who pleads in favor of, supports or urges by argument, recommends publicly, defends, vindicates or espouses a cause; an upholder, a defender." The word is often misunderstood, by both the advocate and the outside world. Advocates must never be argumentative, or make demands, or disempower anyone by insisting things only be done their way. Instead, we must all be listeners, supporters, and helpers. The Committee on Advocacy and Empowerment was established to

develop methods of assisting survivors of brain injury and their families in self-advocacy and empowerment. To clarify these goals, the Committee produced these definitions:

Advocacy: The external expression of empowerment. It involves persons with like concerns coming together for the achievement of external goals.

Empowerment: An internal process that provides the personal conviction to become involved in advocacy activities. Through education, the individual develops inner strength and becomes empowered.

Empowerment is also an often misunderstood word. There are those who feel threatened by the word as well. But let's memorize the above definition, "through education, an individual develops inner strength". So, if one knows their choices and assets, weighed with one's current needs, one can make a wise decision? Then later be able to self-advocate!

The Committee on Advocacy and Empowerment then took the next step.... Members set as a priority the improvement of advocacy skills among consumers in our five state region served by the Southwest Center. The first step taken toward this fulfillment was to plan the BEYOND SURVIVAL: ADVOCACY LEADERSHIP TRAINING, held for our Texas group January 9-11, 1993, in Houston. That training workshop was designed to prepare the participants: survivors and family members selected by their State Head Injury Associations, to provide advocacy instruction in their home states, and to promote the involvement of others in advocacy efforts. The graduates then chose a project to instruct others in their state. Our Texas graduates, who were placed under the Texas Head Injury Association Board of Directors as The Advocacy Committee, later chose a housing workshop as their project, feeling that affordable, accessible housing was Texas' greatest need.

It has not been easy for this Committee to put on this workshop. We've changed the topic, changed the date, hit snafus, had resignations, then had too few people to do all the work. I must commend one new member of this Committee who has truly gone the extra mile, above and beyond the call of duty for this project. We had printed 3,000 registration programs, then suddenly found we had 4,000 mailing labels. That person single-handedly went through all those labels, removing the duplications. Then that one person and I spent almost a week at my house putting labels on the registration programs. Then we banded, sorted, and bulk-mailed it (thanks to North Central Chapter-THIA's bulk mail permit). Please join me in applauding Bruce Rauss, Workshop Registrar!

When we mailed 3,000 registration programs, we planned to cut off at 160 participants, and send our regrets to the rest. We're short of that goal by 100. But you 60 who have come need to be commended, for giving up your weekend at this busy time of year, and wanting to learn all you can about How to Create Affordable Housing Options For Persons With Brain Injury. I think you're going to be very happy you came!

As recently as a week ago, a couple of people thought this workshop was a failure; too few registrants and not worth the effort, they said, and wanted to cancel some of your speakers and shorten it to a one-day program. The Advocacy Committee decided by a majority that they didn't want to shorten this workshop, and I'm sure glad, aren't you?

This workshop has not failed because of the lesser number here. To quote Napoleon Hill: "There is no such thing as failure, unless you yourself think it so." This housing workshop will be a great success, and we'll be glad we came. If just one of us takes home one bit of information and puts it to use for one of our people, then we've succeeded!

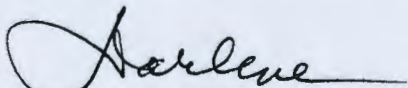
Most people have the potential to direct their own lives. One of the obligations we have as peers, parents, providers and advocates for persons with brain injuries is to assist individuals to develop that potential. Individuals say they want choices and resources, not programs and services! It has been said that 25% of life is what happens to us, and the other 75% is how we deal with what has happened to us.

Creativity is a key to the future of successful housing options. We need to be aggressive in our thinking, design and strategies. We must be flexible and come to final agreement on these new approaches and multiple models, moving forward toward their implementation. Collaboration, cooperation, coordination all are critical in order for these new approaches and models to be funded and attained for persons with brain injuries. The existing housing programs provide some alternatives. However, some present policy changes are needed where persons with brain injuries can have access, and be able to have appropriate housing alternatives; whether it is an integrated apartment, group home, single family home, condominium, home modifications, foster care model, subsidized rent assistance, set-asides, or other alternatives. Consumer choice and family choice is a key!

As we move into 1995 in only 28 days, we hope each of you will make a resolution to become an active advocate for a person with a brain injury who needs housing. As advocates, we can make a difference, one by one by one.

Now we lay the burden on our speakers, to give you the very best information and resources they possibly can. Because of the smaller enrollment, we're going to do this in a workshop format, as the Committee originally planned, rather than breaking out in concurrent sessions. But we have not left any meat out of your program. It will be better to learn together, as a cohesive group of friends and advocates.

Learn all you can this weekend, then take that knowledge home to wherever you live, and do something! Godspeed,



Darlene Plyter
President & Chair of the Board
TEXAS HEAD INJURY ASSOCIATION

8. The provision of support services should be separated from the selection of a place to live.
9. Medical services should only be provided for medical issues.
1. Hope is an essential fuel for the future.

Reference; O'Keeffe, L. - Long-term care and support services for persons with TBI.
J. Head Trauma Rehabil 1994; 9 (2): 49 - 60.

HOUSING
FOR PERSONS WITH TRAUMATIC BRAIN INJURY
Gary Kather, MPH & Terry Pettruci-Coley, MA, CCC-SLP

The acute medical intervention and rehabilitation of persons with traumatic brain injury has improved from a medical and cognitive perspective in the past several years. These advancements are allowing persons who received moderate to severe injuries to live much longer lifespans. The dilemma often faced by many survivors and their families is the lack of affordable and accessible housing in the community of choice. Due to the lack of community housing with the necessary supports needed by many persons with TBI, a large number of survivors have had to live in nursing homes, adult foster care, or return to live with parents (or other family members) who are not prepared to resume caretaking, especially of an adult. Also, persons who have sustained injuries as children and have lived with parents all their lives may be facing a time when their parents will no longer be able to provide housing and needed supports. It has become imperative in the planning of supports for community integration of persons with TBI to look at longterm and permanent community housing options.

TYPES OF HOUSING:

A variety of community-based housing options is now emerging for persons with disabilities. The options to nursing home placement or living in a parent's home with no support services are increasing, but it is important to know what

the options are and how to access them. The following is a list of possible housing options available to persons with TBI:

- **Transitional living programs** - community-based residential programs where interdisciplinary therapies are provided. The goal is to increase independence and to move to a less restrictive environment. These are not permanent living situations, and length of stay is usually under two years.
- **Group homes** - long-term supported living environments housing eight or less residents. A hired staff manages the home and supervises the residents.
- **Supervised apartments** - a support agency leases several apartments in an apartment complex and has an on-site staff member available on an as-needed basis.
- **Supervised independent living facilities** - persons with disabilities reside in an apartment or group home with staff support from a rehabilitation facility available on an as-needed basis.
- **Congregate living** - a housing facility that is most often funded by a non-profit agency. Persons have their own rooms, but share activity rooms and dining areas.
- **Renting a residence** (home or apartment) alone, or with one or more co-tenants. Support services such as personal attendant services are provided separately from housing and are not "program-based". This model is often called "supported living."

- **Home ownership** - persons with disabilities may purchase homes through various Housing and Urban Development (HUD) programs, may benefit from a "housing-in-trust" situation, or may participate in a housing cooperative where a group buys the property and the individual buys a share of the house or the building complex.
- **HUD funded permanent housing** - this is usually Section 8 housing where a person with a low income and disability status is provided either with a voucher or certificate to pay for housing, usually in designated apartment houses. This type of housing is managed by an agency (example: Volunteers of America) who manages the property but is not responsible for providing support services.

FUNDING SOURCES:

I. Public Funding

The U.S. Department of Housing and Urban Development (HUD) has several programs to assist in providing affordable and accessible housing. These include:

A. "Supportive Housing for Persons with Disabilities", also known as Section 811 Housing:

This program provides capital advances to private, nonprofit organizations for the development of housing with supportive services for persons with disabilities. Project rental assistance funds are also provided so that the residents pay no more than

30% of their adjusted incomes for rent. Supportive services are essential to enable persons with disabilities to live independently in the community. Since HUD does not pay for supportive services, sponsors must provide commitments to HUD that necessary supportive services will be funded on a long-term basis to help assure that the housing will become a successful and viable addition to the community in which it is to be developed.

B. Section 8 Certificate and Voucher Programs:

This program provides persons with low incomes with a voucher or certificate to pay for housing in the community. There are limits on the amounts of monthly rent that landlords may charge renters in this program. Individuals renting Section 8 housing must have very low or low income. This program is administered through local housing authorities and there are usually one or two year waiting lists.

C. "Homeownership and Opportunity for People Everywhere" (HOPE) Program:

HOPE allows people to purchase public housing, multiple family homes and single-family homes. Another HUD sponsored program for low income housing is the HOME Program. These programs have very specific guidelines; call your local HUD office and request information concerning these programs.

D. State housing agencies:

They often have money available for the purchase and/or renovation of housing for the elderly and persons with disabilities. (Example: Texas Department of Housing and Community Affairs has a Housing Trust Fund which awards grants for housing needs of special populations). Individual states also administer the HUD HOME Programs, which are federally authorized and funded housing programs. Funds are available for development of affordable housing for persons and families of low and very low income. This program draws on the expertise of a wide variety of affordable housing advocates across states to create partnerships between the public and private sectors. HOME funding may be used to provide rental and home ownership housing through acquisition, rehabilitation, new construction (restricted to HUD designated cities) and tenant-based rental assistance.

E. Farmers Home Administration (FmHA):

This is a federal program administered under the U.S. Department of Agriculture. It provides loans in rural areas to finance homes and building sites. Rural areas include open country and places with population of 10,000 or less and, under certain conditions, towns and cities between 10,000 and 20,000 population. Home ownership loans may be used to buy, build, improve, repair, or rehabilitate rural homes and related facilities, and to provide adequate water and waste disposal systems. FmHA loans are offered to help families or persons with low and moderate income

who are without decent, safe, and sanitary housing and are unable to obtain a loan from any other source. Applications are made at the Farmers Home Administration county office serving the area in which the house or farm service buildings will be located. For further information, contact the Farmers Administration, U.S. Department of Agriculture, Washington, DC 20250.

II. Other Funding Sources:

A. Local banks:

Under the Community Reinvestment Act of 1978, banks were required by the federal government to "reinvest" profits back into their home communities. All banks have Community Reinvestment officers who can be contacted about housing loans (both for purchase and re-habilitation of existing buildings). Each branch of a bank has a specific area they are mandated to invest in, so that bank in the area of interest to the consumer should be approached.

B. Trust funds:

These trust funds offer opportunities to set aside money for housing which will not jeopardize a consumer's status with entitlement programs under Social Security Administration (SSI and SSDI). The Supplemental Needs Trust should be investigated as a source of money to be used for housing.

C. Multi-family/individual consortium projects:

These projects allow parents (and/or consumers to combine money to fund housing and some support services. State agencies can pay for additional services (example: personal attendant services). This concept is relatively new and only a few states are using it at this time. The state of Ohio is currently a leader in developing this model.

D. Non-Profit Housing Corporations:

These corporations are the joint operation of a housing development by those who live in it. All property is owned by a corporation. The corporation's "Articles of Incorporation and Bylaws" are specially designed so the corporation can be owned and operated by its members (stockholders). A member of a cooperative does not own his dwelling. He/she owns a membership certificate or stock in the corporation which carries with it the exclusive right to occupy a dwelling unit and to participate in the operation of the corporation directly as an elected board member or indirectly as a voter. Each state has its own regulations regarding non-profit housing corporations. Also, the co-op does not provide support services, thus separating housing from services.

E. Developmental Planning Councils:

These state councils can be a source of money for housing. These councils are appropriated money each year from the federal government to provide housing funds for persons with developmental disabilities. Most state guidelines state that the

disability must have occurred prior to the person's 22nd birthday, but some states do have stricter criteria. Contact the Developmental Disability agency in your state for eligibility guidelines and information on housing funds. Also, ask if your state has the "Home of Your Own" program which offers support and technical assistance in home ownership to persons with developmental disabilities and their families. This assistance involves purchasing or otherwise securing economically and personally appropriate housing.

F. "Habitat for Humanity":

This is a national foundation which works through communities to provide safe and affordable housing for the elderly, persons with disabilities, and persons with low incomes. Contact your nearest office for information about what is available for persons with disabilities.

G. Churches and philanthropic agencies:

They can be approached regarding housing and support services for persons with disabilities. Agencies such as Volunteers of America (VOA) are actively involved in communities throughout the United States, and have been very successful in writing grants and receiving federal and private money for the housing needs of the elderly and persons with disabilities. Catholic Charities is another organization which could be approached regarding housing.

PROTECTION UNDER THE LAW:

The Federal Fair Housing Amendments Act of 1988 prohibits all forms of discrimination in the sale or rental of a dwelling to the buyer or renter because of that person's disability (handicap). It applies to almost every kind of housing which does not fall within very limited statutory exemptions. The term "handicap" means a person who meets the following criteria.

- The person has a "physical or mental impairment which substantially limits one or more major life activities," or
- The person has a record of such an impairment, or
- The person is regarded as having such impairment.

Persons who are currently using illegal drugs are not covered. The law also does not protect someone who would be a direct threat to the health or safety of others or who would cause substantial damage to the property.

The Fair Housing Act, as amended, requires "reasonable accommodation in all rules, policies, practices or services, when such accommodation may be necessary to give a person with a disability and equal opportunity to use and enjoy a dwelling, including public and common use areas".

The Fair Housing Act and other housing related federal and state laws have detailed regulations and procedures. However, they are available from various sources and should be consulted to obtain or enjoy the use of a "dwelling" by people with traumatic brain injury.

The "Low Income Housing Preservation and Resident Homeownership Act of 1990" (LIHPRHA) provides "priority purchasers" with a 12-month exclusive negotiation period to present offers for prepayment eligible projects. Priority purchasers include eligible nonprofit organizations, public bodies and tenant associations. This is an excellent source of money for financing housing for persons with disabilities in their communities.

The Housing and Community Development Act of 1992 is administered by the Department of Housing and Urban Development. HUD requires each region to submit a five year plan for affordable housing. The Comprehensive Housing Affordability Strategy (CHAS) is a community plan which individual communities and municipalities submit to HUD outlining their community's plans for affordable housing. "Entitlement cities" of 50,000 or more can write their own CHAS. "Non-entitlement cities" of less than 50,000 must abide by the state HUD/CHAS plan.

**INFORMATION AND RESOURCES
FOR
SUPPORTED HOUSING**

Atlantis Community, Inc.
12 Broadway
Denver, Colorado 80203
(303) 733-9324

Center for Accessible Housing
School of Design
North Carolina State University
Box 8613
Raleigh, NM 27695-8613
(919) 515-3082 (voice and TDD)

Center for Community Change through Housing and Support
Institute for Program Development
Trinity College of Vermont
208 Colchester Avenue
Burlington, VT 05401
(802) 658-0000
FAX (802) 658-0000

Center for Community Change
1000 Wisconsin Avenue, N.W.
Washington, D.D. 20007
(202) 342-0519

Independent Living Research Utilization
2323 S. Shepherd, Suite 1000
Houston, TX 77019
(713) 520-0232

National Low Income Housing Information Service
1012 14th Street, N.W.
Washington, D.C. 20005
(202) 662-1530

GLOSSARY OF TERMS FOR HOUSING AND INDEPENDENT LIVING

Independent living movement:

Following the civil rights and women's movements, persons with disabilities took the lead to create conditions where they would be free to live their own lives and participate fully in the community. Called the **independent living movement**, it brought people with all kinds of disabilities together to work for supportive services, and the federal, state, and local governmental changes necessary for full community participation.

Independent Living Centers (ILCs) or Centers for Independent Living (CIL):

independent organizations funded by Federal and state rehabilitation money to provide information and referral services to persons with all types of disabilities. Services often include:

1. helping persons with disabilities locate affordable, accessible housing (the client chooses the type of housing he/she wants and can afford to pay for);
2. attendant referrals (also called Personal Assistance Services) - assists the client in recruiting, interviewing, and training the attendant of his/her choice;
3. peer counseling services - support and active listening between two or more persons who have similar disability backgrounds;
4. Independent Living skills training - the centers hold classes and work with individuals to learn specific independent living skills, such as money management and socialization;
5. job development - assists job seekers with goal identification, interview skills, resume writing, job search techniques and actual referrals and follow-ups;
6. benefits counseling - helps people with disabilities to receive all the benefits they are entitled to such as Social Security benefits (SSI, SSDI, Medicare, Medicaid, state health and human service programs, HUD housing, etc.).

These services are to be available to all persons with disabilities, and should not discriminate according to disability type. These services are also provided free of charge.

Independent living:

a concept based on the recognition of **a choice of lifestyles and the removal of barriers** that stop such choices. Some people will never be able to live totally on their own, and a lot of people don't want to live totally by themselves. It's their choice - that's independent living! It is the right to equality, a right to participate in any part of society that anyone else does.

STANDARD HOUSING OPTIONS

Institutional settings: large facilities such as acute care facilities, rehabilitation facilities, community re-entry facilities, intermediate or skilled nursing facilities. This setting is appropriate for people in acute care or early medical rehabilitation.

Transitional living programs: community-based residential programs where an interdisciplinary team provides therapies and other supported services. There is no separation between housing and services which are provided. The goal of these programs are to increase independence in a setting similar to pre-injury with a progressively less restrictive environment. These programs allow for skill development and skill generalization. Programs should be accessible to community resources such as shopping, recreation, and banks (Giles & Shore, 1988). These may take place in a supervised group living arrangement or in an independent apartment setting. Unlike long term care facilities, transitional living programs are not a permanent living situation, and the length of stay is usually less than 2 years.

Group homes: long-term supported living environments where staff manage the home and supervise individuals. Staff encourage maximum skill maintenance. These homes were originally created to reduce the number of people in state institutions. There is no separation between housing and supports, and a staff is paid by the owner of the program.

Supervised apartments: have a live-in staff member in an apartment complex where a support agency leases several apartments. Staff involvement may vary as needed. Generally two to three individuals live in each apartment.

Supervised independent living facilities: a person with a disability resides in an apartment or group home, with staff support from a facility. This provides more opportunity to live independently, with staff support available to assist when needed.

"Home of your own": living in the community of choice (alone, with family, roommates, friends, spouse, children, etc.) in a freestanding house, an apartment, a condo, a trailer, etc.) where the housing ("bricks and mortar") are not tied to the supports needed to live there (attendant services, food, case management, etc.). The person pays his/her rent or mortgage payment, and buys (or receives through other means) other goods (food, clothing) and services (attendant services, medical care, physical therapy, etc.) from agencies or individuals.

HOUSING OPTIONS FOR PERSONS WITH TRAUMATIC BRAIN INJURY

Linda J. Courtney, LMSW-ACP

GOAL:

Persons with traumatic brain injury and their families are often asked what community supports they need. An obvious, but often unattainable, support is housing. The need for affordable, accessible housing is becoming urgent as the return of persons with TBI to the communities of their choice increases. Housing for many persons with moderate to severe TBI has been long term nursing home placement, or living with parents who are often not financially or physically prepared to care for an adult with a disability. Of major concern in accessing housing for persons with disabilities are: a) funding, b) accessibility, and c) support services. The information provided is intended to assist persons with TBI, their families and advocates in becoming more knowledgeable about resources available to persons with disabilities in the area of community-based housing.

OBJECTIVES:

1. To identify types of housing options and established housing programs that are available to individuals, groups and agencies for construction, rehabilitation or maintenance of housing for persons with disabilities.
2. To identify funding resources and strategies for obtaining housing for persons with disabilities, as well as funding sources for support services.
3. To identify legal rights of people with disabilities in obtaining and retaining housing.

OUTLINE:

I. Housing Options & Supports

A. Options

B. Supports

- 1. Mild deficits**
- 2. Moderate deficits**
- 3. Severe deficits**

II. Legal Issues

A. Legislation

B. Liability

GUIDELINES FOR MATCHING INDIVIDUALS TO HOUSING AND SUPPORTS

Linda J. Courtney, LMSW-ACP

I. HOUSING OPTIONS FOR PERSONS WITH DISABILITIES

- Live with family (parents, spouse, children, siblings, other relatives)
- Rent an apartment/home
- Home ownership
- Housing cooperatives
- Shared private residential housing
- Adult Congregate Living Facilities (SROs)
- Adult Foster Homes
- Retirement communities
- Group homes
- Nursing homes

II. CONSIDER SUPPORTS AND HOUSING NEEDED BY INDIVIDUAL'S NEEDS & CHOICES

A. Mild Cognitive Deficits

1. Functional implications:
 - Difficulty with abstract reasoning

- Mild memory deficits
- Slow planning and organizing of tasks
- Decreased rate of learning new information
- Functional attention span
- Adequate judgement in routine situations

2. Adaptations/supports:

- Strategies such as appointment book and self-organizing system
- Support: training and/or independent living counseling

3. Housing alternatives:

- Full range of individual choices, especially own home with supports

B. Moderate Cognitive Deficits

1. Functional implications:

- Assistance and/or external cues needed for remembering appointments, chores, etc.
- Distractable from task by non-routine events
- Cues and external structure required to organize and initiate a multi-step activity
- Judgement not reliable in non-routine situations, and inconsistent for routine situations. Occasionally impulsive

- Problem solving with the help of someone else for cuing

2. Adaptations/supports:

- Strategies such as appointment book, pre-planning sheets, labels on closets and cupboards
- Prepared meals which only require heating or simple meals (sandwiches)

- Supports:

Independent living training

Independent living counselor

Homemaker/chore support

Transportation

Resource management coordination (case management)

3. Housing Alternatives:

- Transitional rehab program/facility
- Group home
- Supervised apartment
- Shared apartment/house
- Own home with supports

C. Severe cognitive deficits

1. Functional implications:

- Poor orientation
- Significant memory problems
- Difficulty with using strategies effectively
- Cuing and supervision required for activities
- Limited ability to learn new information
- Impulsive and distractible

2. Adaptations/supports:

- Structured daily schedule
- Overlearning for simple tasks
- Allow more time for task completion
- Memory and orientation cues such as logbook, calendar, pictures of significant people
- Independent living training
- Case management
- Homemaker/chore support
- Transportation

3. Housing alternatives

- Nursing home
- Group home
- Supervised apartment with shared personal attendant services
- Own home with supports

TXHOUCO.PP-LJC-11/18/94

QUESTIONS AND ANSWERS ON COMMUNITY HOUSING AND RENT SUBSIDIES

Linda J. Courtney, LMSW-ACP

Source: The Center for Community Change through Housing and Support: "Rent Subsidies - A Key to Community Housing", in community, Vol 3, Number 1, Feb. 93

1. What are three barriers to community housing?

- Lack of low income housing
- Discrimination
- Poverty of the disability group.

2. What causes the lack of low income housing?

- Federal housing policies of the 1980's during which time the production of low income housing units dropped by almost 80%, and
- Community opposition to low income housing development has become quite sophisticated (zoning laws, land use restrictions, and service requirements).

3. What is the most common source of income for persons with disabilities?

Supplemental Security Income (SSI). Nationally, SSI income is only 24% of the national median income for one person households.

4. What is "affordable housing" according to HUD?

Housing is defined as affordable if the person pays 30% of his/her income for rent and utilities. However, most "affordable housing" is targeted to help persons at 60%, 80% and over 115% of the median income, putting "affordable housing" well beyond the income of people with severe disabilities.

5. Why are developers not interested in developing housing where a person on SSI pays only 30% of his/her income for rent?

It is difficult for the property owner to make enough rental income to pay the basic operating expenses (property management, taxes, repairs, etc.) plus the mortgage for the property.

6. Are there other problems besides a shortage of housing?

Yes. The major problems in communities that don't have a shortage of housing is access to, or affordability of, existing housing units.

7. What long term strategies are being used by community service providers and advocates to address this housing problem?

Some long term strategies are:

- expanding consumer employment,
- raising the federal SSI benefit, and
- renewing the federal government's funding of affordable housing.

8. What is the short term strategy to address the problem?

A key strategy to promote access to housing is a rent subsidy that pays the difference between the portion that the person can afford (usually 30% of their income) and the fair market rent typical to their community.

9. What are the rent subsidy programs currently available?

There are three types of rent subsidy programs. These are:

- **unit based subsidies,**
- **portable or tenant-based subsidies, and**

- **temporary subsidies.**

10. **What are unit based subsidies?**

Unit based subsidies are attached to a specific apartment or unit of housing. One of the better known unit based subsidy programs is in elderly and handicapped housing, managed by Public Housing Authorities.

Another frequently accessed housing resource is HUD Section 811 (formerly 202) Program. This program develops group homes and apartments for persons with disabilities. In the past, 811/202 has been available only for segregated, disability housing development. Many states are now choosing not to use this funding in favor of the development of more integrated housing.

Low income housing ("the projects") also offer unit-based-subsidies. However, they often are crime ridden and may be dangerous for persons with disabilities.

In some parts of the country, Stewart B. McKinney Homeless Assistance Act funds are available to develop permanent, handicapped housing. These units have a subsidy, and are becoming a resource in the disability community.

HUD also provided construction and rehabilitation loans to private for-profit and private non-profit developers. These monies have funded unit based subsidies in regular apartment complexes. These apartments are listed with the county, city or state Public Housing Authorities and the HUD area offices.

Farmers Home Administration (FmHA) also funds unit based subsidies. The local Housing Authorities or local FmHA offices have information on the location of these programs/units and how to access them.

Many, but not all, states have special housing bond programs, trust funds and land trusts to finance housing development. The Housing Coordinator at the individual

state's Department of Mental Health can be helpful in identifying the types of housing financing programs developed by the state.

11. What are **tenant based subsidies**?

The subsidy is attached to the tenant, rather than the housing unit. The advantage of this is that the subsidy is "portable" and can be used in the general rental market.

HUD Section 8 Existing Program vouchers and certificates are the most common tenant based subsidies. The Section 8 certificate pays the difference between 30% of the client income and the fair market rent rate for the unit. A Section 8 certificate can be carried within each state. Section 8 vouchers give the person a certain amount to spend for rent, and unlike a Section 8 certificate, a person with a voucher may pay more than 30% of his/her income for the balance of the rent. There is a great demand for Section 8 certificates, and waiting time may be years in some communities.

Some states have established their own tenant based housing subsidy programs. Example: Massachusetts and New Jersey. Increasingly, states are creating their own temporary rent subsidy programs to help people afford housing while they are waiting for Section 8 and other assistance.

12. What are **temporary rent subsidies**?

Due to long waiting lists for Section 8 certificates and vouchers, many Departments of Mental Health and some local mental health agencies have developed creative solutions to this dilemma by establishing temporary rent subsidy programs.

These subsidies provide a rent subsidy to the person until a Section 8 certificate is available. The subsidies can be used for regular housing and other housing related

expenses such as security deposits, moving expenses and rent payments while a person is hospitalized.

13. What are some examples of **state supported rent subsidy** models?

- **OHIO HOUSING ASSISTANCE PROGRAM (HAP)** -administered through the local mental health boards in Ohio. It is funded from state general revenue funds and the mental health portion of the discretionary federal block grants. It can be used for tenant or project based subsidies, and used for start-up costs such as security deposits, moving expenses, household furnishings. The subsidy is short term, not to exceed two years, and is often used to subsidize consumers housing while they are on the Section 8 certificate waiting list.
- **VERMONT HOUSING CONTINGENCY FUND (VHCF)** - administered through Vermont's community mental health centers and is funded through the mental health portion of state general funds. Subsidies are tenant-based and may be used for sep-up costs, partial rent payments while the client is on the Section 8 waiting lists, and partial or full rent payment for up to 60 days if a client is in the hospital. Generally this program pays no more than \$125 towards housing costs per month. Recipients must be on the Section 8 waiting list and have priority status, must have a psychiatric disability, and must participate in housing planning with community mental health programs.
- **MINNESOTA RENTAL ASSISTANCE DEMONSTRATION (MRAD)** - administered through Minnesota Housing Finance Agency. Funds are allocated from the Department of Health and Human Services general fund, and have always been funds designated for housing. MRAD requires the development of partnerships between local housing and social service agencies, in which they agree to work together and to share administrative responsibilities.

Recipients are not required to obtain case management of mental health services in order to receive rental assistance. The program is tenant based and has a subsidy of \$150 per household for up to two years.

Eligibility requirements: a person's income cannot exceed 30% of the area median income, the individual is on the Section 8 waiting list, and he/she has a psychiatric disability. Subsidy can be used toward start-up costs, moving, furniture. Can also pay the rent while an individual is hospitalized. One of six housing subsidy programs designed to serve adults with psychiatric disabilities in Minnesota.

- **WISCONSIN HOUSING COST REDUCTION INITIATIVE (HCRI)** - a generic housing program available to people on low incomes. Funds can be used for security deposits, rent payments under certain conditions, and a variety of costs associated with home purchase.
- **OTHER STATES** - Tennessee and New York case management programs have a flexible pool of funds that is available to the case managers to pay for services that the consumer needs to succeed in community living, including a temporary rent subsidy. Texas Department of Mental Health and Mental Retardation has funded several supported housing demonstrations and development projects which have a funding allocation for temporary rent subsidies for the consumers who are served by the supported housing program.

**TEXAS DEPARTMENT OF HUMAN SERVICES
SERVICES TO THE AGED AND DISABLED**

COMMUNITY CARE FOR AGED AND DISABLED: State program which provides home and community-based services to functionally impaired aged and disabled adults to help them remain in their homes or communities.

- In-home Services:

- * Family Care services - provided by contract agencies and include personal care, household tasks, supervision, meal preparation, and escort shopping.
- * Primary Home Care - offers non-technical medical service for persons with health problems that limit functions of daily living. Services in this area must be ordered by a physician and supervised by a nurse.
- * Emergency Response System - another service offered to in-home clients; a cordless electronic monitoring system for persons living alone. In an emergency, the client presses a button that alerts a base station to respond.
- * Home-delivered or Congregate meals - provides hot meals in person's home or at a central location through community-based provider agencies.

- Out-of-Home Services:

- * Day Activity and Health Services - provided to eligible persons who are unable to stay alone during the day. The state contracts with adult day-care facilities or centers that provide personal care, social, health, and food services.
- * Supervised Living Services/ Residential Care - provides room and board, protective supervision, personal care, social and recreational services, housekeeping and laundry in a non-institutional setting licensed by the state. A client payment is required.

- * Adult Foster Care - services are furnished at the home of the provider. Both home and provider must be certified by the Department. A client payment is required.
- * Special Services for Disabled Adults - includes counseling, personal/social skills training, transportation, case management services where case workers assess client needs, design service plans, refer clients to services and monitor delivery of services.
- Income Eligibility:
 - * Primary Home Care program - available to current Medicaid recipients, or if person's income does not exceed \$1221 / month for an individual or \$2442 / month for couple (1992 guidelines). Resources cannot exceed \$2000 for an individual or \$3000 for a couple.
 - * Other services - income guidelines are the same, but resource levels are higher. Individuals may have resources up to \$5000 and couples up to \$6000.
- Other Eligibility Standards:
 - * Functional capabilities and impairments are measured in a Client Needs Assessment interview.
 - * Services are limited to those whose assessed needs place them in a priority group currently being served.

MEDICAID / NURSING HOME PROGRAM: State program which provides nursing home care and medical services for qualified persons who no longer can effectively function in their own home or in a location with minimal assistance. For eligible low-income Texans, the Department pays all or part of the cost, depending on the person's monthly income.

- Medicaid Eligibility for persons entering a nursing home:
 - * Medical necessity determination certifying medical need for nursing home care.
 - * Have income of less than \$1221 as an individual or \$2442 for a couple entering a nursing home (1992 standards).
 - * Be a current SSI recipient (thereby automatically qualified for Medicaid)
 - * Resources not to exceed \$2000 for an individual or \$3000 for a couple (value of a home which the principle place of individual or spouse is not considered a resource).
 - * Eligible persons are allowed to keep \$30 / month from gross countable income for personal needs. Income in excess of \$30 / month must be applied to nursing home costs.
 - * Persons are eligible for all other Medicaid services upon entering the Medicaid/Nursing Home Program.

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WHAT CONSUMERS PREFER IN HOUSING

Ben Almond, 1994 President: Texas Survivors' Council

HELLO! I WOULD LIKE TO RECOGNIZE ALL THE GREAT WORK OF THE SOUTHWEST BRAIN INJURY CENTER AT T.I.R.R., AND ITS HARD WORKING STAFF. I WOULD ALSO LIKE TO NAME THE ORIGINAL MEMBERS OF THE ADVOCACY COMMITTEE WHO HAVE BEEN ACTIVE EVER SINCE THE ADVOCACY AND EMPOWERMENT TRAINING IN JANUARY, 1993: RICHARD SANCHEZ, DIANA WEBSTER, AND MYSELF, AS SURVIVORS; AND RITA WEBSTER, SUE HOLLOWAY AND DARLENE PLYTER, AS FAMILY MEMBERS. [APPLAUD]

NOT WITH US TODAY ARE EVELYN AND JIM TATTINI, AND RAY SEID, FAMILY MEMBERS WHO WERE ON THE ORIGINAL COMMITTEE AND PARTICIPATED IN THE TRAINING. SEVERAL NEW COMMITTEE MEMBERS RECENTLY JOINED THE ADVOCACY COMMITTEE, BUT DID NOT JOIN US IN THE EMPOWERMENT TRAINING IN EARLY 1993 IN HOUSTON. THEY ARE LISTED IN YOUR MANUAL.

WHEN EFFORTS ON THIS WORKSHOP WERE FIRST BEGUN IN MARCH OF THIS YEAR, THIS PROJECT CENTERED ON THE IDEA OF HOW TO CREATE A GROUP HOME --(OR PERSONAL CARE HOME, AS SOME PREFER) --PEOPLE LIVING ALONE BUT TOGETHER AS INDEPENDENTLY AS PRACTICABLE, RELYING UPON EACH OTHER FOR THEIR NEEDS AND SUPPORTS, SORT OF A "MICRO-COMMUNITY" APPROACH. THAT IDEA WAS SQUELCHED BY SOME PEOPLE BECAUSE OF A VARIETY OF REASONS TOO NUMEROUS TO DETAIL. I FEEL THAT MANY PEOPLE WITHOUT COGNITIVE DEFICITS ARE COMPLETELY CLOSE-MINDED AND BLIND TO EVEN THE CONCEPT OF A GROUP HOME (OR PERSONAL CARE HOME) EVEN TO THE POINT OF FEELING THREATENED BY IT. --BUT IT SHOULD REMAIN A CHOICE!

I WAS INVITED TO SPEAK TODAY ABOUT WHAT CONSUMERS PREFER. IN GATHERING THIS INFORMATION, I FOUND THAT THE NUMBER ONE THING CONSUMERS PREFER IS CHOICES! CONSUMERS --(OR BETTER YET, LET'S

CALL THEM THOSE PEOPLE WHO NEED AFFORDABLE HOUSING OPTIONS) --SAY THEY WANT TO BE EMPOWERED BY BEING GIVEN ALL CHOICES OF HOUSING OPTIONS. THEN, ARMED WITH A VARIETY OF THOSE CHOICES, THE QUESTION BECOMES: WHAT CHOICE BEST MEETS THEIR NEEDS AT THE PRESENT TIME? WHILE HOPEFULLY, THE ULTIMATE GOAL IS "INDEPENDENT LIVING", WE MUST BEAR IN MIND THAT NOT EVERYONE IS READY TO LIVE ALONE! SADLY, SOME MAY NEVER BE ABLE TO LIVE ALONE. BUT HOW MANY OF US REALLY WANT TO LIVE ALONE? WE ARE ALL "INTERDEPENDENT" --WANTING OR NEEDING OTHER PEOPLE AROUND US, TO UPHOLD AND SUSTAIN US, IN VARYING DEGREES.

I WAS READING AN ARTICLE BY PAM WALKER IN THE SUMMER '94 N.A.R.I.C. [NATIONAL REHABILITATION INFORMATION CENTER] QUARTERLY; SHE WROTE: "IN THE PAST FEW YEARS, RESIDENTIAL SERVICES FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES HAVE EVOLVED RAPIDLY." SHE WENT ON TO SAY: "AS RECENTLY AS SIX YEARS AGO, GROUP HOMES, RANGING FROM APPROXIMATELY FOUR TO FIFTEEN RESIDENTS, WERE WIDELY CONSIDERED THE PROBABLE MEANS BY WHICH MANY ADULTS WITH DEVELOPMENTAL DISABILITIES WOULD ACHIEVE COMMUNITY INTEGRATION. BASED ON THE RESEARCH, IT IS CLEAR THAT MOST PEOPLE'S LIVES WERE BETTER THAN IN INSTITUTIONS OR OTHER CONGREGATE CARE FACILITIES." FINALLY SHE SAID: "HOWEVER, THERE IS EVIDENCE TO SUGGEST THAT THE LIVES OF RESIDENTS OF THESE GROUP HOMES WERE SOMETIMES HIGHLY CONTROLLED AND MANAGED AND THAT THEY REMAINED, IN GENERAL, FAIRLY SOCIALLY ISOLATED FROM THE COMMUNITY AROUND THEM." ACCORDING TO MS. WALKER, IT WAS ARGUED THAT THIS WAS DUE TO COMMUNITY BASED SERVICES BEING OPERATED ON THE SAME GENERAL MODEL AS INSTITUTIONAL SERVICES.

WITH ALL DUE RESPECT, I DISAGREE WITH THE ARGUMENT THAT GROUP HOMES (EXCUSE ME, I'M SUPPOSED TO SAY "PERSONAL CARE HOMES") ARE ALWAYS MODELED AFTER THE INSTITUTION CONCEPT! THEY WERE INTENDED TO

BE SMALL SHARED HOMES, TEMPORARY VEHICLES FOR RELEARNING LIFE SKILLS IN PREPARATION FOR INDEPENDENT LIVING. WHILE IT IS TRUE THAT SOME PERSONAL CARE HOMES DID BECOME MICRO-INSTITUTIONS WHO "THREW AWAY THE KEY, NEVER TO LET THE RESIDENT MOVE ON", WE ALL MUST ENSURE THAT THIS IS THE EXCEPTION RATHER THAN THE RULE! IT IS UP TO ADVOCATES SUCH AS WE WHO ARE GATHERED HERE TODAY, TO SEE THAT ANY LONG-TERM "INSTITUTION CONCEPT" IS STOPPED! HOWEVER, WE DON'T WANT TO DO AWAY WITH THE PERSONAL CARE HOME CONCEPT JUST BECAUSE OF A FEW PROBLEM FACILITIES. WE NEED TO NURTURE THE IDEA OF TRANSITIONAL PERSONAL CARE HOMES, WHERE ADULTS MAY COME, IF THEY CHOOSE, TO LEARN THE SOCIALIZATION AND LIFE SKILLS NECESSARY FOR INDEPENDENT LIVING.

SPEAKING OF SOCIAL SKILLS -- I'M CURRENTLY ADVOCATING FOR AN ABLE-BODIED INDIVIDUAL WITH A BRAIN INJURY WHO MOVED DIRECTLY FROM A NURSING HOME TO AN APARTMENT IN A HOTEL FOR THE AGED AND DISABLED. THIS MAN (WE'LL CALL HIM "IVAN"), AFTER TWO YEARS OF SELF-REHABILITATION IN A NURSING HOME, HAD NOWHERE TO GO, HAVING LOST EVERYTHING INCLUDING HIS FAMILY. TRANSITION THROUGH A SHARED LIVING EXPERIENCE IN A PERSONAL CARE HOME WAS UNAVAILABLE; CONSEQUENTLY, IVAN HAS COGNITIVE DEFICITS AND ABSOLUTELY NO SOCIAL SKILLS. AS A RESULT, HE HAS BEEN EVICTED FOR NOT BEING ABLE TO GET ALONG WITH THE OTHER OCCUPANTS. HAD IVAN BEEN ABLE TO TRANSITION THROUGH A PERSONAL CARE HOME, PERHAPS WE WOULDN'T BE SCRAMBLING TO RELOCATE HIM, WHICH MUST BE DONE WITHIN THESE NEXT THIRTY DAYS! THIS IS JUST ONE EXAMPLE OF NOT BEING PREPARED FOR INDEPENDENT LIVING.

THE WORST THING THAT CAN HAPPEN IS TO BE PLACED INTO INDEPENDENT LIVING BEFORE ONE IS READY --WITHOUT PRIOR PLANNING, SKILLS, RESOURCES, AND CONTINUING CASE MANAGEMENT.

I KNOW A MAN (LET'S CALL HIM JOHN) WHO HAD SURVIVED A BRAIN

INJURY CAUSED BY SPINAL MENINGITIS. JOHN HAD BEEN LIVING IN A NURSING HOME UNTIL SOMEONE GOT THE IDEA OF HIS ACCESSING THE NURSING HOME FACILITY WAIVER. A WELL-MEANING ADVOCATE PUT HIM IN AN APARTMENT, THINKING THAT HE COULD FEND FOR HIMSELF. THE PROBLEM WAS, THAT WELL-MEANING ADVOCATE DID NOT RETURN FOR SEVERAL DAYS! JOHN'S SITUATION WAS DISASTEROUS: HE HAD NO ATTENDANT, NO PHONE, HE DIDN'T KNOW HIS WAY AROUND THE NEIGHBORHOOD, --(WHICH WAS, I MIGHT ADD, IN DOWNTOWN FORT WORTH). HE DIDN'T EVEN HAVE A BED!

FOR FOUR NIGHTS HE SLEPT ON THE FLOOR, CLEANED HIMSELF AS BEST HE COULD, ATE VERY LITTLE, AND WAITED, PRAYING FOR HELP. HE HAD FALLEN THROUGH THE PROVERBIAL CRACK.

JOHN DID FINALLY FIND HIS LOCAL THIA SUPPORT GROUP AND WAS SUBSEQUENTLY RE-CONNECTED WITH HIS CASEWORKER FROM THE TEXAS DEPARTMENT OF HUMAN SERVICES. HE NOW HAS A HOME HEALTH AID TWICE A DAY, PHYSICAL THERAPY THREE TIMES A WEEK, AND SPEECH THERAPY TWICE A WEEK. WHILE THIS IS AN EXTREME CASE OF AN ADVOCATE FAILING, IT DOES ILLUSTRATE A POINT: WITHOUT SOME SKILLS, OR AT LEAST PRACTICE IN LIVING INDEPENDENTLY, PEOPLE WITH DISABILITIES COULD BE AT THE MERCY OF A SYSTEM WHICH IS SOMETIMES INTOLERANT, ALMOST ALWAYS UNFORGIVING, AND LESS THAN MERCIFUL TO MANY OF US!

AFTER A BRAIN INJURY, ONE MUST RE-LEARN HOW TO LIVE INDEPENDENTLY. HOW DOES ONE DO THAT?

MANY WOULD AGREE THAT ONE OF THE MOST IMPORTANT KEYS TO LIVING MORE INDEPENDENTLY IS USING ONE'S OWN ENVIRONMENT TO ITS FULLEST POTENTIAL FOR IMPROVEMENT OR SUSTAINMENT OF A QUALITY OF LIFE.

THERE MUST BE A PROFICIENT WAY TO LEARN HOW TO BEST ACCESS ONE'S ENVIRONMENT WHEN MOVING INTO INDEPENDENT LIVING --FROM FLOOR PLAN AND THE PROCURING AND LAYOUT OF FURNITURE, TO GETTING AROUND

THE NEIGHBORHOOD, TO TRANSPORTATION SYSTEMS, TO MANAGEMENT OF MONEY, MEAL PLANNING, SHOPPING, COOKING, CLEANING; AND JUST GETTING ALONG WITH OTHER PEOPLE --ALL THOSE THINGS WE ALL TAKE FOR GRANTED!

I HAVE A DREAM. I'D LIKE TO ESTABLISH A PROGRAM I'M CALLING "ENVIRONMENTAL HABILITATION". IN ESSENCE, THIS PROGRAM WOULD, WITH THE USE OF ADVOCATES, HELP REINTEGRATE PEOPLE INTO THE COMMUNITY, IN CONCERT WITH THE DEPARTMENT OF HUMAN SERVICES, USING THE NURSING HOME FACILITY WAIVER. THE PROGRAM WOULD HELP MATCH PEOPLE WITH AN APPROPRIATE PLACE TO LIVE, HELP GUIDE IN THE SCREENING OF ATTENDANT CARE PROVIDERS, HELP WITH FAMILIARIZATION OF ONE'S IMMEDIATE SURROUNDINGS, TRANSPORTATION SYSTEMS, SHOPPING, AND ACCESSIBILITY. BASICALLY, JUST HELPING PEOPLE IDENTIFY THEIR SPECIAL NEEDS; THEN BUILDING A NETWORK TO SATISFY THOSE NEEDS, WITH A GOOD ADVOCATE REMAINING AVAILABLE TO HELP SOLVE PROBLEMS AS THEY ARISE.

IMAGINE THIS: AFTER MANY MONTHS OR EVEN YEARS IN A NURSING HOME, YOU HAVE FINALLY PROGRESSED TO THE POINT OF READINESS FOR DISCHARGE. YOU VERY MUCH WANT TO LEAVE, BUT ARE TRAPPED! THE WORLD, AS YOU KNEW IT, IS GONE. YOUR HOME, CAR, AND FURNITURE HAVE BEEN REPOSSESSED. YOU HAVE NO JOB, NO FRIENDS LEFT, YOUR FAMILY HAS DISAPPEARED. THE NURSING HOME STAFF ARE IN NO HURRY FOR YOU TO LEAVE, BECAUSE THEY'RE BEING PAID BY MEDICAID. WORSE YET, YOU SIMPLY DON'T REMEMBER HOW TO DO ANYTHING! --IMAGINE THAT!

THROUGH MY "ENVIRONMENTAL HABILITATION PROGRAM" YOU COULD FIND SUCH LIFE SKILLS AS:

- HELP IN APPLICATION FOR THE NURSING HOME FACILITY WAIVER;
- SET UP OF ATTENDANT CARE, IF APPLICABLE;
- HELP IN SELECTION OF A SAFE HOME THAT BEST SUITS YOU;
- HELP WITH SET-UP OF UTILITIES, ESPECIALLY A PHONE;

- HELP WITH MAKING A PHONE LIST TO ACCESS YOUR SYSTEM;
- FAMILIARIZATION WITH YOUR IMMEDIATE AREA;
- CONVENIENT TRANSPORTATION TO YOUR AVENUES OF ACTIVITY;
- HELP WITH RE-LEARNING HOW TO MANAGE MONEY, PLAN MEALS, SHOP, COOK, CLEAN, OR WHATEVER, AS APPLICABLE; AND
- HELP WITH WHATEVER ELSE COULD BE SOLVED BY NETWORKING.

AFTER YOU ARE FUNCTIONING IN A SUSTAINABLE LIFE, IT'S YOURS! NO STRINGS! YOU MAY CALL YOUR ADVOCATE BACK IF OR WHEN IT'S NECESSARY, FOR TECHNICAL ADVICE OR EMERGENCIES.

IF YOU WOULD LIKE TO KNOW MORE ABOUT THIS NEW INNOVATION, PLEASE SEE ME LATER. I NEED YOUR HELP. ADVOCATES WHO WILL GIVE THEIR TIME TO HELP A SURVIVOR RE-LEARN HOW TO LIVE INDEPENDENTLY ARE DESPERATELY NEEDED. WE HAVE PEOPLE WAITING FOR ADVOCATES!

I ENCOURAGE EACH OF YOU NOT TO FORGET THE SPECIAL HOUSING NEEDS OF EACH PERSON WITH A BRAIN INJURY, WHICH ARE USUALLY COGNITIVE, AND ALWAYS DIFFERENT ON A CASE-BY-CASE BASIS.

WHAT DO CONSUMERS PREFER? TRANSITION!

-SOME SAID THEY NEEDED A PERSONAL CARE HOME AT ONE POINT IN TIME, AND THE CONCEPT SHOULD NOT BE SCRAPPED! IN FACT, ONE MAN TOLD ME HE WOULD RATHER BE LIVING IN A PERSONAL CARE HOME NOW, THAN TO BE ALONE IN HIS APARTMENT. HE SAID "INDEPENDENT LIVING STINKS." (WELL, I'M SORRY, BUT THAT WAS HIS PERSONAL COMMENT.)

WHAT DO CONSUMERS PREFER? CHOICES!

-MOST SAY THEY WANT TO KNOW ALL THE CHOICES AVAILABLE, AND THEN, (IF ABLE), TO BE EMPOWERED TO CHOOSE THEIR OWN TYPE OF LIVING SITUATION. --NOT FOR YOU TO CHOOSE FOR THEM.

ON BEHALF OF THE CONSUMERS WHO SPOKE THROUGH ME,

THANKS FOR LISTENING.

--Ben Almond, President '94
Texas Survivors' Council

THE REHABILITATION ACT AS AMENDED 1992

Impact on Personal Assistance Services

Prepared by Vincent Sadowski,
Directors Association of Texas Centers for Independent Living

*** Throughout this document, the print preceded by numbers in parenthesis is actual text from the Rehabilitation Act. The bold UPPER CASE text which follows is a brief explanation of each amendment listed. ***

FROM THE DEFINITIONS:

(11) The term "personal assistance services" means a range services, provided by one or more persons, designed to assist an individual with a disability to perform daily living activities on or off the job that the individual would typically perform if the individual did not have a disability. Such services shall be designed to increase the individual's control in life and ability to perform everyday activities on or off the job.

EXPLANATION:

NEW LANGUAGE IN THE 1992 AMENDMENTS. SIGNIFICANT TO THIS DEFINITION IS THE BROAD DEFINITION ALLOWING IMPLEMENTATION CONSISTENT WITH THE PAS CONCEPT. ADDITIONALLY, COVERED SERVICES HAVE BEEN EXTENDED TO OFF THE JOB SERVICES.

(25) The term "community rehabilitation program" means program that provides directly or facilitates the provision of vocational rehabilitation

services to individuals with disabilities, and that provides, singly or in combination, for an individual with a disability to enable the individual to maximize opportunities for employment, including career advancement -

...(P) personal assistance services; or

EXPLANATION:

THE CLASS COMMUNITY REHABILITATION SERVICES REPRESENTS MOST PRIVATE PROVIDERS OF REHABILITATION SERVICES. WITH THE 1992 AMENDMENTS, PERSONAL ASSISTANCE SERVICES AS RELATED TO VOCATIONAL GOALS, ARE REQUIRED SERVICES.

(30) The term "independent living services" includes -

(A) independent living core services; and

(B)(i) counseling services, including psychological, psychotherapeutic, and related services;

...(v) services and training for individuals with cognitive and sensory disabilities, including life skills training, and interpreter and reader services;

...(vi) personal assistance services, including attendant care and the training of personnel providing such services;

EXPLANATION:

THIS DEFINITION OF INDEPENDENT LIVING SERVICES REFERENCES BOTH THE INDEPENDENT LIVING CENTERS AND INDEPENDENT LIVING CASE SERVICES AS PROVIDED THROUGH THE VOCATIONAL REHABILITATION AGENCY.

FROM SECTION 101 - STATE PLAN FOR VOCATIONAL REHABILITATION

(26) describe the manner in which on-the-job or other related personal assistance services will be provided to assist individuals with disabilities while the individuals are

receiving vocational rehabilitation services;

EXPLANATION:

MANDATES THAT THE SCOPE AND RANGE OF PAS SERVICES BE INCLUDED IN THE STATE PLAN FOR VOCATIONAL REHABILITATION. THIS PLAN IS JOINTLY DEVELOPED BY THE VR AGENCY AND THE STATE REHABILITATION ADVISORY COUNCIL, AND MUST BE APPROVED BY THE REHABILITATION SERVICES ADMINISTRATION FOR A STATE TO RECEIVE FEDERAL VR MONIES.

FROM SECTION 102 - INDIVIDUAL WRITTEN REHABILITATION PLAN

(III) if appropriate, include a statement of the specific on-the-job and related personal assistance services to be provided to the individual, and, if appropriate and desired by the individual, the training in managing, supervising, and directing personal assistance services to be provided to the individual;

EXPLANATION:

MANDATES THAT WHERE PERSONAL ASSISTANCE SERVICES ARE PART OF A VOCATIONAL PLAN, THESE SERVICES BE EXPRESSLY STATED IN THE INDIVIDUAL PLAN.

FROM SECTION 103 - SCOPE OF VOCATIONAL SERVICES

(2) counseling, guidance; and work-related placement services for individuals with disabilities, including job search assistance, placement assistance, job retention services, personal assistance services, and follow-up, follow-along, and specific post-employment services necessary to assist such individuals to maintain, regain, or advance in employment;

(6) interpreter services for individuals who are deaf, and reader services for those individuals determined to be blind after an examination by qualified personnel under State licensure laws;

(15) on-the-job or other related personal assistance services provided while an individual with a disability is receiving vocational rehabilitation services in this section; and

EXPLANATION:

STATES THAT PAS SHALL BE AN AVAILABLE SERVICE OF VOCATIONAL REHABILITATION SERVICES. THESE ARE MANDATED SERVICES.

FROM SECTION 105 - STATE REHABILITATION ADVISORY COUNCIL

(g) Compensation and Expenses.- The Council may use funds appropriated under this title (except for funds appropriated to carry out the client assistance program under section 112 and funds reserved pursuant to section 110(d) to carry out part D of this title) to reimburse members of the Council for reasonable and necessary expenses of attending Council meetings and performing Council duties (including child care and personal assistance services), and to pay compensation to a member of the Council, if such member is not employed or must forfeit wages from other employment, for each day the member is engaged in performing the duties of the Council.

EXPLANATION:

EXTENDS TO MEMBERS OF THE ADVISORY COUNCIL REIMBURSEMENT FOR PERSONAL ASSISTANCE SERVICES.

FROM SECTION 303 - VOCATIONAL REHABILITATION SERVICES FOR INDIVIDUALS WITH DISABILITIES

- (2)(A) For purposes of this section, vocational rehabilitation services shall include -
- (i) training with a view toward career advancement;
 - (ii) training (including on-the-job-training) in occupational skills; and
 - (iii) services, including rehabilitation technology services, personal assistance services, and supported employment services and extended services, that -
 - (I) are related to training described in clause (i) or (ii); and (II) are required by the individual to engage in such training.

EXPLANATION:

REQUIRES PROVISION OF PERSONAL ASSISTANCE SERVICES THROUGH COMMUNITY REHABILITATION FACILITIES.

FROM SECTION 314 - READER SERVICES FOR INDIVIDUALS WHO ARE BLIND

(a) The Commissioner may award grants to States or to private nonprofit agencies or organizations of national scope (as so determined by the Commissioner) to -

(1) provide reading services to individuals who are blind and who are not otherwise eligible for such services through other State or Federal programs; and

(2) expand the quality and scope of reading services available to individuals who are blind, and to assure to the maximum extent possible that the reading services provided under this Act will meet the reading needs of such individuals attending institutions providing elementary, secondary, or post-secondary education, and will be adequate to assist such individuals to obtain and continue in employment. Any State which receives a grant under this section shall administer the reading services for which such grant is awarded through the designated State unit of the State.

(b) No grant shall be awarded under this section unless the applicant has submitted an application to the Secretary in such form, at such time, and containing such information as the Secretary may require.

(c) For purposes of this section, the term "reading services" means-

(1) the employment of persons who, by reading aloud, can afford individuals who are blind ready access to printed information;

(2) the transcription of printed information into braille or sound recordings if such transcription is performed pursuant to individual requests from individuals who are blind for such services;

(3) the storage and distribution of braille materials and sound recordings;

(4) the purchase, storage, and distribution of equipment and materials necessary for the production, duplication, and reproduction of braille materials and sound recordings;

(5) the purchase, storage, and distribution of equipment to individuals who are blind to provide them with individual access to printed materials by mechanical or electronic means; and

FROM SECTION 314 - READER SERVICES FOR INDIVIDUALS WHO ARE BLIND

(a) The Commissioner may award grants to States or to private nonprofit agencies or organizations of national scope (as so determined by the Commissioner) to -

(1) provide reading services to individuals who are blind and who are not otherwise eligible for such services through other State or Federal programs; and

(2) expand the quality and scope of reading services available to individuals who are blind, and to assure to the maximum extent possible that the reading services provided under this Act will meet the reading needs of such individuals attending institutions providing elementary, secondary, or post-secondary education, and will be adequate to assist such individuals to obtain and continue in employment. Any State which receives a grant under this section shall administer the reading services for which such grant is awarded through the designated State unit of the State.

(b) No grant shall be awarded under this section unless the applicant has submitted an application to the Secretary in such form, at such time, and containing such information as the Secretary may require.

(c) For purposes of this section, the term "reading services" means-

(1) the employment of persons who, by reading aloud, can afford individuals who are blind ready access to printed information;

(2) the transcription of printed information into braille or sound recordings if such transcription is performed pursuant to individual requests from individuals who are blind for such services;

(3) the storage and distribution of braille materials and sound recordings;

(4) the purchase, storage, and distribution of equipment and materials necessary for the production, duplication, and reproduction of braille materials and sound recordings;

(5) the purchase, storage, and distribution of equipment to individuals who are blind to provide them with individual access to printed materials by mechanical or electronic means; and

(6) radio reading services for individuals who are blind.

EXPLANATION:

**ESTABLISHES FEDERAL GRANT PROGRAMS TO EXPAND READER SERVICES
FROM SECTION 315 - INTERPRETER SERVICES
FOR INDIVIDUALS WHO ARE DEAF**

(a) The Commissioner may make grants to designated State units to establish within each State a program of interpreter services (including interpreter referral services) which shall be made available to individuals who are deaf and to any public agency or private nonprofit organization involved in the delivery of assistance or services to individuals who are deaf.

(b) No grant may be made under this section unless an application therefore is submitted to the Commissioner in such form, at such times, and in accordance with such procedures as the Commissioner may require. Such application shall -

(1) provide assurances that the program to be conducted under this section will be operated in areas within the State which are specifically selected to provide convenient locations for the provision of services to the maximum feasible number of individuals who are deaf;

(2) include a plan which describes, in sufficient detail, the manner in which interpreter referral services will be coordinated with the information and referral programs required under section 101(a)(22);

(3) provide assurances that the program will seek to enter into contractual or other arrangements, to the extent appropriate, with private nonprofit organizations comprised of primarily hearing-impaired individuals (or private nonprofit organizations which have the primary purpose of providing assistance or services to hearing-impaired individuals) for the operation of such programs.

(4) provide that an interpreter participating in the program shall be required to meet minimum standards established by the Commissioner; and

(5) contain such other information as the Secretary may require.

(c) Any designated State unit receiving funds under this section may provide interpreter services, without cost, for a period of not to exceed one year to any public agency or private nonprofit organization which provides assistance to individuals who are deaf. At the

end of such period, agencies or organizations receiving such services through referrals shall reimburse the designated State unit for the costs of such services. Funds may also be used for the purchase or rental of equipment necessary to provide assistance or services to individuals who are deaf.

(d) Funds provided to any designated State unit for any program under this section shall not be used for any administrative or related costs, nor shall such funds be used for assistance to individuals who are deaf and who are receiving rehabilitation services under any other provision of this Act.

EXPLANATION:

ESTABLISHES FEDERAL GRANTS TO AUGMENT INTERPRETER SERVICES

FROM TITLE IV - NATIONAL COUNCIL ON DISABILITY

(11) review and evaluate on a continuing basis new and emerging disability policy issues affecting individuals with disabilities at the Federal, State, and local levels, and in the private sector, including the need for and coordination of adult services, access to personal assistance services, school reform efforts and the impact of such efforts on individuals with disabilities, access to health care, and policies that operate as disincentives for the individuals to seek and retain employment.

EXPLANATION:

CHARGES THE NCD TO EVALUATE THE PROVISION AND AVAILABILITY OF PAS

FROM SECTION 611 - COMMUNITY SERVICE EMPLOYMENT PROGRAM FOR INDIVIDUALS WITH DISABILITIES

(K) Such project will pay any reasonable costs for work-related expenses, transportation, and personal assistance services incurred by eligible individuals employed under such project in accordance with regulations prescribed by the Secretary.

(c) No part of the wages, allowances, or reimbursement of transportation and personal assistance services costs made available to an eligible individual employed in any project funded under this part shall be treated as income or benefits for the purpose of any other program or provision of State or Federal law, unless the Secretary makes a case by case determination that disallowance of such income or benefits is inequitable or does not carry

out the purposes of this title.

EXPLANATION:

ESTABLISHES THAT PILOT PROJECTS UNDER THIS SECTION WILL INCLUDE PAS SERVICES, AND EXEMPTS CONSIDERATION OF THIS SERVICES IN DETERMINING ELIGIBILITY FOR OTHER SERVICES.

FROM SECTION 705 - STATE INDEPENDENT LIVING COUNCIL

(f) Compensation and Expenses.- The Council may use such resources to reimburse members of the Council for reasonable and necessary expenses of attending Council meetings and performing Council duties (including child care and personal assistance services), and to pay compensation to a member of the Council, if such member is not employed or must forfeit wages from other employment, for each day the member is engaged in performing Council duties.

EXPLANATION:

EXTENDS REIMBURSEMENT FOR PAS TO MEMBERS OF THE SILC

FROM SECTION 752 - INDEPENDENT LIVING SERVICES FOR OLDER INDIVIDUALS WHO ARE BLIND.

- (5) guide services, reader services, and transportation;
- (6) any other appropriate service designed to assist an older individual who is blind in coping with daily living activities, including supportive services or rehabilitation teaching services;

FROM TITLE VIII - SPECIAL DEMONSTRATION AND TRAINING PROJECTS INCLUDES READER AND OTHER SERVICES UNDER THIS TITLE

(d) Transition Demonstration Projects.-

- (1) Grants.- The Commissioner may make grants to public and nonprofit agencies and organizations to pay part or all of the costs of special projects and demonstration projects to support models for providing community-based, coordinated services to

facilitate the transition of individuals with disabilities from rehabilitation hospital or nursing home programs or comparable programs, to programs providing independent living services in the community, including services such as personal assistance services, health maintenance services, counseling, and social and vocational services.

EXPLANATION:

INCLUDES PAS IN PRIORITIES FOR GRANTS TO IMPROVE QUALITY OF PLACEMENT AND TRANSITION DEMONSTRATION PROJECTS.



TEXAS
H O M E
INVESTMENT
PARTNERSHIP
P R O G R A M

"You've got the HOME Team advantage"

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

HOME PROGRAM

❖ *General Information* ❖

The HOME Investment Partnership Program, created by the National Affordable Housing Act of 1990, gives states and local governments the flexibility to decide what kind of housing assistance is most appropriate to meet their housing needs.

THE PURPOSE OF THE STATE OF TEXAS
HOME INVESTMENT PARTNERSHIP PROGRAM is:

- to focus on the areas with greatest need as set out in the Texas Comprehensive Housing Affordability Strategy (CHAS);
- to provide funds for homeownership and rental housing through acquisition, new construction, rehabilitation, reconstruction, tenant-based rental assistance, and pre-development loans;
- to provide low and very-low income Texans with affordable, decent, safe and sanitary housing; and
- to create and to strengthen partnerships among all levels of government and the private sector, including for-profit and nonprofit organizations, to produce and/or manage affordable housing.

The State of Texas HOME Program is available for projects in non-participating jurisdictions. That is, jurisdictions who do not currently receive funding directly from the U.S. Department of Housing and Urban Development (HUD). ELIGIBLE APPLICANTS include any Unit of Local Government, Public Housing Authority, State-Certified Community Housing Development Organization (CHDO), non-Profit and Private For-Profit Organization whose project is not within a participating jurisdiction. In addition, HUD requires that at least 15 percent of the annual HOME allocation be set aside specifically for CHDOs. The funds are distributed to the State's eleven planning regions through a formula allocation and a competitive application process.

ELIGIBLE ACTIVITIES INCLUDE:

State of Texas HOME funds are available for the following activities:

Owner Occupied Housing Assistance

- Rehabilitation
- Reconstruction

At completion, each house assisted must meet, at a minimum, Section 8 Housing Quality Standards or local code, whichever is more stringent.

First-Time Homebuyer Assistance

- Down Payment Assistance
- Closing Cost Assistance
- Gap Financing (not to exceed \$15,000 per unit)

Resale provisions apply to units purchased by first-time homebuyers to assure continued affordability.

Rental Project Assistance

- Rehabilitation
- Acquisition
- New Construction

Owners of units assisted with HOME funds are required to keep the units affordable for a period of time dependant upon the amount of assistance provided per unit, from 5 to 20 years.

Pre-Development Loans

- Technical Assistance & Site Control Loan
- Seed Money Loan

These loans will be provided only to Community Housing Development Organizations who have submitted, and received provisional approval for, a rental project.

Tenant-Based Rental Assistance

A form of rental assistance that allows the assisted tenant to move from a dwelling unit with a right to continued assistance. The need for this activity must be an essential element of an approved housing strategy. Tenant assistance must be provided in accordance with written tenant selection policies and criteria that are consistent with the purposes of providing housing to low- and very low-income families and are reasonable related to the federal preferences. Tenants must be provided with self-sufficiency training leading to removal from public financial assistance. Assistance is available for a maximum of two years.

Housing Innovation Fund

Assistance under this fund is provided to applicants providing innovative methods of utilizing HOMD funds or that meet unanticipated needs. Money will be allocated only in the form of repayable loans, and all loan repayments will be made to the Department.

Special Needs Set-Aside

This set-aside provides money to applicants with a history of working with special needs populations and housing related experience for the purpose of providing housing to a population that has been historically underserved in this field.

SERVING LOW-INCOME FAMILIES

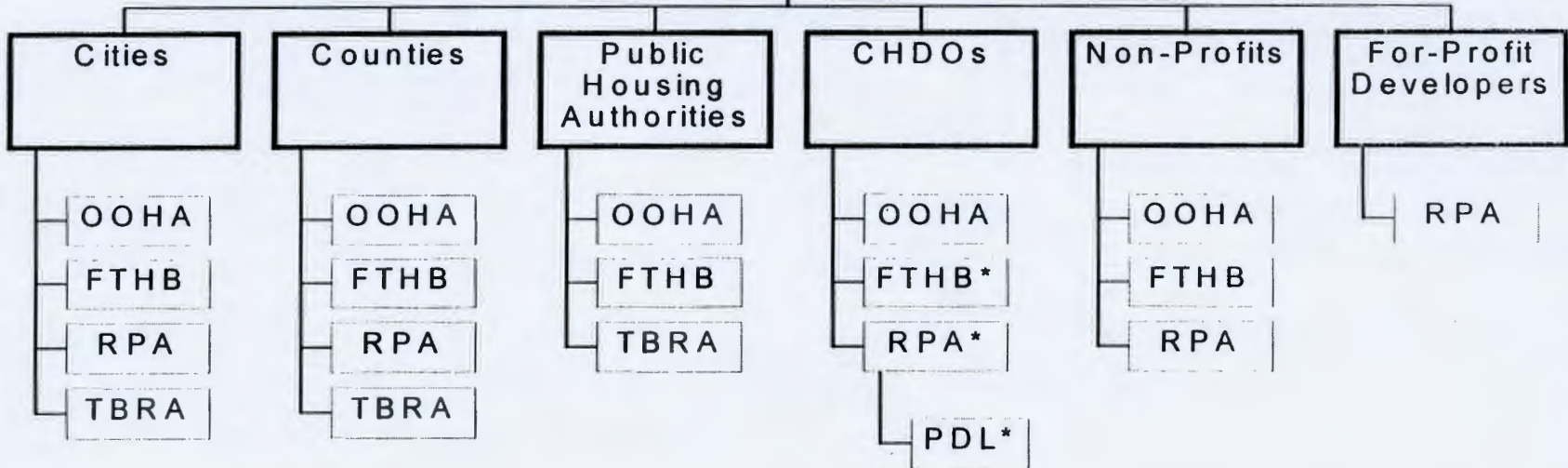
Housing which is developed with HOME funds must serve families who are low-income, defined as 80% or less of median income for that area, or very low-income, defined as 50% or less of median income for that area.

For more information regarding TDHCA's HOME Program, contact:

David D. Garza, Program Manager
HOME Program
P. O. Box 13941
Austin, TX 78711-3941
(512) 475-3109

U. S. Department of Housing and Urban Deveopment

Texas Department of Housing and Community Affairs



OOHA - Owner Occupied Housing Assistance

TBRA - Tenant Based Rental Assistance

FTHB - First Time Homebuyer

PDL - Pre-Development Loan

RPA - Rental Project Assistance

(In conjunction with a RPA only)

*Eligible under the 15% set-aside

HOME PROGRAM ACTIVITIES

O w n e r - O c c u p i e d
H o u s i n g
A s s i s t a n c e

Rehabilitation or reconstruction of existing owner-occupied units.

F i r s t - T i m e
H o m e b u y e r P r o g r a m

Assistance in obtaining a home by providing down-payment assistance, closing costs assistance, and/or second lien gap financing.

T e n a n t B a s e d
R e n t a l A s s i s t a n c e

Maximum 2 year rental assistance requiring training programs that lead to self-sufficiency and removal from public financial assistance.

R e n t a l P r o j e c t
A s s i s t a n c e

Multi-family project.

P r e - D e v e l o p m e n t
L o a n s

Provided in conjunction with a Rental Project Specific application for the purpose of project-specific technical assistance, site control and project-specific seed money.

H o u s i n g
I n n o v a t i o n s
F u n d

Innovative methods that meet unanticipated or extreme housing needs.

1994 HOME Program Participating Jurisdictions

Participating Jurisdiction	Federal Allocation	State Transfer	FY94 Total Allocation Amount
State of Texas	\$30,065,000		\$30,065,000
Abilene	\$454,000		\$454,000
Amarillo	\$780,000		\$780,000
Arlington	\$806,000		\$806,000
Austin	\$2,409,000		\$2,409,000
Beaumont	\$698,000		\$698,000
Brownsville	\$965,000		\$965,000
College Station	\$364,000	\$136,000	\$500,000
Corpus Christi	\$1,474,000		\$1,474,000
Dallas	\$5,583,000		\$5,583,000
Denton	\$385,000	\$115,000	\$500,000
El Paso	\$3,543,000		\$3,543,000
Fort Worth	\$2,242,000		\$2,242,000
Galveston	\$509,000		\$509,000
Garland	\$486,000	\$14,000	\$500,000
Houston	\$9,438,000		\$9,438,000
Laredo	\$1,206,000		\$1,206,000
Lubbock	\$938,000		\$938,000
Mc Allen	\$573,000		\$573,000
Odessa	\$387,000	\$113,000	\$500,000
Pasadena	\$501,000		\$501,000
Port Arthur	\$447,000	\$53,000	\$500,000
San Angelo	\$404,000	\$96,000	\$500,000
San Antonio	\$5,828,000		\$5,828,000
Tyler	\$457,000	\$43,000	\$500,000
Waco	\$799,000		\$799,000
Wichita Falls	\$490,000	\$10,000	\$500,000
Bexar County	\$599,000		\$599,000
Dallas County	\$407,000		\$407,000
<i>Balch Springs</i>			
<i>Cedar Hill</i>			
<i>Cockrell Hill</i>			
<i>Coppell</i>			
<i>Glenn Heights</i>			
<i>Farmers Branch</i>			
<i>Hutchins</i>			

Participating Jurisdiction	Federal Allocation	State Transfer	FY94 Total Allocation Amount
<i>Lancaster</i>			
<i>Rowlett</i>			
<i>Sachse</i>			
<i>Seagoville</i>			
<i>Sunnyvale</i>			
<i>University Park</i>			
<i>Wilmer</i>			
Fort Bend County	\$469,000	\$31,000	\$500,000
Harris County	\$2,417,000		\$2,417,000
<i>Bellaire</i>			
<i>Deer Park</i>			
<i>El Lago</i>			
<i>Galena Park</i>			
<i>Humble</i>			
<i>San Jacinto City</i>			
<i>Katy</i>			
<i>La Porte</i>			
<i>Pearland</i>			
<i>Seabrook</i>			
<i>Shore Acres</i>			
<i>South Houston</i>			
<i>Tomball</i>			
<i>Waller</i>			
<i>West University Place</i>			
Hidalgo County	\$1,757,000		\$1,757,000
<i>Alamo</i>			
<i>Alton</i>			
<i>Donna</i>			
<i>Edcouch</i>			
<i>Elsa</i>			
<i>Hidalgo</i>			
<i>La Joya</i>			
<i>La Villa</i>			
<i>Mercedes</i>			
<i>Palmview</i>			
<i>San Juan</i>			
<i>Weslaco</i>			
Tarrant County	\$1,024,000		\$1,024,000
<i>Benbrook</i>			
<i>Crowley</i>			

Participating Jurisdiction	Federal Allocation	State Transfer	FY94 Total Allocation Amount
<i>Edgecliff Village</i>			
<i>Everman</i>			
<i>Forest Hill</i>			
<i>Kennedale</i>			
<i>Mansfield</i>			
<i>Bedford</i>			
<i>Eules</i>			
<i>Grapevine</i>			
<i>Haltom City</i>			
<i>Haslet</i>			
<i>Hurst</i>			
<i>Keller</i>			
<i>North Richland Hills</i>			
<i>Richland Hills</i>			
<i>Southlake</i>			
<i>Watauga</i>			
<i>Azle</i>			
<i>Blue Mound</i>			
<i>Lake Worth</i>			
<i>River Oaks</i>			
<i>Saginaw</i>			
<i>Sansom Park</i>			
<i>Westworth Village</i>			
<i>White Settlement</i>			



The HOME Program

HOME
Investment
Partnerships

Program Guide

As an advocate for America's cities and towns, I am determined to streamline the HOME program so that it can help local governments create and improve low-income housing.

HOME offers an excellent opportunity for State and local governments, nonprofit organizations, and this Department to work together in creating and rehabilitating affordable housing for the people who need it most.

I urge State and local officials to join as partners with profit and nonprofit sponsors in using HOME funds quickly and well to help reach our mutual goal of decent, affordable housing for every man, woman, and child in America.

**Secretary Henry Cisneros
U.S. Department of Housing and Urban Development**

HOME PROGRAM

❖ General Information ❖

The HOME Investment Partnership Program, created by the National Affordable Housing Act of 1990, gives states and local governments the flexibility to decide what kind of housing assistance is most appropriate to meet their housing needs.

THE PURPOSE OF THE STATE OF TEXAS HOME INVESTMENT PARTNERSHIP PROGRAM is:

- to focus on the areas with greatest need as set out in the Texas Comprehensive Housing Affordability Strategy (CHAS);
- to provide funds for homeownership and rental housing through acquisition, new construction, rehabilitation, reconstruction, tenant-based rental assistance, and pre-development loans;
- to provide low and very-low income Texans with affordable, decent, safe and sanitary housing; and
- to create and to strengthen partnerships among all levels of government and the private sector, including for-profit and nonprofit organizations, to produce and/or manage affordable housing.

The State of Texas HOME Program is available for projects in non-participating jurisdictions. That is, jurisdictions who do not currently receive funding directly from the U.S. Department of Housing and Urban Development (HUD). ELIGIBLE APPLICANTS include any Unit of Local Government, Public Housing Authority, State-Certified Community Housing Development Organization (CHDO), non-Profit and Private For-Profit Organization whose project is not within a participating jurisdiction. In addition, HUD requires that at least 15 percent of the annual HOME allocation be set aside specifically for CHDOs. The funds are distributed to the State's eleven planning regions through a formula allocation and a competitive application process.

ELIGIBLE ACTIVITIES INCLUDE:

State of Texas HOME funds are available for the following activities:

Owner Occupied Housing Assistance

- Rehabilitation
- Reconstruction

At completion, each house assisted must meet, at a minimum, Section 8 Housing Quality Standards or local code, whichever is more stringent.

First-Time Homebuyer Assistance

- Down Payment Assistance
- Closing Cost Assistance
- Gap Financing (not to exceed \$15,000 per unit)

Resale provisions apply to units purchased by first-time homebuyers to assure continued affordability.

Rental Project Assistance

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Owners of units assisted with HOME funds are required to keep the units affordable for a period of time dependent upon the amount of assistance provided per unit, from 5 to 20 years.

Pre-Development Loans

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- Seed Money Loan

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A form of rental assistance that allows the assisted tenant to move from a dwelling unit with a right to continued assistance. The need for this activity must be an essential element of an approved housing strategy. Tenant assistance must be provided in accordance with written tenant selection policies and criteria that are consistent with the purposes of providing housing to low- and very low-income families and are reasonable related to the federal preferences. Tenants must be provided with self-sufficiency training leading to removal from public financial assistance. Assistance is available for a maximum of two years.

Housing Innovation Fund

Assistance under this fund is provided to applicants providing innovative methods of utilizing HOME funds or that meet unanticipated needs. Money will be allocated only in the form of repayable loans, and all loan repayments will be made to the Department.

Special Needs Set-Aside

This set-aside provides money to applicants with a history of working with special needs populations and housing related experience for the purpose of providing housing to a population that has been historically underserved in this field.

SERVING LOW-INCOME FAMILIES

Housing which is developed with HOME funds must serve families who are low-income, defined as 80% or less of median income for that area, or very low-income, defined as 50% or less of median income for that area.

For more information regarding TDHCA's HOME Program, contact:

David D. Garza, Program Manager
HOME Program
P. O. Box 13941
Austin, TX 78711-3941
(512) 475-3109

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HOME INVESTMENT PARTNERSHIPS PROGRAM

WHAT IS HOME?

The HOME Program was created under Title II (the Home Investment Partnerships Act) of the National Affordable Housing Act of 1990. The general purposes of HOME include:

- o To expand the supply of decent and affordable housing, particularly rental housing, for low- and very low-income Americans. Such housing includes existing rental housing made affordable through tenant-based rental assistance.
- o To strengthen the abilities of State and local governments to design and implement strategies for achieving adequate supplies of decent, affordable housing.
- o To provide both financial and technical assistance to participating jurisdictions, including the development of model programs for affordable low-income housing.
- o To extend and strengthen partnerships among all levels of government and the private sector, including for-profit and nonprofit organizations, in the production and operation of affordable housing.

The HOME Program is not a categorical housing program, such as public housing new construction, requiring a specific housing activity. Instead, the HOME program provides States and local governments flexibility to decide what kind of housing assistance, or mix of housing assistance, is most appropriate to meet their housing needs.

As part of a Federal strategy to encourage States and local governments to use HOME funds most efficiently, the most cost-effective housing activities (tenant-based assistance, acquisition, and rehabilitation) require the smallest State and local matching contribution for Federal funds. (See Matching Funds Requirement, page 11.)

WHY HOME?

HOME affirms the Federal government's commitment to provide decent, safe and affordable housing to all Americans, and to alleviate the problems of excessive rent burdens, homelessness and deteriorating housing stock in the nation. As recommended by the National Housing Task Force in 1988, HOME provides funding and general guidelines to State and local governments and empowers them to design and tailor affordable housing strategies to address local needs and housing conditions. HOME strives to meet both the short-term goal of increasing the supply and availability of affordable housing, and the long-term goal of building partnerships between State and local governments and private and nonprofit organizations and strengthening their capacity to meet the housing needs of low- and very low-income residents. The graduated match provides incentives to use HOME funds for tenant-based assistance and rehabilitation.

WHO CAN PARTICIPATE IN THE HOME PROGRAM?

All States, as well as metropolitan cities, urban counties and consortia (contiguous units of local government), are eligible to become participating jurisdictions in the HOME Program. Additionally, a special set-aside of funds is made for Indian tribes and insular areas.

HOW DO JURISDICTIONS APPLY FOR HOME FUNDS?

Before receiving HOME funds, a jurisdiction must prepare (and HUD must approve) a Comprehensive Housing Affordability Strategy (CHAS) or an annual update and submit a notice of intent to participate and provide a program description. A new jurisdiction must submit a notice of intent to participate which should be followed by the submission of a CHAS and a program description. The following documents and steps are required:

The CHAS

The Comprehensive Housing Affordability Strategy (CHAS), prepared by the participating jurisdiction, will document housing needs and the State's or community's strategic plan to address those needs. IT will consist of tabular and narrative data, which encompass the elements required by the National Affordable Housing Act, as amended, described in detail at 24 CFR Part 91. These data are presented in three parts:

- I. **State or Community Profile/Needs Assessment**
- II. **Five year Strategy**
- III. **Annual Plan**

An applicant's CHAS is due between October 1 and December 31 each year. A complete CHAS is required every five years unless new decennial census is available. Annual Plans (updates) are due on October 1 of each subsequent year. HUD will approve a CHAS within 60 days of receipt unless the CHAS is inconsistent with the purposes of the National Affordable Housing Act, or information has not been provided in a substantially complete manner. If a jurisdiction's CHAS is disapproved, it may resubmit its revised CHAS within 45 days. HUD then has 30 days to approve or disapprove it. HUD will monitor compliance with the CHAS and provide the jurisdiction with its evaluation annually.

Notice of Intent to Participate

Shortly after HOME funds become available each year, HUD will publish a Federal Register Notice of Fund Availability (NOFA). Within 30 days of the NOFA publication, a newly eligible jurisdiction must notify HUD of its intent to participate in the HOME Program.

Participating Jurisdiction Designation

HUD will designate a new applicant as a participating jurisdiction after the notice of intent has been received and HUD has approved its CHAS. An existing PJ retains its designation unless it is revoked under certain circumstances.

Program Description

Within 45 days of its designation, or 45 days after the publication of the NOFA, whichever is later, a participating jurisdiction must submit a program description to HUD for approval. It must include the following information:

- o For local governments, the estimated use of HOME funds and matching funds for each eligible activity;
- o For States, a description of how it plans to use and distribute HOME funds;
- o The amount of HOME funds that will be reserved for community housing development organizations (CHDOs) and a description of how the participating jurisdiction will work with the CHDOs;
- o Certifications regarding compliance with other statutory requirements and Federal laws; and
- o Certification of compliance with its CHAS.

HUD will approve the program description within 30 days unless (1) the information provided is insufficient, or (2) the proposed use of funds is inconsistent with the participating jurisdiction's CHAS. HUD may approve the program description conditionally and request additional information or request that the participating jurisdiction revise and resubmit its description.

HOME Investment Trust Fund

HUD will establish an account with a line of credit for each participating jurisdiction whose CHAS and program description are approved. This account is called the Home Investment Trust Fund (HITF). All funds drawn from the HITF must be used to develop affordable housing based on participating jurisdiction's approved housing strategy.

HOW ARE HOME FUNDS ALLOCATED?

Indian Tribe Set-aside

One percent of all HOME funds is reserved for Indian tribes, to be distributed on a competitive basis. In lieu of a housing strategy, applicants will demonstrate how the project(s) will contribute to a comprehensive approach for expanding the supply of affordable housing for members of the Indian tribe. Projects will be selected based on the relative adequacy in addressing locally determined need.

Insular Area Set-aside

The statute requires that the greater of \$750,000 or 0.2 percent be set aside each year for the insular area program. The Secretary shall provide for the distribution of amounts among the insular areas pursuant to specific criteria established by the Department.

Technical Assistance Set-aside

Up to \$25 million of each fiscal year's appropriation may be set aside for technical assistance and building the capacity of nonprofit sponsors. Of these funds, \$14 million is available to national and statewide intermediary organizations to provide technical assistance to CHDOs. The remaining \$11 million is to provide technical assistance to participating jurisdictions.

Formula Allocations

The balance of HOME funds is allocated by formula, with 60 percent of these funds available for metropolitan cities, urban counties and consortia and 40 percent for States. Each participating jurisdiction is required to set aside at least 15 percent of its formula allocation for development of projects owned, developed or sponsored by CHDOs.

Basis of the Formula. The formula is based on six statutory factors established to reflect a jurisdiction's need for an increased supply of affordable housing for low- and very low-income families. The formula measures a jurisdiction's relative inadequacy of housing supply, substandard housing, number of low-income families in housing units likely to be in need of rehabilitation, cost of producing housing, poverty, and fiscal incapacity to carry out housing activities without Federal assistance.

Allocations to States. States who meet the application requirements for the HOME Program will receive their formula allocation or \$3,000,000, whichever is greater. In addition, the allocation for those States with no local governments receiving HOME allocations will be increased by \$500,000, or \$335,000 if the annual appropriation falls below \$1.5 billion.

Allocations to Units of General Local Government. Jurisdictions whose share of funds under the formula would be less than \$500,000 are not offered an allocation and cannot apply for HOME funds directly unless it is in a year when Congress appropriates less than \$1.5 billion to the HOME Program (e.g., 1993). In that case, a new jurisdiction's share must be at least \$335,000 by formula to receive an allocation. Existing participating jurisdictions receiving a formula allocation are automatically eligible to apply for HOME funds. Other jurisdictions may participate in the State program.

In years when Congress appropriates \$1.5 billion or more, new PJs with allocations between \$500,000 and \$750,000 are eligible to apply for designation provided they fill the "gap" up to the \$750,000 threshold. These funds can be local or State funds. No Federal funds can be used to fill this gap. However, the State may choose to transfer a portion of its own HOME allocation to the locality. In years when the appropriation is less than \$1.5 billion, new PJs with allocations between \$335,000 and \$500,000 may apply for designation provided they fill the "gap" up to a \$500,000 threshold.

WHAT ARE THE REQUIREMENTS FOR FORMING A CONSORTIUM?

A group of local governments may choose to form a consortium, particularly when one or more members are not eligible to receive a formula allocation, or their formula allocation would not meet the minimum threshold for funding. A consortium must:

- o comprise contiguous units of local government;
- o provide HUD a notice of intent to form a consortium by March 1 of the year prior to funding (e.g. Fiscal Year 1994 consortia requests are submitted by March 1, 1993);
- o submit a written certification from the State that the consortium will direct its activities to alleviate housing problems within the State;
- o have a legally binding agreement between participating local governments; and
- o demonstrate sufficient capacity to meet program requirements.

Each local government within the consortium generally must make a three-year commitment to participate. New governments may be added during this period, but none can drop out.

WHAT CAN HOME FUNDS BE USED FOR?

HOME funds may be used for a variety of activities to develop and support affordable housing. Eligible activities include: tenant-based rental assistance, assistance to first-time homebuyers and existing homeowners, property acquisition, new construction, reconstruction, moderate or substantial rehabilitation, site improvements, demolition, relocation expenses and other reasonable and necessary expenses related to development of non-luxury housing.

Administrative Costs

Participating jurisdictions may use up to ten percent of its HOME allocation for planning and administrative costs of the HOME Program. Up to 5 percent of the annual allocation may be used for community housing development organization (CHDO) operating expenses.

Tenant-Based Assistance

HOME funds may be used for tenant-based assistance in any participating jurisdiction. The following conditions apply for such use of funds:

- o The participating jurisdiction certifies that such assistance is an essential element of its annual housing strategy and specifies the local market conditions leading to this determination; and
- o The tenant-based rental assistance is provided in accordance with written tenant selection policies and criteria that are consistent with the purposes of providing housing to very low- and low-income families and are reasonably related to the Federal preference rules.

The tenant-based assistance program may be operated by the participating jurisdiction or it may be contracted out to another capable entity (such as a public housing authority). The following requirements govern tenant-based rental assistance:

- o Rental assistance contracts may not exceed 24 months, although they may be renewed.
- o Rents must be reasonable, as compared with comparable unassisted units.
- o Lease requirements must be equitable to the tenant.
- o A participating jurisdiction may not pay more than the difference between a rent standard for the unit size (established by the participating jurisdiction) and 30 percent of the family's monthly adjusted income. This rent standard may not be less than 80 percent of the Section 8 Existing Housing fair market rent for the unit size, nor more than HUD-approved community-wide exception rent.
- o The participating jurisdiction must require a minimum contribution toward rent for each tenant.
- o Units must meet Section 8 Housing Quality Standards.

Rehabilitation

The HOME Program permits the use of funds for rehabilitation, since rehabilitation can be a cost effective development strategy. HOME funds may be used for the rehabilitation of both rental and homeowner-occupied housing. A participating jurisdiction shall give preference to rehabilitation of substandard housing unless it determines that:

- o Rehabilitation is not the most cost-effective way to meet housing needs to expand the supply of affordable housing in that neighborhoods; and
- o The participating jurisdiction's housing needs, within the neighborhoods, cannot be met through rehabilitation of available stock.

New Construction

The HOME Program permits the use of funds for new construction if the above conditions for rehabilitation cannot be met.

WHAT ACTIVITIES ARE PROHIBITED?

HOME funds may not be used to pay for public housing modernization, tenant subsidies for certain special mandated purposes under Section 8, matching funds for other Federal programs, Annual Contributions Contracts (ACCs), activities under the Low-Income Housing Preservation Acts of 1987 and 1990, and operating subsidies for rental housing. Additionally, the funds cannot be used to create a reserve account for replacements, a project reserve account for unanticipated increases in operating costs, or operating subsidies.

WHAT WILL ENSURE THAT LOW- AND VERY LOW-INCOME FAMILIES ARE SERVED?

Rental Housing

HOME funds invested in rental housing must meet the following income targeting requirements for the program as a whole:

- o At least 90 percent of such funds must be invested in units that are occupied by families whose incomes do not exceed 60 percent of the median family income for the area; and
- o The remaining funds (up to 10 percent) must be invested in units occupied by families below 80 percent of median income.

Each rental project must meet the following affordability tests:

- o Have rents at or below the lesser of either:
 - the existing Section 8 Fair Market Rent, or
 - 30 percent of the adjusted income of a family whose income equals 65 percent of the median income for the area:
- o Remain affordable for the following terms based on the average HOME subsidy per unit:

Rehabilitation of up to \$15,000:	5 years
" " \$15,000 - \$40,000	10 years
" " \$40,000 +	15 years
New construction (any amount)	20 years
- o For projects of 3 or more units, have at least 20 percent of its units occupied by very low-income families paying not more than 30 percent of monthly adjusted gross income for rent, or bearing rents not greater than 30 percent of the gross income of a family whose income equals 50 percent of the median income for the area.

Homeownership

All of the HOME funds used for homeownership assistance must benefit first-time homebuyers (including displaced homemakers and single parents who may have once owned a home with a spouse), or existing low-income homeowners whose family incomes are at or below 80% of the area median income. In addition:

- o The assisted housing must be the owner's principal residence;
- o The purchase price of the property, or the appraised value of a property already owned, after rehabilitation must not exceed 95 percent of median area purchase price; and
- o Resale of the property by a first-time homebuyer is subject to restrictions that are established by the participating jurisdiction or recapture of the HOME subsidy; either option must be determined by the Secretary to be appropriate.

Maximum Per Unit Subsidies

To ensure that units developed with HOME funds are non-luxury, affordable units, HUD has established a maximum per unit HOME subsidy on a market-by-market basis, adjusted for unit size, which will be updated and adjusted for inflation annually.

Property Standards

All HOME-assisted units must meet local codes and standards, and, at a minimum, Section 8 Housing Quality Standards.

WHAT OBLIGATIONS DO PARTICIPATING JURISDICTIONS INCUR WHEN ACCEPTING HOME FUNDS?

Matching Funds Requirement

Beginning with the use of Fiscal Year 1993 funds, all jurisdictions shall make contributions to housing that qualifies as affordable housing under the Act. The required contribution, or "match," will vary by type of activity for which the HOME funds are utilized:

HOME MATCH RATIOS

ACTIVITY	HOME FUNDS	REQUIRED MATCH
Rehabilitation	\$1	\$.25
Rental Assistance	\$1	\$.25
Acquisition (existing housing)	\$1	\$.25
Substantial Rehabilitation (over \$25,000 average per unit)	\$1	\$.25
New Construction	\$1	\$.30

Matching funds must be used for HOME-assisted projects, and requirements will be calculated on a project-by-project basis and applied on a program-wide basis. A participating jurisdiction is required to match, by the end of each fiscal year, all HOME funds expended during that year, but is not required to match funds used to cover administrative expenses or fill the gap to meet the threshold unless the State transfers its funds to a local jurisdiction. A participating jurisdiction incurs a "match liability" each time it draws funds from its HOME Investment Trust Fund. The match payment must be expended by the end of each fiscal year, September 30th.

Sources of Matching Funds

As a general rule of thumb, investments which are contributions from the State/local government or private sources will be eligible to qualify as a matching contribution.

Eligible sources of match include cash; the value of foregone interest, taxes, fees or charges; appraised value of land or real property; investments in on- or off-site improvements, bond financing donated construction materials and voluntary labor.

Ineligible match sources include: Federal funds and CDBG funds may not be counted towards the match.

Building Partnerships with Nonprofit Organizations

Each participating jurisdiction receiving HOME funds is required to reserve at least 15 percent of the funds for housing to be developed, sponsored or owned by CHDOs. A CHDO is a private, nonprofit organization which:

- o has among its purposes, the provision of decent housing that is affordable to low-income and moderate-income persons;
- o has demonstrated its capacity for carrying out activities assisted with HOME funds;
- o has a history of serving the community within which the housing to be assisted with HOME funds is to be located;
- o is organized under State or local laws;
- o has standards of financial accountability; and
- o has a tax exemption under section 501(c) of the Internal Revenue Code.

To maintain accountability to low-income community residents, at least one-third of a CHDO's governing board must be low-income residents or elected representatives of such residents. CHDOs must maintain a formal process for low-income residents and program beneficiaries to advise the organization on relevant decisions. A CHDO cannot be a public body, nor be controlled by, or under the direction of, individuals or entities seeking to derive profit or gain from the organization. A CHDO may be sponsored or created by a for-profit entity if:

- (1) the primary purpose of the for-profit entity is not the development or management of housing;
- (2) the CHDO is free to contract for goods and services from vendors of its own choosing.

If a CHDO is sponsored by a public agency or for-profit entity the sponsoring entity may not appoint more than one-third of the membership of the organization's governing body. For publicly sponsored

CHDO's board members appointed by the unit of government may not appoint remaining board members.

Up to 10 percent of a participating jurisdiction's CHDO set-aside may be used for project-specific technical assistance, site control and seed money loans. Any portion of the 15 percent of a participating jurisdiction's allocation which is not reserved for CHDOs within the 24-month period after they have been made available, will be deducted from that jurisdiction's HOME allocation and reallocated to other jurisdictions for use by CHDOs.

WHAT ACTIVITIES WILL HUD UNDERTAKE TO ENSURE THE SUCCESSFUL IMPLEMENTATION OF THE HOME PROGRAM?

Model Programs

HUD will be actively involved in designing model programs which meet the requirements of the HOME program in conjunction with participating jurisdictions, nonprofit organizations, members of the private sector and others who are developing housing. HUD will disseminate information about model programs which have been developed, so that they might be adopted or adapted by States and local communities.

Technical Assistance

HUD will develop and administer a technical assistance program to expand the capacity of State and local governments as well as nonprofit housing developers.

Monitoring and Evaluation

HUD will work closely with participating jurisdictions to ensure compliance with HOME requirements and other relevant Federal regulations. Participating jurisdictions will certify to HUD tenant incomes, rent levels, and subsidy levels, as appropriate. HOME activities will be monitored in relation to the participating jurisdiction's CHAS and Program Description.

For more information about the HOME Program, contact:

Office of Affordable Housing Programs
U.S. Department of Housing and Urban Development
451 Seventh Street, SW
Washington, DC 20410

AMERICANS WITH DISABILITIES ACT (ADA)

The most important civil rights legislation to be passed in over two decades, it is "...the world's first declaration of equality for people with disabilities. Its passage has made the United States the international leader on this human rights issue." President George Bush, July 26, 1990.

The purpose of the ADA is to extend to people with disabilities civil rights similar to those now available on the basis of race, color, sex, national origin, and religion through the Civil Rights Act of 1964. It prohibits discrimination on the basis of disability in:

- Public and Private Sector Employment
- Services Rendered by State and Local Governments
- Places of Public Accommodation
- Transportation
- Telecommunications Services

EMPLOYMENT

The ADA prohibits discrimination against a qualified individual with a disability in employment and includes specific features related to reasonable accommodation, qualification standards, and other labor-management issues.

PUBLIC SERVICE

ADA addresses services, activities, and employment practices of state and local governments, including actions applicable to public transportation provided by public entities. Transportation provisions of the Act are intended to improve access in equipment (buses, rail coaches), facilities, and demand-response systems. Some of these requirements include: purchase of new accessible public transportation equipment, special transportation services that are comparable to fixed-route services, modification of key existing facilities to assure access, and inter-city and commuter rail accessibility improvements.

PUBLIC ACCOMMODATIONS

ADA prohibits discrimination against persons with disabilities in their use of public accommodations, such as restaurants, hotels, theaters, doctors' offices, pharmacies, grocery stores, shopping centers, museums, auditoriums, social service centers, schools, parks, zoos, and other similar establishments.

TRANSPORTATION

Transportation services provided by private entities are also covered by the ADA.

TELECOMMUNICATIONS

ADA mandates that telecommunications relay services be offered by private companies, including services operated by states.

The Center on ADA is authorized by the National Institute on Disability and Rehabilitation Research (NIDRR) to provide

information, materials, and technical assistance to individuals and entities that are covered by the Americans with Disabilities Act (ADA). However, you should be aware that neither NIDRR nor ILRU/TIRR are responsible for the enforcement of the ADA. All information, materials, and/or technical assistance are intended solely as informal guidance and are neither a determination of your legal rights or obligations under the Act, nor binding on any agency with ADA enforcement responsibilities.

THE TECHNICAL ASSISTANCE CENTER ON ADA PROVIDES:

- Information on specific aspects of the legislation and its regulations
- Training on implementation of the Act and its impact on businesses and employers
- Technical assistance by telephone on specific questions or problems encountered
- Referrals for additional specialized information or expert assistance

Successful implementation of ADA depends on how well information on the Act and its regulations is disseminated and understood. The Center on ADA is active in spreading the word about ADA and in educating targeted groups about the provisions that affect them. The primary target audiences for the Center on ADA are employers and business people, but the Center on ADA also provides assistance to all entities and individuals covered by the Act.

Assistance is provided in a variety of ways, including presentations, telephone consultation, training, and provision of resource materials.

PROJECT STAFF:

Lex Frieden Project Director
 Wendy Wilkinson Project Coordinator
 Laurie Gerken Administrative Coordinator
 Shirley Herzog Information and Technical Assistance Specialist
 Linda Soldado Project Secretary

ilru/ADA

SOUTHWEST DISABILITY AND BUSINESS TECHNICAL ASSISTANCE CENTER FOR REGION VI

"Providing technical assistance to Arkansas, Louisiana, New Mexico, Oklahoma, and Texas"

ADA HOTLINE (800) 949-4232

2323 S. SHEPHERD, SUITE 1000 • HOUSTON, TEXAS 77019
 (713) 520-0232 • (TDD) 520-5136 • (FAX) 520-5785

About The Center On ADA and ILRU

The Center on ADA is based at ILRU (Independent Living Research Utilization), a program of The Institute for Rehabilitation and Research (IRR). ILRU is a national center for information, training, research, and technical assistance in independent living. IRR is an internationally recognized free-standing medical rehabilitation facility for persons with disabilities.

Partners in the Center on ADA include the Consumer Education Foundation of the Better Business Bureau in Austin, Texas, and The Health Law and Policy Institute of the University of Houston, as well as independent living centers and consumer and business groups in the five-state region.

Funded by a grant from the National Institute on Disability and Rehabilitation Research (NIDRR), the Center on ADA is one of a network of ten regional disability and business technical assistance centers in the United States.

AVAILABLE RESOURCES

Disability and Business Technical Assistance Center on the ADA
800 949-4ADA
Information and materials from the government

Department of Housing and Urban Development (HUD)
800/669-9777

National Clearinghouse for Rehabilitation for Rehabilitation Training Materials
Oklahoma State University
816 W. 6th Ave.
Stillwater, OK 74078

Barrier-Free Environment, Inc.
Ron Mace
P.O. Box 30634
Raleigh, NC 27622

Job Accommodation Network
800/526-7234
Information and referral service on job accommodations.

Equal Employment Opportunity Commission
800/669-EEOC
Governmental agency responsible for the enforcement of Title I.

Internal Revenue Service
202/566-2000
Tax deductions and credits for improving access.

President's Committee on Employment of People with Disabilities
202/653-5044

AbleData
800/344-5405
Database of adaptive devices.

National Association of Rehabilitation Facilities
703/648-9300
Source to help locate state & local rehabilitation agencies.

National Rehabilitation Information Center
800/346-2742
Clearinghouse on available services & equipment.

COGNITIVE BARRIERS OF INDEPENDENT LIVING

David Krych

GOAL:

To communicate the importance of early studies in the development of treatment of traumatically brain injured person. To communicate the complexity of cognitive problems versus physical problems. To give information concerning the components of cognition. To clarify the language needs of traumatically brain injured persons.

OUTLINE:

- I. The beginning of research in traumatic brain injury
 - A. The Maryland Studies
 - 1. What were they?
 - 2. What did we learn?
 - a. Primary lesions
 - b. Secondary lesions
 - B. Where did we go?
- II. What are the problems?
 - A. Physical
 - 1. Spasticity
 - 2. Paresis

B. Cognitive problems

1. Judgment and other concept words

2. Components of cognition

a. Attention

b. Memory

III. Memory as a process

A. Recognition, Retention, Recall

B. Memory versus Remembering

C. Procedural, Semantic, Episodic

IV. Language

A. Speech Acts

B. Indirect Speech Acts

CONSUMER CONTROLLED HOUSING OPPORTUNITIES

Sarah Andre' and Mandy De Mayo

GOAL:

To describe in the clearest, simplest manner possible, how parents and consumer can make living in the community affordable. We will focus on both programmatic and individual options. Both renting and home ownership will be discussed.

OBJECTIVE:

- 1. Participants will understand what "consumer controlled housing" is.
- 2. Participants will learn what programs help persons with disabilities obtain housing in the community.
- 3. Participants will learn about innovative approaches to home ownership.

OUTLINE:

- I. Introduction
 - A. What is the consumer-controlled housing initiative?
 - B. What is Diana McIver & Associates, Inc.?
 - C. What is the role of consultants?
 - D. What does "consumer control" mean?

II. Options for Parents and Consumers

- A. Section 8 certificates & vouches**
- B. The 811 Program**
- C. The HOME Program**
- D. Community Development Housing Organization**

III. Innovative Approaches Across the Nation

- A. Joint ownership & joint tenancy**
- B. Trusts & life estates**
- C. Cooperatives**

IV. Expanding Options at the Local Level

- A. Identifying local players/The importance of establishing a local network**
- B. The Consolidated Plan**

**DIANA McIVER
&
ASSOCIATES, INC.**

STATEMENT OF CAPABILITIES

DIANA MCIVER & ASSOCIATES, INC., provides a full range of consulting services to individuals, organizations, and public agencies involved in the development and management of multifamily housing, with special emphasis on housing designed to serve elderly and/or persons with disabilities. Services typically provided include feasibility analysis, application packaging, development assistance, construction monitoring, and review of administrative and management functions.

Founded in 1986, DIANA MCIVER & ASSOCIATES has assisted private nonprofit organizations in receiving more than \$266,000,000 in Section 202 (Supportive Housing for the Elderly) and Section 811 (Supportive Housing for Persons with Disabilities) funding to develop 163 housing projects in 33 states. Prior to forming DIANA MCIVER & ASSOCIATES, Diana McIver had cofounded the successful consulting firm, CONROY & MCIVER, which during the period from 1980 to 1986 assisted nonprofit sponsors in the development of 63 Section 202 projects totaling more than \$130,000,000.

DIANA MCIVER & ASSOCIATES is a member of the ADC Acquisition Consulting Group, which was created by the American Association of Homes and Services for the Aging and the AAHSA Development Corporation in July 1992 to provide consulting services to prospective nonprofit purchasers of existing federally-assisted housing under the Low Income Housing Preservation & Resident Homeownership Act (LIHPRHA). Additionally, the firm has served as consultants to nonprofit organizations in the syndication of nineteen existing multifamily facilities, fourteen of which utilized low-income housing tax credits, and the firm has been retained by private individuals and financial institutions to assist in recommending work-out solutions for troubled properties.

In April 1994, DIANA MCIVER & ASSOCIATES was awarded a three-year contract from the Texas Planning Council for Developmental Disabilities to develop a Consumer-Controlled Housing Initiative (CCHI) for the State of Texas. Through the Initiative, DMA will assist Texas communities in more appropriately responding to the need for consumer-controlled housing options by persons with disabilities.

DIANA MCIVER & ASSOCIATES is also working with nonprofit clients and other housing professionals to develop affordable assisted living complexes to meet the needs of low- to moderate-income elderly persons. This includes the development of an assisted living prototype, which encompasses design modules, staffing patterns, operating budgets, and financing mechanisms.

As a member of the Housing Task Force of the American Association of Homes and Services for the Aging, Ms. McIver was instrumental in accomplishing reform of the Section 202 program under the 1990 National Affordable Housing Act and is active in the ongoing formulation of housing policy which will affect the future directions of the Section 202 and 811 programs and the role of nonprofits in developing and managing housing for low- to moderate-income elderly and disabled persons.

DIANA MCIVER & ASSOCIATES, INC., is associated with The Conroy & McIver Group, Austin, Texas. See attachments for a listing of the firm's projects, publications and professional affiliations, and individual profiles of officers and associates.

10/94

SECTION 202/811 PROJECT LISTING
DIANA MCIVER & ASSOCIATES, INC.

PROJECT	SPONSOR	LOCATION	UNITS
AL-CAR/VOA ELDERLY HOUSING	VOLUNTEERS OF AMERICA	ABILENE, TX	51
ALEXANDRIA VOA LIVING CENTER	VOLUNTEERS OF AMERICA	ALEXANDRIA, LA	19
ARLINGTON VOA LIVING CENTERS	VOLUNTEERS OF AMERICA	ARLINGTON, TX	16
AUBURN VOA ELDERLY HOUSING	VOLUNTEERS OF AMERICA	AUBURN, CA	61
AUTUMN TRACE	VOLUNTEERS OF AMERICA	KINGFISHER, OK	32
B'NAI B'RITH APARTMENTS	FLORIDA STATE ASSOCIATION OF B'NAI B'RITH	DEERFIELD BEACH, FL	101
BALTIMORE VOA LIVING CENTER	VOLUNTEERS OF AMERICA	BALTIMORE, MD	22
BATEN ARMS	BEAUMONT ASSOCIATION FOR SENIOR CITIZENS	BEAUMONT, TX	102
BATON ROUGE RESIDENTIAL CENTERS	VOLUNTEERS OF AMERICA	BATON ROUGE, LA	13
BATON ROUGE VOA LIVING CENTERS	VOLUNTEERS OF AMERICA	BATON ROUGE, LA	6
BELLEWOOD COURT	COLUMBAN FATHERS	BELLEVUE, NE	48
BENT OAK VILLAGE	VOLUNTEERS OF AMERICA	CHOCTAW, OK	32
BETHESDA MANOR	CENTRAL PLAINS MENTAL HEALTH CENTER	PLAINVIEW, TX	22
BETHESDA MANOR II	CENTRAL PLAINS MENTAL HEALTH CENTER	PLAINVIEW, TX	14
BONEHAM RHF HOUSING	RETIREMENT HOUSING FOUNDATION	BONHAM, TX	41
BOSSIER CITY VOA INDEPENDENT HOUSING	VOLUNTEERS OF AMERICA	BOSSIER CITY, LA	24
BOULDER CITY VOA ELDERLY HOUSING	VOLUNTEERS OF AMERICA	BOULDER CITY, NV	61
BOWIE VOA LIVING CENTER	VOLUNTEERS OF AMERICA	BOWIE, MD	9
BRADENTON VOA LIVING CENTER	VOLUNTEERS OF AMERICA	BRADENTON, FL	13
BRETTON VILLAGE APARTMENTS	VOLUNTEERS OF AMERICA	VICTORIA, TX	41
BROOME COUNTY VOA LIVING CENTER	VOLUNTEERS OF AMERICA	DICKINSON, NY	22
BRYN MAWR APARTMENTS	VOLUNTEERS OF AMERICA	HARRISBURG, PA	87
BURLESON VOA ELDERLY HOUSING	VOLUNTEERS OF AMERICA	BURLESON, TX	41
CALLE QUEDO	NEW MEXICO ARC	SANTA FE, NM	6
CANDLERIDGE PLAZA	VOLUNTEERS OF AMERICA	POWELL, TN	102
CASA IRIS	NATIONAL HISPANIC COUNCIL ON AGING	WASHINGTON, DC	40
CASA TREVINO APARTMENTS	AMERICAN GI FORUM OF TEXAS	DALLAS, TX	85
CEDARS OF LEBANON	VOLUNTEERS OF AMERICA	LEBANON, IL	121
CHARLESTON VOA ELDERLY HOUSING	VOLUNTEERS OF AMERICA	CHARLESTON, SC	62
CHATEAU MAURICE	NATIONAL CHURCH RESIDENCES	PARIS, TN	41
CIELO DE ORO	TIERRA DEL SOL HOUSING CORP.	ROSWELL, NM	30
CINCINNATI VOA INDEPENDENT HOUSING	VOLUNTEERS OF AMERICA	CINCINNATI, OH	25
CLEAR BAY TERRACE	VOLUNTEERS OF AMERICA	CLEARWATER, FL	102
CLEVELAND VOA ELDERLY HOUSING	VOLUNTEERS OF AMERICA	CLEVELAND, TX	54
COMMUNITY LIVING CENTERS	VOLUNTEERS OF AMERICA	SLIDELL, LA	16
CONROE VOA ELDERLY HOUSING	VOLUNTEERS OF AMERICA	CONROE, TX	74
COUNTRY VILLAGE SQUARE APTS.	VOLUNTEERS OF AMERICA	GONZALES, TX	38
COVENTRY PLACE	VOLUNTEERS OF AMERICA	REDFORD TOWNSHIP, MI	59
CREEKSIDE MANOR I	VOLUNTEERS OF AMERICA	CLEARWATER, FL	56
CREEKSIDE MANOR II	VOLUNTEERS OF AMERICA	CLEARWATER, FL	37
CYPRESS MANOR	SABINE VALLEY CENTER	MARSHALL, TX	17
DALLAS COUNTY VOA LIVING CENTER	VOLUNTEERS OF AMERICA	GRAND PRAIRIE, TX	12
DALLAS RHF HOUSING	RETIREMENT HOUSING FOUNDATION	MESQUITE, TX	46
DALTON SENIOR HOUSING	FIRST BAPTIST CHURCH	DALTON, GA	40
DALTON SENIOR HOUSING II	HAMILTON MEDICAL CENTER	DALTON, GA	48
DECATUR VOA LIVING CENTER	VOLUNTEERS OF AMERICA	DECATUR, AL	7
DETROIT VOA ELDERLY HOUSING	VOLUNTEERS OF AMERICA	DETROIT, MI	75
DINE NAHIDOLNAL	A SCHOOL FOR ME	TOHATCHI, NM	12
DOGWOOD RETIREMENT HOUSING	RETIREMENT HOUSING FOUNDATION	MILLEDGEVILLE, GA	40
EADS SQUARE	VOLUNTEERS OF AMERICA	ST LOUIS, MO	105
EAST CLIFF VILLAGE	VOLUNTEERS OF AMERICA	SANTA CRUZ, CA	77
EBERHART PLACE	NATIONAL CHURCH RESIDENCES	AUSTIN, TX	39
ECUMENICAL VILLAGE	NATIONAL CHURCH RESIDENCES	WEST MEMPHIS, AR	69
EDINBURGH MANOR	VOLUNTEERS OF AMERICA	MCPHERSON, KS	36
ENTERPRISE VOA ELDERLY HOUSING	VOLUNTEERS OF AMERICA	ENTERPRISE, AL	31
EVERGREEN VILLA	VOLUNTEERS OF AMERICA	FREDERICKSBURG, TX	25

FAMILY SERVICES HOUSING	FAMILY SERVICES ASSOCIATION	RIVERSIDE, CA	54
FOLEY VOA LIVING CENTER	VOLUNTEERS OF AMERICA	FOLEY, AL	22
FORT BEND GARDENS	VOLUNTEERS OF AMERICA	ROSENBERG, TX	69
FORT WORTH VOA LIVING CENTER	VOLUNTEERS OF AMERICA	FORT WORTH, TX	12
FREMONT VOA ELDERLY HOUSING	VOLUNTEERS OF AMERICA	FREMONT, OH	21
GARDEN PARK VILLA	NATIONAL CHURCH RESIDENCES	CANON CITY, CO	51
GR. HARRISBURG VOA LIVING CENTER	VOLUNTEERS OF AMERICA	SWATARA TOWNSHP, PA	22
GRAND JUNCTION VOA ELDERLY HOUSING	VOLUNTEERS OF AMERICA	GRAND JUNCTION, CO	61
GRANTS PASS RVM HOUSING	ROGUE VALLEY MANOR	GRANTS PASS, OR	33
GROUP HOMES OF AL VOA HOUSING	VOLUNTEERS OF AMERICA	ANDALUSIA, AL	22
GROUP HOMES OF AL VOA HOUSING	VOLUNTEERS OF AMERICA	DAPHNE, AL	11
GROUP HOMES OF AL VOA HOUSING	VOLUNTEERS OF AMERICA	HARTSELLE, AL	11
GROUP HOMES OF AL VOA HOUSING	VOLUNTEERS OF AMERICA	SCOTTSBORO, AL	11
GUNTERSVILLE VOA ELDERLY HOUSING	VOLUNTEERS OF AMERICA	GUNTERSVILLE, AL	46
HALLS MILL VOA LIVING CENTER	VOLUNTEERS OF AMERICA	MOBILE, AL	10
HARBORVIEW APARTMENTS	VOLUNTEERS OF AMERICA	JERSEY CITY, NJ	101
HARVESTWOOD APARTMENTS	VOLUNTEERS OF AMERICA	THE WOODLANDS, TX	66
HES HOUSING I	HEALTH & EDUCATION SERVICES	SALEM, MA	12
HIALEAH RESIDENCE	VOLUNTEERS OF AMERICA	HIALEAH, FL	125
HILLSBOROUGH CO VOA LIVING CENTER	VOLUNTEERS OF AMERICA	HILLSBOROUGH CO, FL	12
HOUSTON VOA INDEPENDENT HOUSING	VOLUNTEERS OF AMERICA	HOUSTON, TX	26
HUNTER'S RUN	VOLUNTEERS OF AMERICA	SANDERSVILLE, GA	40
INDIANAPOLIS VOA LIVING CENTER	VOLUNTEERS OF AMERICA	INDIANAPOLIS, IN	22
JACKSON VOA ELDERLY HOUSING	VOLUNTEERS OF AMERICA	JACKSON, MS	64
JARDINES PALOMA BLANCA	MEXICAN AMERICAN COMMUNITY SERVICES AG	SAN JOSE, CA	44
JASONVILLE GOOD SAMARITAN HOUSING	EV LUTHERAN GOOD SAMARITAN SOCIETY	JASONVILLE, IN	24
JEFFERSON CO VOA LIVING CENTER	VOLUNTEERS OF AMERICA	LOUISVILLE, KY	22
KACHINA PLACE	NATIONAL CHURCH RESIDENCES	GLENDALE, AZ	41
KEARNEY GOOD SAMARITAN HOUSING	EV. LUTHERAN GOOD SAMARITAN SOCIETY	KEARNEY, NE	23
KERRVILLE VOA ELDERLY HOUSING	VOLUNTEERS OF AMERICA	KERRVILLE, TX	37
LAKE CHARLES VOA LIVING CENTER	VOLUNTEERS OF AMERICA	LAKE CHARLES, LA	20
LAKEVIEW PLACE	VOLUNTEERS OF AMERICA	HOUSTON, TX	80
LAS PALMAS I	VOLUNTEERS OF AMERICA	MIAMI, FL	101
LAS PALMAS II	VOLUNTEERS OF AMERICA	MIAMI, FL	97
LAS VEGAS VOA ELDERLY HOUSING	VOLUNTEERS OF AMERICA	LAS VEGAS, NV	75
LIGHTHOUSE LIVING CENTERS I	LIGHTHOUSE OF HOUSTON	HOUSTON, TX	41
LIGHTHOUSE LIVING CENTRS II	HOUSTON LIGHTHOUSE FOUNDATION	HOUSTON, TX	40
LINDENWOLD TOWERS	VOLUNTEERS OF AMERICA	LINDENWOLD, NJ	101
LONG BEACH VOA ELDERLY HOUSING	VOLUNTEERS OF AMERICA	LONG BEACH, CA	76
LOS ROBLES	VOLUNTEERS OF AMERICA	MIAMI, FL	101
LOVINGTON GOOD SAMARITAN HOUSING	EV LUTHERAN GOOD SAMARITAN SOCIETY	LOVINGTON, NM	24
MACSA SENIOR HOUSING II	MEXICAN AMERICAN COMMUNITY SERVICES AG	SAN JOSE, CA	60
MADISON VOA ELDERLY HOUSING	VOLUNTEERS OF AMERICA	MADISON, AL	59
MAGNOLIA ACRES	NATIONAL CHURCH RESIDENCES	ANGLETON, TX	67
MANATEE CO VOA LIVING CENTER	VOLUNTEERS OF AMERICA	MANATEE COUNTY, FL	12
MANSFIELD VOA INDEPENDENT HOUSING	VOLUNTEERS OF AMERICA	MANSFIELD, OH	22
MANZANITA PLACE	VOLUNTEERS OF AMERICA	ROSEVILLE, CA	64
MARIE-ROSE MANOR	ROMAN CATHOLIC DIOCESE	BETHLEHEM, NY	50
MARKET PLACE APARTMENTS	VOLUNTEERS OF AMERICA	SALINA, KS	44
MARYCREST VILLAGE	VOLUNTEERS OF AMERICA	JOLIET, IL	58
MASSILLON VOA INDEPENDENT HOUSING	VOLUNTEERS OF AMERICA	MASSILLON, OH	25
MCKINNEY RHF HOUSING	RETIREMENT HOUSING FOUNDATION	MCKINNEY, TX	47
MEADOW CLIFF APARTMENTS I	VOLUNTEERS OF AMERICA	OKLAHOMA CITY, OK	31
MEADOW CLIFF APARTMENTS II	VOLUNTEERS OF AMERICA	OKLAHOMA CITY, OK	27
MESQUITE RHF HOUSING	RETIREMENT HOUSING FOUNDATION	MESQUITE, TX	49
MILLARD MANOR	EV LUTHERAN GOOD SAMARITAN SOCIETY	MILLARD, NE	51
MIRA VISTA	NATL HISPANIC COUNCIL ON AGING	GARDEN CITY, KS	40
MIRACLE MANOR	RETIREMENT HOUSING FOUNDATION	EDNA, TX	25
MISSION PALMS	RETIREMENT HOUSING FOUNDATION	MISSION, TX	50
MOBILE VOA INDEPENDENT HOUSING	VOLUNTEERS OF AMERICA	MOBILE, AL	26
MOBILE VOA LIVING CENTER	VOLUNTEERS OF AMERICA	MOBILE, AL	22
MONTROSE VOA ELDERLY HOUSING	VOLUNTEERS OF AMERICA	MONTROSE, CA	41
NACOGDOCHES VOA ELDERLY HOUSING	VOLUNTEERS OF AMERICA	NACOGDOCHES, TX	49
NAVASOTA VOA ELDERLY HOUSING	VOLUNTEERS OF AMERICA	NAVASOTA, TX	50

NCR I OF BEDFORD, TX	NATIONAL CHURCH RESIDENCES	BEDFORD, TX	60
NCR II OF BEDFORD, TX	NATIONAL CHURCH RESIDENCES	BEDFORD, TX	46
NCR OF ALIEF, TX	NATIONAL CHURCH RESIDENCES	ALIEF, TX	62
NCR OF AUBURN HILLS, MI	NATIONAL CHURCH RESIDENCES	AUBURN HILLS, MI	61
NCR OF BAY CITY, TX	NATIONAL CHURCH RESIDENCES	BAY CITY, TX	62
NCR OF BOONSLICK, MO	NATIONAL CHURCH RESIDENCES	ST. CHARLES, MO	43
NCR OF CHILlicoTHE II, OH	NATIONAL CHURCH RESIDENCES	CHILlicoTHE, OH	47
NCR OF CLEBURNE II, TX	NATIONAL CHURCH RESIDENCES	CLEBURNE, TX	29
NCR OF COLUMBUS, MS	NATIONAL CHURCH RESIDENCES	COLUMBUS, MS	41
NCR OF COLUMBUS, OH	NATIONAL CHURCH RESIDENCES	COLUMBUS, OH	56
NCR OF DAYTONA BEACH, FL	NATIONAL CHURCH RESIDENCES	DAYTONA BEACH, FL	64
NCR OF EL CAMPO, TX	NATIONAL CHURCH RESIDENCES	EL CAMPO, TX	39
NCR OF FINDLAY, OHIO	NATIONAL CHURCH RESIDENCES	FINDLAY, OH	37
NCR OF GRAND PRAIRIE, TX	NATIONAL CHURCH RESIDENCES	GRAND PRAIRIE, TX	41
NCR OF HOLLY HILL, FL	NATIONAL CHURCH RESIDENCES	HOLLY HILL, FL	45
NCR OF MARION, AR	NATIONAL CHURCH RESIDENCES	MARION, AR	52
NCR OF MCGREGOR LAKE	NATIONAL CHURCH RESIDENCES	LEE COUNTY, FL	60
NCR OF MIDDLETOWN, OH	NATIONAL CHURCH RESIDENCES	MIDDLETOWN, OH	41
NCR OF MINERAL WELLS, TX	NATIONAL CHURCH RESIDENCES	MINERAL WELLS, TX	41
NCR OF NORTH FT. MYERS, FL	NATIONAL CHURCH RESIDENCES	NORTH FT. MYERS, FL	82
NCR OF NORTHERN COLUMBUS	NATIONAL CHURCH RESIDENCES	GAHANNA, OH	34
NCR OF PALMETTO	NATIONAL CHURCH RESIDENCES	PALMETTO, FL	72
NCR OF RICHMOND, IN	NATIONAL CHURCH RESIDENCES	RICHMOND, IN	58
NCR OF SOUTHERN CALIFORNIA	NATIONAL CHURCH RESIDENCES	ALHAMBRA, CA	75
NCR OF WHARTON, TX	NATIONAL CHURCH RESIDENCES	WHARTON, TX	41
NCR OF ZANESVILLE, OH	NATIONAL CHURCH RESIDENCES	ZANESVILLE, OH	37
NCR/VISION CENTER INDEPENDENT HOUSING	NATIONAL CHURCH RESIDENCES	COLUMBUS, OH	26
NMARC BUILDING CORPORATION	NEW MEXICO ARC	ALAMOGORDO, NM	12
NMARC BUILDING CORPORATION	NEW MEXICO ARC	ALBUQUERQUE, NM	10
NMARC BUILDING CORPORATION	NEW MEXICO ARC	HOBBS, NM	12
NMF HOUSING I	NEW MILESTONES FOUNDATION	AUSTIN, TX	11
NMF HOUSING II	NEW MILESTONES FOUNDATION	AUSTIN, TX	9
NMF HOUSING III	NEW MILESTONES FOUNDATION	AUSTIN, TX	9
NMF HOUSING IV	NEW MILESTONES FOUNDATION	AUSTIN, TX	11
NMF HOUSING V	NEW MILESTONES FOUNDATION	AUSTIN, TX	11
NORTH PARK PLAZA	VOLUNTEERS OF AMERICA	NEW HOPE, MN	107
NORTHGATE PLAZA	MIDLAND HISPANIC CHAMBER OF COMMERCE	MIDLAND, TX	41
OAK BLUFF VILLAGE	NATIONAL CHURCH RESIDENCES	COLUMBUS, TX	40
OAK PARK PLAZA	VOLUNTEERS OF AMERICA	BATON ROUGE, LA	102
OBLATE HOUSING	MISSION ROADS DEVELOPMENT	SAN ANTONIO, TX	16
ODESSA GOOD SAMARITAN HOUSING	EV LUTHERAN GOOD SAMARITAN SOCIETY	ODESSA, TX	41
OKLAHOMA RHF HOUSING	RETIREMENT HOUSING FOUNDATION	LINDSAY, OK	31
OLATHE GOOD SAMARITAN HOUSING	EV LUTHERAN GOOD SAMARITAN SOCIETY	OLATHE, KS	22
OPP VOA ELDERLY HOUSING	VOLUNTEERS OF AMERICA	OPP, AL	38
QXBOWL BEND APARTMENTS	VOLUNTEERS OF AMERICA	COON RAPIDS, MN	62
PARK MEADOWS	VOLUNTEERS OF AMERICA	FORT WORTH, TX	81
PARK VIEW TERRACE	PARKER CO COMMITTEE ON AGING	WEATHERFORD, TX	76
PARKVIEW PLACE	HUNTSVILLE MEMORIAL HOSPITAL	HUNTSVILLE, TX	41
PASSMAN PLAZA	OUACHITA COUNCIL ON AGING	MONROE, LA	41
PINE GROVE APARTMENTS	VOLUNTEERS OF AMERICA	GAINESVILLE, FL	98
PINEHURST APARTMENTS	RETIREMENT HOUSING FOUNDATION	PALESTINE, TX	50
PLACER COUNTY VOA ELDERLY HOUSING	VOLUNTEERS OF AMERICA	ROCKLIN, CA	79
PLAINS TOWNSHIP VOA LIVING CENTER	VOLUNTEERS OF AMERICA	PLAINS TOWNSHIP, PA	22
PLATEAU RIDGE APARTMENTS	NATIONAL CHURCH RESIDENCES	CLEBURNE, TX	50
PORTLAND VOA ELDERLY HOUSING	VOLUNTEERS OF AMERICA	PORTLAND, ME	61
PR GEORGES CO VOA LIVING CENTER	VOLUNTEERS OF AMERICA	PR. GEORGES CO., MD	10
PR GEORGES CO VOA LIVING CENTER I	VOLUNTEERS OF AMERICA	PR. GEORGES CO., MD	15
PRAIRIE CREEK VILLAGE	VOLUNTEERS OF AMERICA	DALLAS, TX	121
PROPHETSTOWN GOOD SAMARITAN HOUSING	EV LUTHERAN GOOD SAMARITAN SOCIETY	PROPHETSTOWN, IL	24
PUERTA DEL SOL	VOLUNTEERS OF AMERICA	HIALEAH, FL	101
ROCKLIN VOA ELDERLY HOUSING	VOLUNTEERS OF AMERICA	ROCKLIN, CA	44
ROSS KNOTTS CENTER	ROGUE VALLEY MANOR	MEDFORD, OR	50
RUSTON VOA LIVING CENTER	VOLUNTEERS OF AMERICA	RUSTON, LA	17
UVM BEND HOUSING CORPORATION	ROGUE VALLEY MANOR	BEND, OR	58

RVM KLAMATH FALLS HOUSING	ROGUE VALLEY MANOR	KLAMATH FALLS, OR	40
RVM MEDFORD HOUSING CORPORATION	ROGUE VALLEY MANOR	MEDFORD, OR	40
RVM MYRTLE CREEK HOUSING	ROGUE VALLEY MANOR	MYRTLE CREEK, OR	40
RVM REEDSPORT HOUSING CORPORATION	ROGUE VALLEY MANOR	REEDSPORT, OR	30
RVM ROSEBURG HOUSING	ROGUE VALLEY MANOR	ROSEBURG, OR	30
RVM YREKA HOUSING CORPORATION	VOLUNTEERS OF AMERICA	YREKA, CA	20
S CALIFORNIA VOA ELDERLY HOUSING	VOLUNTEERS OF AMERICA	RIVERSIDE, CA	76
SALINE APARTMENTS	VOLUNTEERS OF AMERICA	SALINA, KS	36
SANDUSKY VOA LIVING CENTER	VOLUNTEERS OF AMERICA	SANDUSKY, OH	22
SANTA MONICA VOA ELDERLY HOUSING	VOLUNTEERS OF AMERICA	SANTA MONICA, CA	40
SHREVEPORT VOA COMMUNITY LIVING CENTER I	VOLUNTEERS OF AMERICA	SHREVEPORT, LA	13
SHREVEPORT VOA COMMUNITY LIVING CENTER II	VOLUNTEERS OF AMERICA	SHREVEPORT, LA	13
SOUTH ALABAMA VOA LIVING CENTER	VOLUNTEERS OF AMERICA	MOBILE, AL	12
SOUTHWOODS APARTMENTS	VOLUNTEERS OF AMERICA	OKLAHOMA CITY, OK	102
SPOKANE CO VOA LIVING CENTER II	VOLUNTEERS OF AMERICA	SPOKANE, WA	22
SPOKANE CO VOA LIVING CENTER IV	VOLUNTEERS OF AMERICA	SPOKANE, WA	22
SUMMIT PLACE APARTMENTS	MENTAL HEALTH SERVICES	LIVINGSTON, MT	7
SWEETWATER TOWERS	VOLUNTEERS OF AMERICA	SWEETWATER, FL	101
TARC GROUP HOME 5	ASSOCIATION FOR RETARDED CITIZENS/TEXAS	ALVIN, TX	8
TARRANT CO B'NAI B'RITH HOUSING	ISADORE GARSEK LODGE OF B'NAI B'RITH 269	FORT WORTH, TX	61
TERRE HAUTE VOA ELDERLY HOUSING	VOLUNTEERS OF AMERICA	VIGO COUNTY, IN	53
THE BALCONES HAUS	NATIONAL CHURCH RESIDENCES	NEW BRAUNFELS, TX	40
TIFFIN VOA ELDERLY HOUSING	VOLUNTEERS OF AMERICA	TIFFIN, OH	20
TOBY HOUSE II	TOBY HOUSE	PHOENIX, AZ	18
TORRINGTON VOA ELDERLY HOUSING	VOLUNTEERS OF AMERICA	TORRINGTON, WY	41
TSE KO'O HOUSING CORPORATION	COYOTE CANYON REHAB CENTER	CROWNPOINT, NM	12
VICKSBURG VOA ELDERLY HOUSING	VOLUNTEERS OF AMERICA	VICKSBURG, MS	41
VILLA DE TULAROSA	TIERRA DEL SOL HOUSING CORP.	TULAROSA, NM	16
VILLA FELIZ APARTMENTS	SERVICES FOR SENIORS	ANTHONY, TX	30
VOA COMMUNITY HOME - TEXAS 1	VOLUNTEERS OF AMERICA	ARLINGTON, TX	8
VOA COMMUNITY HOME - TEXAS 4	VOLUNTEERS OF AMERICA	ROSENBERG, TX	8
WASHINGTON VOA LIVING CENTER	VOLUNTEERS OF AMERICA	SPOKANE, WA	22
WELSH VOA ELDERLY HOUSING	VOLUNTEERS OF AMERICA	WELSH, LA	20
WESTGATE TOWERS	VOLUNTEERS OF AMERICA	DENVER, CO	51
WINTER VALLEY RESIDENCES FOR THE ELDERLY	MILTON RESIDENCES FOR THE ELDERLY	MILTON, MA	32
YOUNGSTOWN VOA INDEPENDENT HOUSING	VOLUNTEERS OF AMERICA	YOUNGSTOWN, OH	31

TOTAL UNITS

9,499

Listing of Transactions
Low Income Housing Preservation & Resident Homeownership Act (Title VI)

As part of the ADC Acquisition Consulting Group, Diana McIver & Associates is providing acquisition consulting services to nonprofit purchasers on the following acquisitions under the LIHPRHA Title VI program:

Guardian Court Apartments, 128 Units, Louisville, Kentucky.

Purchaser: Health Endowment Properties, Inc.

Status: Technical Assistance Grant awarded March 1993. Plan of Action/Transfer of Physical Assets filed July 1993. Firm Commitment issued by HUD in March 1994. Loan Closing, May 1994.

Greenbriar Apartments, 140 Units, Sacramento, California.

Purchaser: Sacramento VOA Affordable Housing Corporation.

Status: Technical Assistance Grant filed in August 1993. Plan of Action/Transfer of Physical Assets filed February 1994.

Silverlake Apartments, 88 Units, Los Angeles, California.

Purchaser: Silverlake Heritage Housing

Status: Plan of Action/Transfer of Physical Assets filed June 1994.

Metro West, 40 Units, Los Angeles, California.

Purchaser: Metro Heritage Housing

Status: Technical Assistance Grant filed in May 1994.
Plan of Action/Transfer of Physical Assets filed August 1994.

Sierra Vista Apartments, 34 Units, Mountain View, California.

Purchaser: Affordable Preservation Housing Foundation.

Status: Plan of Action/Transfer of Physical Assets filed September 1994.

Palomar Apartments, 168 Units, Chula Vista, California.

Purchaser: Chula Vista VOA Affordable Housing Corporation.

Status: Plan of Action/Transfer of Physical Assets to be filed September 1994.

Grandview Apartments, 131 Units, Keansburg, New Jersey.

Purchaser: Monmouth Housing Alliance

Status: Technical Assistance Grant to be filed in September 1994.
Plan of Action/Transfer of Physical Assets to be filed in December 1994.

Village Green of Adrian, 113 Units, Adrian, Michigan

Purchaser: Lutheran Social Services of Michigan

Status: Plan of Action/Transfer of Physical Assets to be filed January 1995.

Village Green of Monroe, 189 Units, Monroe, Michigan

Purchaser: Lutheran Social Services of Michigan

Status: Plan of Action/Transfer of Physical Assets to be filed January 1995.

PUBLICATIONS

- *Common Interests*, quarterly newsletter.
- Developing Housing for Persons with Disabilities: A Guide to HUD's Section 202 Program.
- Developing Housing for the Elderly: A Guide to HUD's Section 202 Program.
- Developing and Managing Housing with Services for the Elderly.
- A Board Member's Guide to Sponsoring Section 202 Housing for the Elderly.
- Single Room Occupancy: A Need for National Concern.
- Model Management System for Nonprofit Sponsors of Housing for the Elderly.
- Congregate Housing for Older People: A Solution for the 1980's.

BUSINESS AND PROFESSIONAL AFFILIATIONS

- Section 202 Advisory Council.
- Ad Hoc Coalition on Housing for the Elderly.
- Director, Housing & Community Development Resource Center.
- Housing Task Force, AAHSA.
- American Association of Homes for the Aging.
- Texas Association of Homes for the Aging.
- Texas Association of Retirement Communities.
- Texas Community Development Association.
- National Association of Senior Living Industries.
- National Low Income Housing Coalition.
- National Council of State Housing Agencies.
- Planning Committee, 1988 Texas Housing Conference.
- Planning Committee, 1994 Assisted Living Conference, Texas Department on Aging
- Member, Interdisciplinary Working Group (LIHPRHA Reform), National Housing Trust
- American Institute of Certified Planners
- American Planning Association

RECENT PRESENTATIONS

- *Financing Assisted Living for the Elderly*, Assisted Living: A Symphony of Opportunities, Texas Department on Aging, Austin, Texas, September 1994.
- *Section 202 Supportive Housing for the Elderly & Section 811 Supportive Housing for Persons w/Disabilities*, First Annual Housing Conference, Texas Department of Housing & Community Affairs, Austin, Texas, August 1994.
- *Overview of Affordable Housing Programs*, Long Term Care Task Force, Health & Human Services Commission, State of Texas, Austin, Texas, April 1994.
- *Developing Affordable Housing for the Elderly with Multiple Financing Sources* - American Association of Homes for the Aging, 32nd Annual Meeting & Exposition, San Diego, California, October 1993.
- *Acquisition Alert: Affordable Housing Projects for Sale with Financing Included!* - American Association of Homes for the Aging, 32nd Annual Meeting & Exposition, San Diego, California, October 1993.
- *Affordable Housing Alert* -- American Association of Homes for the Aging, Chicago, IL, September 1993.
- *Section 202 Supportive Housing for the Elderly: A Program Overview* -- American Association of Homes for the Aging, 31st Annual Meeting & Exposition, Boston, Massachusetts, October 1992.
- *LIHPRHA: The Process As It Involves the Nonprofit Purchaser* -- American Association of Homes for the Aging, 31st Annual Meeting & Exposition, Boston, Massachusetts, October 1992.
- *The Low Income Housing Preservation & Resident Homeownership Act: What it Holds for Nonprofits* -- New Opportunities for Not-For-Profit Acquisition of Affordable Housing; American Association of Homes for the Aging; Philadelphia, PA; Hartford, CN; Chicago, IL; Portland, OR; & Seattle, WA; August - September 1992.
- *Mixed-Income, Mixed-Financed Housing for the Elderly* -- American Association of Homes for the Aging, 20th Annual Spring Conference, Washington, DC, March 1992.
- *Developing Housing under HUD's Revised Section 202 Program* -- American Association of Homes for the Aging, 30th Annual Meeting & Exposition, San Francisco, California, November 1991.
- *National Affordable Housing Act: Implications for Persons with Disabilities* -- National Association of Rehabilitation Facilities, Mid-Winter Meeting, Chandler, Arizona, January 1991.
- *Policy Session on Housing for Persons with Special Needs: The Elderly* -- Texas Housing Agency, Austin, Texas, November 1990.
- *Developing Housing for Persons with Disabilities under HUD's Section 202 Program* -- The Fifth Annual Community MHMR's Statewide Conference, South Padre Island, Texas, June 1990.
- *Developing Housing for Persons with Disabilities* -- a two-day training session sponsored by the Housing & Community Development Resource Center, Washington, DC; San Francisco, CA; Dallas, TX; Spring 1989.



Coalition of Texans with Disabilities

316 W. 12th St., Suite 405
Austin, Texas 78701
(512) 478-3366 V/TDD
FAX (512) 478-3370

MEDICAID AND MEDICARE "THE BASICS"

Confusion over the difference between Medicaid and Medicare is commonplace. Convincing elected legislators and congresspeople that neither Medicaid or Medicare meet all the needs of people with disabilities is a gap that must be bridged. The first step in this process is to explain the differences between Medicaid and Medicare.

Medicaid

- ✓ Covers only poor and low income people
- ✓ Federal funds with state funding match required, state administered program
- ✓ Covers health, long term care and prescription drugs
- ✓ Pays providers of service, not consumers

Medicaid is a joint federal-state program funded by federal and state taxes. The State government shares responsibility for funding Medicaid with the federal government, however the program is administered by the Texas Health and Human Service Commission's State Medicaid Office.

Medicaid is an optional program in which Texas decides to participate. Texas chooses to take part in the federal Medicaid program and in doing so must meet federal mandates to remain eligible to participate. The State must agree to four basic principles of the Medicaid program.

- 1) The program must be available throughout the state. (except for waivers)
- 2) Consumers have the freedom to choose their provider.
- 3) Services must be the same for all the participants.
- 4) The state must set the amount, scope and duration of services.

There are optional services available from the federal government that Texas can choose to provide. Presently, optional programs amount to 28% of the total Medicaid program; the remaining 72% are federally-mandated programs.

The heart of the Texas Medicaid program are two types of services which contain both mandated and optional services available to low income Texans.

Basic Health Care which covers physician and hospital care, lab and X-ray, and other items.

Long Term Care includes a wide array of services such as community care, nursing homes, facilities for persons with mental retardation and services available through waiver programs.

- A program of regular medical and dental check-ups for minors, and treatment of any conditions identified
- Ambulance Service (emergency only)
- Family Planning
- Federally Qualified Health Center Services
- Home Health Care
- Inpatient and Outpatient Hospital Services
- Kidney Dialysis
- Lab and X-ray Services
- Medical Transportation (non-emergency)
- Nursing Facility Care (nursing homes)
- Rural Health Clinics
- Services of certified nurse midwives, family nurse practitioners, and pediatric nurse practitioners

Optional Medicaid services provided to adults in Texas:

- Birthing Center Services
- Case Management for chronically mentally ill, high-risk pregnancies and infants, and persons with mental retardation and related conditions
- Certified Registered Nurse Anesthetists Services
- Chiropractic
- Christian Science Sanitarium Services
- Day Surgery
- Diagnostic Services: assessments of persons with mental retardation

- Emergency medical (emergency room services)
- Hearing aids and related audiologist service
- Hospice Care
- Intermediate Care Facilities for the Mentally Retarded
- Maternity Care Clinics
- Medically needed oral surgery and dentistry (not routine dentistry)
- Optometry and eyeglasses
- Personal care services in the home (attendant services)
- Physical therapy
- Podiatry
- Prescription drugs (limited to 3 prescriptions per month)
- Psychologists services
- Rehabilitation services: limited to chronic mental illness and chronic medical conditions
- Respiratory care in the home
- Tube feeding in the home

Identifying Medicaid Limitations

- Eligibility limitations based on age and economic status.
- Medicaid assistance does not provide routine dental care or dentures.
- Medicaid assistance does not provide durable medical equipment such as wheelchairs walkers and crutches, except when provided by a Medicaid home health agency.
- Medicaid assistance does not provide occupational, hearing, language, or speech therapy.
- Medicaid assistance does not provide for the flow of funds to the consumer.

Medicare

- ✓ Covers Elderly and Disabled Regardless of Income
- ✓ Federal Program - No State Share
- ✓ Does Not Cover Long Term Care or Prescription Drugs
- ✓ Can Directly Pay Consumer for Medical Expenses

Medicare is a federal retirement program to which we all contribute in payroll taxes: half contributed by the employer and half by the employee. Self-employed persons are responsible for contributing both the employer and employee share. The State government has no responsibility to administer Medicare, it is done by the Health Care Financing Administration, a federal agency.

Medicare has two parts designed to help pay for different kinds of health care costs. They are Hospital insurance (also called Part A) and Medical insurance (also called Part B). You are automatically enrolled in Part B when you become entitled to Part A. However, because you must pay a monthly premium for Part B coverage, you have the option of paying for the coverage or turning it down.

Part A Medicare hospital insurance can help pay for inpatient care in a hospital or skilled nursing facility, home health care (provided by skilled nursing), and hospice care.

Part B Medicare medical insurance helps pay for doctor's services and many services and supplies such as ambulance services, outpatient hospital care and x-rays.

Medicare will help pay for certain durable medical equipment and certain disposable medical supplies needed by persons with disabilities. A few examples are;

- Prosthetic devices
- Artificial limbs and eyes
- Braces for an arm, leg, or neck
- Colostomy or ileostomy bags
- Home dialysis equipment
- Durable medical equipment such as a wheelchair that is prescribed

Identifying the Medicare Limitations

- Two year waiting period to get Medicare from time of eligibility for SSDI.
- Eligibility limitations based on age and inability to work which denies access to many people with chronic disabilities.

- Low income beneficiaries can not afford the premium, deductible, and co-payments for Medicare.
- Medicare benefits will only pay 50% of allowable charges for outpatient mental health services.
- Medicare benefits do not cover augmentive communication devices or some assistive technology designed after 1965.
- Medicare benefits do not cover the range of on-going maintenance needs many older and people with disabilities experience.
- Medicare benefits do not cover preventive or wellness care, routine physical exams, eye or ear care to prescribe or fit eye-glasses or hearing aids, or immunizations.
- Medicare benefits do not cover dental care or dentures.
- Medicare benefits do not cover prescription drugs.

Where to Apply

Apply for **Medicare** insurance at the Social Security Office. For information call 800-772-1213.

Apply for **Medicaid** assistance at the Texas Department of Human Services. Texans receiving Social Security Income (SSI) are automatically eligible for Medicaid. Some people may still be eligible for Medicaid even if you do not qualify for SSI. For more information call 512/450-3011.

Facts and Figures

Medicaid assistance and services cover 2.3 million Texans (one in eight Texans).

Medicare insurance covers 1.87 million Texans.

There are 3.9 million Texans **NOT** covered by any insurance.

The Medicaid program represents 26% of the Texas State budget.

Over 25% on Texans under the age of 65 have no health insurance.

HOME AND COMMUNITY-BASED SERVICES

Service Description	Home and community-based services are provided to mentally retarded individuals as an alternative to ICF-MR institutional placement. Services are available to a limited number of eligible individuals in specific catchment areas based on special waiver provisions approved by the Health Care Financing Administration (HCFA).
Funding Source	Title XIX (1915c Waiver). State matching funds provided by the Texas Department of Mental Health and Mental Retardation (TXMHMR).
Covered Services	Services include: <ol style="list-style-type: none">1. Homemaker2. Habilitation3. Respite (30 days per year)4. Nursing Services5. Case Management6. Psychological Services7. Social Services8. Occupational Therapy9. Physical Therapy10. Speech Pathology11. Audiology Services
Client Eligibility	Age: no limit Income/resources: SSI eligible, parental income/resources not deemed to the child ICF-MR Level of Care Criteria Individual Plan of Care for Waiver Services Approved by TDHS
Service Maximum	\$37,781 individual client cost ceiling per year (Statewide maximum of 1,800 clients for FY 93)
Provider Base	Public and private agencies
Procurement Methodology	Limited open enrollment

Home and Community-based Services (cont.)

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Reimbursement Methodology	Fixed per diem rate statewide based on published cost finding and rate setting methodology applied to contractor cost data collected annually.
Unit of Service	One day
Rate Per Unit of Service	\$62.32 per day
Annual Expense (Projected FY 1993)	\$26.5 million
Number of Contracts	45
Clients/Month (Projected FY 1993)	1,067
Service Availability	Specific geographic catchment areas
Monitoring	TXMHMR annual survey and certification and on-site reviews Utilization review which consists of <ul style="list-style-type: none">● a system of prior approval by TXMHMR and TDHS;● pre- and post-payment review by appropriate state office staff; and● quarterly on-site monitoring visits by TDHS staff.
Sanctions	Time-limited corrective action plan Vendor hold Contract termination/cancellation

HOME AND COMMUNITY-BASED SERVICES-OBRA WAIVER

Service Description	This Medicaid waiver will provide various community services during the first three years of operation to approximately 972 persons with mental retardation (MR) and/or related conditions (RC) who are currently inappropriately placed in nursing homes.
Funding Source	State funds provided by the Texas Department of Mental Health and Mental Retardation (TXMHMR) and matching federal Medicaid funds
Covered Services	<ul style="list-style-type: none">■ Adaptive Aids■ Case Management■ Dietary■ Habilitation■ Minor Home Modifications■ Nursing■ Occupational Therapy■ Psychology■ Respite■ Social Services■ Speech Language Pathology
Client Eligibility	<ol style="list-style-type: none">1. Be determined by TXMHMR to have MR and/or RC and be inappropriately placed in a nursing home.2. Meet criteria for an ICF-MR/RC level of care.3. Have an Individual Plan of Care (IPC) that does not exceed 125% of the average annualized expenditure for waiver services.4. Meet financial criteria for SSI, MAO in the community, the institutional income limit, or be a disabled child who meets SSI criteria if in an institution, with parental income disregarded.5. Be discharged directly from a nursing home.
Service Maximum	The client's IPC cannot exceed 125% of the average annualized expenditure for waiver services
Provider Base	Certified by TXMHMR

Home and Community-based Services-OBRA (cont.)

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Procurement Methodology	Open enrollment
Reimbursement Methodology	Fee for Service
Rate per Service	Varies per service provided; most are hourly rates, with a daily rate for respite.
Annual Expense (Projected FY 1993)	\$.7 million
Number of Contracts	21
Clients/month (Projected FY 1993)	206
Service Availability	Undetermined at this point. Contracts can be awarded to qualified providers in any county in Texas.
Monitoring	TDHS will contract with TXMHMR to monitor these providers.
Sanctions	Time-limited corrective action plan Vendor hold Contract termination/cancellation

MEDICALLY DEPENDENT CHILDREN WAIVER PROGRAM

Service Description	In-home/out-of-home licensed nurse services and facility-based respite care (less than 30 days/year) are provided Medically Dependent Children Program (MDCP) eligible clients as a cost-effective alternative to providing for their care in a nursing facility. Services are available to medically dependent children based on special waiver provisions approved by the Health Care Financing Administration (HCFA).
Funding Source	Federal funds (through 1915(c) Medicaid waiver) and state matching dollars.
Covered Services	<ul style="list-style-type: none">■ In-home/out-of-home licensed nursing■ Facility-based respite care■ Regular Medicaid State Plan benefits
Client Eligibility	<p>Under 18 years of age.</p> <p>Require the services of a licensed nurse.</p> <p>Meet the medical necessity criteria for a nursing facility.</p> <p>Meet the disability requirements specified by SSA for SSI eligibility.</p> <p>Have individual plan of care approved by the client's physician.</p> <p>Be Medicaid eligible in the community under SSI, parental deeming or MAO (Medical Assistance Only) provisions defined in the waiver.</p>
Service Maximum	Projected annual cost of services cannot exceed the cost of Medicaid institutional care.
Provider Base	Nursing Care: Qualified individual and agency providers of licensed nurse (RN or LVN) services. Respite: Title XIX nursing facility or hospital.

Medically Dependent Children Waiver (cont.)

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Procurement/ Reimbursement Methodology	Client/family freely choose the provider of waiver services. TDHS staff develops contracts with the individual/provider agency selected and negotiates the rate of reimbursement within established rate ceilings.
Unit of Service	An hourly unit for licensed nurse services; a daily unit of service for facility-based respite care.
Rate Ceiling per Unit of Service	\$22.31 per hour for skilled nursing.
Annual Expense (Projected FY 1993)	\$4.9 million
Number of Contracts	170
Clients/Month (Projected FY 1993)	368
Service Availability	Statewide
Monitoring	TDHS regional staff monitor and reassess the adequacy of individual plans of care and the effectiveness of the services provided, on a regularly-scheduled basis. TDHS state office conducts periodic utilization reviews on random samples of MDCP cases.
Sanctions	Time-limited corrective action. Contract termination/cancellation.

**PROGRAM OF ALL-INCLUSIVE CARE FOR THE
ELDERLY (PACE) WAIVER PROJECT**

Service Description	Provides community-based services to frail elderly people who qualify for nursing facility placement. Uses a comprehensive care approach, providing an array of medical, functional and day activity services for a capitate monthly fee that is below the cost of comparable institutional care.
Funding Sources	Medicare (Title XVIII), Medicaid (Title XIX) 1115 Waiver, and private pay
Covered Services	Any and all health-related services needed including in-patient and out-patient medical care, specialty services like dentistry and podiatry, social services, in-home care, meals, transportation, day activity and housing assistance.
Client Eligibility	<ul style="list-style-type: none">■ over age 55■ qualify for a nursing facility level of care■ qualify for Medicaid in a nursing facility■ choose PACE services
Provider Base	Bienvivir Senior Health Services, El Paso, Texas
Procurement	One pilot site for demonstration program.
Reimbursement Methodology	Agency reimbursed on a monthly capitated Medicaid rate that is equivalent to 95% of comparable nursing home costs. Medicare per diem rate based on Adjusted Average per Capita Cost (AAPCC)
Units of Service	One month
Rate Per Unit of Service	\$1,458.48 month
Annual Expense (Projected FY 1993)	\$2,362,000 (state/federal) allocated for second year

Program of All-Inclusive Care for the Elderly (cont.)

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Number of Contracts	1
Clients/Month (Projected FY 1993)	125
Service Availability	Designated areas of El Paso
Monitoring	<ul style="list-style-type: none">■ Utilization review■ Post-payment review
Sanctions	Time-limited corrective action plan Contract termination/cancellation