

**INTERAGENCY PARTNERSHIP AGREEMENT
FOR THE
PROVISION OF HOUSING AND SUPPORT SERVICE ASSISTANCE
UNDER THE
STATE OF GEORGIA'S SECTION 811 PROJECT RENTAL ASSISTANCE
DEMONSTRATION PROGRAM**

THIS INTERAGENCY PARTNERSHIP AGREEMENT (hereinafter, "IPA") entered into as of the 25th day of July, 2012, is entered into between the Georgia Department of Community Affairs (hereinafter, "DCA"), the Department of Behavioral Health and Developmental Disabilities (hereinafter, "DBHDD"), and the Georgia Department of Community Health (hereinafter, "DCH"), all legislative bodies created through the executive branch of the State of Georgia government as more fully described below.

RECITALS

WHEREAS, the State of Georgia recognizes the need to create additional affordable housing opportunities for extremely low income individuals with disabilities; and

WHEREAS, the United States Department of Housing and Urban Development (hereinafter, "HUD") issued a Notice of Funding Availability (hereinafter, "NOFA") on May 15, 2012, which announced the availability of the Section 811 Project Rental Assistance Demonstration Program (hereinafter, "Section 811 PRA Demonstration Program") to provide project-based rental assistance in the development of supportive housing for extremely low income persons with disabilities; and

WHEREAS, as set forth in O.C.G.A. §50-8-1 et. seq., DCA was created in 1977 to serve as an advocate for local governments. On July 1, 1996, the Governor and General Assembly merged DCA with the Georgia Housing and Finance Authority (hereinafter, "GHFA"), the state's housing agency, for any purpose necessary or incidental in the administration and performance of GHFA's duties, powers, responsibilities, and functions as provided in O.C.G.A. §50-26-1 et. seq. As such, DCA administers and operates a host of state and federal grant programs; serves as the state's lead agency in housing finance and development; promulgates building codes to be adopted by local governments; and provides comprehensive planning, technical and research assistance to local governments; and serves as the lead agency for the state's solid waste reduction efforts, among other things. The programs of GHFA are administered by DCA. The Georgia Environmental Finance Authority is also assigned to DCA for administrative purposes. GHFA is eligible to serve as the Applicant for assistance under the Section 811 PRA Program; and

WHEREAS, DBHDD administers the State's Mental Health, Developmental Disability and Addictive Disease Programs and policies; as set forth in O.C.G.A. §37-1-1 et. seq. and created by the Governor and the General Assembly in 2009, DBHDD is the state agency created to focus solely on policies, programs, and services for people with severe and persistent mental illness, developmental and intellectual disabilities, substance use disorders, or a combination of any of

these. DBHDD is responsible for most of the activities that were undertaken by the Division of Mental Health, Developmental Disabilities, and Addictive Diseases, which was part of the former Department of Human Resources; and

WHEREAS, DCH serves as the State's Medicaid Agency, as set forth in O.C.G.A. §31-2-1 et. seq., DCH was created by the Governor and the General Assembly in 1999 to serve as the lead agency for health care planning and purchasing in Georgia. The General Assembly created DCH by consolidating four agencies involved in purchasing, planning and regulating health care. DCH administers Peach Care for Kids[®], the State Health Benefit Plan, Healthcare Facility Regulation and Health Information Technology in Georgia. The DCH is designated as the single state agency for Medicaid; and

WHEREAS, the State of Georgia has entered into a Settlement Agreement with the U.S. Department of Justice in which the State of Georgia has agreed to serve approximately 9,000 individuals with Severe and Persistent Mental Illness (SPMI) in the community by June 30, 2015; and

WHEREAS, Community Mental Health Center services are those services and supports provided by outpatient behavioral health agencies that offer a comprehensive range of mental health services or specialty services that meet conditions of the Medicaid Program.

WHEREAS, the State of Georgia participates in the Center for Medicare and Medicaid Services ("CMS") Money Follows the Person (hereinafter, "MFP") Demonstration Program and has targeted to serve in the community approximately 2,142 individuals who are institutionalized in nursing facilities and intermediate care facilities ("ICF") for people with intellectual/developmental disabilities; and

WHEREAS, GHFA will seek funding under the Section 811 PRA Program from HUD with the partnership and support of DCH and DBHDD that will result in long term strategies to provide permanent affordable rental housing for individuals with disabilities receiving assistance under Title XIX of the Social Security Act or other individuals with disabilities receiving comparable long-term services and supports in the community; and

WHEREAS, DCA, DCH, and DBHDD desire to lay out their responsibilities associated with the provision of housing and service assistance to individuals under this initiative.

NOW THEREFORE, the parties hereto, for and in consideration of their mutual promises, covenants and agreements herein contained, do hereby mutually covenant, and agree as follows:

SECTION I **Definitions**

For the purposes of this IPA, the following are definitions to relevant terms and activities:

"Area Agencies on Aging" or "AAA" means those entities serve aging and disability populations of all ages as a "no wrong door" entry point for services.

“ADRC” is Georgia's Aging and Disability Resource Connection, a coordinated system of partnering organizations that are dedicated to: providing accurate information about publicly and privately financed long-term supports and services; offering a consumer-oriented approach to learning about the availability of services in the home and community; alleviating the need for multiple calls and/or visits to receive services; and supporting individuals and family members who are aging or living with a disability.

“Area Median Income” is used to determine the eligibility of applicants for both federally and locally funded programs. It sets the maximum limit that a household can earn to be eligible for DCA housing programs, essentially defining who we can serve given the particular funding source. Income limits are calculated for specific geographic areas. They are based on HUD estimates of median family income with adjustments for family size.

“Community Transition Planning” or “CTP” is a core service that addresses the care, service, and support needs of adults with mental illness and/or addictive diseases to ensure a coordinated plan of transition from a qualifying facility to the community.

“Cooperative Agreement” means the grant award executed between HUD and GHFA for the receipt of Section 811 PRA Demonstration Funds.

“DD” or developmental disability means a severe, chronic disability of an individual that: (1) is attributable to a significant intellectual disability or combination of significant intellectual disability and physical impairments; (2) is manifested before the individual attains age 22; (3) is likely to continue indefinitely; (4) results in substantial functional limitations in three or more areas of major life activity; and (5) reflects the individual’s need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

“Eligible Property” means, for the purposes of this IPA, any multifamily property whose development was financed through resources administered by DCA and that meets the eligibility criteria established in the HUD Section 811 PRA Demonstration NOFA.

“Eligible Tenant” means a household with an Extremely Low Income, that includes an individual with a disability who is 18 years of age or older and who is less than 62 years of age at the time of admission to the property, and who is eligible for community-based long-term services as provided through Medicaid waivers, Medicaid State Plan options, state funded services, or other appropriate services.

“Extremely Low Income Household” means a household with an income at or below 30% of Area Median Income.

“HOME” means the HOME Investment Partnerships Act found at 24 CFR Part 92.

“HOPWA” means the Housing Opportunities for Persons with AIDS program found at 24 CFR Part 574.

“IRP” means Individual Recovery Plan.

“LIHTC” means the Low Income Housing Tax Credit program under Section 42 of the Internal Revenue Service Code of 1986 (IRC).

“MFP” means Money Follows the Person Demonstration Grant from the Center for Medicaid and Medicare Services (CMS).

“PD” means physical disabilities.

“PHA” means a Public Housing Authority.

“Project Rental Assistance” or “PRA” means funding that is made available by HUD to GHFA for purposes of providing long-term rental assistance for supportive housing for non-elderly, extremely low income persons with disabilities and for extremely low income households that include at least one non-elderly person with a disability that will fund the difference between the tenant’s payment for rent and the approved rent for the assisted unit.

“PSS” means Personal Support Services.

“Qualified Allocation Plan” or “QAP” means the document that sets forth the legislative requirements for distributing federal and state affordable housing financing resources available from DCA for financing affordable rental housing, the priorities established by DCA for the types of affordable rental housing, the process for evaluating funding requests and awarding of these resources, and the program requirements and processes.

“RAC” means Rental Assistance Contract which is the contract between the Grantee and the owner of the eligible multifamily property. The Grantee for purposes of this IRA is GHFA.

“Section 811 PRA Unit” means a unit in a development which is set-aside for the 811 Targeted Population.

“Settlement Agreement” means the stipulated terms and conditions consented to by the Parties from the lawsuit brought by the Department of Justice (DOJ), against the State of Georgia and DBHDD namely, the *United States v. Georgia*, Civil Action No. 1:10-CV-249-CAP. The litigation was brought by DOJ under Title II of the Americans with Disabilities Act, Section 504 of the 1973 Rehabilitation Act and the decision of the Supreme Court in *Olmstead v. L.C.* The Settlement Agreement requires the State to provide community-based services and housing to two discrete groups of people.

“SPMI” or “Severe and Persistent Mental Illness” means a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria that has occurred within the last year, has resulted in functional impairment which substantially interferes with or limits one or more major life activities, and has episodic, recurrent, or persistent features.

“State” means the State of Georgia.

“TBI” means traumatic brain injury.

SECTION II Goals of Partnership

The goals of the partnership are to provide permanent supportive housing that:

1. Provides integrated, affordable, lease-based housing linked with necessary support services for extremely low-income persons with disabilities;
2. Enhances innovative systemic approaches to providing housing for persons with disabilities with access to appropriate services that can be delivered efficiently in the community and replicated;
3. Identifies innovative and replicable ways of using and leveraging Section 811 PRA Demonstration funds. DCA will strategically plan for flexibility in this program and structure the operating assistance creatively;
4. Substantially increases the number of rental supportive housing units for persons with disabilities by integrating Section 811 PRA Demonstration assisted units within existing, new, or rehabilitated multifamily properties with a mix of incomes and disability status; and
5. Creates more efficient and effective uses of housing, health care and behavioral health resources.

SECTION III Targeted Populations for Assistance

A. 811 Targeted Population. Funding awarded to GHFA through the Section 811 PRA Program will benefit Eligible Tenants. The State will provide priority targeted assistance to Eligible Tenants in the following core populations (collectively known as “811 Targeted Population”):

1. Settlement Agreement SPMI Target Population: This target population group includes those individuals with SPMI who are currently being served in the State Hospitals, who are frequently readmitted to the State Hospitals, who are frequently seen in Emergency Rooms, who are chronically homeless, and/or who are being released from jails or prisons. In addition, forensic status individuals with SPMI are included if the relevant court finds that community based services are appropriate. Also, any individual in the above Settlement Agreement SPMI Target Population who otherwise satisfies one of the eligibility criteria above and who has a co-occurring condition, such as substance abuse disorders, intellectual/developmental disabilities, or traumatic brain injuries is included in this target population.

2. MFP Target Population: This target population group includes those Eligible Tenants who are functionally impaired adults with intellectual/developmental disabilities, those with physical disabilities (PD), those with traumatic brain injury (TBI), and eligible youth leaving Psychiatric Residential Treatment Facilities (PRTFs) aged 18-21 with a primary diagnosis of mental illness.

The State of Georgia will give equal weight to both core populations within the Section 811 Targeted Population when considering a household for Section 811 PRA Demonstration Program assistance.

DCA, DCH, and DBHDD may alter this target population upon written agreement by all parties based on the needs of the State and will be consistent with the Cooperative Agreement between GHFA and HUD.

- B. Eligibility Requirements. To qualify for a Section 811 PRA Unit, in addition to being a member of the 811 Targeted Population, an applicant must also meet the following basic requirements:

1. The applicant must be referred to DCA by DBHDD or DCH with written verification that the individual meets the requirements for inclusion in the 811 Targeted Population and that DBHDD or DCH will make continuous highly targeted and voluntary supportive services readily available.
2. The household's income must not exceed the applicable income limit as determined based on the Area Median Income.
3. The individual or household member must furnish proof of citizenship or eligible immigration status.
4. The individual or family member must not have been convicted of manufacturing or selling methamphetamine on the premises of federally assisted housing.
5. The individual or household member must not be subject to the lifetime registration requirement under a State sex offender registration program.

SECTION IV DBHDD and DCH Roles and Responsibilities

- A. Outreach. DBHDD and DCH will use its existing outreach infrastructure to identify eligible individuals for assistance under the Section 811 PRA Demonstration Program.

1. For the Settlement Agreement SPMI Target Population, and consistent with the requirements of the State's Settlement Agreement, DBHDD will ensure that individuals are identified through a network of dedicated provider and outreach organizations across Georgia, including: Crisis Stabilization Units; local hospitals; Community Service Boards

(CSB); Projects for Assistance in Transition from Homelessness (PATH) Teams; Assertive Community Treatment (ACT) Teams; other core and specialty providers; and emergency shelter and service providers to the homeless. These organizations may refer the individual to other appropriate providers, such as core providers, specialty providers, or ACT Teams, (collectively identified as “Behavioral Health Care Providers”) for assessment.

- a. DBHDD provider organizations will provide outreach and engagement services through a variety of methods to engage individuals and encourage them to get involved in services. Mobile outreach teams working throughout the state will make regular and frequent trips to engage individuals living on the streets and in homeless shelters.
 - b. DBHDD providers will also work with individuals who are already engaged in services if they are ready for more independent housing and are living in transitional housing programs for homeless, group homes, or board and care homes.
 - c. DBHDD providers will work with individuals who are currently residing in DCA funded Sponsor-based Shelter Plus Care programs or congregate, supportive housing options around the state and who may be interested in relocating to an alternate, more integrated community based housing option.
 - d. DBHDD will identify existing members of the Settlement Agreement SPMI Target Population who are currently receiving temporary housing assistance through DBHDD’s state-funded, tenant-based rental assistance program.
2. For the MFP Target Population, DCH will ensure that outreach to identify individuals eligible for MFP is made using ADRCs which are part of the Area Agencies on Aging. Each designated ADRC provides direct outreach and marketing to nursing facility residents, resident councils, administrators, social workers, and discharge planners about the MFP Program. Referrals to the MFP are received from a variety of sources, including:
- a. ADRC Options Counselors receive referrals and provide options counseling (OC) for individuals wishing to transition from nursing facilities as required by the Centers for Medicare and Medicaid Services under Section Q of the Minimum Data Set (MDS) 3.0.;
 - b. The State’s Long-Term Care Ombudsman working in nursing facilities;
 - c. Centers for Independent Living (CILs) and other provider organizations;
 - d. Waiver case management entities and legal advocates;
 - e. Friends and family of nursing home residents;
 - f. Self-referral; and,

- g. Additionally, each DBHDD Regional Office has a Developmental Disabilities Community Case Expeditor who can assist individuals moving from hospitals or in crisis to access services. These Community Case Expeditors identify individuals who may be eligible for participation in the MFP and refer these individuals to the MFP Transition Coordinator for participation in the MFP.

B. Referral. The State proposes to implement a unified approach to matching an individual to the most appropriate housing option based on the individual's choice in the community. Each case management service provider will provide an initial, comprehensive housing eligibility review based on the eligibility criteria of each affordable housing resource. The individual, in consultation with the provider, will identify the most appropriate housing that is available through Georgia's housing resources. This decision matrix will be expanded as additional housing resources and partnerships are arranged for the target population groups.

1. Tenant Selection. Properties participating in the Section 811 PRA Demonstration Program will retain the right to establish screening criteria for all units at the property consistent with state and federal law. In order to efficiently use available Section 811 PRA Units, case management service providers will conduct an initial screening of the individual based on Section IIIB and, if available, on the property specific tenant screening eligibility criteria prior to making a referral to the Eligible Property.
2. Settlement Agreement SPMI Target Population. As individuals with SPMI are identified, DBHDD will ensure the Behavioral Health Care Provider ("Provider") will assess the individual for services and develop a person centered Individualized Recovery Plan (IRP) matched to the tenant's needs. The Provider will seek the approval of the DBHDD Regional Coordinator that the individual qualifies as a member of the Settlement Agreement SPMI Target Population and that an IRP is in place with support services matched to the individual's needs.
 - a. If a housing need is identified during this process, the Provider will work with the individual to identify the most appropriate housing option for the person based on the individual's choice, requirements, geographic preference, and the requirements of each housing option available. The Provider will evaluate the individual, based in part on the following factors: daily living assessment, income potential, desired location, capacity for support services, employment history, criminal history, and tenant priority. The Provider will support the individual as they access any housing resources. The Provider will explain to the individual the implications of tenancy, the purpose of the respective assistance program, and the benefits and responsibilities to the individual. Additionally, the Provider will assist in applying for and entering into any lease by the individual.
 - b. The following is a list of the State's housing resources administered by the parties to this IPA for which individuals may be eligible:

- 1) Shelter Plus Care Program

- 2) DCA Permanent Supportive Housing Program–Financed Developments
 - 3) Georgia Housing Voucher Program (GHVP)
 - 4) DCA Housing Choice Voucher (HCV) Program
 - 5) Section 811 Project Rental Assistance Demonstration Program
 - 6) Housing Opportunities for Persons with AIDS (HOPWA) Program
3. MFP Target Population: As potential MFP candidates are identified, each individual will be assessed for participation by an ADRC Options Counselor or a DBHDD Case Expeditor, who will assess the individual for services and prepare an individualized service/transitional plan matched to the tenant's needs. The individual will initiate services upon plan completion. As part of this assessment, the Options Counselor or Case Expeditor will evaluate the individual's need for housing based on the qualifications of each individual for the resource in the targeted area and refer the individual to the most appropriate housing option for the individual based on their geographic location and the requirements of each housing option available in the individual's preferred location of residence. The individual in consultation with the provider will identify the most appropriate housing that is available through Georgia's housing resources. In consultation with the individual, the Options Counselor or Case Expeditor will assist the individual with applying for the housing resource. If rental assistance is required to access a housing resource in the community, the individual may access one of the following options based on eligibility using the State's housing resources:
- a. DCA Housing Choice Voucher (HCV) Program
 - b. HOME Tenant Based Rental Assistance (HOME TBRA) Program
 - c. Section 811 PRA Demonstration Program
 - d. Housing Opportunities for Persons with AIDS (HOPWA) Program
- C. Provision of Services to Tenants. Georgia will use its existing service provider infrastructure to identify eligible individuals for services under the Section 811 PRA Demonstration Program.
1. DBHDD Responsibility for the Settlement Agreement SPMI Target Population:
 - a. DBHDD will make available the appropriate mental health services for residents in Section 811 PRA Units in order to allow the Settlement Agreement SPMI Target Population to live independently in the community. These services are mandated by the Settlement Agreement and shall include the following services that are accessible to persons with or without state Medicaid benefits:

- 1) Assertive Community Treatment (ACT) is an intensive behavioral health service for consumers discharged from a hospital after multiple or extended stays or from multiple discharges from crisis stabilization unit(s), or individuals with SPMI being discharged from correctional facilities or other institutional settings, or those leaving institutions who are difficult to engage in treatment. The service is provided to individuals to decrease hospitalizations, incarcerations, emergency room visits, and crisis episodes and increase community tenure/independent functioning. ACT is a client-centered, recovery-oriented, and highly intensive community based service for individuals who have severe and persistent mental illness. ACT provides a variety of interventions twenty-four (24) hours per day, seven days per week. The service utilizes a multidisciplinary mental health team from the fields of psychiatry, nursing, psychology, social work, substance abuse, and vocational rehabilitation; additionally, a Certified Peer Specialist is an active member of the ACT Team providing assistance with the development of natural supports, promoting socialization, and the strengthening of community living skills. The ACT Team works as one organizational unit providing community based interventions that are rehabilitative, intensive, integrated, and stage specific. Services emphasize social inclusiveness through relationship building and the active involvement in assisting individuals to achieve a stable and structured life style.

- 2) Supported Employment (SE) services are available to eligible consumers who express a desire to work and who, due to the impact and severity of the individual's disability, may have recently lost employment, or been underemployed or unemployed on a frequent or long term basis. Services include supports to access benefits counseling, to identify vocational skills and interests, and to develop and implement a job search plan to obtain competitive employment based on the consumer's strengths, preferences, abilities, and needs. Competitive employment refers to permanent jobs to which anyone can apply, in a community environment in which the majority of employees do not self-identify as disabled, and which pays a competitive or at least minimum wage. In accordance with current best practice, this service emphasizes that a rapid job search be prioritized above traditional prevocational training, work adjustment, or transitional employment which may be offered by traditional vocational rehabilitation services. After suitable employment is attained, services may include job coaching to support the consumer in learning the specific job skills/tasks and interpersonal skills necessary to perform and successfully retain a particular job. If the consumer is terminated or desires a different job, services are provided to assist the consumer in redefining vocational and long term career goals and in finding, learning and maintaining new employment aligned with these goals. Employment goals and services are integrated into the consumers' overall behavioral health service plan, and are available until the consumer no longer desires or needs Supported Employment specialty services to successfully maintain employment.

- 3) Community Support Team (CST) is an intensive behavioral health service for consumers discharged from a hospital after multiple or extended stays or from multiple discharges from crisis stabilization unit(s), or individuals with SPMI being discharged from correctional facilities or other institutional settings, or those leaving institutions who are difficult to engage in treatment. The service is provided to individuals to decrease hospitalizations, incarcerations, emergency room visits, and crisis episodes and increase community tenure/independent functioning; increase time working or with social contacts; and increase personal satisfaction and autonomy. Through active assistance and based on identified, individualized needs, the individual is engaged in the recovery process. CST targets provision of relapse prevention skills training and substance abuse recovery support, problem-solving, social, interpersonal, and communication skills training, development of personal support networks, crisis planning, crisis intervention services, one-on-one psychosocial rehabilitation.
- 4) Intensive Case Management (ICM) consists of mental health rehabilitative services and supports necessary to assist the adult in achieving rehabilitative and recovery goals as identified in the individualized service plan. The focus of the interventions include assisting the individual in identification of service needs; minimizing the negative effects of symptoms of mental health problems and addictive diseases which interfere with the consumer's daily living skills, independent functioning and personal development; developing strategies and supportive interventions for avoiding out-of-home placement or the need for more intensive services; assisting consumers to increase social support skills that ameliorate life stresses resulting from the consumer's disability; and coordinating rehabilitative services as specified in the individualized service plan. These services may be provided in a clinic or outside the clinic setting in the community.
- 5) Case Management (CM) services include the utilization of best practices (i.e. Wellness Recovery Action Plan/WRAP) to provide services to individuals with severe psychiatric disabilities that focus on maintaining the individual in the least restrictive environment possible. Interventions include assisting the individual with 1) identifying service needs, 2) maintaining housing stability, 3) minimizing the negative effects of symptoms of mental illness and addictive diseases, 4) developing symptom self-management skills to prevent the need for more intensive services, and 5) increasing social and leisure skills and developing support networks. These services may be provided in a clinic or outside the clinic setting in the community.
- 6) Core services are provided in order to promote stability and build towards functioning in their daily environment. Stability is measured by a decreased number of hospitalizations, by decreased frequency and duration of crisis

episodes and by increased and/or stable participation in community/work activities. Core services include:

- i. Community-based, mental health services
- ii. Behavioral Health Assessment
- iii. Comprehensive clinical assessment
- iv. Development of IRP
- v. Psychotherapy
- vi. Individual Therapy
- vii. Psychosocial Rehabilitation
- viii. Partial Hospitalization Program
- ix. Family Therapy
- x. In-home Behavioral Counseling
- xi. Respite Services: In-home, Out-of Home
- xii. In-Home Intervention
- xiii. Medication Monitoring
- xiv. Self-Help Groups
- xv. Day Treatment Programs
- xvi. Clubhouse
- xvii. Referrals to Primary Health Care
- xviii. Referrals to Vocational Rehabilitation
- xix. Young Adult Mental Health Services
- xx. Pharmacy Program
- xxi. Peer Support Program
- xxii. Group Therapy
- xxiii. Addiction Services
- xxiv. Individual community support services (CSI)
- xxv. Rehabilitative skills building
- xxvi. Development of environmental supports and resources coordination
- xxvii. Community Transition Planning (CTP)
- xxviii. Additional Transition Planning activities include: educating the consumer and identified supports on service options offered by the chosen primary service agency; participating in state hospital or facility treatment team meetings to develop a transition plan, and making collateral contacts with other agencies and linkages to community resources when indicated.

7) Crisis Stabilization Unit: This service is a short-term residential alternative to or diversion from inpatient hospitalization, offering psychiatric stabilization and detoxification services. The program provides medically monitored residential services for the purpose of providing psychiatric stabilization and substance detoxification services on a short-term basis. Specific services may include:

- i. Psychiatric medical assessment
 - ii. Crisis assessment, support and intervention
 - iii. Medically Monitored Residential Substance Detoxification (at ASAM Level III.7-D)
 - iv. Medication administration, management and monitoring
 - v. Brief individual, group and/or family counseling
 - vi. Linkage to other services as needed
- b. DBHDD will also make available appropriate substance abuse services available for individuals with co-occurring disorders who are residing in Section 811 PRA Units. These substance abuse programs are targeted for prevention, treatment, and recovery. These support services are contracted through CORE, specialty and prevention providers statewide. By contract, all state providers of core services must be co-occurring capable. Georgia provides outpatient and residential substance use disorder treatment strategies along with therapeutic childcare services and programs where children can live with a parent during residential treatment. Moreover, the State has gender specific and age specific substance abuse and co-occurring disorders treatment programs using evidence based practices and fully integrates both mental health and substance abuse issues in the individualized recovery plan of those consumers who identify substance use as a barrier to recovery. In addition to Core Service and Specialty Providers, the DBHDD Division of Addictive Diseases (DAD) contracts with TANF Ready to Work providers. Both the Division of Mental Health (DMH) and the DAD share the same service definitions in the state Provider Manual and the Offices work in harmony to ensure that citizens have an integrated system of care.

Core substance abuse services include:

- i. In-Patient Substance Abuse Treatment
 - ii. Out-Patient Substance Abuse Treatment
 - iii. After-Care Programs
 - iv. 12 Step Programs
 - v. Detoxification Programs
- c. Housing Stability Commitments. DBHDD makes the following housing stability commitments:
- 1) DBHDD will provide managers of Section 811 Demonstration Program properties a toll free, 24 hour hotline (the Georgia Crisis and Access Line provided through Behavioral Health Link) for mobile crisis response for individuals residing in the Section 811 PRA Units.
 - 2) DBHDD, to leverage limited PRA resources in accordance with the average tenant payment expectations established in the Section 811 PRA NOFA, will

ensure that individuals being referred to Section 811 PRA Units have secured income or other resources.

- 3) DBHDD will ensure that all individuals referred to a Section 811 Unit have the necessary resources for housing start-up costs, including but not limited to application fees, utility connection fees, basic furnishings and household items.
 - 4) Participation in all services for individuals with SPMI is voluntary. The State will not require participation in any services as a condition of tenancy in a Section 811 PRA Unit.
2. DCH Responsibility for the MFP Target Population and consistent with the State's Agreement for MFP with CMS, DCH will make the following types of services available to transition persons from institutional care to community integrated settings with these support and waiver services. Using these supported services, DCH will make available appropriate services for residents in Section 811 PRA Units in order to allow the MFP Target Population to live independently in the community.
- a. These services currently include the following Pre-Transition Services:
 - 1) Peer Community Support: This service provides for face-to-face visits from a peer supporter for the purpose of discussions and problem solving related to transition challenges, Peer supporters assist participants with community networking and connecting to individuals and associations. A case note is required to document each contact.
 - 2) Trial Visit- Personal Support Services/PCH: This service provides a brief period of personal support services or residential services (such as a personal care home) during a trial visit to the community before transitioning. The purpose of this service is to give the participant an opportunity to manage and direct Personal Support Services (PSS) staff and/or interact with staff in the personal care Home. On a case-by-case basis, this service can be used post-transition by a participant of PSS services are arranged but delayed.
 - 3) Household Furnishing: This service provides assistance to participants requiring basic household furnishings (e.g., bed, table, but not limited to items listed) to help participants transition back into the community. This service is intended to help the participant with the initial set-up of their qualified residence.
 - 4) Household Goods and Supplies: This service provides assistance to participants requiring basic household goods (e.g., cookware, toiletries). This service is intended to help the participant with the initial set-up of their qualified residence. This service may include a one-time purchase of groceries (up to \$200) to assist a participant with setting up their qualified residence.

- 5) Moving Expenses: This service may include rental of a moving van/truck and staff or the use of a moving or delivery service to move a participant's goods to a qualified residence. Although this service is intended as a one-time set-up service to help establish a qualified residence, under certain circumstances it may be used throughout the 365 day demonstration period.
 - 6) Utility Deposits: This service is used to assist participants with required utility deposits for a qualified residence. On a case-by-case basis, this service can be used to pay past-due utility bills in order to re-connect utilities to a qualified residence.
 - 7) Security Deposits: This service is used to assist participants with housing application fees and required security deposits for a qualified residence.
 - 8) Transition Support: This service provides assistance to help participants with unique transition expenses (obtaining documentation, accessing paid roommate match services, etc.). This service provides funding for needs that are unique to each participant, but necessary for a successful transition.
 - 9) Transportation: This service assists participants with transportation needed to gain access to community services and resources (i.e. housing). This service is used when other forms of transportation are not otherwise available. This service does not replace the Medicaid non-emergency transportation (for medical appointments) or emergency ambulance services.
 - 10) Life Skills Coaching: This service provides for life skills coaching and independent living skills training. Participants must be assisted to: 1) complete an individualized training needs assessment (ITNA), 2) complete up to 30 hours of customized training focused on skill development, lead by a qualified trainer/coach 3) participate in individual and group activities designed to reinforce skill development, and 4) evaluate the impact of the training. This service requires structured, didactic, instructor-lead, customized training/coaching based on the results of the ITNA. The trainer/coach documents training/coaching with a case note and reports the results of the training/coaching evaluation.
- b. These services to the MFP Target Population also include the following Post-Transition Services:
- 1) Caregiver Outreach & Education: This service provides outreach, information, referral and education to caregivers who support MFP participants. This service includes; 1) an assessment that identifies sources of a caregiver's stress, 2) consultation and education with a qualified, trained caregiver specialist to develop a Caregiver Support Plan with strategies to reduce caregiver stress and 3) assistance to identify and obtain local services

and resources to meet the caregiver's needs. The qualified caregiver specialist documents activities with case notes. This service is not provided in order to educate paid caregivers.

- 2) Community Ombudsman: This service provides periodic, face-to-face (F2F) contacts made by a certified community ombudsman, for review of a transitioned participant's health, welfare and safety; provides advocacy for participants to respond to and resolve complaints related to MFP and waiver services and how these services are provided. Service is limited to participants in CCSP, SOURCE and ICWP who transition into a qualified residence (excludes residential settings due to coverage already being provided by LTCO). Three F2F contacts are required, additional contracts (F2F or phone contacts) can be arranged as needed. Community Ombudsmen document contacts with case notes.
- 3) Equipment and Supplies, Vision & Dental Services: This service provides equipment, supplies, vision and dental services that are not otherwise covered by Medicaid; including, certain types of assistive technology and services, shower chairs, communication systems, customized molded seating systems, environmental control systems, computer/monitor/keyboard, printer/fax/copier, computer access devices, and adjustable workstations. Items and services obtained must be necessary to enable participants to interact more independently, enhance quality of life and reduce dependence. Covers normal and customary charges associated with one vision examination and one pair of basic prescription glasses. Covers normal and customary charges for one dental examination and cleaning and/or dental work necessary to maintain or improve independence, health, welfare and safety. Three quotes are required for purchase of a single piece of equipment costing \$1,000 or more.
- 4) Vehicle Adaptations: This service enables individuals to interact more independently, enhancing their quality of life and reducing their dependence. Limited to participant's or the family's privately owned vehicle and includes such things as driving controls, mobility device carry racks, lifts, vehicle ramps, special seats and other interior modifications for access into and out of the vehicle as well as to improve safety while moving. Three quotes are required for adaptations of \$1,000 or more.
- 5) Environmental Modification: This service provides assistance to participants requiring physical adaptations to a qualified residence, including a qualified residence under the Housing Choice Voucher program or a community home on a case-by-case basis. This service covers basic modifications needed by a participant, i.e. ramps, widening of doorways, purchase and installation of grab-bars and bathroom modifications, to ensure health, welfare and safety and/or to improve independence in ADLs. Two scope/bids are required, three scope/bids are recommended. Total scope/bids of \$2,500 or more, require

building permits. The MFP Home Inspection Service must be completed prior to beginning the environmental modifications and after modifications are completed to ensure participant health, welfare and safety and quality work.

- 6) Home Inspection: This service provides for pre and post-home/building inspections, required before MFP Environmental Modifications (MFP-EMD) are undertaken. This service is used to identify and report on needed structural repairs to a qualified residence and to identify and make recommendations for appropriate and cost-effective modifications. This service also provides for post-inspections after modifications are complete, in order to ensure quality work and compliance with relevant building codes and standards. The inspector providing the service is not affiliated with vendors/contractors providing the MFP-EMD.
 - 7) Supported Employment Evaluation: This service provides assistance to participants seeking career planning and supportive, customized and/or competitive employment. Participants engage in a guided/facilitated Vocational Discovery Process. Based on the Discovery Process, a Vocational Profile is completed. The Vocational Profile identifies a path to employment. These services may be procured from a qualified vocational/employment service provider. The provider assists a participant to make connections to community resources necessary to support choices for supportive, customized and/or competitive employment.
 - 8) Skilled Out-of-Home Respite: This service provides a brief period of support or relief for caregivers or family members caring for an elderly or disabled individual. This service will pay for up to 14 days during the MFP 365 day demonstration. The respite is done at a GA qualified nursing facility or community respite provider approved through a Georgia waiver program. On a case-by-case basis this service can be used by a participant who is waiting for environmental modifications to be completed to their qualified residence.
- c. DCH will contract with the Department of Human Services (DHS), Division of Aging Services (DAS) to locally coordinate the supportive services noted above through a network of twelve AAA. Since July 2011, DAS has contracted with DCH to provide Money Follows the Person transition services.
 - d. Qualified Home and Community Based Services, (HCBS) Offered to Money Follows the Person participants, based on eligibility, include the following Georgia Waivers:
 - 1) The Elderly and Disability Waiver Program is a consumer oriented program that provides home and community based services to individuals who are older adult and/or functionally impaired or have disabilities. These individuals are also referred to as the Aged, Blind and Disabled eligibility type. Elderly and Disabled waiver objectives are to promote independence through self-directed services, to enhance quality and improve health services

and outcomes that will assist individuals to reside in their home and community as an alternative to nursing home placement.

- 2) The Independent Care Waiver Program (ICWP) is a consumer oriented waiver program that provides cost effective, quality services consistent with the needs of individuals, between the ages of 18 and 64, with severe physical disabilities and/or TBI, that are effective in improving/maintaining the individual's independence and safety in the community as long as possible and meet one of the following criteria:
 - i. Are medically stable enough to leave the hospital or institution, but cannot do so without the support services available through this waiver program;
 - ii. Will be admitted to a hospital or institution on a long-term basis without the support services available through this waiver program; and
 - iii. Are at immediate risk of nursing home placement.
- 3) The New Options Waiver (NOW) and the Comprehensive Supports Waiver (COMP) offer home and community based services to individuals who have intellectual/developmental disabilities beyond the transition process. Individualized supports are identified through the person-centered planning process. These NOW and COMP waivers make available a wide range of quality care and quality of life services that are flexible enough to allow customization of services based on the individual's personal needs and preferences.
- 4) The Community-Based Services for Youth Waiver allows eligible young adults between the age of 18 and 21 to leave Psychiatric Residential Treatment Facilities (PRTFs) for community-based placement and supported services to address an array of identified needs in the Individual Service Plan, (ISP) that can be met through Medicaid and Non-Medicaid services. These services and supports will enable the individual to successfully transition to other mainstream services. After leaving this waiver, the goal is to have the individual connect with family and peers, have a safe and stable place to live, be able to access community-based mental health services through the Medicaid Rehabilitation Option Services, and participate in an educational or work environment to be more socially connected in the community.

- e. Participation in both Pre-Transition and Post-Transition MFP services and all waiver programs is voluntary. The State will not require participation in any services as a condition of tenancy in a Section 811 PRA Unit.

D. Participate in Project Selection. DBHDD and DCH agree to give guidance and work with DCA to affirmatively further Fair Housing by identifying and selecting rental housing developments for participation that offer access to appropriate services, accessible

transportation, and commercial facilities to ensure greater integration of persons with disabilities in the broader community.

SECTION V

DCA Roles and Responsibilities

- A. Cooperative Agreement with HUD. If awarded funding under the Section 811 PRA Demonstration Program NOFA, GHFA understands that it will be required to enter into a cooperative agreement with HUD (“Cooperative Agreement”). DCA, as the administrator of the Section 811 PRA Demonstration Program on behalf of GHFA, understands that HUD will have substantial involvement during the period of performance, including, but not limited to, the development of the program, oversight of the progress made on the proposed activities and results of those activities, monitoring of funds drawn and project deliverables, and timelines. DCA also understands that the terms of the Cooperative Agreement will include the work to be performed under the grant and any special conditions or requirements, including the extent of HUD involvement.
- B. Administration of the PRA Program. As the administrator of GHFA programs and lead agency for purposes of the Section 811 PRA Demonstration Program NOFA, DCA agrees to take on the following tasks to administer the Section 811 PRA Demonstration Program:
1. Underwrite and award PRA Demonstration funds;
 2. Manage the rental assistance program and assure compliance with all Section 811 PRA Demonstration Program requirements, including, but not limited to, monitoring project owners for compliance in providing decent, safe and sanitary housing to assisted Section 811 PRA Demonstration Program residents and ensuring payment to property owners are calculated accurately and paid in a timely matter; and,
 3. Ensure that all eligibility requirements established under the Section 811 PRA Demonstration Program NOFA, including, but not limited to, eligible properties, eligible tenants, eligible units and eligible activities are met.
- C. Housing Pipeline Development. DCA will create a production pipeline of eligible properties for participation in the Section 811 PRA Demonstration Program that promotes housing stability for the target populations.
1. DCA, through existing partnerships and program incentives, will ensure the creation of a pipeline of safe, decent and affordable housing units for participation in the Section 811 PRA Demonstration Program.
 2. DCA will only pursue RACs with a property if approved by DCH and/or DBHDD as suitable for serving the needs of the target population.

3. Pursuant to DCH and/or DBHDD approval of a property identified by DCA, DCA will engage Section 811 Demonstration units by formally entering into a RAC with a property owner.
- D. Security Deposits. DCA will use Section 811 Demonstration Program funds to issue security deposit payments, not to exceed one month's rent, on behalf of an individual leasing a Section 811 PRA Unit, or will establish a policy on security deposits that will meet the guidelines established by HUD in the negotiated Cooperative Agreement.
 - E. Tenant Protection. DCA will require that, in addition to HUD regulations regarding evictions, an owner may not terminate the tenancy or refuse to renew the lease of a tenant of a Section 811 PRA Unit except: 1) for serious or repeated violations of the terms and conditions of the lease, for violation of applicable federal, state, or local law, or for other good cause, and 2) by providing the tenant, not less than 30 days before such termination or refusal to renew, with written notice specifying the grounds for such action.
 - F. Develop, Execute & Administer Rental Assistance Contracts (RAC). GHFA will enter into a RAC with the Owner that defines the terms of the Section 811 PRA Demonstration Program assistance. The RAC will identify the project, the number of contract units by bedroom size and accessibility, the contract terms and the conditions for receipt of the project rental assistance payments, including provisions ensuring that tenants are afforded the same tenant protections in 42 USC §8013(i)(2) as provided to tenants receiving assistance under HUD's Section 811 Program, including the lease term, termination of tenancy, and participation in services. The Rental Assistance Contract will have a minimum term of twenty (20) years. The Rental Assistance Contract will identify the terms and conditions of the thirty (30) year extended use restriction for extremely low income persons with disabilities.
 1. GHFA will certify annually to HUD that Section 811 PRA Units are occupied by a member of the 811 Targeted Population. GHFA will conduct and monitor construction of Section 811 PRA Units, if applicable. GHFA will also conduct regular post-occupancy physical inspections of those units to confirm that they meet the uniform national standards established by HUD for housing that is decent, safe, sanitary, and in good repair. GHFA will inspect Section 811 PRA Units using a frequency and sample size that conforms to other federal or state housing program requirements.
 2. Unit Availability & Vacancy Payments
 - a. Unit Availability. When a Section 811 PRA Unit becomes available, the unit must remain restricted for a Section 811 PRA Eligible Tenant for the period of time specified in the Cooperative Agreement. If the case management service provider is unable to identify an Eligible Tenant for an available Section 811 PRA Unit, and the parties to this IPA have exhausted all options to identify an Eligible Tenant, the property owner may lease the unit to a non-Section 811 PRA Demonstration Program eligible tenant. However, the property owner must hold the next available unit of similar type for an Eligible Tenant under the terms of this paragraph.

- b. Vacancy Payments. DCA commits to making vacancy payments using Section 811 PRA Demonstration Program funds in accordance with HUD standards.
 3. Following the initial five (5) Year funding period, the Rental Assistance Contract will be subject to the availability of federal appropriations to the Section 811 PRA Demonstration Program. If Congress fails to appropriate funds adequate to meet future renewal needs pursuant to the Cooperative Agreement, GHFA may terminate such use agreements as permitted by HUD.
- G. DCA will ensure compliance with Section 811 PRA Demonstration Program requirements related to establishing rents, administering payments to owner, and tracking with Earned Income Verification (EIV), Tenant Rental Assistance Certification System (TRACs) and Electronic Line of Credit Control System (eLOCCS).

Section VI
Oversight and Monitoring Standards of DCA, DCH & DBHDD

- A. Joint Oversight and Monitoring Standards. All parties to the IPA agree to implement high quality programs meeting performance outcomes and fidelity standards, strong management and oversight to ensure the successful implementation of the Section 811 PRA Demonstration Program. The parties will implement monitoring and oversight strategies targeting the following areas as detailed in the NOFA:
1. Staffing and Organizational Planning
 2. Program Management
 3. Financial Management
 4. Program Infrastructure and Processing Costs
 5. Performance Measurements
- B. DCA. DBHDD and DCH will provide DCA, as the administrator of GHFA programs, findings or other relevant information concerning the quality administration of the functions listed in Section VI.A above.
- C. Dispute Resolution. The parties agree that disputes involving the three parties will go to the Strategic Housing Planning Steering Committee (SHPS). The DCA Section 811 PRA Program Manager will act as the ombudsman for all tenant landlord issues, support service issues at the regional and local level and any issues regarding current or prospective tenants.

Section VII
Joint Responsibilities of DCA and DCH/DBHDD

- A. Coordination. The parties agree to the following:
1. Program Contact. DCA, DCH and DBHDD will each designate a staff person responsible for program development, implementation and operation.
 2. SHPSC Subcommittee. The parties agree to appoint a subcommittee to the SHPSC that is managed by DCA. The SHPSC subcommittee will meet regularly and perform the following functions:
 - a. Develop a unified communication strategy for implementation and operation of the Section 811 PRA Demonstration Program;
 - b. Review progress and program implementation;
 - c. Identify and resolve any impediments to program implementation;
 - d. Coordinate joint training activities;
 - e. Evaluate program outcomes;
 - f. Strategically plan for future program development;
 - g. Influence future policy development related to the 811 Targeted Population or other housing policy; and
 - h. Form a consumer advisory council to provide feedback and recommendations for quality improvement to the Section 811 PRA Demonstration Program.
- B. Training & Outreach. DCA, DCH and DBHDD will jointly hold and/or participate in trainings for property owners, property managers, case managers, and other persons interested in supporting the individuals in the 811 Targeted Population.
- C. Capacity Building and Knowledge Sharing. DBHDD and DCH agree to fully participate in a rigorous examination of the Section 811 PRA Demonstration Program, and agree to share with DCA, on behalf of the federal government's program evaluators, Medicaid or other state related health care program records specifically pertaining to the health care costs that can be reasonably obtained for the households enrolled in any study and the services and outcomes associated with the care they receive. Data will only be shared in accordance with requirements provided in the Health Insurance Portability and Accountability Act (HIPAA) and any implementing regulations.
- D. Data Collection and Evaluation. The parties agree to collect data that can be reasonably obtained from any evaluation study planned for the 811 Targeted Population. The parties also

agree to collectively participate in any specialized research associated with the 811 Targeted Population. Data will only be shared in accordance with requirements provided in HIPAA and any implementing regulations as deemed by DCH and DBHDD.

**Section VIII
Miscellaneous Provisions**

- A. Georgia Open Records Act. The Georgia Open Records Act (O.C.G.A. §50-18-70 et. seq.) requires that public records be open and available for inspection by any member of the public. The parties acknowledge that the IPA is subject to the Georgia Open Records Act.
- B. Entire Agreement. This IPA constitutes the entire agreement between the parties. There are no representations, either oral or otherwise, other than those expressly set forth herein. No amendments or modification of this IPA shall be binding unless all parties agree to said modification in writing.
- C. Notice. All notices and other communications required or permitted under this IPA shall be in writing and addressed to the party at the address set forth in this section. All such notices shall be deemed to have been given and received as follows: three (3) business days from the date of deposit in the U.S. mail or when delivered by the party or by courier service. The following addresses shall be used:

If to GHFA:

Georgia Housing and Finance Authority
c/o Georgia Department of Community Affairs
60 Executive Park South, NE
Atlanta, Georgia 30329-2231
Attention: Carmen Chubb, Deputy Commissioner for Housing

If to DCH:

Georgia Department of Community Health
Division of Medicaid
2 Peachtree Street, NW
Atlanta, Georgia 30303
Attention: Catherine Ivey, Deputy Director, Aging and Special Populations

If to DBHDD:

Georgia Department of Behavioral Health and Developmental Disabilities
Two Peachtree Street, N.W.
Suite 23-453
Atlanta, Georgia 30303
Attention: Doug Scott, Director of Supported Housing

IN WITNESS WHEREOF, the parties have signed this IPA as of the day and year first above written.

Georgia Department of Community Affairs

By: Mike Beatty
Mike Beatty, Commissioner

Attest: Don Watt
Name: Don Watt
Title: Director, OSCE

(CORPORATE SEAL)

[Signatures continue on the next pages]

Georgia Department of Community Health

By: *David A. Cook*

David A. Cook, Commissioner

Attest: *Angela Boothe*

Name: Angela Boothe

Title: Confidential Secretary

(CORPORATE SEAL)

[Signatures continue on the next page]

Georgia Housing and Finance Authority

By: Mike Beatty

Mike Beatty, Executive Director

Attest: Don Watt

Name: Don Watt

Title: Director, OS&E

(CORPORATE SEAL)

[Signatures continue on the next pages]

**Georgia Department of Behavioral Health and
Developmental Disabilities**

By: 
Frank E. Shelp, Commissioner

Attest: 
Name: DOUGLAS SCOTT
Title: HOUSING DIRECTOR

(CORPORATE SEAL)