

Inter-Agency Partnership Agreement
Section 811 Project Rental Assistance Demonstration Program

This Inter-Agency Partnership Agreement (the "Agreement") is entered into as of the 25th day of July, 2012 in order to better meet the housing needs of the persons with disabilities within the State of Texas. The Agreement is entered into by and between the Texas Department of Housing and Community Development (TDHCA) and the Texas Health and Human Services Commission (HHSC), known as the "Parties". As the State of Texas Medicaid Agency, the HHSC has authority to sign on behalf of the following Agencies that are also a part of the State of Texas Health and Human Service System: the Department of Aging and Disability Services (DADS), the Department of Family and Protective Services (DFPS), Department of Assistive and Rehabilitative Services (DARS), and the Department of State Health Services (DSHS). Collectively the state agencies are known as the "Partnership" or the "Partners."

The Parties have agreed to apply for funding through the Housing and Urban Development (HUD) Section 811 Project Rental Assistance Demonstration Program ("Section 811 PRA Program"). More specifically, the Parties desire to enter into this Agreement in order to facilitate the delivery of supportive housing for extremely low-income persons with disabilities in a manner consistent with the Frank Melville Supportive Housing Investment Act of 2010. The Melville Act amended Section 811¹ to establish a new project rental assistance authority providing funding to state housing agencies for project-based rental operating assistance for extremely low-income persons with disabilities.

This Agreement is intended to establish a formal structure for continued collaboration between the Partners seeking to establish and implement a successful Texas Section 811 PRA Program. The Agreement also outlines the roles and responsibilities of each Partner involved in the Section 811 PRA Program, provides a detailed description of the target populations to be served, describes the agencies' respective commitments to provide voluntary services, and sets forth methods for outreach and referral.

In consideration of the foregoing, and of the mutual covenants and agreements set forth below, the Parties agree as follows:

I. PARTIES

- A. Texas Department of Housing and Community Affairs (TDHCA)**, which is the applicable State Housing Agency that administers the State's allotment of Low Income Housing Tax Credits, HOME funds and other housing resources.
- B. The Texas Health and Human Services Commission (HHSC)**, the State Medicaid Agency, which oversees the operations of the Texas health and human services system, provides administrative oversight of Texas health and human services

¹ Throughout this document the term "Section 811" is used to refer to that section of the Cranston Gonzalez National Affordable Housing Act (Pub L. 111-374), as amended by the Melville Act.

programs, and provides direct administration of some programs. HHSC will sign on behalf of Partners that it oversees, to include the Department of State Health Services, the Department of Family and Protective Services, Department of Assistive and Rehabilitative Services, and the Department of Aging and Disability Services, defined in this Agreement as the Partners.

II. DEFINITIONS

- A. Eligible Tenants.** Eligible tenants must meet the federal statutory eligibility requirements for participation in the Section 811 PRA Program, the eligibility requirements of the affordable housing program the property participates in, and the State of Texas requirements outlined in this Agreement. According to the HUD Section 811 PRA NOFA, funds can only be provided to support units for extremely low-income disabled households. Within the disabled household, at least one person must be an individual with a disability 18 years of age or older and less than 62 years of age at the time of admission into the property. As will be seen below, these eligible tenants are also called "referrals" at the point at which they are placed on the waiting list for a particular Section 811 PRA Program property; they will be called "residents" upon signing leases. On-going eligibility for 811 units will be determined according to HUD regulations.
- B. Extremely Low-Income Family.** As defined by the Melville Act and the HUD Section 811 PRA NOFA, a family whose annual income does not exceed 30 percent of the median family income for the area as determined by HUD is eligible to benefit from this rental assistance program.
- C. Partner Agencies.** The HHSC is signing this Agreement on behalf of the following Partner agencies that also are a part of the health and human service system.
- a. Texas Department of Aging and Disability Services (DADS),** The Texas Department of Aging and Disability Services (DADS) is state's long-term services and supports agency serving individuals with physical disabilities and individuals with intellectual and developmental disabilities. DADS has also been designated by HHSC to manage the Texas Promoting Independence Initiative (Texas' response to the Olmstead decision) and is the liaison to TDHCA for housing issues. DADS is also the state unit on aging providing Older American Act services to individuals who are at least 60 years of age, manages the Aging and Disability Resource Center programs, licenses and regulates providers of these services, and administers the state's Guardianship program. The participation and expertise of DADS is needed in targeting and serving Texans with disabilities exiting nursing facilities and institutions for persons with intellectual disabilities. HHSC has delegated to DADS the responsibility of conducting administrative activities under this Section 811 PRA Program in cooperation with TDHCA.

- b. **Texas Department of Family and Protective Services (DFPS)**, which is the state agency charged with protecting children, adults who are elderly or have disabilities living at home or in state facilities, and licensing group day-care homes, day-care centers, and registered family homes. The participation and expertise of DFPS is needed in conjunction with the targeting and serving of Texans with disabilities exiting foster care.
- c. **Texas Department of Assistive and Rehabilitative Services (DARS)** which is the State Agency Responsible for the delivery of Vocational Rehabilitation program, Services for people who are blind, Independent Living Services, Comprehensive Rehabilitation Services, Early Childhood Intervention Services and Disability determination. The participation and expertise of DARS is needed in order to help participants, in cooperation with the Partner Agencies, obtain and maintain gainful employment.
- d. **Texas Department of State Health Services (DSHS)**, is the State's public health, mental health and substance abuse authority. The Mental Health and Substance Abuse Division (MHSA) of DSHS is responsible for oversight of the State's mental health and substance abuse treatment system. DSHS also serves as Medicaid operating agency for specialized services for people with severe mental illness, including psychosocial rehabilitation and targeted case management. The participation and expertise of DSHS is needed in order to target and serve persons with serious mental illness.

D. Persons with Disabilities. Persons with disabilities shall have the meaning provided in Section 811 of the Cranston-Gonzalez National Affordable Housing Act (42 U.S.C. 8013(k)(2)). The term "person with disabilities" shall also include the following:

a. A person who has a developmental disability, as defined in section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(5)), i.e., if he or she has a severe chronic disability which:

- 1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- 2. Is manifested before the person attains age twenty-two;
- 3. Is likely to continue indefinitely;
- 4. Results in substantial functional limitation in three or more of the following areas of major life activity:
 - (a) Self-care;
 - (b) Receptive and expressive language;
 - (c) Learning;
 - (d) Mobility;
 - (e) Self-direction;
 - (f) Capacity for independent living;
 - (g) Economic self-sufficiency; and

(h) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.

b. A person with a chronic mental illness, i.e., a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and which impairment could be improved by more suitable housing conditions.

c. A person in a nursing facility and infected with the human acquired immunodeficiency virus (HIV) and a person who suffers from alcoholism or drug addiction, provided they meet the definition of "person with disabilities" in Section 811 (42 U.S.C. 8013(k)(2)). A person whose sole impairment is a diagnosis of HIV positive or alcoholism or drug addiction (i.e., does not meet the qualifying criteria in section 811 (42 U.S.C. 8013(k)(2)) will not be eligible for occupancy in a Section 811 PRA Program project.

E. Point of Contact, DADS. Within DADS there will be designated a Point of Contact (POC) responsible for the various functions detailed in this Agreement.

F. Point of Contact, TDHCA. Within TDHCA there will be a designated a Point of Contact (POC) responsible for the various functions detailed in this Agreement.

G. Project Rental Assistance (PRA). Project rental assistance is defined as funding that is made available by HUD 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 tenants' payment for rent and the approved rent for the Section 811 PRA Program unit.

H. Referral Agent. The Referral Agents (RAs) described in this section include Relocation Specialists funded by DADS, Coordinators employed by Local Authorities, Case Managers employed by Local Mental Health Authorities or Managed Care Organization (MCO) contracted to DSHS, and Child Protective Services (CPS) Caseworkers. RAs will be responsible for generating formal referrals for the Section 811 PRA Program.

I. Service Coordinators. Once a referral becomes a Section 811 PRA tenant, the Referral Agent will identify a Service Coordinator to serve as the service point of contact for that tenant. In some cases, this will be the same contact as the Referral Agent.

J. Incorporation of Related Material and Definitions. Where not otherwise defined, the terms used herein shall have the meaning used in, and developed through, the Melville Act, HUD 2012 Section 811 PRA Program NOFA, and Implementation Plan developed for the PRA NOFA, which shall incorporate and expand upon the specific elements of this Agreement.

III. Target Populations

The following individuals that meet the tenant eligibility requirements in either III. A, B, or C as outlined in this Agreement will be targeted by the 811 PRA Program. All individuals must meet the eligibility criteria of III. D.

A. Persons with Disabilities Exiting ICF-IDs and Nursing Facilities

Detailed Description

Persons with disabilities exiting institutions are those leaving private or state owned Intermediate Care Facilities for Persons with Intellectual Disabilities or Developmental Disabilities or Related Conditions (ICF-IDs) or nursing facilities (NFs) for community-based residential placements. Such persons are in need of both medical and housing support, including but not limited to support in exercising their independent living options, pursuing integrated, affordable, and accessible housing opportunities, and ongoing long-term services and supports through the Medicaid program.

The population eligible through this initiative who are exiting institutions is quite large, and the resources of those electing to leave will not enable many of them to obtain affordable, accessible, integrated housing. Those exiting ICF-IDs may have access to housing where the Home and Community-based (HCS) Waiver Services' three-bed option is elected; however, individuals entering the HCS waiver program would be eligible for Section 811 PRA Demo rental assistance were they to choose to live independently.

Each participant in this targeted group must be eligible to receive long-term services through one of the following programs:

1. STAR+PLUS Waiver Services
2. Community Based Alternatives (CBA)
3. Home and Community-based (HCS) Waiver Services
4. Community Living and Support Services (CLASS) Waiver Services
5. Texas Home Living (TxHML) Waiver Services
6. Deaf, Blind with Multiple Disabilities (DBMD) Waiver Services
7. Medically Dependent Children Program

In addition, this target population must:

1. Eligible to receive services paid through Medicaid; and
2. Have income that does not exceed 300 percent of SSI or income limits established through the Medicaid Buy-In Program for Workers with Disabilities (250 percent of the federal poverty level); and
3. Meet the Nursing Facility or ICF-ID Medical Level of Care requirement.

B. Persons with Serious Mental Illness.

Detailed Description

Many persons with serious mental illness are in need of both housing support and the long-term behavioral health services provided through Medicaid, which include but are not limited to psychiatric services, counseling services, case management and psychosocial rehabilitative services.

Each participant in this targeted group must be eligible for the Medicaid State Plan Services provided through DSHS. These services include psychosocial rehabilitation and targeted case management.

All people in this target population must be eligible to receive disability-related Medicaid (e.g. Supplemental Security Income (SSI)) at the time of first occupancy.

C. Youth Exiting Foster Care.

Detailed Description

A third group targeted in this Agreement is made up of those exiting state foster care with disabilities that are eligible for SSI and are therefore eligible for community-based, long-term services through the Medicaid options listed below. These children will be exiting foster care at age 18 or before age 21. Approximately one third have a mental illness, another third have developmental disabilities, and another third have both. Youth aging out of DFPS conservatorship that responded to a survey reported that they experience homelessness at a rate of fourteen percent per year. The vast majority of those youth reporting homelessness reside in San Antonio, Austin, Dallas, and Houston.

Each participant in this targeted group must be eligible to receive health care services through Texas Medicaid by virtue of:

1. Being in DFPS conservatorship; or
2. Being a youth aged 18-21 who was previously in DFPS conservatorship and receives Medicaid for Transitioning Foster Care Youth (MTFCY) benefits. With very few exceptions, all children and youth in DFPS conservatorship and those youth who are eligible for MTFCY benefits receive their healthcare through the STAR Health managed care program, a comprehensive health care system that is offered statewide.

All people in this target population must be eligible to receive disability-related Medicaid (e.g Supplemental Security Income (SSI))at the time of first occupancy.

D. In addition to falling within a target population, an eligible tenant must also:

1. Be in a household whose annual income at the time of admission into the HUD Section 811 PRA Program does not exceed 30% of median family income as defined by HUD; and
2. Have within the household at least one person with a disability that meets the definition within this Agreement; who is within a target population; and who is 18 years of age or older and less than 62 years of age at the time of admission into the property.
3. Be eligible under the rules of the selected property.

IV. Commitments of Services by the Health and Human Service Commission and Individual Health and Human Service Agencies

A. Persons with Disabilities Exiting Nursing Facilities and ICF-IDs

Once the Service Coordinator becomes involved in the referral, they will meet with the individual to conduct an interview and physical assessment to determine the type and frequency of long-term services and supports necessary to live successfully in a community setting. Texas uses a person-centered planning process for the development of the Plan of Care (sometimes called Individual Plan of Care) and the actual provider(s) of these services are selected by the individual. Under this process, the individual, their family, guardian, or legally authorized representative and health care professionals have the opportunity to discuss the services that would meet the individual's need to successfully live in a community setting. Once the Plan has been developed, the Coordinator takes the lead in implementing and continued monitoring of the Plan of Care.

1) Persons exiting nursing facilities²

The Texas Health and Human Services Commission and the Department of Aging and Disability Services commit to making available the following Medicaid Waiver services for those persons in this population who meet the Medicaid eligibility requirements and choose to participate in the Section 811 PRA Demo Program:

These Texas Medicaid programs provide community-based long-term services and supports to persons with disabilities who require a nursing facility level of care. In addition, persons in the target population can receive Medicaid state plan services. STAR+PLUS provides all these services through managed care organizations

² Skilled Nursing Facility is defined at 42 CFR 488.301.

contracted to HHSC. In areas not served by managed care, individuals receive long term care services, such as CBA services, through DADS contractors and receive other Medicaid services through providers contracted to HHSC.

STAR+PLUS or Community Based Alternative Waiver Services Include:

- a. Adaptive Aids and Medical Supplies
- b. Dental Services
- c. Emergency Response Services
- d. Financial Management Services
- e. Home-Delivered Meals
- f. Minor Home Modifications
- g. Nursing Services
- h. Occupational Therapy Services
- i. Primary Home Care (PHC)
- j. Physical Therapy Services
- k. Prescribed Drugs
- l. Respite Care Services
- m. Service Coordination
- n. Speech and/or Language Pathology Services
- o. Transition Assistance Services

Community Living Assistance and Support Services (CLASS) Waiver Services include:

- a. Adaptive aids and medical supplies
- b. Case management
- c. Habilitation
- d. Minor home modifications
- e. Nursing services
- f. Occupational and physical therapy
- g. Behavioral support services
- h. Respite
- i. Specialized therapies
- j. Speech pathology
- k. Pre-vocational services
- l. Supported employment
- m. Support family services
- n. Transition assistance services

Medically Dependent Children Program (MDCP) services include:

- a. Adaptive aids

- b. Adjunct support services
 - c. Minor home modifications
 - d. Respite
 - e. Financial management services
 - f. Transition assistance services
- 2) Persons exiting Intermediate Care Facilities for Persons with Intellectual or Developmental Disabilities or Related Conditions ³

The Texas Health and Human Services Commission and the Department of Aging and Disability Services (DADS) commit to making available the following Medicaid Waiver services for those persons in this targeted population who meet the Medicaid Waiver eligibility requirements and choose to participate in the Section 811 PRA Demo Program:

The below Medicaid Waiver programs provide services and supports for individuals with intellectual or developmental disabilities as an alternative to living in an ICF-ID. Individuals may live in their own or family home, in a foster/companion care setting, or in a residence with no more than three others who receive similar services. As appropriate to the individual's needs, participants may receive services through one of the following Medicaid Waivers:

Home and Community-based (HCS) Waiver services include:

- a. Case management
- b. Adaptive aids
- c. Minor home modifications
- d. Counseling and therapies (includes audiology; speech/language pathology, occupational or physical therapy; dietary services; social work; and psychology)
- e. Dental treatment
- f. Nursing
- g. Residential assistance (supported home living and residential support)
- h. Respite
- i. Day habilitation
- j. Supported employment

Community Living Assistance and Support Services (CLASS) Waiver services include:

- a. Adaptive aids and medical supplies
- b. Case management
- c. Habilitation

³ Intermediate Care Facility for People with Mental Retardation is defined at 42 CFR 440.150.

- d. Minor home modifications
- e. Nursing services
- f. Occupational and physical therapy
- g. Behavioral support services
- h. Respite
- i. Specialized therapies
- j. Speech pathology
- k. Pre-vocational services
- l. Supported employment
- m. Support family services
- n. Transition assistance services

Texas Home Living (TxHmL) Waiver services include (two categories of services):

- a. Community Living Service Category
 - i) Community support
 - ii) Day habilitation
 - iii) Employment assistance
 - iv) Supported employment
 - v) Respite services
- b. Technical and Professional Supports Services Category
 - i) Skilled nursing
 - ii) Behavioral support
 - iii) Adaptive aids
 - iv) Minor home modifications
 - v) Dental treatment
 - vi) Specialized therapies

Deaf Blind with Multiple Disabilities (DBMD) services include:

- a. Adaptive aids and medical supplies
- b. Dental services
- c. Assisted living
- d. Behavioral support services
- e. Case management
- f. Chore services
- g. Minor home modifications
- h. Residential habilitation
- i. Day habilitation
- j. Intervener

- k. Nursing services
- l. Occupational therapy
- m. Physical therapy
- n. Orientation and mobility
- o. Respite
- p. Speech, hearing and language therapy
- q. Supported employment
- r. Employment assistance
- s. Dietary services
- t. Financial management services for consumer directed services option
- u. Transition assistance services

The Texas Health and Human Services Commission and the Texas Department of Assistive and Rehabilitative Services (DARS) commit to making available the following services for those persons, who meet eligibility requirements, in this targeted population who participate in the Section 811 PRA Demo Program:

Providing Vocational Rehabilitation Services and Independent Living Services to participants who apply for services and meet eligibility requirements.

The Vocational Rehabilitation (VR) program, a state-federal partnership since 1929, helps people with disabilities prepare for, find and keep jobs. Work related services are individualized and may include counseling, training, medical treatment, assistive devices, job placement assistance, and other services. Eligibility criteria for this program include: the presence of a physical or mental disability that results in a substantial impediment to employment, whether the individual is employable after receiving services, and whether services are required to achieve employment outcomes. Our Vocational Rehabilitation (VR) program helps Texans with disabilities prepare for, find and keep employment. This program also helps students with disabilities plan the jump from school to work.

B. Persons with Serious Mental Illness

The Texas Health and Human Services Commission and the Department of State Health Services (DSHS) commit to making available the following long-term Medicaid services, when medically necessary, for those persons in this targeted population who participate in the Section 811 PRA Demo Program:

1. *Psychosocial Rehabilitative Services (PRS)*

Social, educational, vocational, behavioral, and cognitive interventions provided by members of a client's therapeutic team that address deficits in the individual's ability to develop and maintain social relationships, occupational or educational

achievement, independent living skills, and housing, that are a result of a severe and persistent mental illness. This service includes treatment planning to facilitate recovery. Services within PRS include:

- a. Independent living services
- b. Coordination services
- c. Employment related services
- d. Housing related services
- e. Medication related services
- f. Crisis related services

2. Case Management services

Services provided to help individuals access necessary medical, social, educational, and other services. Case managers assess a client's need and develop a service plan to address those needs.

3. Assertive Community Treatment (ACT) services

ACT is a team-based program that provides treatment, rehabilitation and support services to clients who have a history of multiple hospitalizations (two or more in 180 days or four or more in two years) or at least one hospitalization of greater than 30 days duration in the last two years. ACT uses an integrated services approach merging clinical and rehabilitation staff expertise (e.g., psychiatric, substance abuse, vocational/employment, supported housing) within one mobile service delivery system. Limited use of group activities designed to reduce social isolation, or address substance use/abuse issues is also acceptable as part of ACT.

Program participants will also have access to the following HHSC-administered, Medicaid-funded behavioral health services⁴:

1. *Mental Health Services Master's level counseling*
2. *Physician Services (MD or DO)*
3. *Psychologist services (PhD)*
4. *Licensed Psychological Associate (LPA)*
5. *Inpatient psychiatric hospital (freestanding psychiatric facilities and /or general acute hospitals)*
6. *Prescription Medication*
7. *Screening, Brief Intervention, and Referral to Treatment (SBIRT) for people under age 21*
8. *Substance Use Disorder (SUD) Treatment Services (Abuse and Dependence)*

⁴ Individuals who also have Medicare will access Medicare-covered services via Medicare providers

In addition, program participants will have access to the following state-funded mental health services, consistent with available resources and eligibility criteria:

Within funding limitations, additional housing and employment support services not funded by Medicaid.

The Texas Health and Human Services Commission and the Texas Department of Assistive and Rehabilitative Services (DARS) commit to making available the following services for those persons, who meet eligibility requirements, in this targeted population who participate in the Section 811 PRA Demo Program:

Providing Vocational Rehabilitation Services and Independent Living Services to participants who apply for services and meet eligibility requirements.

The Vocational Rehabilitation (VR) program, a state-federal partnership since 1929, helps people with disabilities prepare for, find and keep jobs. Work related services are individualized and may include counseling, training, medical treatment, assistive devices, job placement assistance, and other services. Eligibility criteria for this program include: the presence of a physical or mental disability that results in a substantial impediment to employment, whether the individual is employable after receiving services, and whether services are required to achieve employment outcomes. Our Vocational Rehabilitation (VR) program helps Texans with disabilities prepare for, find and keep employment. This program also helps students with disabilities plan the jump from school to work.

C. Persons with Disabilities Aging Out of Foster Care

The Texas Health and Human Services Commission and the Department of Family and Protective Services (DFPS) commit to making available the following long-term Medicaid services for persons in this target population who are participating in the Section 811 PRA Demo Program:

1. *STAR Health Services.*

Medicaid services for most children and youth in DFPS conservatorship are provided through STAR Health, a comprehensive healthcare system that is offered statewide. STAR Health is designed to coordinate and improve health care for children in DFPS conservatorship. This includes:

- a. children in DFPS conservatorship (under age 18);
- b. youth in CPS extended foster care (ages 18 to 22);
- c. youth who were previously under DFPS conservatorship and have returned to foster care (ages 18 to 22) through voluntary foster care agreements;

- d. youth ages 18-21 who were previously in foster care and are living independently and receive Medicaid for Transitioning Youth (MTFCY); and
- e. former foster care youth (ages 21 to 23) enrolled in an institution of higher education located in Texas and enrolled in the Former Foster Care in Higher Education (FFCHE) program.

In addition, program participants will have access to the following non-entitlement services, consistent with available resources and eligibility criteria:

2. *Transitional Living Services.* The Texas Department of Family and Protective Services (DFPS) provides Chafee Foster Care Independence Program services through its Transitional Living Services programs. These programs include Preparation for Adult Living (PAL), Education and Training Vouchers (ETV), and other related services and supports to young adults 16 to 21 years of age who are currently or formerly in foster care, including but not limited to: formal transition planning; identifying caring adults for youth in care prior to discharge; Circles of Support (COS); access to transition centers and other local community networks of transition services; referrals to Texas Workforce Solutions for employment services; engaging in youth leadership and youth advocacy activities, including participation in regional and statewide teen conferences and regional and statewide youth leadership councils.

The Texas Health and Human Services Commission and The Texas Department of Assistive and Rehabilitative Services (DARS) commits to making available the following services for those persons , who meet eligibility requirements, in this targeted population who participate in the Section 811 PRA Demo Program:

Providing Vocational Rehabilitation Services and Independent Living Services to participants who apply for services and meet eligibility requirements.

The Vocational Rehabilitation (VR) program, a state-federal partnership since 1929, helps people with disabilities prepare for, find and keep jobs. Work related services are individualized and may include counseling, training, medical treatment, assistive devices, job placement assistance, and other services. Eligibility criteria for this program include: the presence of a physical or mental disability that results in a substantial impediment to employment, whether the individual is employable after receiving services, and whether services are required to achieve employment outcomes. Our Vocational Rehabilitation (VR) program helps Texans with disabilities prepare for, find and keep employment. This program also helps students with disabilities plan the jump from school to work.

V. Connection and Availability of Services

1. Persons with Disabilities Exiting Institutions Nursing Facilities and ICF-IDs

The services described in this Agreement will be made available through the outreach and referral mechanisms described in this document. For individuals in a nursing facility, a DADS Relocation Contractor is required to contact all nursing facility residents and provide them with information on long-term services and supports and other community support options available. For nursing facility residents who are considered to have "complex needs" (lack of community housing is one of many considerations to determine a complex need), the relocation contractor provides relocation assistance and intensive service coordination which include, but are not limited to: locating accessible, affordable and integrated housing, including preparation and submission of housing assistance applications to TDHCA and local PHAs; mental health services; transportation (particularly in rural areas); medical/dental services, including prescriptions; durable medical equipment; setting up utilities/telephone; banking/bill payment/direct deposit; and the purchase of household items/furniture.

Residents in nursing facility are assigned a Coordinator for the STAR+PLUS Waiver or a Case Manager (CM) for the CBA Waiver. The Local Authority (formerly known as Local Mental Retardation Authority) assigns a Coordinator to work with ICF-ID residents. The Coordinator/CM are responsible for educating residents (and family, guardian and/or legally authorized representative) about their living options and available community services to promote the twin goals of community integration and informed choice.

Each person electing to leave a nursing facility or ICF-ID for a Section 811 PRA unit will be involved in a person-centered planning process with the assistance of his or her Coordinator/CM. The process will result in an Individualized Plan of Care for the delivery of medically necessary Medicaid Waiver services.

2. Persons with Serious Mental Illness

The services described in this Agreement will be made available through the outreach and referral mechanisms described in this document. More specifically, each Section 811 PRA tenant who is receiving DSHS services will be provided with a uniform assessment to determine the appropriate level of care. This assessment will be conducted by the local mental health authority or (in the Dallas service area) DSHS contracted managed care organization. If eligible, individuals will be offered an individualized mental health service package correlated to their level of need. In addition, each individual's needs and strengths are assessed to help form his or her personal recovery plan. Local mental health authorities (or DSHS contracted managed care organization in Dallas) can provide housing-related rehabilitative services to help an individual manage the symptoms of his or her mental illness that

interfere with his or her ability to maintain tenure in independent integrated housing. Such services include:

(A) skills training related to:

(i) home maintenance and cleanliness;

(ii) problem-solving with the individual's landlord and neighbors; and

(iii) maintaining appropriate interpersonal boundaries; and

(B) supportive contacts with the individual to reduce or manage the behaviors or symptoms related to the individual's mental illness that interfere with maintaining independent integrated housing.

3. Youth with Disabilities Aging Out of Foster Care

The services described in this Agreement will be made available through the outreach and referral mechanisms described in this document. More specifically, DFPS caseworkers will provide youth with information on transitional living services, including: preparation for adult living; education and training vouchers; formal transition planning; identifying caring adults for youth in care prior to discharge from foster care, support services to youth who have left foster care; referrals to transition centers and transition services; extended care for youth up to the age of 22 to complete high school or up to age 21 to complete vocational training; Medicaid for youth 18 to 21 years of age.

VI. Outreach and Referral

This section outlines the outreach and referral methods for the proposed Texas Section 811 PRA Program. DADS, DSHS, DARS, and DFPS agree to participate and assist in necessary outreach to comply with Affirmative Marketing Plans adopted for the PRA units. Participating Section 811 properties may refer potential Section 811 tenants directly to referral agents for eligibility screening. All methods of outreach and referral and management of the waiting list will be consistent with fair housing and civil rights laws and regulations, and affirmative marketing requirements. In addition, DADS, DSHS, DARS, and DFPS agree to assist with any necessary documentation for affirmative marketing strategies.

A. Outreach

1. Persons with Disabilities Exiting Institutions: Nursing Facilities and ICF-IDs

- a. DADS relocation contractors are responsible for coordinating outreach for nursing facility residents. (See Section V). The Relocation Contractors have also been designated by DADS as a Local Contact Agency (LCA) for Medicaid residents living in nursing facilities. (Nursing facilities are required to make referrals to LCAs for any nursing facility resident who wants to learn about community services and supports.)

DADS also manages the Aging and Disability Resource Center (ADRC) program which is a network of local organizations that provide information about aging and disability programs in Texas. ADRCs make nursing facility referrals to DADS or DADS Relocation Contractors.

- b. Outreach to persons exiting institutions for persons with intellectual disabilities will be conducted by Local Authority Coordinators.

2. Persons with Serious Mental Illness

Outreach to this population will be conducted primarily through Local Mental Health Authorities (LMHAs) or MCO (in the Dallas Service area) under the oversight of DSHS. Local staff responsible for providing supportive services will be trained about the Section 811 PRA Program and its operation, and will be asked to inform consumers of supportive services, such as psychosocial rehabilitation, about the Section 811 PRA Program.

3. Youth with Disabilities Aging Out of Foster Care

DFPS will be responsible for the outreach to this population. Outreach to youth with disabilities in foster care will be conducted by the Child Protective Services (CPS) caseworkers handling the cases of such youth.

B. Referral

1. Referral Agents

- a. Persons with Disabilities Exiting Nursing Facilities and ICF-IDs

- (1) For residents in nursing facilities, referrals will be handled by the Relocation Contractors contracted by DADS to assist nursing facility residents. DADS will monitor and ensure that Relocation Contractors meet all of the requirements outlined in this agreement.

- (2) For residents in ICF-IDs referrals will be handled by the applicable Local Authority Coordinators. DADS will monitor and ensure that Coordinators meet all of the requirements outlined in this agreement.

- b. Persons with Serious Mental Illness. Persons eligible for DSHS services will be referred by their LMHA or MCO case managers. DSHS will monitor and ensure that LMHA case managers meet all of the requirements outlined in this agreement.

- c. Youth Aging Out of Foster Care. Youth aging out of foster care eligible for the Section 811 PRA Program will be referred by the Developmental Disability Specialist. The CPS State Office of DFPS will monitor and ensure

that Developmental Disability Specialists meet all of the requirements outlined in this agreement to determine which youth are eligible for the program and are referred.

2. Training and Responsibilities

- a. Referral Agents will receive training from DADS and TDHCA regarding the Section 811 PRA Program. Each Referral Agent will receive a training manual, developed in coordination between TDHCA and DADS. The manual will summarize the eligibility requirements of the program, and will assist Referral Agents in providing full disclosure to each applicant of all Section 811 PRA housing options available to the applicant, including basic information about available sites (*e.g.*, location, number and size of accessible units, access to transportation and commercial facilities).
- b. On a quarterly basis, TDHCA will update the Referral Agents regarding the expected wait list time for Section 811 PRA units by property. Referral Agents will also receive training on their obligation to communicate to each applicant the period of time he or she would likely have to wait to be admitted to units. As new properties are brought online, this information will be shared with the Referral Agents. Referral Agents will be responsible for relaying this information to potential residents that they refer.
- c. Referral Agents will be required to disclose to potential tenants that participation in services is voluntary and not required in order to receive a Section 811 PRA unit.
- d. Referral Agents will be responsible for completing any training requirements developed by TDHCA and/or DADS. Each Referral Agent shall be trained by DADS and TDHCA on the following referral steps:
 - (1) Pre-screening each potential referral to assist him or her in understanding the eligibility requirements for the program as identified in this Agreement in Section III.
 - (2) Obtaining the potential referral's consent to the sharing of his or her eligibility-related information with the TDHCA Point of Contact (described below). Submitting, in a process approved by TDHCA, a prescreened application to be placed on a waiting list for a Section 811 PRA property.
 - (3) Assisting potential referrals in choosing, upon application to TDHCA, the properties for which they would like to be wait-listed. They may choose as many properties as desired.
 - (4) Communicating to the potential referrals any deadlines and leasing criteria associated with applying for the unit.

- (5) Informing the TDHCA Point of Contact if there is a change in the person functioning as Referral Agent by providing the new Referral Agent name and phone number in writing..
- (6) Once a referred tenant becomes a Section 811 Resident, the Referral Agent is responsible for notifying the TDHCA Point of Contact who the Service Coordinator will be for the resident. With regard to persons exiting institutions, this step shall be taken when the Relocation Contractor or Local Authority Coordinator has fulfilled his or her responsibilities. The Relocation Contractor or Local Authority Coordinator shall have the duty to identify the service coordinator within the waiver program. Similarly, CPS caseworkers functioning at RAs for children in foster care shall identify the case manager or service coordinator within the adult Medicaid system who will function as the Service Coordinator when the child leaves CPS care. Finally, LMHAs or MCO functioning in the RA role shall identify a Service Coordinator when a client receiving DSHS services qualifies for a PRA unit that will require a change in LMHA catchment area.
- (7) To ensure that each resident understands that the receipt of services is voluntary and not required for residency in a Section 811 PRA unit, Referral Agents will inform residents of this policy through a written form that is read and signed by the resident prior to occupancy in a Section 811 PRA unit. Residents will also be notified in writing at the time of signing any release of information that they are at all times permitted to revoke any such release that permits the Referral Agent or other person to discuss their case or services with any other person involved with the Section 811 PRA Program.

C. Waiting List Management

1. Receipt of Referral. One person within TDHCA will be the designated Point of Contact (POC) responsible for receiving the 811 PRA referrals from the Referral Agents. TDHCA will educate property managers and owners of Section 811 properties regarding the Section 811 PRA program and the requirements outlined in this agreement. The Point of Contact will have the following general responsibilities:
 - a. Maintaining an online database of existing Section 811 PRA assisted properties, their geographic location, accessibility features, size and number of bedrooms.
 - b. Maintaining communication with participating Section 811 PRA property managers to learn of future vacancies at the earliest date practicable and of property level screening criteria.

- c. Educating all participating 811 properties on the Section 811 PRA program, including how to contact the DADS Point of Contact (described below) for any concerns or questions regarding the 811 tenants.
2. Screening. The TDHCA Point of Contact will have the following responsibilities regarding screening for Section 811 PRA eligibility:
 - a. Prior to placing a potential referral from a Referral Agent on a waiting list, the TDHCA Point of Contact will require the Referral Agent placing the referral to verify the referral's eligibility identified in this Agreement in Section III through the use of a checklist, developed in coordination with DADS.
 - b. The checklist will include all of the requirements of this Agreement, including a form signed by the potential referral of their understanding that services are voluntary and are not required for tenancy in a Section 811 PRA Unit.
 - c. Once a referral has passed the Section 811 PRA screening, the TDHCA Point of Contact will place the potential resident on the waiting lists for their properties of choice.
 - d. Waiting lists will be maintained for each participating Section 811 PRA property by TDHCA. Referrals can be placed on as many waiting lists they choose.
 - e. Upon placing a referral on a waiting list, the TDHCA Point of Contact will send both the referral agent and the potential tenant access to a Section 811 PRA tenant manual.
3. Process Upon Vacancy. The TDHCA Point of Contact will have the following responsibilities regarding notification of potential residents regarding vacancies:
 - a. TDHCA participating properties will be allowed to only accept referrals for Section 811 PRA units from the TDHCA Point of Contact.
 - b. Once a property manager notifies TDHCA of a Section 811 PRA Program vacancy, the TDHCA Point of Contact shall notify the potential resident from that waiting list and his or her Referral Agent.
 - c. The potential tenant will be responsible for contacting the property manager of the property to find out how to apply for a unit in the property before the deadline.
 - d. The potential tenant will be required to pass property screening criteria to qualify to live in the Section 811 PRA unit. If the potential resident does not pass the screening criteria of the property, the potential resident may maintain his placement on

the waiting lists for other developments. The potential resident is responsible for notifying the TDHCA Point of Contact if he or she no longer wants to be on a waiting list.

C. Transition to PRA 811 Unit

Once a tenant is accepted in a Section 811 PRA Unit, voluntary services will continue to be offered to the tenant as outlined in the services section of this Agreement. The Referral Agent will ensure that the tenant receives training on all aspects of living in a Section 811 PRA unit, including expected payment of rent, expectations of being a tenant in a multifamily development, how to communicate with the property management company, and what to do regarding any concerns regarding tenancy or services.

D. Coordination between State Agencies

Each of the State Agencies Partners and Parties agree to meet no less than quarterly, to discuss the following:

1. Inquiries to DADS from property managers and effectiveness of DADS subsequent follow up referrals to the Service Coordinators,
2. Number of individuals utilizing Section 811 PRA vouchers and waitlist status,
3. Systematic changes that may be necessary due to any coordination issues that came up during the quarter, and
4. Any necessary changes to process based on learned experiences within the parameters of this Agreement.

E. Communication With Managers and Conflict Management regarding Services

Once a Property is awarded TDHCA Section 811 PRA funds, they will receive training from TDHCA and DADS regarding requirements of participation in the program, including the referral process and conflict management process outlined in this Agreement.

A DADS Point of Contact will be available to property managers participating in the Section 811 PRA Program. The DADS Point of Contact shall be available to receive and respond to information, typically by the next business day. They will be trained on their responsibility not to share any confidential information with the property managers, and will be required to contact the resident's Service Coordinator, if the resident has provided written permission to do so, typically by the next business day of their receipt of information from Section 811 PRA property managers or others for the single purpose of relaying said information.

The Service Coordinator will, following receipt of any information from the DADS Point of Contact, be required to contact the resident, typically by the

next business day in order to discuss options and strategies with the resident, including but not limited to obtaining the resident's tailored release of information to talk to the manager about the reasons for any circumstances threatening tenancy. If the release is obtained, the Service Coordinator can educate the manager about how to assist in concerns raised by the property manager and work out a plan to maintain the tenant successfully in housing.

F. Rights in the Context of Eviction

TDHCA agrees to provide all participating Section 811 PRA Program Participating Properties with written notice of the HUD regulations applicable to the eviction of Section 811 PRA Program tenants before such owners are formally accepted by TDHCA as participants in the Section 811 PRA Program. The written notice will also include a statement that informs such owners that:

- 1) The owner of a Section 811 PRA Program unit may not terminate the tenancy or refuse to renew the lease of a tenant of a Section 811 PRA Program unit except 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.
- 2) The owner of a Section 811 PRA Program unit is required to provide the tenant, not less than 30 days before a termination or refusal to renew, with written notice specifying the grounds for such action.

VII. Timeline

The roles and responsibilities described in this Agreement are contingent on the Department of Housing and Urban Development's acceptance and funding of the Section 811 PRA Program application. Performance of the responsibilities outlined in this Agreement will coincide with the grant period determined by HUD.

VIII. Legal Authority

The person(s) signing and executing this Agreement on behalf of the Parties does hereby warrant and guarantee that he is duly authorized by the Party to execute this Agreement on behalf of the Parties and to validly and legally bind the Party to all the terms, performances, and provisions of this Agreement.

IX. Litigation and Claims

Both Parties shall notify each other, in writing, of the occurrence of any action, including any proceeding before an administrative agency, filed against an Agency in connection with this Agreement.

X. Compliance with Federal, State and Local Law

Both of the Parties shall comply with all federal, state and local laws, statutes, ordinances, rules, regulations, orders and decrees of any court or administrative body or tribunal related to the activities and performances of this Agreement.

XI. Assignment

This Agreement is entered into between the Parties only. Accordingly, it is not assignable by either Party without the prior written consent and agreement of the other Party, which consent may be withheld by such Party in its sole discretion.

XII. Severability

If any provision of this Agreement is held invalid, the remainder of the Agreement shall not be affected thereby and all other parts of this Agreement shall nevertheless be and remain in full force and effect and construed so as best to effectuate the intent of the Parties.

XIII. Amendments

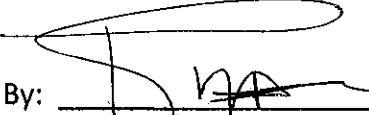
- A. Except as specifically provided otherwise in this Agreement or as approved by HUD, any changes, additions, or deletions to the terms of this Agreement shall be in writing, approved by both Parties to this Agreement. A facsimile or electronic copy executed by both Parties will be sufficient to evidence the Parties agreement to any amendment, revision or change to this Agreement. If any Party returns this copy by facsimile machine or electronically, the signing party intends the copy of its authorized signature printed by the receiving machine, or the electronic copy, to be its original signature.
- B. Any changes, additions, or deletions to the terms of this Agreement which are required by changes in, federal or state law, or regulations, are automatically incorporated into this Agreement without the requirement of a written amendment hereto, and shall become effective on the date designated by such law or regulation.

XIV. Term

This Agreement will be effective as of the date the Department executes an agreement with HUD for 811 funding for an initial five year term and it is the intent of the Parties that the Agreement renew automatically and shall continue as long housing and service funding described in the Agreement is allocated.

BY MY SIGNATURE BELOW, my organization/agency becomes a signatory of the Inter-Agency Partnership Agreement dated _____. I understand that the Agreement will be executed in one or more counterparts, each of which will be deemed an original, but all of which constitute one and the same instrument. This original signature page will be kept on file at TDHCA.


Texas Health and Human Services Commission

By: 

Thomas Suehs
Title: Executive Commissioner

Date: 7/24/12

Texas Department of Housing and Community Affairs

By: 

Timothy K. Irvine
Title: Executive Director

Date: July 12, 2012

ADDENDUM/AMENDMENT NO. ____[1] to **HHSC Contract No. 529-12-0134-00001**

This Addendum/Amendment No.1 "Amendment" to **HHSC Contract No. 529-12-0134-00001** Partnership Agreement (the "Agreement") by and between the Texas Department of Housing and Community Affairs, a public and official agency of the State of Texas ("TDHCA"), and the Texas Health and Human Services Commission, a public and official agency of the State of Texas ("HHSC"), hereinafter collectively referred to as "Parties", is executed on the date respectively signed by Parties.

RECITALS

WHEREAS, the Parties, respectively, entered into the Agreement on July 25, 2012; and

WHEREAS, this Amendment is executed on the date respectively signed by the Parties; and

WHEREAS, this Amendment was developed in accordance with the provisions found in Section III. of the HUD 2013 Section 811 NOFA "13 NOFA" for 811 Project Rental Assistance requiring an addendum to the Partnership agreement to cover the 13 NOFA funds;

WHEREAS, both Parties have reviewed the 13 NOFA and understand and accept the terms therein;

WHEREAS, this Amendment has the effect of extending the Agreement to the performance period covered by funding (if awarded under the 13 NOFA) and clarifies that even if nonmaterial changes are made to the services provided to the Target Population, families will remain eligible for the program and new families will be eligible to be referred to the program; and

WHEREAS, the Parties desire to amend the Agreement in the manner provided herein below.

AGREEMENTS

NOW THEREFORE, for valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

SECTION 1.

Section II, J. Incorporation of Related Material and Definitions. of the Agreement is hereby amended to read as follows:

"Section II J. Incorporation of Related Material and Definitions. Where not otherwise defined, the terms used herein shall have the meaning used in, and developed through, the Melville Act, HUD 2012 Section 811 PRA Program NOFA, and Implementation Plan, the 2013 Section 811 PRA NOFA and Implementation Plan, or other 811 PRA NOFA and Implementation Plan as applicable, which shall incorporate and expand upon the specific elements of this Agreement."

SECTION 2.

Section IV of the Agreement is hereby amended by adding subsection D. to read as follows:

"Section IV. D. Amendment of Services. If nonmaterial changes are made to the services provided to the Target Population, families will remain eligible for the HUD 811 program and new families will be eligible to be referred to the HUD 811 program. If there are substantive changes to the services for

the Target Population, as defined by the HHSC, HHSC must request an Amendment to the Agreement in accordance with Section XIII of this Agreement.

SECTION 3.

Section XIV of this Agreement is hereby amended to read as follows:

This Agreement will be effective as of the date the Department executes an agreement with HUD for any round of 811 funding for an initial five year term and it is the intent of the Parties that the Agreement renew automatically on an annual basis and otherwise shall continue as long as housing and service funding to cover activities described herein from any funding year is available for distribution unless otherwise permitted in writing by either party in consultation with HUD.

SECTION 4.

All of the remaining terms of the Agreement shall be and remain in full force and effect as therein set forth and shall continue to govern except to the extent that said terms conflict with the terms of this Amendment. In the event this Amendment and the terms of the Agreement are in conflict, this Amendment shall govern, unless it would make the Agreement void by law.

SECTION 5.

Each capitalized term not expressly defined herein shall have the meaning given to such term in the Agreement.

SECTION 6.

This First Amendment may be executed in several counterparts, each of which shall be deemed to be an original copy, and all of which together shall constitute one agreement binding on the Parties, notwithstanding that all the Parties shall not have signed the same counterpart.

SECTION 7.

If any of the Parties returns a copy by facsimile machine or electronic transmission, the signing party intends the copy of its authorized signature printed by the receiving machine or the electronic transmission to be an original signature.

SECTION 8.

By signing this Amendment, the Parties expressly understand and agree that its terms shall become a part of the Agreement as if it were set forth word for word therein.

SECTION 9.

This Amendment shall be binding upon the Parties hereto and their respective successors and assigns.

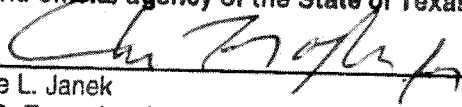
SECTION 10.

This Amendment shall be effective upon signature of both Parties.

WITNESS OUR HAND EFFECTIVE:

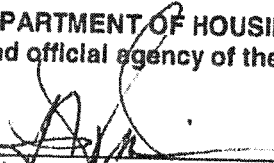
HHSC:

**HEALTH AND HUMAN SERVICES COMMISSION,
a public and official agency of the State of Texas**

By: 
Name: Kyle L. Janek
Title: M.D. Executive Commissioner
Date: 5-9-14

TDHCA:

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS,
a public and official agency of the State of Texas**

By: 
Name: Tim Irvine
Title: Executive Director
Date: May 5, 2014