



DBHDS Housing Resource Referral Policies

March 7, 2017

I. Purpose and Use

The Department of Behavioral Health and Developmental Services (DBHDS) has developed these Housing Resource Referral Policies to facilitate the efficient and effective referral of individuals in the Settlement Agreement target population to housing resources for which DBHDS has negotiated preferential access.

II. Definitions

1. **Applicant.** An individual who has: been referred by a support coordinator, been screened by DBHDS, met the program eligibility criteria, and been referred to the PHA to apply for a rental subsidy.
2. **Contract unit.** The housing unit rented by an individual with assistance from the program.
3. **Department of Behavioral Health & Developmental Services (DBHDS).** Virginia's state agency that develops policy and regulations; licenses services; and operates state facilities for people with mental illness, serious emotional disturbance, substance abuse disorders and developmental disabilities.
4. **Eligible Individual/Family.** The eligible individual and anyone residing with them who has been screened and meets DBHDS's criteria for a HCVP or LIHTC referral for the Settlement Agreement population.

a. To be considered an eligible individual/family, the following conditions must be met:

(1) the eligible individual may not live with their parent(s), grandparent(s) or legal guardian(s);

(2) the individual must be the head of household in the new unit

(3) if additional persons will reside with the eligible individual, the eligible individual must demonstrate a stable relationship by providing evidence that the eligible individual and these persons lived together previously or certifying that each person's income and other resources will be available to meet the needs of the household/family.

5. **HAP Contract.** A written agreement between the PHA and the owner of a unit occupied by a Housing Choice Voucher Program participant. This contract outlines the terms and conditions of the rental subsidy to be provided to the eligible individual/family and paid to the owner upon approval of a unit that meets the program's requirements.

6. **Household.** The persons who may reside in the contract unit. The household consists of the eligible individual, roommates and any PHA-approved live-in aide (a live-in aide is a person who resides in the unit to provide necessary supportive services for a member of the family who is a person with a disability).

7. **Housing Quality Standards (HQS).** The HUD minimum standards for the quality of housing assisted under the Section 8 tenant-based programs.

8. **Housing Choice Voucher Program / HCVP.** A tenant-based rental assistance program funded by the U.S. Department of Housing &

Urban Development and administered by local public housing agencies in accordance with federal regulations.

9. **Housing and Urban Development (HUD).** The U.S. Department of Housing & Urban Development. The United States federal department that administers federal programs dealing with better housing and urban renewal; created in 1965.

10. **Lease.** The written agreement between the owner and the tenant for the rental of a contract unit to the tenant. The lease includes the tenancy addendum.

11. **Owner.** The individual or entity that owns a property or the agent that has been granted legal authority to manage the affairs of the property on behalf of the individual or entity that owns the property.

12. **Parent, Grandparent, or Legal Guardian.** The natural or adoptive father, mother, grandfather or grandmother of the eligible individual, or the court-appointed guardian of the eligible individual.

13. **Participant.** A eligible individual/family that is receiving a rental subsidy through the HCVP or LIHTC.

14. **Public Housing Authority (PHA).** Public Housing Agency providing decent, safe, and affordable quality rental housing for eligible low-income families, the elderly, and persons with disabilities.

15. **Premises.** The building or complex in which the contract unit is located, including common areas and grounds.

16. **Rent to owner.** The total monthly rent payable to the owner for the contract unit. The rent to owner is the sum of the portion of rent payable by the tenant plus the PHA HAP payment to the owner.

17. **Section 8.** Section 8 of the United States Housing Act of 1937 (42 United States Code 1437f).

18. **Tenancy Addendum.** The Section 8 Tenancy Addendum includes information regarding lease requirements, approved use of the unit, maintenance, termination of tenancy by owner, and changes in lease or rent. This addendum includes directions regarding the amounts, collection and return of security deposits. This contract is a requirement, and must be completed and signed by all tenants and landlord in addition to a Residential Lease Agreement prior to move in.

III. **Eligible Individuals**

Individuals selected by DBHDS to be referred for DBHDS housing resources must meet the following requirements:

1. Be age 18 or older, or a legally emancipated minor; **AND**
2. Have a developmental disability as defined in the Code of Virginia § 37.2-100; **AND**
3. Be in one of the following categories:
 - a. Transitioning from a skilled nursing facility, an intermediate care facility, a state training center, a group home or other congregate setting and meet the level of functioning criteria for a Developmental Disability (DD) Waiver; **OR**
 - b. Currently receiving Building Independence (BI), Family and Individual Support (FIS) or Community Living (CL) Waiver Services; **OR**

- c. Determined eligible for and currently on a waiting list to receive a BI, FIS, or CL Waiver slot.
4. Meet the criteria of an eligible individual or family:
 - a. Household composition cannot include: parents, grandparents or guardians
 - b. The eligible individual's child or children may be included in the household composition.
 - c. Household composition may include persons demonstrating a stable family relationship by providing evidence of previous cohabitation, or certifying that each person's income will be available to meet the financial obligations of the family.
5. Must have active case management at the time that the referral is submitted to DBHDS or will have active case management within 15 days of the date in which a referral is made to DBHDS.
6. Meet the eligibility requirements of the PHA, LIHTC property manager or property owners in accordance with their current screening criteria (e.g., income, assets, credit and criminal background).
8. Individual / family is not receiving any private, local, state or federal rental assistance, subsidy, or supplement.
9. An individual who's DD waiver eligibility status changes prior to lease-up will be determined ineligible as they no longer meet the criteria for inclusion in the Settlement Agreement population. Anyone who's DD waiver eligibility status changes post lease-up will continue to be eligible for as long as they have their voucher and remain in good standing with the Housing Choice Voucher Program.

IV. Permitted Unit Types

DBHDS will make referrals for the following unit types:

- Legal dwelling units with a full kitchen and bathroom that are integrated into the community (e.g., surrounded by units that house people with and

without disabilities in natural proportions). Units that are integrated into the community include:

- In a multifamily apartment building OR
 - A single family home (e.g., a 2BR house) OR
 - A mobile or manufactured home OR
 - In a single family home, if permitted as an accessory dwelling unit under the local zoning ordinance
- Shared housing: a single housing unit occupied by an individual and another resident or residents. The shared unit consists of both common space for use by the occupants of the unit and separate private space for each assisted family. An assisted family may share a unit with other persons assisted under SRAP or with other unassisted persons. The owner of a shared housing unit may reside in the unit. The resident owner may not be related by blood or marriage to the assisted family.

Other unit types may be considered if they: constitute a legal use and occupancy, require the assisted family (or the assisted family's guardian) to be the lease holder, do not permit the assisted family's parents/grandparents/guardian to reside with the assisted family, and promote integration of people with disabilities (e.g., opportunities to live side by side and interact with people without disabilities).

V. Prohibited Unit Types

DBHDS will not make referrals for the following unit types:

- nursing homes, board and care homes, or facilities providing continual psychiatric, medical, or nursing services;
- college or other school dormitories;

- on the grounds of penal, reformatory, medical, mental, and similar public or private institutions;
- A boarding house (e.g. facilities that provide meals and lodging on a daily or weekly basis for a fee);
- not permitted to rent part of the unit as a rental unit by local zoning ordinance;
- a residential setting licensed by the Department of Behavioral Health and Developmental Services or the Virginia Department of Social Services (e.g., group home, residential treatment program, adult care residence, assisted living facility); or
- a non-residential setting (e.g., homeless shelter, extended stay hotel, vacation timeshare);

VI. Referral Submission

1. Referrals to DBHDS can only be made by the eligible individual's CSB Support Coordinator or his or her Private Case Manager. Private Case Manager must be under contract with a community services board in Virginia to provide case management services to people with a developmental disability.
2. In jurisdictions where both HCV and State Rental Assistance are available, an eligible individual selected by DBHDS will first be referred to the State Rental Assistance Program.
3. Priority will be given for special admission on an individual basis, as determined by:
 - Priority #1- Eligible individuals who live in congregate settings, including skilled nursing facilities, intermediate care facilities, state training centers and group homes
 - Priority #2- Eligible individuals who are either:

- a. Homeless, as evidenced by documentation from the support coordinator that the individual has slept in a shelter, on the street, or in a place not meant for human habitation for the last three nights, or at risk of homelessness, as evidenced by a Writ of Possession for the individual's current residence;
 - b. Paying more than 50% of his or her own gross monthly income toward their own rental housing (based upon verification of income and current rent); OR
 - c. Experiencing an imminent threat to health and safety in their housing, as documented by Adult Protective Services.
- Priority #3- Eligible individuals who live with their families of origin.
4. Referrals must be submitted utilizing the most recent DBHDS referral form.
5. Incomplete referrals will be pended and the SC/CM will be notified that they have ten (10) business days to re-submit a completed referral. After 10 business days, a new referral must be submitted.
6. DBHDS may request that the SC/CM complete a Housing Readiness Assessment.
7. All referrals must identify all potential household members and/or occupants. Any referral that fails to identify potential household members or occupants by name and relationship to the eligible individual will not be processed. This includes any live-in aides.
8. If a referral is submitted that fails to meet the policy statement above, the SC/CM will be notified and they will have 5 business days to submit a corrected referral.
9. Referrals for individuals currently living in their own housing in which they own or are a leaseholder must include a letter from the owner/

property manager stating the lease will be rescinded and re-executed for participation in the voucher program, if rental assistance is provided. A copy of the current lease must be submitted with the referral along with a completed "Financial Needs Worksheet" for each household member over 18 years of age.

10. Individuals must complete the application/eligibility process with the PHA within forty five (45) days of the date in which DBHDS makes a referral to them. If the application/eligibility process is not completed within 45 days of the above referenced date, the support coordinator or private case manager will be notified and they will have ten days to complete the application/eligibility process or else the individual's referral will be rescinded and the individual would need to be referred.

VII. Family Obligations

1. The individual/family must supply any information necessary for the DBHDS, PHA or property manager to determine eligibility (e.g., including evidence of citizenship or eligible immigration status, verification of income, assets, social security number, etc.).
2. The family must report any household changes relating to income, assets, expenses and household composition within 48 hours during eligibility determination and ten (10) calendar days of the change thereafter in writing to the PHA.
3. The family must supply any information requested by the DBHDS or PHA to determine household composition or information related to a household members absence from the unit

VIII. Household Composition

1. The pre-lease household composition for an eligible referral must be approved by DBHDS.

2. The eligible individual/family must request DBHDS approval to add any other household member as an occupant of the unit prior to lease execution.
3. The eligible individual/family must promptly submit written verification regarding the birth, adoption, or the court-awarded physical custody of a child.

IX. Live in Aides

A live-in-aide is a person who resides with one or more elderly persons, or near-elderly person or persons with disabilities, and who:

1. is determined to be essential to the care and well-being of the persons;
2. is not obligated for the support of the persons; and
3. would not be living in the unit except to provide the necessary supportive services

Relatives, excluding parents, grandparents and legal guardians, may be approved as live-in aides on a case by case basis by the PHA if they meet all of the criteria defining a live-in aide and can demonstrate that the relationship to the individual is an arm's length transaction (e.g. the relative would not otherwise be living in the unit). However, a relative who serves as a live-in aide is not considered a family member and would not be considered a remaining member of a tenant family.

X. Locality Preferences

1. An eligible individual/family may request to change their preferred locality only once after a referral is submitted to DBHDS.

XI. Voluntary Termination of Assistance

1. Individuals who prior to lease-up decide not to move forward with the housing process after having been referred to a PHA or a LIHTC property for a housing resource, may be granted the ability to be re-referred only one more time for a rolling twelve month period. The ability to be re-referred is totally at the discretion of DBHDS and the individual and their support coordinator can demonstrate that they are “ready” to move forward with securing their own rental housing in the community.
2. Individuals who after lease-up choose to no longer use their housing resource may not be re-referred for at least 12 months after the date in which they relinquished their housing resource.

XII. Involuntary Termination of Assistance /Breach of Lease Terms

1. Post lease-up, any individual that commits a an act that is considered a breach of their lease which causes them to lose their housing or rental assistance or who fails to fulfill their obligations under the Voucher program, SRAP, LIHTC program etc.; may not be referred to DBHDS for a housing resource for at least a three year period which would end the three years after date in which the program assistance or the lease was terminated.

XIII. Appeal

1. Individuals have the right to appeal DBHDS program decisions.
2. Any individual filing an appeal has the right to have a designated representative or advocate throughout the entire process.
3. The applicant makes a written request, called a Step 1 appeal, to the DBHDS Program Manager, Program Appeal, 1220 Bank Street, Richmond VA 23218, phone (804) 371-2887; fax (804) 692-0077, vonnie.farmer@dbhds.virginia.gov within ten (10) working days from the date of the decision or action s/he is appealing. The Step 1 Appeal

should include the date of the filing of the appeal, the specific policy, procedure, decision, or action in disagreement, suggestions about possible ways to resolve the situation, and where and how the Applicant may be contacted.

- a. The DBHDS Program Manager conducts an investigation and provides a written response to the Applicant within ten (10) working days from the date that he receives the appeal. The DBHDS Program Manager may request an extension of an additional five (5) working days, if necessary.
4. If the Applicant is not satisfied with the outcome of the Step 1 Appeal, he or she may appeal within ten (10) working days by filing a written Step 2 Appeal to the DBHDS - Housing Services Manager. The Step 2 Appeal should include the date of the filing of the appeal, the specific policy, procedure, decision, or action in disagreement, suggestions about possible ways to resolve the situation, and where and how the Applicant may be contacted. The Appeal request should be submitted to the Housing Services Manager at 1220 Bank Street, Richmond VA 23218, phone (804) 786-1393, fax (804) 692-0077, or eric.leabough@dbhds.virginia.gov.
 - a. The Housing Services Manager conducts an investigation and provides a written response to the Applicant or Tenant within ten (10) working days from the date that he receives the appeal. The Housing Services Manager may request an extension of an additional five (5) working days, if necessary.
5. If dissatisfied with the Step 2 response, the eligible individual may appeal to the Commissioner of DBHDS or his/her designee. The written appeal must be sent within ten (10) working days from the date on the letter of the Step 2 decision. The Step 3 Appeal should include the date of the filing of the appeal, the specific policy, procedure, decision, or action in disagreement, suggestions about possible ways

to resolve the situation, and where and how the eligible individual may be contacted. Please send appeal request: Commissioner of DBHDS, Housing Resource Referral Appeal - 1220 Bank Street, Richmond VA 23218.

6. The Commissioner shall render a final decision related to the matter under dispute. The Commissioner may adopt, modify, or overturn the decision. The Commissioner's decision is the final agency action within DBHDS.
7. If the Applicant or Tenant remains dissatisfied with the outcome of the Step 3 ruling, the Applicant or Tenant may obtain further review of the decision in accordance with the Administrative Process Act (§2.2-4000 et seq. of the Code of Virginia).