

Community-Based Housing Marketing and Tenant Selection Plan

The following includes sample language for incorporation into tenant selection plans, as well as guidelines for marketing CBH units.

Outreach

The property manager will notify the Massachusetts Rehabilitation Commission (MRC)/Executive Office of Health and Human Services (EOHHS) as early as possible when a CBH unit will become available – whether it is coming on-line for the first time or is the turnover of an occupied unit. Specifically, the manager should notify Jennifer Howell at:

Jennifer Howell
Disability Housing Manager
Executive Office of Health & Human Services
One Ashburton Place
Boston, MA 02108
Phone: 617-937-9781
Jennifer.m.howell@mass.gov

To better ensure referrals to the available unit are appropriate, the notice of availability will include the following information:

- Location and address of the development
- Photos of the development if possible
- Contact information for an interested party to obtain an application
- Unit information including bedroom size, access features, and utilities
- Information about the development such as amenities and proximity to public transportation and other services

The property manager will provide an electronic version of the development application and related materials. Such attachments will be Word documents and **not** PDF documents whenever possible to ensure they can be read by persons with visual disabilities.

Once MRC/EOHHS becomes aware of unit availability, MRC/EOHHS will initiate collaborative outreach efforts. MRC/EOHHS will notify its partner human services agencies including: Commission for the Blind, Commission for the Deaf and Hard of Hearing, Department of Mental Health, Department of Developmental Services, Executive Office of Elder Affairs and the Department of Public Health. Each of these agencies has its own regional and local outreach networks. The state will use these networks to conduct outreach and identify appropriate applicants.

State fair housing law requires that all accessible rental units be listed with MassAccess – the registry of accessible housing administered by Citizens Housing and Planning

Association (CHAPA). CHAPA can be contacted at (617) 742-0820 or electronically at www.massaccesshousingregistry.org

Application

CBH eligibility

In order to be eligible for a CBH unit, an applicant must: (1) have a disability, (2) be institutionalized or at risk of institutionalization, and (3) not be eligible for the Facilities Consolidation Fund Program (FCF). Definitions for each of these are below. In addition, the applicant must be certified as a "PCE," or person considered eligible, by MRC/EOHHS. See attached certification form.

Disability

An applicant with a disability is defined as: An individual who has a physical or mental impairment that is of a permanent or long and continued duration and that substantially limits one or more major life activities is considered a person with a disability, excepting individuals who are persons with disabilities who are eligible for housing developed with FCF funds; this exception is required by the legislation. Major life activities include: self-care, learning, receptive and expressive language, mobility, cognitive functioning, emotional adjustment and economic self-sufficiency. This definition includes elders with disabilities.

Institutionalization

An applicant who is institutionalized, or at risk of institutionalization, is living in or at risk of being placed in a nursing facility, long term rehabilitation center or hospital.

Not Eligible for FCF

The Facilities Consolidation Fund (FCF) Program funds housing in the same manner as CBH but is targeted to clients of the Department of Mental Health and the Department of Developmental Services. CBH is intended to provide housing for persons who are not clients of these departments. An eligible applicant may have a mental health or cognitive disability but does not receive services from one of these two agencies.

CBH certification form

The Commonwealth has developed a certification form which is used to determine eligibility for CBH. **A sample of the certification is included in this tenant selection plan as an appendix.** The form requests information to confirm the three elements listed above (disability, institutionalization and CBH eligibility). The Property Manager will provide potential applicants with the certification form along with the application for a rental unit.

When a manager receives the certification form with an application, the following will be confirmed:

- The form is fully and accurately completed.
- The form is signed by a licensed medical, psychological or allied mental health and human services professional who has knowledge of the individual for some duration, or by a person designated by MRC/EOHHS as a certifier. Examples of agencies which have qualified staff to complete the form include Independent Living Centers, Aging Services Access Points, Adult Day Health Centers, Long Term Care Facilities, hospitals, and other community service organizations that provide case management and service coordination. For addition assistance, you may contact Jennifer Howell, Disability Housing Manager at EOHHS, at 617-937-9781.
- Each question is completed and explanations provided to illustrate the response.

The Property Manager is not expected to verify that the information provided by the professional is accurate, simply that the form is complete. Prior to offering a unit to an applicant, the property manager will email the completed form to Jennifer Howell, Disability Housing Manager at EOHHS, at Jennifer.m.howell@mass.gov. Jennifer will review the form and let the manager know if the applicant is considered eligible or not.

Tenant selection

Applicants will be selected consistent with the development's written tenant selection policies. When a CBH unit becomes available, if there is already a waiting list of applicants for the CBH unit, priority in selection will be given **first to applicants who are institutionalized and second to applicants at risk of institutionalization** in a nursing facility, long term rehabilitation center or hospital. The development may layer other preferences "on top" of these priorities of the CBH program. In addition, the property manager will select applicants based on the best "match" for the unit, i.e. by bedroom size and need for access design features if any are provided in the unit. In summary, the property manager will select an eligible CBH applicant with the highest priority, closest to the top of the list who best matches the features of the unit.

MassDocs provides that the development keep the unit available to MRC/EOHHS for 60 days. If after that period, no CBH eligible applicants have been identified, the development may lease the unit to a non-CBH applicant (process subject to development's tenant selection plan) and offer MRC/EOHHS the next available comparable unit. In developments where the CBH unit was one of only a few accessible units or one of only a limited number of units with rental assistance, comparability is more complicated. The project sponsor should discuss these limitations with MRC/EOHHS as early as possible in the process.

The development has the right to screen applicants for a CBH unit in the same nondiscriminatory manner that it screens applicants for non-CBH units. If a CBH applicant is rejected, based on these screening criteria, they must be offered a reasonable accommodation and MRC/EOHHS must be notified.

A reasonable accommodation is a change to a policy, procedure or practice to allow a person with a disability to participate in the program. The classic example is to change the “no-pet” policy in a development to allow a person who uses a guide dog to live in that development. Information about reasonable accommodations in housing is available from many sources, including MRC/EOHHS.

Rent restrictions

Applicants must be below 80% AMI to qualify for CBH housing. However, CBH is often paired with subsidy programs that have lower qualifying incomes (LIHTC, Section 8). In those cases, the lower eligibility requirements prevail.

Please note that while applicants may have incomes of up to 80% AMI, most will have much lower incomes. The development will maintain a rent structure that can accommodate applicants with incomes as low as 15% AMI.

Massachusetts Rehabilitation Commission/Executive Office of Health and Human Services Certificate On Application for Community-Based Housing

Dear Certifier:

The Community Based Housing Program (CBH) provides affordable housing for individuals with disabilities who are living in institutions and seek an alternative in the community or those who are at risk of institutionalization. The CBH Program seeks to ensure that, through the availability of CBH, individuals with disabilities will be able to live as independently as they are able, in their own homes.

You have been asked to complete this certification for the individual named below who is applying to reside in a CBH-funded unit. An appropriate signatory is a licensed medical, psychological or allied mental health and human services professional who has knowledge of the individual for some duration or a person designated by MRC as a certifier.

Applicant's Name: _____

Yes No: Applicant has a disability defined as: An individual who has a physical or mental impairment that is of a permanent or long and continued duration and that substantially limits one or more major life activities is considered a person with a disability, excepting individuals who are persons with disabilities who are eligible for housing developed with Facility Consolidation Funds (FCF) funds; this exception is required by the legislation. Major life activities include: self care, learning, receptive and expressive language, mobility, cognitive functioning, emotional adjustment and economic self-sufficiency.

Yes No: Applicant is not eligible for housing developed with FCF funds, i.e. a current client of The Department of Mental Health or Department of Developmental Services. (A "yes" answer confirms the applicant is NOT eligible for FCF)

Yes No Applicant is institutionalized or at risk of institutionalization in a nursing facility, long term rehabilitation center or hospital

Explanation (please state if the individual is currently institutionalized)

I certify that the foregoing information is true and accurate to the best of my knowledge.

(Signature)

(Date)

Name: _____

Address: _____

Phone: _____