

**Section 811 Project Rental Assistance Program
INTERAGENCY PARTNERSHIP AGREEMENT
Between
The State of Wisconsin Department of Health Services
and
The Wisconsin Housing and Economic Development Authority**

I. Purpose

The purpose of this Interagency Partnership Agreement is to establish a formal structure for continued collaboration between the Wisconsin Housing and Economic Development Authority (“WHEDA”) and the State of Wisconsin Department of Health Services (“DHS”) for the implementation of housing and services associated with the US Department of Housing and Urban Development (“HUD”) Section 811 Project Rental Assistance Program (“Section 811 PRA Program”). The Parties wish to enter into this Agreement to facilitate the delivery of permanent supportive housing for extremely low-income persons with disabilities consistent with the Frank Melville Supportive Housing Investment Act of 2010. This Interagency Partnership Agreement (this “Agreement”) sets forth the responsibilities of WHEDA and DHS related to the Section 811 PRA Program.

II. Term

This Agreement is contingent on the HUD’s acceptance and funding of the application submitted by WHEDA and DHS. The term of this Agreement will commence as of the date Wisconsin executes an agreement with HUD for the Section 811 PRA Program. The initial term will be not less than five years and will be co-terminus with the term of initial funding of units under the Section 811 PRA Program. However, as HUD will accept commitments subject to contingencies based upon annual funding, the term of this Agreement is contingent upon annual Congressional funding. This Agreement will automatically renew contingent on continuing funding allocation.

III. Definitions

Wisconsin Housing and Economic Development Authority (WHEDA): the applicable State Housing Agency that administers Wisconsin’s allotment of Low Income Housing Tax Credits and other housing resources.

Wisconsin Department of Health Services (DHS): the State Medicaid Agency, which oversees the operations of Wisconsin’s health and human services system, provides administrative oversight of health and human services programs, and provides direct administration of some programs.

Eligible Tenants: Section 811 PRA funds can only be provided to support units for Extremely Low-Income Families (as defined below) where 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. The person with the disability must be eligible for community-based, long-term services as provided through Medicaid waivers, Medicaid state plan options, state funded services or other appropriate services related to the target population. The target population is further defined below.

Extremely Low-Income Family: A family whose annual income does not exceed 30% of the area median income (“AMI”) published by HUD for the area in which the family lives, as adjusted for family size.

Persons with Disabilities: Person 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:

(i) Is attributable to a mental or physical impairment or combination of mental and physical impairments;

- (ii) Is manifested before the person attains age twenty-two;
 - (iii) Is likely to continue indefinitely and;
 - (iv) 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 infected with the human acquired immunodeficiency virus (HIV) and who also 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 project.

Referral Resources: Agencies funded or contracted by the DHS who will be responsible for generating referrals for the Section 811 PRA Program. These agencies have designated boundaries, generally county lines. Agencies can be local Aging and Disability Resource Centers ("ADRCs"), Managed Care Organizations ("MCOs"), county human/social services or community programs agencies, Independent Living Centers, IRIS Consultant Agencies and support service provider agencies.

Community Living Specialists: DHS-funded staff who are a liaison between nursing homes and the local ADRC to provide outreach to individuals who may be eligible for the Money Follows the Person program (discussed below) and Section 811 PRA Program units. The Community Living Specialists are responsible for providing outreach to individuals in nursing homes and provide options counseling and referrals for housing.

WHEDA Contract Specialist: The designated staff person within WHEDA who will serve as WHEDA's point of contact under this Agreement, and who will be responsible for the various WHEDA functions detailed in this Agreement.

DHS Housing Specialist: The designated staff person within DHS who will serve as DHS's point of contact under this Agreement, and who will be responsible for the various DHS functions detailed in this Agreement.

IV. Goals of the Partnership

- a. To ensure the availability of integrated, accessible, affordable and safe housing for eligible individuals who are interested in family-oriented, self-directed and consumer-focused housing.
- b. To utilize both housing and long-term care infrastructures to provide a network of support that sustains people with serious disabilities in the community.
- c. To create linkages and strengthen relationships between community [and state] agencies to provide a wider array of individualized housing options for people with disabilities where they can continue to receive supportive services.
- d. To ensure supportive services and housing environments for Section 811 PRA Program residents are of acceptable quality, are readily available and are maintained over time.

V. Target Population and Available Community Services

- a. The target population for Section 811 PRA Program units in Wisconsin will be persons with disabilities who are exiting institutions and desire to return to community living, or are at risk of institutionalization because of the loss of housing or the substandard quality of their current housing. Their primary barrier to returning to the community or remaining in the community is lack of suitable and affordable housing.
- b. Participants must meet functional and financial eligibility criteria for home and community-based long-term services and supports.
- c. Wisconsin’s current home and community-based long-term services and supports system consists of the following programs:
 - 1. **Family Care** - Family Care operates under combined 1915 (b) and (c) authority and offers a wide range of 1915 (c) waiver services as well as long-term care services under the State Plan (personal care, home health care, nursing home, etc.). Family Care operates in 57 of Wisconsin’s 72 counties and is an entitlement in those counties.
 - 2. **Family Care Partnership (“Partnership”)** - Family Care Partnership covers all of the 1915 (c) waiver services as well as all State Plan services, including acute and primary care. Partnership managed care organizations are also Medicare Special Needs Plans and provide the full range of Medicare services to members who are dually-eligible for Medicare and Medicaid. Family Care Partnership operates in 14 counties. Two counties have a similar program that combines the 1915 (c) waiver services with Program of All-Inclusive Care for the Elderly (“PACE”).
 - 3. **IRIS - Include, Respect, I Self-Direct (“IRIS”)** - IRIS is a fully self-directed program that operates under 1915 (c) waiver authority. IRIS is available in the counties that have Family Care as an alternative to Family Care for eligible individuals. IRIS participants can also choose to self-direct their personal care under a 1915(j) state plan amendment.
 - 4. **Community Options Program (“COP-W”)/Community Integration Program (“CIP-W”) Waivers** - Known as Wisconsin’s “legacy” waivers, these 1915(c) waivers serve frail elders/persons with physical disabilities and persons with intellectual/developmental disabilities respectively. These waivers are available in the 15 counties that do not have Family Care or IRIS.
 - 5. **Children’s Long Term Support (“CLTS”) Waivers** - CLTS waivers are operated under 1915(c) authority and serve children up to age 22 with physical disabilities, intellectual/ developmental disabilities or serious emotional disturbances. CLTS waivers are available statewide.
 - 6. **Community Options Program (“COP”)** - The original decades’ old state-funded program still exists for all target groups in the counties that still have the legacy CIP and COP waivers. COP is available statewide to adults with community living needs related to serious mental illness or substance abuse and to all children. This flexible funding source can be used for services not allowable under Medicaid waivers.
 - 7. **Money Follows the Person (“MFP”)** – The MFP program in Wisconsin does not have its own service delivery structure, but instead relies on the programs described above. MFP services can be provided through any of these home and community-based programs based on the county of residence, eligibility criteria and preference of the individual.

d. Eligibility Requirements:

1. Age and Target Group

In order to be eligible to enroll in a home and community-based waiver program, an individual must be in the age and target groups served by the program as listed in the chart below.

Program	Target Group
CIP 1A/CIP 1B*	>18 Adults with Developmental Disability per Federal Definition
CIP II/ COP-W*	Frail Elders or >18 Adults with Physical Disabilities; Adults with Developmental Disabilities who do not need active treatment.

CLTS-DD	<22 with a Developmental Disability per Federal Definition
CLTS-PD	<22 with a Physical Disability
CLTS-SED	<22 with a Severe Emotional Disturbance
Family Care-Partnership-PACE	>18 Adults with physical disabilities, including persons with Alzheimer's disease or terminal illness; >18 Adults with developmental disabilities; and Frail elders, including persons with Alzheimer's disease or terminal illness.
IRIS	>18 Adults with physical disabilities, including persons with Alzheimer's disease or terminal illness; >18 Adults with developmental disabilities; and Frail elders, including persons with Alzheimer's disease or terminal illness.

* Wisconsin expects to transition counties still currently operating under the "legacy" waivers to Family Care/Partnership/Pace and IRIS. This is likely to occur during the term of this agreement. Consumers who currently qualify for legacy waivers will maintain eligibility for the new programs unless they have a change in financial or functional status that would make them ineligible.

2. Medicaid Eligibility

An individual must be eligible for full-benefit Medicaid as described in Chapter 21.2 of the Medicaid Eligibility Handbook in order to be eligible for Family Care or Partnership. Eligibility for Medicaid is verified using DHS's ForwardHealth interChange system.

3. Functional Eligibility

Functional eligibility for all home and community-based waiver programs is determined using two screening tools developed by DHS: the Long-Term Care Functional Screen (for adults) and the Children's Long Term Support Functional Screen (for children's waivers).

a. In order to be functionally eligible for Partnership, PACE, IRIS, or legacy waivers an otherwise eligible individual must also have a nursing home level of care as determined by the Long-Term Care Functional Screen.

b. In order to be functionally eligible for Family Care, an otherwise eligible individual must also have either a nursing home level of care or a non-nursing home level of care as determined by the Long-Term Care Functional Screen.

c. In order to be functionally eligible for CLTS waivers, an otherwise eligible individual must also have a nursing home level of care as determined by the Children's Long-Term Support Functional Screen.

4. Residency

To be eligible for IRIS, Family Care, Partnership or PACE, an otherwise eligible individual must be, as determined by DHS or income maintenance agency, a resident of an area served by an IRIS Consultant Agency or by an MCO that offers the Family Care, Partnership or PACE program in which the individual intends to enroll. To be eligible for a legacy waiver program, an otherwise eligible individual must be a resident of the county operating the program, as determined by the Department or income maintenance agency.

5. Choice to Enroll

To be eligible for Family Care, Partnership or PACE, an otherwise eligible individual must make the choice to enroll in the MCO that operates the program in which the person intends to enroll. The choice to enroll is verified by the signature of the individual or the individual's authorized representative on an enrollment form approved by DHS.

- e. The table below lists the qualified home and community-based services available to individuals depending on target group eligibility and geographic availability.

QUALIFIED HOME AND COMMUNITY-BASED SERVICES* – by Program						
	CIP 1	COP W	CLTS	IRIS	Managed LT Care	State Plan
Care Management/Support & Service Coordination	X	X	X	X	X	X
Transitional Care Management	X	X	X	X	X	
Respite Care Services	X	X	X	X	X	
Adult/Child Day Health (Day Services, Adult Day Care)	X	X	X	X	X	
Daily Living Skills Training	X	X	X	X	X	
Environmental Accessibility Adaptations	X	X	X	X	X	
Skilled Nursing (not covered by state plan)	X	X	X	X	X	
Transportation	X	X	X	X	X	
Specialized Medical Equipment and Supplies	X	X	X	X	X	
Personal Emergency Response System (PERS)	X	X	X	X	X	
Counseling and Therapeutic Resources	X	X	X	X	X	
Adult Foster Care (1-4 bed)/Child Foster Care	X	X	X	X	X	
Supportive Home Care	X	X	X	X	X	
Financial Management Services	X	X	X	X	X	
Home Delivered Meals	X	X		X	X	
Vocational Futures Planning	X	X		X	X	
Housing Start-up	X	X	X	X	X	
Relocation Related Utility Costs	X	X	X	X	X	
Consumer/Family Directed Supports	X		X	X	X	
Support Broker				X	X	
Consumer Education and Training	X		X	X	X	
Prevocational Services	X			X	X	
Housing Counseling	X		X	X	X	
Supported Employment	X		X	X	X	
Customized Goods and Services				X		
Intensive In-Home Autism Treatment			X			
Therapies (Speech, Occupational, Physical)					X	X
Skilled Nursing					X	X
Mental Health Crisis Stabilization					X	X
Mental Health Outpatient Services					X	X
Home Health Aide					X	X
Medical Transportation					X	X
Orthotics					X	X
Community Support Program					X	X
Mental Health Day Treatment					X	X
Personal Care					X	X
Medical Supplies					X	X
Durable Medical Equipment					X	X
In-Home Psychotherapy					X	X

* In consideration of waiver renewal applications, DHS anticipates minor modifications to the services listed above. However, the core services are not expected to alter and services will continue to be available to eligible tenants regardless of the program services package. Although the managed long term care programs include all of the listed State Plan services within the benefit package, participants in CIP 1, COP-W, CLTS and IRIS are eligible to receive those services through the State Plan.

- f. DHS commits to making available all appropriate Medicaid home and community-based waiver services for those persons in the target population who meet Medicaid and home and community-based waiver eligibility requirements and choose to participate in the Section 811 PRA Program, with the cooperation of the applicable MCO, IRIS affiliate or county human service agency as agents of DHS.
- g. **All needed home and community-based services, while remaining available to Section 811 PRA Program tenants, are voluntary and participation in services is not a requirement of tenancy.**
- h. Participants must also be relocating from a nursing home or institution OR provide documentation of the loss of housing or the substandard quality of such current housing.
 - a. If currently housed in an ICF-IID, skilled nursing facility (certified under 42 CFR, 442, Subpart C), or institution for mental disease covered under the State Plan, a participant must indicate this on their application.
 - b. If living in substandard housing, at risk of institutionalization due to housing issues or otherwise at-risk due to a precarious housing situation, the applicant must submit third-party verification detailing the housing situation. So long as this paperwork is submitted along with the application and meets the Section 811 PRA Program target population definition as listed above, verifications will be accepted and applications will be ranked on a first-come-first served.

VI. Major Functions of WHEDA

- a. WHEDA is the allocating agency of Wisconsin's allotment of Low Income Housing Tax Credits ("LIHTC"). Other functions of WHEDA include:
 - i. Lending – WHEDA works closely with lenders, developers, local government, nonprofits, community groups and others to provide low-cost financing to support affordable housing in Wisconsin. Since 1972, WHEDA has financed more than 68,000 affordable rental units, helped more than 110,000 families purchase a home.
 - ii. Mortgage Loan Servicing –collection and processing of mortgage loan payments, and escrow processing.
 - iii. Asset Management – WHEDA provides comprehensive asset management services for WHEDA-financed and LIHTC projects. Such services include, but are not limited to, performing management and occupancy reviews; identifying, tracking and resolving health and safety issues; providing Enterprise Income Verification (EIV) monitoring; analyzing audited financial statements; establishing and administering capital improvement budgets and draws; establishing and administering reserve accounts and draws;
 - iv. HUD Section 8 Contract Administration –provide Performance Based Contract Administration (PBCA), Traditional Contract Administration (TCA), Housing Choice Voucher Program administration, HAP special claims processing, contract renewals, rent adjustments, utility analysis for, , WHEDA-financed and LIHTC portfolios.
 - v. Business Analysis and Quality Assurance – Proves system support, monitor risk ratings, trend and risk reporting, compliance oversight for all Federal programs for PBCA, TCA, WHEDA-financed, LIHTC, and secondary market portfolios.

VII. Section 811 PRA Program Referral System

- a. Real Choice Systems Change: Building Sustainable Partnerships in Housing
 Information about the changes to HUD Section 811 was distributed to referral resources through the housing counseling trainings provided during the 2011-2013 grant period. When units become available, the referral resource networks will be utilized by the DHS Housing Specialist to communicate more specific details to staff. Housing developers were also provided trainings throughout the grant project about the changes to Section 811. They received information about how

to contact local stakeholders to assist with marketing and outreach for new Section 811 PRA Program units.

b. SocialServe Prescreening, Assessment, Intake & Referral (“PAIR”)

Socialserve.com has designed a system to support the HUD Section 811 PRA Program process. PAIR allows for prescreening of individuals for eligibility through an initial questionnaire, collecting more details of those who potentially qualify for continued assessment and intake onto a waiting list, then facilitating the matching and referral of qualified applicants to Section 811 PRA Program property providers with available units. PAIR prescreening is a password-protected internet-based questionnaire used by referral resource workers to quickly determine if their client is a good candidate for the Section 811 PRA Program. PAIR will determine if the client’s income qualifies in all counties of interest based on HUD income limits using household income and size. If the client is potentially eligible, the referral resource worker can then complete the intake and the client will be matched with available units or placed on the waiting list pending the availability of an appropriate unit.

c. Referral Process

Step 1: Verification of Disability and Long-Term Support Program Eligibility

An applicant interested in Section 811 PRA Program housing can work with any of the referral resource agencies to be referred for Section 811 PRA Program housing. They will need to complete screening for home and community-based waiver eligibility, even if they choose not to accept services. Because of this step in the process, an applicant seeking housing who is not already enrolled in waiver services will need to contact their local ADRC for waiver eligibility screening.

Step 2: Pre-Screening

Designated and trained staff at a referral resource agency will assist in pre-screening the applicant for Section 811 PRA Program housing. Such staff shall use SocialServe PAIR to complete pre-screening of individuals for eligibility through an initial questionnaire. Section 811 PRA Program screening criteria include:

- Total Household Income: at or below 30% of AMI (published by HUD for the area in which the individual lives, as adjusted for family size);
- Medicaid recipient (determined by Medicaid number);
- Disabled as defined for HUD 811;
- 18 or over and below 62 years of age;
- Not a lifetime registered sex offender; and
- Not convicted of methamphetamine production on housing authority property.

Basic personal information, housing and services information is also collected from the applicant at this time. If the applicant is found potentially eligible, they will continue for assessment and intake onto a waiting list.

Step 3: Waiting List

The applicant is added to the waitlist in prioritized order once they are found potentially eligible and the application has been completed. Units are listed on the WIHousingSearch.org locator system. When units are available, they are displayed on the dashboard on the waitlist. The WHEDA Contract Specialist and DHS Housing Specialist can filter eligible applicants for matches with available Section 811 PRA Program units.

Step 4: Financial Verification and the Lease

The owner/management agent of the unit will complete the final verification of income to determine the tenant portion of monthly rent using Enterprise Income Verification and third-

party verifications, enter into a HUD Section 811 PRA Program lease and perform annual re-certifications of income as required by the Section 811 PRA Program.

VIII. Roles and Responsibilities:

a. Connection to Services

Wisconsin's primary outreach mechanism for publicly-funded long-term services and supports is the network of Aging and Disability Resource Centers that serve all of Wisconsin's counties. ADRCs are easily accessible, one-stop sources for information and assistance on a range of topics of interest to elders and individuals with disabilities. They are the point of access to publicly-funded services in most counties. ADRCs are required by contract to conduct outreach activities within their service areas, and a number of ADRCs are also making use of MFP rebalancing funds to intensify outreach efforts in nursing homes. There are now 41 operational ADRCs in Wisconsin – 28 single-county and 14 regional – which collectively cover all of Wisconsin's 72 counties.

b. Outreach and Referral

Eligible individuals will be informed of the availability of Section 811 PRA Program units through communication with various local agencies who are also stakeholders in the project. To provide outreach to eligible applicants, the DHS Housing Specialist and WHEDA Contract Specialists will:

- i. Provide information and training to referral resources about the new Section 811 PRA Program requirements and the availability of new Section 811 PRA Program units.
- ii. Train staff from referral resource agencies who will prescreen individuals for eligibility through SocialServe PAIR to collect more details of those who qualify for continued assessment and intake onto a waiting list, then facilitate the matching and referral of qualified applicants to Section 811 PRA Program unit providers with available units.
- iii. Train Community Living Specialists about the resources available under the Section 811 PRA Program. Community Living Specialists provide outreach to the most vulnerable of the target population - those in institutionalized settings who may not have access to housing opportunities from other avenues.
- iv. Provide information sessions to unit developers to clearly define Section 811 PRA Program rules prior to RAC deployment.
- v. Ensure all methods of outreach, referral and management of the waiting list will be consistent with fair housing, civil rights laws and regulations and affirmative marketing requirements.
- vi. Agree to assist with any necessary documentation of affirmative marketing strategies.

c. Waiting List Management/New Vacancies

- i. Property providers will be required to list their Section 811 PRA Program units on WIHousingSearch.org, which can be accomplished directly by phone, online or by fax. SocialServe's Call Center provides phone support to assist property managers in listing their units, and encourages thorough documentation of accessibility features of each unit in order to fully support the success of this program.
- ii. When Section 811 PRA Program units become available, they are displayed on the "units dashboard" on the waitlist. The WHEDA Contract Specialist and DHS Housing Specialist will filter such units for matches with eligible tenants from the project-specific PAIR waitlist.
- iii. Once a match is identified by the WHEDA Contract Specialist and DHS Housing Specialist, PAIR will notify the local referral resource when an eligible tenant is matched.
- iv. The tenant must then be screened by the owner/management agent and complete their leasing requirements.
- v. PAIR will track referral, eligibility confirmation, notification of match and placement. This information will be recorded for outcome reporting purposes.

IX. Training and Responsibilities

- a. WHEDA and DHS will conduct outreach for this new program. WHEDA and DHS will be responsible for training owner/management agents regarding the Section 811 PRA Program, complexities of working with the long-term care system and the service needs of consumers, and the new requirements of the Section 811 PRA Program. WHEDA and DHS will link local referral resource staff with owner/management agents in prospective project areas.
- b. WHEDA staff will provide cross training to designated DHS staff regarding the HUD Section 811 PRA Program application process, eligibility and waiting list requirements. DHS staff will provide cross training to designated WHEDA staff regarding Medicaid and long-term care program parameters to assist in the collaborative partnership.
- c. WHEDA has allocated points for integrated housing to the scoring and ranking of Low-Income Housing Tax Credit applicants as outlined under its 2013-2014 Low-Income Housing Tax Credit Qualified Allocation Plan.
- d. Subject to HUD modifications and approval by WHEDA's board, WHEDA will allocate points for integrated housing to the scoring and ranking of Low-Income Housing Tax Credit applicants in its 2015-2016 Low-Income Housing Tax Credit Qualified Allocation Plan.
- e. WHEDA will process and distribute housing subsidies to property owners/agents and in compliance with applicable federal regulations and HUD Section 811 rules and regulations.
- f. WHEDA and DHS will maintain data to be used to measure program performance, in order to ensure quality improvement and for future program evaluation.
- g. WHEDA will update its Annual and Five-Year plans when necessary.

X. SocialServe PAIR Expenses

- a. WHEDA and DHS will share the first-year costs for the installation and implementation of the PAIR system, which will be incorporated into the SocialServe system currently maintained by WHEDA.
- b. WHEDA will apply a portion of the Section 811 PRA Program administrative funds to the pay for any on-going subscription and maintenance costs for the PAIR system. If such expenses are paid by WHEDA prior to receipt of administrative funds under the Section 811 PRA Program award, such expenses shall accrue and be payable upon receipt of such administrative funds.
- c. WHEDA will coordinate the implementation and maintenance services of the PAIR system with SocialServe.

XI. Coordination between Partner Agencies

WHEDA and DHS staff began meeting while creating the Real Choice Systems Change grant in 2012 and have continued regular planning meetings throughout the HUD Section 811 NOFA application process. Regularly-scheduled meetings will continue, no less than quarterly, to carry out program planning and implementation.

XII. Quality and Conflict Management

DHS has staff assigned to quality improvement throughout their programs. Its Office of Resource Center Development ("ORCD") has an ADRC Quality Team of ten Regional Quality Specialists (seven placed around the state and three located at the central office in Madison). OFCE has one oversight team assigned to each of the seven MCOs. For each of the waivers, DLTC has a Team Lead or Manager who works collaboratively with other state staff who serve a quality monitoring function and work directly with counties or MCOs, ADRCs, Provider Networks, etc. Quality Services Specialists for the county waiver agencies work closely with waiver agency staff to conduct collaborative and strengths-based record reviews, to review and approve waiver applications and re-certifications, and to provide technical assistance to county care managers. IRIS also has its own Quality Management Team, which has similar duties as the county waiver agency Quality Services Specialists.

The DHS Housing Specialist will be the liaison between the above entities and the WHEDA Contract Specialist for quality management. Quality Specialists who receive complaints about housing from their referral resource will involve the DHS Housing Specialist in conflict resolution. The DHS Housing Specialist will ensure the WHEDA Contract Specialist is also involved, to ensure the units and the supportive services received are adequate to maintain an individual in the community, and that communication continues to be maintained with the individual where they live.

XIII. Maintaining the Unit

If a tenant is temporarily displaced due to circumstances beyond their control, DHS in cooperation with the local MCO and county human service agency shall provide an updated assessment and updated services to facilitate the return of the tenant to their original unit. Designated referral resource staff will screen the applicant for disability and long term- care program eligibility. They will also assess their need for supportive housing.

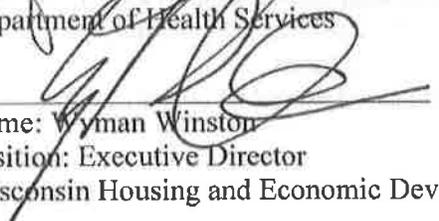
XIV. Tenant Rights and Eviction

An owner may not terminate the tenancy or refuse to renew the lease of a tenant of a HUD Section 811 PRA Program unit except when:

- 1) Tenant does one of the following: (a) commits serious or repeated violations of the terms and conditions of the lease; (b) violates Federal, State, or local law, or (c) 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.
- 3) Any termination of a lease must also be done in conformity with all applicable state laws.


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Position: DLTC Division Administrator
Department of Health Services

5/2/14
date


Name: Wyman Winston
Position: Executive Director
Wisconsin Housing and Economic Development Authority

5/5/14
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