

**Mental Health Licensure and Certification Section
Division of Health Service Regulation**

ANNOUNCEMENT

Topic: Session Law 2011-202, House Bill 509
Co-housing with Services

Date: September 8, 2011

North Carolina General Statute 122C-22(a) was amended and signed into law on June 23, 2011. This law created one new exclusion from licensure, which is as follows:

SECTION 1. G.S. 122C-22(a) is amended by adding a new subsection to read:

"§ 122C-22. Exclusions from licensure; deemed status.

(a) The following are excluded from the provisions of this Article and are not required to obtain licensure under this Article:

...

(12) A home in which up to three adults, two or more having a disability, co-own or co-rent a home in which the persons with disabilities are receiving three or more hours of day services in the home or up to 24 hours of residential services in the home. The individuals who have disabilities cannot be required to move if the individuals change services, change service providers, or discontinue services."

SECTION 2. This act is effective when it becomes law.

Following is an overview of what this means, information for providers and consumers, and answers to some frequently asked questions.

If you have additional questions, please contact Kim Ruppel: Phone: 919-855-3813, email: Kim.Ruppel@dhhs.nc.gov

Overview of Changes

This exclusion allows two to three individuals to be roommates, and receive treatment services, without being required to be licensed. It is not the definition of a "service".

The current definition of a licensable facility is: "... day services offered to the same individual for a period of three hours or more during a 24-hour period, or residential services provided for 24 consecutive hours or more."

Because this is not a service, there are not specific service definitions or programs dedicated to meet the needs of consumers utilizing this exclusion. Consumers and their treatment team will need to work together to knit together a service array to meet the individual's needs.

Before considering this approach, a team needs to consider the following:

1. Can the consumer be successful and safe living on his or her own with roommates?
2. What types and frequency of services does the consumer require?
3. If the consumer needs 24/7 care, is a group home more appropriate and effective?
4. Is the consumer capable of making reasonable choices for him or herself, including choosing, hiring, and terminating the provider(s) of services?

Mental Health Licensure and Certification Section Division of Health Service Regulation

Information and Resources

As mentioned above, there is no dedicated funding for individuals making use of this exclusion. However there are resources to explore. Please see below.

1. Special Assistance In-Home: Division of Aging and Adult Services

The State/County Special Assistance In-Home Program (SA/IH) provides a cash payment to supplement the income of adults who are at risk of entering or already reside in a facility such as an adult care home or supervised living group home, and would like to either remain at home or move to a private living arrangement. Individuals must need the level of care provided in adult care homes or supervised living as determined by a physician, physician assistant, or nurse practitioner. SA/IH recipients must be eligible for Categorically Needy Medicaid (eligible to receive Medicaid without meeting a deductible) An SA/IH applicant who is not already receiving Medicaid must apply and be found eligible. In addition, it must be established through an assessment process that he/she can live at home safely with additional services and an income supplement.

The SA/IH monthly payment can help with living expenses such as food, shelter, clothing and other daily necessities. The amount of the SA/IH check is based on income and needs identified during the assessment process.

Ninety-one counties participate in the SA/IH Program with varying numbers of slots. Please see the links below for information on available SA/IH slots per participating county. Applications are made at the [county department of social services](#).

[Special Assistance In-Home County Participation Data](#) (Excel)

[Special Assistance In-Home County Participation Data](#) (PDF)

For more information about the State/County Special Assistance In-Home program please view our nine fact sheets/flyers about the Program. County DSSs can type their contact information into the text box provided. Two of these flyers are in Spanish.

- [SA IH Couple at Table English](#)
- [SA IH Couple Cooking](#)
- [SA IH Couple Spanish](#)
- [SA IH Couple Standing English](#)
- [SA IH Farmer English](#)
- [SA IH Older Couple Standing English](#)
- [SA IH Older Woman Granddaughter Whispering English](#)
- [SA IH Woman Hugging Child English](#)
- [SA IH Woman in Chair Spanish](#)

**Mental Health Licensure and Certification Section
Division of Health Service Regulation**

2. Local Management Entities

The consumer and their treatment team may wish to consult with their Local Management Entity (LME). LMEs are responsible for managing and coordinating the provision of services through County dollars, State dollars, and Medicaid dollars. All LMEs have County dollars that can be used to reimburse for services not covered by State dollars (IPRS) or Medicaid dollars. The amount of County dollars is different across LMEs, so each LME prioritizes how these funds are used based on the needs in their region. Medicaid dollars can include Community Alternatives Program Waiver (CAP-I/DD) dollars or other Endorsed Service Medicaid dollars.

Contact: Local Management Entity Housing Specialists: The LME housing specialists assist consumers with affordable housing and supportive services. The housing specialist acts as a liaison between targeted property management and referral agencies, and works with referral agencies regarding tenant issues. The LME housing specialists provide ongoing training and information to providers. Currently, all 23 LMEs have at least one funded housing specialist position.

3. Division of Mental Health/Developmental Disabilities/Substance Abuse Services

Contact: DMH/DD/SAS Housing Specialist: The DMH/DD/SAS has one full-time housing specialist to address consumers' housing needs. The DMH/DD/SAS housing specialist provides technical assistance and training for the 26 local housing specialists at the 23 local management entities; supports the development of housing resources and residential options; and promotes collaborations with community service providers and housing developers. An informational brochure provides guidance for consumers, service providers, and LME customer service staff about housing options for consumers.

<http://www.dhhs.state.nc.us/MHDDSAS/announce/2008/housing-0608.pdf>

Funding Resources

The DMH/DD/SAS housing specialist keeps up to date on funding available for housing and provides information to LME housing specialists. Funding sources currently available in NC to finance permanent supportive housing initiatives include:

- The *Community Development Block Grant, Low Income Housing Tax Credits, Section 811 Supportive Housing for Persons with Disabilities, and the Medicaid Rehabilitative Services Option* help fund housing supports.
- *Low income housing tax credits*, created by the Internal Revenue Service, help fund the single largest source of affordable rental housing in NC.
- The *Targeting Program*, a partnership between the NC Housing Finance Agency, NC Department of Health and Human Services, , requires owners of properties awarded Low Income Housing Tax Credits to target 10% of newly funded units to persons with disabilities.
- The *Housing 400 Initiative* is an expansion of the partnership between the NC Housing Finance Agency and the NC Department of Health and Human Services. The first year of Housing 400 Initiative funding provided financing for 430 independent and supportive apartments in 33 counties. Over 2,200 units targeted to extremely low-income persons with disabilities who need supportive services to live independently have been funded through the Housing 400 Initiative and the Targeting Program that predated the Initiative.
- *Key Operating Assistance Program:* The *Key Operating Assistance Program* makes Low Income Housing Tax Credit targeted units truly affordable for persons with disabilities by paying the difference between what a tenant on Supplemental Security

Mental Health Licensure and Certification Section Division of Health Service Regulation

Income can afford to pay and a Key payment standard set by the NCHFA and DHHS.

- The *Homeless Mental Health Initiative Pilot* project funded by the NC Mental Health Trust Fund in May 2007 through June 2009 focused on the homeless in Asheville, Durham and Guilford County. The initiative supported three full-time Housing Support Teams that target homeless individuals with mental illness; frequent use of public support systems; and cycle through psychiatric hospitals, treatment programs, jails and prisons.
- *Shelter Plus Care Program*: The Shelter Plus Care Program provides rental assistance for hard-to-serve homeless persons with disabilities in connection with supportive services funded from sources outside the program. Shelter Plus Care is designed to provide housing and supportive services on a long-term basis for homeless persons with disabilities – primarily those with serious mental illness, chronic problems with alcohol and/or drugs, and acquired immunodeficiency syndrome (AIDS) or related diseases.

Frequently Asked Questions

1. Can I hold down a job and still receive Special Assistance In-Home?
 - Yes, but your special assistance benefit may be reduced.
2. If I am a provider and have at least one person on the lease, does this mean I don't have to be licensed?
 - No. The criteria is that this is the person's home. If the residence is contingent on receiving services, you still need to be licensed.
3. I am a provider and have six 3-bed group homes. Do these still need to be licensed?
 - Yes. This exclusion does not exempt 2 and 3-bed group homes from being licensed.
4. Does the person receiving mental health services have to have their name on the lease or ownership of the house?
 - Yes.
5. Can the person receiving mental health services be on the lease or title of the house with their relative?
 - Yes. Not everyone in the home has to be receiving services. Staying in the home cannot be contingent upon receiving services, and the residence has to be considered the consumer's home.
6. If a person receiving mental health services owns or leases the building, can they have two other roommates needing services living with them without being licensed?
 - Yes, as long as the roommates are renting, leasing or co-owning the residence, and the services are not contingent on living in the residence.
7. Do all roommates need to be on the lease?
 - Yes.