



U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

DRAFT

Special Attention of:
Regional and Field Office Directors of Public
Housing; Financial Management Center;
Public Housing Agencies Administering
Housing Choice Voucher Programs; Regional
Directors; State and Area Coordinators

Notice

Issued:

Expires:

Cross References:

DISCLAIMER: This notice represents draft guidance. The policies stated herein are awaiting final approval by officials of either the Department of Housing and Urban Development or the Federal Emergency Management Agency. Interested parties that rely upon this draft notice to procure services of contractors, or who make representations to others concerning DHAP shall bear all liability for any damages resulting from such actions and, or representations.

Subject: Disaster Housing Assistance Program (DHAP) Case Management Guidelines

1. Purpose.

These guidelines set forth the policies and recommended practices for Disaster Housing Assistance Program (DHAP) case management services. DHAP is a HUD-FEMA pilot grant program to provide rent subsidies for non-HUD assisted families displaced by Hurricane Katrina or Rita.

During the time that families are assisted under DHAP, each family is required to participate in case management services. The objectives of these services are greater self-sufficiency and permanent housing for participating families.

Public Housing Agencies (PHA) that agree to administer DHAP must provide case management services in accordance with these requirements and any subsequent HUD directives and guidance for the program.

2. Background.

In late August 2005, Hurricane Katrina struck the Gulf Coast area of the United States causing unprecedented and catastrophic damage to property, significant loss of life, and

the displacement of tens of thousands of individuals from their homes and communities. In September 2005, Hurricane Rita closely followed Hurricane Katrina and once again hit the Gulf Coast area of the United States, adding to the damage to property and the displacement of individuals and families.

Many families who registered with FEMA were able to receive assistance either through a direct or financial assistance program under Section 408 of the Robert T. Stafford Disaster Relief and Emergency Act (Stafford Act) (42 U.S.C. 5174). Those families that are still receiving assistance from FEMA will now be eligible for the DHAP, a joint initiative between HUD and FEMA. The DHAP recognizes that, due to the magnitude of the Gulf Coast hurricanes, many impacted families still require additional housing assistance. As HUD is responsible for administering the Housing Choice Voucher (HCV) Program, the nation's largest tenant-based subsidy program, and has also successfully implemented the Katrina Disaster Housing Assistance Program (KDHAP) and the Disaster Voucher Program (DVP), FEMA has requested that HUD design a program that is modeled after those three programs.

Under the DHAP, HUD will utilize its existing network of local PHAs to administer the program. These PHAs administer the HCV program and as a result have the necessary local market knowledge and expertise in assisting families through a tenant-based subsidy program. In addition, through their administration of both the KDHAP and DVP, the PHAs are experienced in working with significant numbers of families that have been displaced by disasters.

In July 2007, HUD and FEMA executed an Interagency Agreement (IAA) under which HUD shall act as the servicing agency of DHAP and will begin administration of the program effective September 1, 2007. Pursuant to FEMA's grant authority, grants will be provided to local PHAs to administer DHAP on behalf of FEMA. Under DHAP, PHAs will make rental assistance payments on behalf of eligible families to participating landlords for the duration of the program, ending on March 1, 2009.

In order to prepare the family for this eventuality, case management services are provided for the entire duration of DHAP. The objectives of these services are greater self-sufficiency and permanent housing for participating families. This will include assisting participants to identify non-disaster supported housing solutions such as other affordable housing options that may be available for income eligible families.

3. Program Structure.

(a) Case management provider

PHAs may choose to provide case management services in-house, through a contract or through a partnership with another local service provider. Regardless of the delivery option implemented by the PHA, the PHA is ultimately responsible for the provision of case management services; reporting outputs and outcomes to HUD; and documenting that case management services are being provided to the family.

If a PHA chooses to contract with another entity for the provision of case management, the Request for Proposals and contract must require the contractor to adhere to HUD's case management guidelines, use the DHAP Case Management Reporting System provided by HUD, and report valid data in this system. HUD recommends that contracts with outside providers be performance based, with performance elements linked to the case management metrics reported to HUD in the DHAP Case Management Reporting System.

Most PHAs will have very small DHAP caseloads, and given this scale, the amount of funding provided for case management may not be sufficient to support a contractor or PHA staff dedicated to the provision of these services. In these situations, the PHA can meet the case management requirement by partnering with organizations already serving the families, or by integrating them into existing PHA programs. The case management funding attached to the family under DHAP, even if the amount is small, should cover the extra costs associated with data entry in the DHAP Case Management Reporting System for services that are provided through existing case management programs.

(b) Phases

There are two phases in the implementation of DHAP case management services. Phase One is a pre-transition case management and intake process during September and October of 2007. This phase should include outreach to families, signature of certifications of family obligation, partner identification and development, program enrollment, signature of releases of information (ROI), initial family assessments, preliminary case management services and scaling-up of case management processes and staff for full implementation.

Phase Two is full implementation of case management services. This phase should include comprehensive needs assessments, signature of ROIs not collected in Phase One, individual development plans (IDP) and ongoing service connections relative to family needs and goals. Phase Two should be fully implemented by November 1, 2007, and completed by March 1, 2009. However, PHAs are encouraged to implement Phase Two as early as possible.

4. DHAP Case Management Reporting System.

PHAs are required to report case management outputs and outcomes through Tracking-at-a-Glance®, a case management software which will be the DHAP Case Management Reporting System for the duration of the program. The system is web-based and designed for use by case managers to input data as they work with families. This data will include, but is not limited to: needs assessments and reassessments; certification that family obligations and ROIs have been signed; IDP goals and target dates; progress across IDP goals; caseload triage categorization; program and service enrollments; resident outcomes; and level of effort by the case manager, such as number and types of contacts with each individual. The system compiles this data and automatically generates

reports on case management services for the case management contractor or service partner, PHA and HUD without any additional data processing.

The system also allows case managers to maintain electronic case files, which are stored in the system, reducing the size and quantity of hard-copy files that must be maintained. The system has a full back-up located in a hurricane proof location, with capacity for 24 hour access, seven days a week. The system has numerous confidentiality and security firewalls.

In addition to automatically generating reports on case management outputs and outcomes, the system is also a tool for PHAs in managing case management contractors, service partners and individual case managers. The system allows a PHA to monitor each contractor relative to the performance goals established in their contracts, and flags low performing case managers across a number of metrics, including the amount of contact with a family and progress in completing IDPs.

Training will be provided on this system by HUD's Case Management Technical Assistance Provider, PRS Associates. Training options will include on-site regional training sessions for selected Gulf Coast states, web-casts and one-on-one technical assistance. In addition, online tutorials are built into the system for each major reporting component and system element. A HUD Technical Assistance Provider from PRS Associates will also be assigned to each PHA to assist with software questions and reporting issues. The TA Provider will review data quality and may follow-up with PHAs regarding their case management program, irregularities in DHAP reports or implementation challenges.

The DHAP Case Management Reporting System will be available by late October of 2007. All eligible DHAP families will be loaded into this system from the Disaster Information System (DIS). As new families become eligible for DHAP they will also be loaded into the system from DIS over the life of DHAP. If a family transfers from one DHAP PHA to another, the case will be transferred to the new DHAP PHA in the case management reporting system.

5. Eligibility, non-compliance and case closure.

(a) Eligibility

DHAP families are required to participate in case management services as a condition of receiving DHAP rental assistance. All family members listed under an active DHAP lease are eligible for and should be provided with case management services. However, compliance with the case management requirement applies only to the DHAP head of household.

Each adult family member age 19 or older should have their own needs assessment, IDP, triage categorization and service enrollments or completions relative to needs and goals.

Dependent minors ages 0-18 will also be tracked by the DHAP Case Management Reporting System under services provided to the head of household.

Some families eligible for DHAP may fall outside the typical target population for most PHAs in terms of income and eligibility for non-disaster forms of federally subsidized housing. If these families are employed and stable, they would likely be classified as Tier 1 in the DHAP Caseload Triage, which is described in the next section, and the PHA or its partners would only need to provide minimal case management services. In terms of minimum contact with the family, the PHA or its partner would only need to contact these families for progress updates and program data once a quarter. The PHA and its partners would still need to report on the families in the DHAP Case Management Reporting System and monitor for case management compliance, but time demands and level of effort would be small for these families relative to those with greater needs.

(b) Non-compliance

Compliance with the case management requirement applies only to the DHAP head of household. The PHA should have each DHAP head of household sign a certification of their family obligations that includes participation in case management services. The head of household should also sign the IDP and be given a copy of this document. Non-compliance with the case management requirement by the head of household is determined by the PHA and defined by HUD as:

Failure to establish and actively comply with the IDP based on documentation from an authorized case manager.

Under this definition, failure to establish an IDP would include all items used to develop an IDP and make service referrals, including but not limited to, needs assessments and an ROI. After the IDP is established, active compliance should be determined by the case manager on the basis of a head of household's effort to make progress across goals in the IDP. For example, a head of household might fail at meeting all goals in their IDP, but could be defined as actively complying with the IDP so long as a case manager determines that they made sufficient effort, given their household circumstances, to achieve these goals.

Case managers should explain the consequences of non-compliance to each head of household, and make every effort to bring the head of household into compliance. As part of this, case managers should be given the authority to renegotiate the IDP with a head of household to bring them into active compliance with the case management requirement if they feel that this is warranted given household circumstances. For non-responsive clients, case managers should make every effort possible to reconnect with the family across multiple home visits, phone contacts, and mailed correspondences, including receipt requested mail or certified mail. If the head of household continues to be non-compliant, case managers should inform the PHA that the head of household is non-compliant and provide supporting documentation.

The PHA will make all final decisions on head of household non-compliance with the case management requirement and notify the head of household of their status and / or termination from the program. The PHA must provide the head of household with advance written notice of the termination action and give them an opportunity to request an informal hearing to determine whether the PHA decision is in accordance with DHAP requirements. The hearing process should be consistent with the procedures and regulations provided in Notice PIH-2007-26 on the DHAP program.

(c) Case closure

The PHA should notify Case Managers when a head of household is terminated for cause, either for not participating in case management services or for non-compliance with other DHAP rental assistance requirements. The PHA should also notify Case Managers when a head of household voluntarily leaves the DHAP program or transfers to the jurisdiction of another DHAP grantee.

Only families receiving DHAP rental assistance are eligible for case management services under this program. If a head of household refuses DHAP rental assistance, is terminated for cause or leaves the DHAP rental assistance program (including those that transition to permanent housing during the life of the DHAP program) - they are no longer eligible for DHAP supported case management services and the case should be closed.

Case managers should also have the discretion to close cases for individual family members who are not the head of household. Case closure for these family members should be based on documented in-activity. However, this in-activity does not trigger non-compliance with case management services as it does with the head of household.

6. Minimum case management standards.

Case management should include the entire family. It should also be consistent with an asset or strength-based approach. Building on each family's strengths and current resources will pave the way for efficient and successful case management.

Case management is important for families that do not have a source of income, are on a fixed income, require supportive services, or need permanent housing. Some subsets of the evacuee population need more assistance than others, and case management services should be tailored to the level of need – in terms of intensity and duration of service. The goal is to secure employment and permanent housing for DHAP families as quickly as possible and move these cases to closure. Employment will not be possible for some individuals, such as the elderly and disabled, and the goals for these individuals should be permanent housing and connection to long-term supportive services providers.

DHAP case management services should be consistent with the following minimum standards:

(a) Needs Assessments.

Needs Assessments for all family members ages 19 or older should be conducted to determine service needs. All needs assessments should be completed by March 1, 2008.

The PHA, their contractor, or partner should use the needs assessment questionnaire provided by HUD through the DHAP Case Management Reporting System. If a needs assessment has already been completed or updated by a local partner within the last three months, this information can be used, but some new questions may need to be asked from the DHAP questionnaire. For PHAs beginning the needs assessment process ahead of the release of HUD's DHAP Case Management Reporting System, HUD will issue a hard-copy version of the questionnaire.

(b) Individual development plans.

IDPs should be developed based on the information gained during the needs assessment. All IDPs should be developed by March 1, 2008. Goals in the IDP should have completion dates set no later than March 1, 2009.

Although self-sufficiency will be defined differently for each family member based on their specific needs, the final self-sufficiency goal for each family member should be permanent housing. For those that are able, employment should also be a primary goal. Case managers should move families to permanent housing and case closure as soon as possible. This is particularly true for families that are already stable and employed.

(c) Service referrals and inter-agency coordination.

Service referrals should be made by case managers relative to the IDP for each individual. Particular attention should be paid to assisting individuals navigate and secure permanent housing and employment, and connect to public benefits that they may be eligible for, including disaster benefits. Social services referrals, enrollments, and resident outcomes should be documented in the DHAP Case Management Reporting System by the PHA, its contractor or partner organizations.

Case managers should determine groups already serving the families, and work with them to maintain continuity of existing services and coordinate any new services. In some cases, families may already be receiving case management services. In these situations, the DHAP case manager should strive to share case management responsibilities with the provider. This would involve each group providing a different set of complimentary case management services.

For example, a DHAP case management provider could partner with a Katrina Aid Today (KAT) affiliated provider to share responsibilities for a shared client. Under this scenario, the DHAP case manager might focus on employment and permanent housing goals, while the KAT case manager might focus on assisting the family in submitting applications for disaster benefits that support completion of their IDP. These types of collaborations benefit both organizations and allow each to serve more families, close more cases and eliminate redundant referrals.

PHAs should outreach to KAT and Consolidated Assistance Network (CAN) affiliates that provide disaster related case management services in their community to discuss service coordination across shared cases. Lists of organizations affiliated with KAT and CAN are found on the following web pages: www.katrinaaidtoday.org and www.can.org.

(d) Caseload triage.

Follow-up with each family member should be determined by case managers based on the level of need for each family member and HUD's caseload triage framework. The caseload will be triaged within the DHAP Case Management Reporting System across the following four tiers:

- Tier 1 – Little to no assistance needed;
- Tier 2 – Some assistance needed;
- Tier 3 – Substantial assistance needed; and
- Tier 4 – Extensive assistance needed.

The DHAP Case Management Reporting System will provide case managers with a recommended frequency of contact for each individual based on their triage tier. The recommend frequencies will be:

- Tier 1 – quarterly monitoring to update status and data;
- Tier 2 – monthly contact;
- Tier 3 – bi-weekly contact; and
- Tier 4 – weekly contact.

(e) Caseload ratio.

The maximum average caseload ratio of case managers to households should not exceed 1:50. PHAs and their contractors have the flexibility to assign less than 50 or more than 50 cases to case managers in response to special needs, so long as the average across all case managers does not exceed the 1:50 ratio.

(f) Reassessments.

Reassessments should be conducted a minimum of once a quarter for the duration of the relationship, with more frequent reassessments for individuals deemed to have greater needs under the caseload triage framework.

(g) Home visits.

To the extent possible and feasible case managers should conduct home visits as part of their regular work with families, particularly for those with the greatest level of need.

(h) Release of Information.

The PHA or its case management partners should have each DHAP family member age 19 or older that is participating in case management services complete a ROI. The ROI should authorize the case manager to report information in the DHAP Case Management Reporting System and share information with service providers involved in the IDP for each family member. The ROI should also authorize the PHA to transfer case management data if the family moves into the jurisdiction of another DHAP PHA.

An example of a case management ROI that was used throughout the gulf region by KAT after Hurricanes Katrina and Rita can be found at: www.katrinaaidtoday.org. PHAs are welcome to download this document and adapt it to their own needs under the DHAP program.

(i) Confidentiality policies.

Each family should be provided with information on the confidentiality policies of the PHA and their case management providers. Case management information must not be shared with outside organizations, except for those that are involved in the participants IDP and covered under the ROI.

(j) Case files.

Case managers should maintain case files on each individual receiving case management services in a secured location provided by the PHA or case management entity. To the extent possible, case managers should maintain electronic case files on the DHAP Case Management Reporting System, and reduce the size of hard-copy files that are maintained.

At the minimum, case managers should maintain a copy of the following documents: a) signed certification of family obligations, b) signed ROI and c) signed IDP. A copy of these documents should be stored in a case file and / or online in the DHAP Case Management Reporting System. The DHAP Case Management Reporting System allows documents to be scanned and uploaded to an electronic case file.

(k) Contractors.

Case management contractors or partners should have documented experience in providing case management services to persons with a wide range of needs. They should also have documented experience in administering case management or social service programs and in working with other local, state, and Federal social service programs.

The contracts with these organizations should be performance based. PHAs should also include specific clauses in these contracts regarding time allocation. In some instances, case management contractors may have multiple funding streams supporting individual case managers. The contract should specify how much time will be allocated across case managers for DHAP families and include assurances that the contractor will not bill two sources for the same time.

(l) Intra-agency Coordination.

DHAP rental assistance staff should coordinate activities with case managers. At the minimum, there should be regular meetings between case managers and rental assistance staff. Processes should also be in place to ensure communication across their shared work with DHAP families. However, the level of coordination should be consistent with the size of a PHA's caseload - with larger caseloads requiring a significant amount of coordination.