

Federal Human Service Resources Guide

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Prepared by the Technical Assistance Collaborative, Inc.

TAC is experienced at using federal human service resources administered by the U.S. Department of Health and Human Services (HHS) to create solutions to meet the community support needs of homeless people and people with disabilities.

HHS is the U.S. government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. The work of HHS is conducted by the Office of the Secretary and 11 agencies. HHS works closely with state and local governments, and many HHS-funded services are provided at the local level by state or county agencies, or through private sector grantees.

This guide highlights a few of the more than 300 programs administered by the Department that are relevant to the community support needs of low-income people with disabilities including people who are homeless or at risk of homelessness. Programs cited here include those which provide financial assistance and services, treatment and prevention services for primary health care, substance abuse disorders and mental illness, programs specifically targeted to homeless Americans, and health insurance for elderly, disabled and low-income people.

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ADMINISTRATION FOR CHILDREN AND FAMILIES PROGRAMS

The Administration for Children and Families (ACF), within the U.S. Department of Health and Human Services, is responsible for federal programs that fund state, territory, local, and tribal organizations to provide family assistance (welfare), child support, child care, Head Start, child welfare, and other programs relating to children and families.

Actual services are provided by state, county, city and tribal governments, and public and private local agencies. ACF assists these organizations through funding, policy direction, and information services.

For More Information:

[ACF website](#)

COMMUNITY SERVICES BLOCK GRANTS

Community Services Block Grants (CSBG) are formula grants to states to support a range of services designed to address poverty and to promote self-sufficiency among low-income members of communities, including those who are homeless.

Administered at the federal level by the Administration for Children and Families (ACF) within HHS, Community Service Block Grant funds provide a range of services and activities to assist the needs of low-income individuals including homeless people, people with disabilities, and the elderly. Grant amounts are determined by a formula based on each State's poverty population.

States receiving funds under the CSBG program are required to provide services and activities addressing employment, education, better use of available income, housing, nutrition, emergency services and/or health.

ACF also awards discretionary grants to statewide or local Community Action Agencies to address the needs of low-income individuals and families.

For More Information:

[ACF information on Community Services Block Grants](#)

[List of local service providers](#)

SOCIAL SERVICES BLOCK GRANT

Social Services Block Grants (SSBG), administered by the Administration for Children and Families (ACF) within HHS, are formula grants to states and territories, to enable each State to furnish social services best suited to meet the needs of the individuals residing within the State.

SSBG is a flexible block grant that can be used to support a range of services to prevent, reduce, and eliminate dependency and increase self-sufficiency among community residents, including children, families, homeless people, people with disabilities, and the elderly. Such services may be, but are not limited to: daycare for children or adults, protective services for children or adults, special services to persons with disabilities, adoption, case management, health-related services, transportation, foster care for children or adults, substance abuse, housing, home-delivered meals, independent/transitional living, employment services or any other social services found necessary by the State for its population.

States can decide which services to fund, who is eligible to receive services, and how funds are distributed. As far as practicable, services funded by SSBG are directed at one or more of five goals:

1. Achieving or maintaining economic self-support to prevent, reduce or eliminate dependency;
2. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
3. Preventing or remedying neglect, abuse or exploitation of children and adults unable to protect their own interest, or preserving, rehabilitating or reuniting families;
4. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care or other forms of less intensive care; and/or
5. Securing referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions.

For More Information:

[ACF Information about Social Services Block Grants](#)

TEMPORARY ASSISTANCE TO NEEDY FAMILIES

Temporary Assistance to Needy Families (TANF) funds are provided to states through block grants to help low-income families become self-sufficient. States have flexibility to design programs that meet the needs of eligible populations, including homeless families and people with disabilities with children.

TANF replaced the former cash assistance entitlement program, Aid to Families with Dependent Children (AFDC). States receive an annual TANF block grant from the Administration for Children and Families within HHS and must also maintain a historical level of state spending known as “maintenance of effort.” States need to meet certain work participation rates by recipients for each fiscal year. The biggest change from the AFDC program was the new 60-month lifetime limit on receipt of assistance.

States may customize their own programs so long as they accomplish the general purposes of TANF, which are to:

- Provide assistance to needy families;
- End the dependence of needy parents by promoting job preparation, work and marriage;
- Prevent and reduce out-of-wedlock pregnancies; and
- Encourage the formation and maintenance of two-parent families.

TANF affords states a fair amount of flexibility. States may spend TANF funds on: job training, employment placement, childcare, transportation, education, substance-abuse counseling, mental health services, rental assistance, case management services, and many other activities. Federal TANF funds may be used for services other than cash assistance, and to benefit others beyond families with dependent children (e.g., non-custodial parents such as homeless individuals).

For More Information:

[ACF Information on TANF](#)

CENTERS FOR MEDICARE AND MEDICAID SERVICES PROGRAMS

The Centers for Medicare and Medicaid Services (CMS), previously known as the Health Care Financing Administration (HCFA), is a federal agency within the U.S. Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the State Children's Health Insurance Program, and health insurance portability standards. In addition to these programs, CMS has other responsibilities, including the administrative simplification standards from the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and quality standards in long-term care facilities (more commonly referred to as nursing homes) through its survey and certification process.

For More Information:

[CMS website](#)

CHILDREN'S HEALTH INSURANCE PROGRAM

The Centers for Medicare and Medicaid Services (CMS) within HHS administers the Children's Health Insurance Program (CHIP), a low cost health care insurance program for children in families who earn too much income to qualify for Medicaid but cannot afford to purchase private health insurance coverage. States have considerable flexibility to establish income eligibility rules for CHIP, but children enrolling in the program must be otherwise uninsured.

CHIP is jointly financed by the Federal and State governments and is administered by the States. Within broad Federal guidelines, each State determines the design of its program, eligibility groups, benefit packages, payment levels for health care coverage, and administrative and operating procedures. States have flexibility in designing the benefit package for CHIP, but states are required to cover routine check-ups, immunizations, dental, inpatient and outpatient hospital care, and laboratory and x-ray services. Preventive care must be provided at no cost to the family; but premiums and other cost-sharing may be required for other services, within certain limits.

Every state and U.S. Territory operates a CHIP program, although most states have unique names for their programs.

For More Information:

[CMS information on CHIP](#)

[Information about CHIP in each state](#)

[2009 Reauthorization of CHIP \(Children's Health Insurance Program Reauthorization Act 2009 \(CHIPRA\)\)](#)

MEDICAID

Medicaid is the largest Federal entitlement program providing health care for certain low-income and medically needy people, including people who are elderly, blind and disabled, and other special groups.

Administered by the Centers for Medicare and Medicaid Services (CMS) within HHS, Medicaid is funded jointly through a Federal-state partnership and is administered by the States. Within Federal guidelines, each state sets its own criteria for eligibility, type, amount, duration and scope of services, and payment as outlined in the State Medicaid Plan.

In general, Medicaid eligibility is based on a combination of financial and categorical eligibility requirements. Medicaid is a means-tested program. Beneficiaries must be low-income and meet certain resource standards. Each state determines income thresholds and resource standards for their Medicaid program following federal guidelines. These thresholds and standards can vary by state and may differ for each Medicaid-eligible population group within a state (e.g., children, adults, elders, and individuals with disabilities).

The **Medicaid Rehabilitation Option (the “Rehab Option”)** offers rehabilitative services that a state Medicaid program may add to its state Medicaid plan. Rehab Option” has traditionally been used to cover many services and supports especially for individuals with mental illness and/or addictive disorders. Almost all state Medicaid programs have added the Rehab Option to cover mental health. Many states have included this option to cover substance abuse services. CMS has not established service access criteria for the rehab option. Each state develops specific criteria for an individual to receive any service covered in their “rehab option” or specific criteria for each covered service.

Targeted Case Management assists individuals eligible for Medicaid in gaining access to necessary care and services appropriate to the needs of an individual. Case management services are referred to as targeted case management (TCM) services when the services are provided only to a defined “targeted” group of people. This flexibility enables states to target case management services to specific individuals or to individuals who reside in specified areas.

In some cases, a state may request **waivers** of some of federal requirements to allow states flexibility in operating Medicaid programs. ([LINK TO MEDICAID WAIVERS PAGE](#))

In 2005, CMS awarded Medicaid Money Follows the Person Demonstration grants ([LINK TO MONEY FOLLOW THE PERSON PAGE](#))

For More Information:

[Leveraging Medicaid: A Guide to Using Medicaid Financing in Supportive Housing](#)

MEDICAID MONEY FOLLOWS THE PERSON DEMONSTRATION

The Money Follows the Person (MFP) Rebalancing Demonstration is part of a comprehensive, coordinated strategy to assist States to enact changes to their long-term care support systems by reducing reliance on institutional care, while developing community-based long-term care opportunities for the elderly and people with disabilities.

In 2007, the Centers for Medicare and Medicaid Services (CMS) within HHS awarded over \$1.4 million in MFP grants to States proposing to transition over 34,000 individuals out of institutional settings over a five-year demonstration period. Currently there are MFP Demonstration programs in 28 (CHECK NUMBER) states.

For More Information:

[List of State MFP Contacts](#)

[HUD Notice of Funding Availability for vouchers targeted to people leaving institutions, including those receiving MFP services](#)

[CMS Information on Money Follows the Person](#)

MEDICAID HOME AND COMMUNITY-BASED WAIVERS

In addition to regular Medicaid services, some states have developed Home and Community Based Services (HCBS) Waivers to cover many of the support services that are needed by individuals who are homeless and/or disabled including case management, services to transition an individual from an institution, transportation, personal care and peer supports. These Waivers are often termed 1915c Waivers referring to the provision in the Social Security Act that established this program.

To implement a Waiver program, a State Medicaid agency must submit to the federal Centers for Medicare and Medicaid Services (CMS) within HHS for review and approval a waiver. Initially most waivers are approved for a three-year period, and waivers are renewed for five-year intervals.

In its application and each year during the period that the waiver is in operation, the state must demonstrate that the waiver is cost neutral. In particular, the average per participant expenditures for the waiver and non-waiver Medicaid services must be no more costly than the average per person costs of furnishing institutional (and other Medicaid state plan) services to persons who require the same level of care.

The HCBS Waiver program is very flexible. States have wide-ranging latitude in selecting the populations to which they will furnish services and in the services that they offer through their programs.

Historically, most of these HCBS Waivers have focused on individuals who were older and individuals with developmental disabilities. The 1915c program has generally not be afforded to adults with mental health or addictive disorders because it is difficult to meet the cost-neutrality requirement.

For More Information:

[Leveraging Medicaid: A Guide to Using Medicaid Financing in Supportive Housing](#)

[TAC Medicaid Information \(LINK TO TAC MEDICAID PAGE\)](#)

HEALTH RESOURCES SERVICES ADMINISTRATION PROGRAMS

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable.

Comprising six bureaus and 13 offices, HRSA provides leadership and financial support to health care providers in every state and U.S. territory. HRSA grantees provide health care to uninsured people, people living with HIV/AIDS, and pregnant women, mothers and children. They train health professionals and improve systems of care in rural communities.

HRSA's goals and program activities aim to:

- Improve Access to Health Care
- Improve Health Outcomes
- Improve the Quality of Health Care
- Eliminate Health Disparities
- Improve the Public Health and Health Care Systems
- Enhance the Ability of the Health Care System to Respond to Public Health Emergencies
- Achieve Excellence in Management Practices

For More Information:

[HRSA website](#)

COMMUNITY HEALTH CENTERS

Community Health Centers provide preventive and primary health care services to people with limited access to health care. These include low income populations, the uninsured, those with limited English proficiency, migrant and seasonal farmworkers, individuals and families experiencing homelessness, and those living in public housing. Many Community Health Centers have implemented programs targeted to homeless people and/or people with disabilities.

Community Health Centers are administered by the Health Resources Services Administration (HRSA) within HHS. They are considered Grant-Supported Federally Qualified Health Centers, public and private non-profit health care organizations that meet certain criteria under the Medicare and Medicaid Programs.

HRSA Health Center Program Fundamentals

- Located in or serve a high need community
- Governed by a community board composed of a majority (51% or more) of health center patients who represent the population served.
- Provide comprehensive primary health care services as well as supportive services (education, translation and transportation, etc.) that promote access to health care.
- Provide services available to all with fees adjusted based on ability to pay.
- Meet other performance and accountability requirements regarding administrative, clinical, and financial operations.

For More Information:

[Community Health Center Locator](#)

[National Association of Community Health Centers](#)

[HRSA information on Community Health Centers](#)

HEALTH CARE FOR THE HOMELESS

The Health Care for the Homeless (HCH) program, administered by the Health Resources and Services Administration within HHS, awards grants to community-based organizations—including community health centers, local health departments, hospitals, and nonprofit community coalitions—to improve access to primary health care, mental health services, and substance abuse treatment. They are considered Grant-Supported Federally Qualified Health Centers, public and private non-profit health care organizations that meet certain criteria under the Medicare and Medicaid Programs.

HCH funds support the provision of primary health care, substance abuse treatment, outreach, case management, provision of or referral to mental health services, and assistance in obtaining housing and entitlements. HCH funded programs must provide for:

- Primary health care & substance abuse services at accessible locations
- Emergency care with referrals to hospitals for in-patient care or other needed services
- Outreach services to assist homeless persons in accessing care
- Assistance in establishing eligibility for entitlement programs and housing

HCH is one of 3 programs that HHS administers that is specifically designed to meet the needs of people who are homeless and who may have serious mental health and/or substance use disorders. It is also the **only** federal program responsible for addressing primary health care needs of homeless people.

For More Information:

[Funding opportunities and application materials](#)

[National Health Care for the Homeless Council](#)

[HRSA information on Health Care for the Homeless](#)

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) PROGRAMS

The Substance Abuse and Mental Health Services Administration (SAMHSA) is an agency of the U.S. Department of Health and Human Services. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. Established in 1992, the agency was directed by Congress to effectively target substance abuse and mental health services to those most in need and to translate research in these areas more effectively and more rapidly into the general health care system.

To accomplish its work SAMHSA administers a combination of competitive, formula, and block grant programs and data collection activities. The Agency's programs are carried out through:

- The **Center for Mental Health Services** (CMHS) which focuses on the prevention and treatment of mental disorders.
- The **Center for Substance Abuse Prevention** (CSAP) which seeks to prevent and reduce the abuse of illegal drugs, alcohol, and tobacco.
- The **Center for Substance Abuse Treatment** (CSAT) which supports the provision of effective substance abuse treatment and recovery services.
- The **Office of Applied Studies** (OAS) which has primary responsibility for the collection, analysis and dissemination of behavioral health data.

Together these units support States, Territories, Tribes, communities, and local organizations through grant and contract awards and provide national leadership in promoting the provision of quality behavioral health services. Major activities to improve the quality and availability of prevention, treatment and recovery support services are funded through competitive Programs of Regional and National Significance grants.

For More Information:

[SAMHSA website](#)

[SAMHSA Portfolio of Programs and Activities](#)

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANTS

Community Mental Health Services Block Grant funds are formula grants to states and territories to provide comprehensive, community-based mental health services for adults with serious mental illnesses and children with severe emotional disturbances. Mental health block grant funds also may be used to provide services for individuals with substance use disorders within certain guidelines.

Although the funds are administered at the federal level by the Center for Mental Health Services within HHS' Substance Abuse Mental Health Services Administration, states are provided the discretion to decide the type of services to provide, such as mental health, rehabilitation, employment, housing, and other supportive services.

States must put together a State Mental Health Plan for improving community-based services and reducing reliance on psychiatric hospitalization. The plans must address the needs of several special populations, including those that are homeless. Each state must have a mental health planning council to review the plan. Its members must include consumers, family members, service providers, and state officials. The state is required to seek public comment about its plan.

Most states provide services specific to adults with serious mental illnesses who are homeless. In some cases, states have used block grant funds to provide services in supportive housing.

For More Information:

[CMHS information on Community Mental Health Services Block Grants](#)

[How States Can Use SAMHSA Block Grants to Support Services to People Who are Homeless](#)

COMPETITIVE FUNDING OPPORTUNITIES

SAMHSA periodically offers competitive funding opportunities for programs that can be used to meet the needs of low-income people, including people who are homeless and/or people with disabilities. Each of these discretionary grants has unique eligibility requirements, eligible activities, match requirements, and application components.

Past Program Awards:

[Services in Supportive Housing](#)

Launched in 2007, the Center for Mental Health Services' (CMHS) Services in Supportive Housing (SSH) program was designed to help end chronic homelessness by funding services for individuals and families experiencing chronic homelessness in coordination with existing permanent supportive housing programs and resources. Fourteen grantees were awarded in 2007, and in 2009 the program received an additional \$16 million to fund 43 additional grantees. Read the [SSH Annual Report](#).

[The Mental Health Transformation State Incentive Grant \(TSIG\) program](#)

For More Information:

[Funding Announcements](#)

[Developing Competitive SAMHSA Grant Applications manual](#)

[SAMHSA Funding Opportunities](#)

GRANTS FOR THE BENEFIT OF HOMELESS INDIVIDUALS

Grants for the Benefit of Homeless Individuals (GBHI) also known as Treatment for Homeless provides funds to enable communities to expand and strengthen their treatment services for homeless individuals with substance use disorders, mental illnesses, or with co-occurring substance use disorders and mental illnesses.

Grants are awarded to local public and nonprofit agencies to provide either substance use services, mental health services, or both, allowing communities the flexibility to provide the services they believe to be the most urgent.

GBHI is one of 3 programs that HHS administers that are specifically designed to meet the needs of people who are homeless and who may have serious mental health and/or substance use disorders.

For More Information:

[HHS information on GBHI](#)

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

The Projects for Assistance in Transition from Homelessness (PATH) program, administered by the Center for Mental Health Services within HHS/ Substance Abuse Mental Health Services Administration, awards formula grants to states and territories to support community-based services for people with serious mental illnesses and/or substance use disorders who are homeless or at-risk of homelessness. Each state must come up with a 30% match, either in cash or in-kind.

After requesting their grants, States establish their own guidelines for making awards to grantees and have considerable flexibility in designing programs to meet the specific needs of their homeless population. Nearly 500 local agencies receive PATH funding through respective state agencies.

Although outreach is the service most often selected by states for funding with the PATH program, PATH funds can actually be used to support a range of services, including outreach, screening and assessment, case management, and the provision of or linkage to other eligible services and supports. Eligible PATH services include:

- Outreach
- Screening and diagnostic services
- Community mental health services
- Alcohol and drug treatment
- Staff training
- Prescribed housing services
- Case management
- Support and supervisory services in residential settings
- Referrals for:
 - Primary health services
 - Job training
 - Educational services
 - Relevant housing services

PATH is one of 3 programs that HHS administers that is specifically designed to meet the needs of persons with serious mental illness or co-occurring disorders who are homeless or at risk of becoming homeless.

For More Information:

[PATH Technical Assistance Center](#)

[State PATH Contacts](#)

PROTECTION AND ADVOCACY AGENCIES

SAMHSA funds protection and advocacy (P&A) agencies that provide administrative, legal, and other recourses for reports of abuse and neglect, and that protect and advocate the rights of individuals with disabilities. P&A agencies have been the primary non-federal enforcers of the disability rights statutes.

Each state has a designated federally funded, federally mandated, P&A agency (P&A). In some states, P&A agencies are part of the government; however, typically they are independent not-for-profit organizations.

Congress has created 8 distinct P&A statutory programs to address the needs of different populations of persons with disabilities. These programs may be operated by one or more agencies in each state.

1. Protection and Advocacy for Persons with Developmental Disabilities (PADD)
2. Protection and Advocacy for Individuals with Mental Illness (PAIMI)
3. Protection and Advocacy for Individual Rights (PAIR)
4. Client Assistance Program (CAP)
5. Protection and Advocacy for Assistive Technology (PAAT)
6. Protection and Advocacy for Beneficiaries of Social Security (PABSS)
7. Protection and Advocacy Traumatic Brain Injury Program (PATBI)
8. Protection and Advocacy for Voter Access (PAVA)

For More Information:

[National Disability Rights Network](#)

SUBSTANCE ABUSE AND TREATMENT BLOCK GRANT

Substance Abuse Prevention and Treatment (SAPT) Block Grants are formula grants to states and territories to fund alcohol prevention and treatment activities, prevention and treatment related to other drugs, and primary prevention programs. States design their own service delivery system and then report annually to the federal government on how they expended funds in the previous year, and how they plan to spend funds in the year to come.

Administered within the Center for Substance Abuse Treatment (CSAT) within HHS/Substance Abuse Mental Health Services Administration, the SAPT Block Grant has certain mandatory benefits, including substance abuse services for pregnant and parenting mothers; services for IV drug users, services for individuals who have AIDS or are HIV Positive; and prevention and education activities targeted to youth. However, while the service categories are mandatory, not all people meeting those target criteria are entitled to receive the service type. In each case, access to the mandated service type is restricted based on the availability of funding.

For More Information:

[How States Can Use SAMHSA Block Grants to Support Services to People Who are Homeless](#)

SYSTEMS OF CARE

The Child, Adolescent and Family Branch (CAFB) of the Center for Mental Health Services (CMHS), administers 6-year Federal grants to implement, enhance, and evaluate local systems of care to ensure that the mental health needs of children and their families are addressed. Systems of care are developed on the premise that the mental health needs of children, adolescents, and their families can be met within their home, school, and community environments. These systems are also developed around the principles of being child-centered, family-driven, strength-based, culturally competent and involving interagency collaboration.

The Comprehensive Community Mental Health Services for Children and Their Families Program provides grants for the improvement and expansion of systems of care to meet the needs to the estimated nationwide 4.5-6.3 million children with serious emotional disturbances and their families. States, communities, Territories, Indian tribes, and tribal organizations are eligible for the grant program, which was first authorized in 1992. Since that year, the program has funded 92 grantees across the country; there are currently 61 grant communities and 31 former grant programs.

These grants support a broad array of services designed to meet the multiple and changing needs of children and adolescents with serious emotional disturbances and their families. They coordinate systems of care by developing partnerships with mental health, child welfare, education, juvenile justice, and other local, public and private agencies. Each project provides services that are underdeveloped or nonexistent in most communities, such as intensive family-based services, respite care, day treatment, clinic- and school-based services, crisis outreach services, therapeutic case management, therapeutic foster care, and diagnostic and evaluation services.

For More Information:

[Comprehensive Community Mental Health Services Program for Children and Their Families In-depth Description](#)

[System of Care Communities](#)