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**QAP comments**

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To QAP, OHFA <QAP@ohiohome.org>

Cc Price, Cody <CPrice@ohiohome.org>

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September 2, 2025

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**RE: Public Comment on Draft 2, 2026-2027 9% LIHTC Qualified Allocation Plan**

Dr. Price,

On behalf of the Ohioans with developmental disabilities we serve, we thank the Ohio Housing Finance Agency ("OHFA") for the opportunity to comment on the [second draft](#) of the 2026-2027 9% Low-Income Housing Tax Credit ("LIHTC") Qualified Allocation Plan ("QAP"). We strongly support the guiding principles of "Equity" and "Mission-Driven Development" as referenced in your [Summary of Changes document](#). Our comments are offered in the spirit of partnership to ensure these principles are fully realized by addressing an unintended consequence in the current draft that would inadvertently exclude the Developmental Disabilities ("DD") population from participation in the Tenant Populations with Special Housing Needs pool.

As written, this QAP creates a competitive paradox: OHFA's [Summary of Changes document](#) correctly notes that the DD population is covered under the state's [Permanent Supportive Housing \(PSH\) Policy Framework](#). However, the QAP's threshold requirements for the PSH set-aside are tailored exclusively to the homeless and behavioral health systems, which rely on the HUD-mandated Coordinated Entry processes. The DD system, which is governed by the Ohio Department of Developmental Disabilities ("DODD") and implemented by County Boards of DD, operates under a parallel but distinct state-sanctioned structure. This misalignment effectively bars DD-focused projects from competing for the very funds intended to serve them. To resolve this contradiction and create an equitable pathway for mission-driven developers serving this vital population, we respectfully propose the following three specific and actionable amendments:

**I. Threshold Requirement: Expert Recommendation (QAP p. 52)**

**Problem:**

The current text requires an expert recommendation from a Continuum of Care (CoC) for populations within the PSH Framework, while only allowing a "public entity" recommendation for populations outside the Framework. This structure fails to recognize that, while housing for the DD community **is** specifically detailed in the PSH Framework, the respective County Board of DD—**not Coordinated Entry**—is the legitimate referral source for the DD System. This essentially prohibits DD housing because it will fail to meet this threshold requirement. Furthermore, the requirement to evaluate a single service provider referenced in #4 of the letter requirements from Expert Recommendation conflicts with the federally mandated "free choice of provider" principle that governs the DD system as outlined in [Ohio Administrative Rule 5123-9-11](#).

**Proposed Revisions:**

To remedy this, we recommend amending the "Expert Recommendation" section on page 52 as follows (additions in bold):

*"Projects competing in this pool must have a designation of a primary or secondary priority/recommendation at the time of proposal application from the applicable CoC for those targeting populations outlined in the PSH Policy Framework... **or, for PSH Framework populations that utilize a parallel public coordination system such as individuals with developmental disabilities, from the applicable County Board of Developmental Disabilities.**"*

Further, to address the "free choice of provider" mandate, we recommend adding the following clarifying language to the list of items the expert recommendation letter must evaluate on page 52:

*"For projects serving populations with a statutory or regulatory 'free choice of provider' requirement, the expert entity may, in lieu of evaluating a single designated service provider, attest that it has reviewed and approved a comprehensive Service Delivery Plan. This Plan must detail the robust process for connecting residents to a wide array of Medicaid-funded service providers, the formal role of the County Board of DD in service coordination and quality assurance, and the mechanisms for ensuring individual resident needs are met through person-centered planning."*

## **II. Threshold Requirement: Experienced Service Coordinator (QAP p. 52)**

**Problem:**

The list of qualifying entities for the Experienced Service Coordinator threshold includes the Ohio Department of Medicaid. To maintain consistency and recognize the primary state agency overseeing the DD service system, an addition is needed.

**Proposed Revision:**

We strongly recommend adding the following entity to the list on page 53:

***"(h) Department of Developmental Disabilities (DODD)"***

DODD is the state agency responsible for the administration and oversight of all DD Medicaid waivers in Ohio. Its inclusion is therefore directly parallel and consistent with the existing inclusion of its partner agency, the Ohio Department of Medicaid, and recognizes DODD's unique expertise and certification authority over the DD service system.

## **III. Funding Pool Set Asides: PSH Policy Framework Set Aside (QAP p. 53)**

**Problem:**

The PSH Policy Framework Set Aside explicitly requires projects to "...meet the prioritization factors set forth in Section II.B.3 of HUD Coordinated Entry [Notice CPD-17-01](#)". As the DD system does not use the CoC-administered Coordinated Entry system, this requirement makes it procedurally impossible for DD-focused projects to qualify for this set-aside. In addition, there is a requirement that "At least 50% of total units must target the populations outlined in the PSH Policy Framework". However, in the DD system we follow *Olmstead v. L.C.* (1999) the landmark Supreme Court decision which established the right of people with disabilities to receive services in the most integrated setting appropriate to their needs. Therefore, we follow HUD's guidance limiting set-asides for people with disabilities to no more than 25% of the project population. While we can appreciate that some groups may have different targets based on the population served, we are committed to serving our population in the most integrated environments available- 25% or less.

**Proposed Revisions:**

To resolve the issue involving the HUD Coordinated Entry Notice, we propose amending the "PSH Policy Framework Set Aside" language on page 53 as follows (additions in bold):  
"...and meet the prioritization factors set forth in Section II.B.3 of HUD Coordinated Entry Notice CPD-17-01. ***"For projects primarily serving individuals with developmental disabilities, which utilize a state-sanctioned parallel system for needs assessment and prioritization, this requirement may be met through a certification from the applicable County Board of DD. This certification must confirm that prospective tenants are prioritized for housing based on a formal, person-centered assessment of need that is consistent with the principles of vulnerability and service intensity outlined in the aforementioned HUD notice."***

To resolve the target population issue, we further recommend adding a sub-bullet underneath "...50% of total units must target the populations outlined in the PSH Policy Framework. The sub-bullet should read: ***"For PSH Framework projects specifically targeting people with a developmental disability, the maximum number of units that can be set aside for the population is 25% of the total project units."***

Without these changes, the DD population lacks a viable pathway to access this critical housing funding. We believe this is an unintended consequence of applying requirements from one service system to another. By adopting these recommendations, OHFA can ensure the QAP's structure aligns with its admirable goals of equity and inclusion for all Ohioans.

Thank you for your time and consideration of these important comments.

Sincerely,

**Jeannette M. Welsh, J.D.**

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