

General Procurement Questions:

1. What is the source of funding for these services?

Funding associated with four services soliciting a request for proposals is considered to be New York State (NYS) deficit funding. This state Deficit Funding is to be used to offset the program's net operating costs.

The NYS source of the funding is indicated below:

| NYS Office of Alcoholism and Substance Abuse Services (OASAS) | NYS Office of Mental Health (OMH) |
|--|--|
| Family Support Navigator Team (\$100,000) Peer Advocates in Emergency Rooms (\$150,000) | Forensic Supported Housing (\$199,709) Homelessness Supportive Services (\$150,000) |

Organizations awarded these services will be required to contract annually with Coordinated Care Services, Inc. (CCSI), on behalf of Monroe County OMH, and submit an annual Consolidate Fiscal Report (CFR) at the conclusion of the operating year (among other required contract deliverables). This annual submission must be in alignment with expectations outlined in the Consolidated Fiscal Reporting and Claiming Manual, utilizing the NYS CFRS system software. Additional information regarding the CFR Manual can be found at the following link:
<https://www.omh.ny.gov/omhweb/cfrsweb/>

Monroe County Office of Mental Health provides training to new and existing behavioral health organizations regarding CFR guidelines and the CRF software.

2. Are the amounts that will be awarded for a 12-month period? If so, when is the time period for the provision of services?

The allocation amount associated with each of the services below, reflect the 12 month funding allocation for that service. The contract period for all Monroe County Office of Mental Health contracts are January –December.

Family Support Navigator Team (\$100,000) – Funding Effective 1/1/16
Peer Advocates in Emergency Rooms (\$150,000) – Funding Effective 1/1/16
Forensic Supported Housing (\$199,709) – Funding Effective 1/1/16
Homelessness Supportive Services (\$150,000) – Funding Effective 7/1/16 (i.e. - \$75,000 for 2016)

Start-Up needs may be submitted along with Annualized Budget detail, but must be within the annual allocations referenced above.

3. Are these multi-year agreements? If the awarded agency performs well and meets the expected outcomes, will the grants be awarded for additional years? If so, how many? Also, if it is for longer than a year, is there an opportunity for an increased award to cover cost of living expenses?

Monroe County Office of Mental Health enters into contracts with provider organizations for operation of services in 12 month intervals (January-December). If the awarded agency meets the expected outcomes established within the contract, the contract is re-issued year after year. The contracting process extends until it is communicated that deficit funding is no longer made available by NYS OMH or NYS OASAS, or until one or both parties agree to terminate the agreement under the provisions of the contract.

NYS OASAS has communicated the availability of funding for the Family Support Navigator Team and Peer Advocates in Emergency Rooms services for five years, beginning 2016-2020.

NYS OMH has not communicated any terms on the availability of funding for the Forensic Supported Housing and Homelessness Supportive Services.

As the source of the funding is State Deficit Funding, cost of living adjustments (or COLA's) are dependent on NYS identifying resources related to increase the State aid.

4. What types of organizations are qualified to respond to the Requests for Proposals?

Organizations interested in responding to a request for proposals opportunity services must be designated as a 501(c)(3) or 501c3 organization. A 501c3, is a United States nonprofit organization that has been approved by the Internal Revenue Service to be tax-exempt under the terms of section 501(c)(3) of the Internal Revenue Code.

5. Does an organization need to be licensed by NYS Office of Mental Health (OMH) or NYS Office of Alcoholism and Substance Abuse Services (OASAS) to respond to the request for proposals?

No, all of the four services soliciting a request for proposals are considered to be innovative service delivery models, meaning the services are not licensed or certified by NYS OMH nor NYS OASAS. Therefore organizations interested in responding to the RFP opportunity do not need to be licensed by one or both of these organizations.

As the source of funding for these services is from NYS OMH or NYS OASAS, the state agencies will maintain an oversight role regarding the implementation and operation of these programs.

6. Does an organization need to have an existing ability to bill Medicaid or commercial insurances in order to respond to this RFP opportunity?

No, all of the four services soliciting a request for proposals are funded with deficit funding at this time. Therefore organizations do not need to have the ability to bill for services at the time of the award or upon implementation of the service. In order to ensure sustainability of each of the services awarded organizations will be asked to bill for any component of the service that is reimbursable by insurance companies (Medicaid or Commercial) over the next several years.

Service Specific Procurement Questions

Family Support Navigator Team \$100,000

Monroe County Office of Mental Health received no questions specific to this service.

Peer Advocates in Emergency Rooms \$150,000

1. What is the time frame, for peers employed through this program, that they must become certified through OASAS as a Certified Recovery Peer Advocate?

- a. The awarded organization will be asked to delineate the timeframe in which peers will become certified as Recovery Peer Advocate. The awarded organization is not expected to have staff with the Peer Advocate certification upon implementation of the service delivery. However, the organization will be required to demonstrate how an individual without a certification is able to perform the core functions of the service delivery model. The timeframe by which the peers must be certified as a Peer Advocate is negotiable.

2. Would a certified recovery coach or other peer certification be allowed in place of OASAS' peer certification?

- a. MCOMH communicates the need for Peers in this service delivery model to be certified as a Peer Advocate as this certification allows the service to be reimbursed by Medicaid and/or commercial payor sources. Therefore to ensure long-term sustainability of the Peer Advocate service delivery model, it is

important that staff will obtain the certification necessary to bill for their services. The certified recovery coach or other peer certification may be utilized the support the organization in demonstrating how an individual without a certification is able to perform the core functions of the service delivery model, however all Peer staff will be asked to obtain the Peer Advocate certification as part of the long-term sustainability plan for the program.

3. Is it possible to for someone with years of lived experience and an asset of being a peer in an organization for years, without certification, to perform the duties laid out in the RFP?
 - a. Yes, see question/answer #1 and #2 under Peer Advocates in Emergency Rooms Category

Forensic Supported Housing \$199,709

Monroe County Office of Mental Health received numerous questions regarding the NYS OMH Supported Housing model. Detailed information, including guidelines associated with the NYS OMH Supported Housing program are attached below. Respondents to this procurement opportunity are strongly encouraged to read both the attached NYS OMH Supported Housing Guidelines and the Questions and Answers document.

1. What would be the housing criteria? Would studio's or 1-bedrooms be required or would rooming houses be adequate and if so, how many rooms to a house?

Per NYS OMH SH Guidelines, page 7, "Supported housing is intended to ensure recipient options in choosing preferred long term or permanent housing..... Recipients play an integral role in Supported Housing, including active involvement in the choice of housing; type, frequency and intensity of services; and in the exercise of their rights and responsibilities as tenants and individuals. To the extent that options permit (including availability and funding), recipients play an active role in the choice of location and living arrangement for their housing."

Supported Housing is intended to be permanent in nature. Recipient choice will be the guiding criteria in determining location and type of apartment he or she will be residing in. In addition per page 9 of the NYS OMH SH Guidelines, "All housing units should be located in buildings with governmental documentation of habitability that certifies the legal use and occupancy of the building and its units. Such documentation includes Certificates of Occupancy, Rental Certificates, or other local or municipality documentation that proves that the unit has been inspected and is approved for residential use. All units should have adequate heat and hot water and should be properly maintained by the landlord."

- a. **If rooming houses are deemed suitable, would there be further criteria as to distance between houses to meet the 'scattered' requirement? If studio's/1-bedrooms are the requirement, how many clients may be housed in the same location?**
 - i. Rooming houses are not or are minimally utilized as a permanent housing solution for recipients within the supported housing model. The forensic supported housing model is intended to be scattered site. Per NYS SH Guidelines, page 17, "Usually, Supported Housing is located in rented apartments scattered throughout the community. Services to recipients of scattered-site Supported Housing are provided by the Providers as needed by the recipient to ensure housing stability, in coordination with other services and supports available in the community including Health Homes."
- b. **Would the rental units be leased by the Agency or in the tenant's name?**
 - i. Per NYS SH Guidelines, page 13, "It is preferable that the leases for Supported Housing units should be solely in the recipient's name whenever possible. However, it is recognized that in some circumstances this is not possible, and the Provider may appear as a third party signatory to the lease, or even be the sole signatory to the lease. (In this latter circumstance, the Provider would sub-lease the apartment to the recipient.) Regardless of the lease arrangement, all recipients should have a current lease or sub-lease with the same rights and responsibilities as market-rate tenants. The lease and/or sub-lease should not include responsibilities which are not typically found in standard market-rate leases (house/ program rules, policies about visitors, requirements to adhere to support plan, etc.)."

c. Who would be financially liable for security deposits or damages done to the property?

- i. Per NYS SH Guidelines, financial model includes rent stipends to cover rental (including security deposits) and utility costs that exceed the 30% of the recipients adjusted income. It is the responsibility of the Supported Housing provider to work with the recipient on identifying primary source of income, whether that income is based on wages, temporary assistance via Monroe County Department of Human Services (MC DHS) or Social Security Income or Disability (SSI or SSD).

2. Could there be further explanation and some specific examples provided in regards to the 'wrap-around' supports? For example, what could this pool of financial support be used for: transportation assistance, clothing, furniture, etc.?

The use of the "Unidentified Wrap-Around Supports-originating from NYS OMH Division of Forensic Services" totaling \$138,000 and referenced on page three of the request for proposals documentation has not yet been delineated. Additional planning for the use of the \$138,000 wrap around support allocation will occur, involving community stakeholders with forensic and housing expertise, including but not limited to Supported Housing Providers, Assertive Community Treatment (ACT) teams, Rochester Psychiatric Staff, and individuals with lived experience in the identified target population. It is anticipated that MCOMH will solicit a request for proposals for the forensic supported housing wrap around supports funding of \$138,000. The Supported Housing provider awarded the 23 forensic supported housing slots may respond to this procurement opportunity, but is not required to do so.

Within the NYS OMH SH Guidelines, page 9, "Supported Housing providers are responsible for setting aside Contingency funds (\$500.00 per person per year) should be set aside annually from the per unit annual OMH operating subsidy. Contingency funds are made available to the Provider to resolve situations that place the recipient at risk of losing his/her housing. These funds are not intended to replace emergency funds available through the Department of Social Services or other sources, and Providers should make every effort to access such funds before contingency funds are used." Please see attached Supported Housing Contract and Budgeting Guidelines for a listing of eligible expenses.

a. What documentation would be sufficient evidence of wrap-around support expenditure for auditing purposes?

- i. Additional guidance regarding the Supported Housing Contingency Funds can be found at within the NYS OMH SH Questions & Answers document on page 11 and 12.

3. If all options are exhausted in being able to ascertain benefits and/or financial stabilization with client, how would rental costs be covered long-term? ...As well as any damages that need to be covered?

The NYS OMH Supported Housing financial model includes rent stipends to cover rental and utility costs that exceed the 30% of the recipients' adjusted income. It is the responsibility of the Supported Housing provider to work with the recipient on identifying primary source of income, whether that income is based on wages, temporary assistance via Monroe County Department of Human Services (MC DHS) or Social Security Income or Disability (SSI or SSD).

NYS OMH SH Guidelines, page 13, " The Supported Housing model requires that the recipient contribute 30% of his/her adjusted income (as defined in Attachment A) toward the total cost of his/her rent and reasonable utility costs, and that the recipient cannot be required to pay more than that amount without prior OMH approval. These costs for each recipient should be reflected on a "Recipient Rental Stipend Worksheet" (see Attachment A). The model also requires that all individuals who receive rent stipends complete a worksheet identical or substantially similar to Attachment A on at least an annual basis so that income changes can be appropriately addressed and provide supporting documentation reflecting the change (e.g. pay stub, Social Security correspondence, etc.). More frequent updating of a worksheet will be required if the individual's income changes often.

a. At what point would the above situation constitute a discharge from program, particularly if it is not non-compliance/behavioral related? (i.e.: needing a higher level of care/no further options within programs means of case management and support).

- i. Review NYS OMH SH Guidelines titled, "Cessation of Supported Housing" on pages 15 and 16. As well as NYS OMH SH Questions & Answers document on pages 7 and 8.

4. On page 5 of the RFP, it is stated that a central/congregate location for the 23 forensic housing units will not be supported, and a scattered site approach must be used.

a. Is the case manager expected to be on-call to deal with acute psychiatric issues/problems?

i. Services provided by the supported housing case manager include: negotiating leases; assistance in resolving issues between the landlord and the recipient and financial consultations. While the role of the supported housing case manager can be therapeutic in approach, is not intended to be clinical. Therefore supported housing recipients experiencing acute psychiatric issues and/or problems would be encouraged to seek clinical interventions within the community.

b. Can these clients be co-located with others in supportive housing that is for other populations (i.e. homeless) assuming the setting is properly safe-guarded and meets regulatory requirements?

i. See question/answer #1 under Forensic Supported Housing Category

c. Is it the expectation that these scattered-site supportive housing units be independent apartments throughout the city?

i. See question/answer #1 under Forensic Supported Housing Category

5. Is the funding that is provided to be used to pay for the residents' rents or is it to compensate the provider for services. Will the residents have a source of income (i.e. DHS rental allowance) for their housing?

Funding associated with this service is available for rental stipends and a residentially focused case manager. The rent stipend is available to permit access to safe and affordable housing services that enable recipients to remain in permanent housing and is made available to every supported housing resident. Services provided by the supported housing case manager include: negotiating leases; assistance in resolving issues between the landlord and the recipient and financial consultations. See question/answer #3 under Forensic Supported Housing Category.

6. If a scattered site supportive housing option is not available, will OMH consider a central location?

No, It is important to note that NYS OMH has communicated that a central/congregate location for the 23 Forensic Supported Housing service will not be supported.

7. Can the housing provider who has been awarded the grant refuse a referral?

NYS OMH SH expectation is that providers will accept 80% of all supported housing referrals.

8. Please explain further the one-time \$5,000 allocation, how it works and who is eligible?

Please see attached document, NYS OMH 5K Guidelines.

9. Is the \$5,000 allocation part of the \$199,709 or in addition to it?

The \$5,000 allocation is in addition to the \$199,709, please see attached document, NYS OMH 5K Guidelines.

Homelessness Supportive Services \$150,000

1. Are there specific evidence based practices that you see working with this?

The request for proposal document outlined some evidenced based practices associated with this service delivery model. Respondents are encouraged to incorporate additional evidence based practices that have been demonstrated to be effective in serving this target population.



Office of
Mental Health

2015

SUPPORTED HOUSING GUIDELINES



CONTENTS

| | |
|---|----|
| I. Background | 5 |
| II. Target Populations | 5 |
| The Child and Adult Integrated Reporting System (CAIRS) and Additional Reporting Requirements ... | 6 |
| III. Supported Housing Description | 7 |
| Recipient Participation | 7 |
| Access to Housing | 8 |
| Funds | 9 |
| Housing Support Services | 10 |
| Staffing | 12 |
| Rental-Stipend Requirements | 12 |
| Lease Arrangements | 13 |
| Facilitating Recipient Access to other Housing Subsidies | 14 |
| IV. Cessation of Supported Housing | 15 |
| Goal Achievement | 15 |
| Recipient Refusal To Pay When Supported Housing Provider Is Landlord | 15 |
| Recipient Refusal To Follow Program Expectations | 16 |
| Supported Housing Provider’s Responsibility If Landlord Evicts Recipient | 16 |
| V. Conclusion | 16 |
| Glossary | 17 |
| “Types of Supported Housing” | 17 |
| Serious Mental Illness | 18 |
| ATTACHMENT A | 21 |

SUPPORTED HOUSING GUIDELINES

I. Background

The NYS Office of Mental Health (OMH) introduced Supported Housing in 1990 as an initiative to facilitate an increase in long-term/permanent housing options for people with mental illness coupled with individual support services designed to help them succeed in their housing. Over 18,000 individuals currently reside in Supported Housing. Supported Housing, when provided together with non-residential services such as Health Home Care Management, Assertive Community Treatment, Personalized Recovery Oriented Services and other complementary mental health services, can meet the needs of many individuals who have multiple service requirements.

OMH awards Supported Housing development through a Request for Proposals (RFP) process or through a local government unit contract process. Funding for Supported Housing is provided via a contract between either the supported housing provider and the county or the provider and OMH. Providers receive funding for payment of Supported Housing rental assistance and Supported Housing services under this contract. In return, Providers agree to serve a certain number of Supported Housing recipients.

In view of the changes Supported Housing has undergone since its inception, it is important to ensure that all concerned parties are aware of current OMH guidelines regarding the operation of Supported Housing. However, while these guidelines include various clarifications, the concept of Supported Housing has not changed. Supported Housing has been, and continues to be, a vital means for persons with mental illness to succeed in community-based housing and move toward increasing independence and recovery.

II. Target Populations

All individuals served in Supported Housing are expected to have a primary diagnosis of serious mental illness. Persons diagnosed with serious mental illness are persons aged 18 and older who have a current mental illness diagnosis as per the DSM-IV (or any subsequent edition) and experience substantial impairments in functioning due to the severity of their clinical condition.

Specifically, these adults currently experience substantial dysfunction in a number of areas of role performance or are dependent on substantial treatment, rehabilitation, and support services in order to control or maintain functional capacity. Furthermore, they have experienced substantial

impairments in functioning due to mental illness for an extended duration on either a continuous or episodic basis. (See the definition of “serious mental illness” in the Glossary).

Although there are not any income requirements for Supported Housing eligibility, recipients generally have low or very low income. Most individuals living in supported housing receive Supplemental Security Income (SSI) due to their mental illness. Providers should document proof of eligibility at time of admission. This documentation should remain in the recipient’s file for the duration of his/her stay.

There are several populations who receive priority consideration for placement in Supported Housing. These groups include persons being discharged from state-operated psychiatric centers or state-operated residential programs; persons being discharged from Article 28 psychiatric inpatient hospital care; young adults being discharged from Residential Treatment Facilities or Children’s Community Residences; residents of OMH-licensed housing, adult homes, nursing homes, voluntary or municipal homeless shelters or individuals living on the streets; high-cost Medicaid users; the forensic population; and persons under an Assisted Outpatient Treatment order. Additionally, OMH and localities may identify other priority populations and eligibility criteria through RFPs and/or the Single Point of Access (SPOA) process. Providers are expected to maintain occupancy in Supported Housing at a 90% occupancy rate. OMH may reallocate units when significant vacancies exist.

THE CHILD AND ADULT INTEGRATED REPORTING SYSTEM (CAIRS) AND ADDITIONAL REPORTING REQUIREMENTS

The Office of Mental Health maintains a system that tracks all admissions to and discharges from contracted licensed and/or non-licensed funded housing, including Supported Housing. Entries to this system are made at the time the recipient is admitted via the Web-based CAIRS application. This system contains information concerning the recipient’s demographics (e.g. age, race, sex). The Provider also updates the system within seven days of the recipient leaving Supported Housing. This submission includes the date the recipient leaves Supported Housing and the type of residential setting he/she moves into.

CAIRS data is used to provide information concerning recipient demographics, program performance indicators, program vacancy rates, and other factors that OMH officials, localities, and voluntary agencies can access to better inform administrative oversight of residential programs. All contracted residential providers, whether through local county contract or direct state contract, are required to participate in the CAIRS system. Providers are referred to their OMH Field Office for more information concerning this system. Please note that there may be additional contractually-based housing eligibility criteria or requirements depending upon the area of the State or the specific housing initiative through which the units were awarded. For example, in NYC, the submission and approval of the HRA 2010E housing application is currently required for most types of OMH-funded housing.

III. Supported Housing Description

Supported Housing is intended to ensure that recipient options in choosing preferred long term or permanent housing are enhanced through:

1. Increasing the number of available affordable housing options;
2. Ensuring the provision of community supports necessary to assist recipients in succeeding in their preferred housing and to meaningfully integrate them into the community; and
3. Helping recipients remain in the housing of their choice while services change to meet their varying needs.

The following section details three areas to guide Providers, and the local mental health system, in fulfilling these goals. These areas are: Recipient Participation, Access to Housing, and Housing Support Services.

RECIPIENT PARTICIPATION

Recipients play an integral role in Supported Housing, including active involvement in the choice of housing; type, frequency and intensity of services; and in the exercise of their rights and responsibilities as tenants and individuals.

- To the extent that options permit (including availability and funding), recipients play an active role in the choice of location and living arrangement for their housing.
- Services are available to help recipients make choices and develop the skills necessary to succeed in housing.
- Outreach is provided to prospective recipients by the Provider to ensure recipient awareness of Supported Housing and encourage recipient participation.
- Recipients should have formal input into development of agency Supported Housing practices.
- Providers will give explicit written tenant's rights and grievance procedures to tenants upon enrollment in the supported housing program.
- All recipients should be granted a lease for Supported Housing, preferably directly between the recipient and the landlord. If a direct lease is not used, the Provider should enter in a sublease with the recipient.
- Recipients are given opportunities to develop peer to peer supports.

The Provider should also enter into an agreement with the recipient that outlines the minimum requirements of Supported Housing. This includes the development of a support plan, a monthly face-to-face contact, a home visit as needed based on the support plan or emergent needs but at least once every three months and annual income verification. The recipient should be made aware that failure to provide access to his or her apartment or annual income verification may jeopardize the consumer's Supported Housing rental stipend and support services. Prior to terminating a recipient from Supported Housing, the Provider should discuss the specific situation with the Field Office. In addition, the Provider should be able to document all interventions (e.g. case conferences, referrals, and attempts) to re-engage the recipient.

Wherever possible, recipients should be involved in selecting furnishings for the units they will occupy. In the event that a recipient elects to leave the Supported Housing unit and move to an independent apartment in the community, any refund of the rent, security or utility deposits should be placed at the recipient's disposal to pay those costs for the new unit. Recipients in a Supported Housing program who wish to move to a different apartment should work within the parameters of their lease or sublease, funding availability and geographic area covered by the Provider. Recipients may not transfer a Supported Housing rental stipend to a different provider. Conversely, if a Provider determines that the rental unit is no longer suitable, the recipient should be involved in the process of finding a new apartment and moving.

In the event that a Supported Housing recipient experiences an unavoidable absence from his/her apartment, it is preferred that the Provider take necessary action to ensure that the recipient does not lose the apartment during his/her absence. Housing is not lost during unforeseen absences of short duration. Providers should contact the Field Office as soon as possible to discuss specific situations. If the recipient has income, he/she would still be required to pay 30% of his/her income towards rent and utilities during the absence.

ACCESS TO HOUSING

Supported Housing increases the availability of long term permanent housing to individuals with serious mental illness. Supported Housing focuses on gaining access to safe, decent and affordable housing for people with serious mental illness that is integrated within the broader community. Providers work with Supported Housing recipients to locate housing that matches the recipient's preference and goals (Client Choice), taking into consideration available housing options, affordability, and access to services and support services. Client Choice is expected to be reasonable but not unlimited when locating available housing options and furnishings.

OMH may provide rent support to assist recipients in securing affordable decent housing at a reasonable cost, and to encourage landlords to accept individuals with mental illness as low financial-risk tenants. Providers should utilize the United States Department of Housing and Urban Development (HUD) current Fair Market Rents and the local housing authority's utility allowances as a guideline for determining reasonable rental costs. Recipients pay no more than 30% of their adjusted gross income towards reasonable rent and reasonable utility costs. The amount of rent paid by the recipient varies as the recipient's income changes; the rent stipend varies accordingly.

Recipients' contribution towards rental amount and reasonable utilities should not exceed the total cost of the rent and utility amount of the apartment unit.

All housing units should be located in buildings with governmental documentation of habitability that certifies the legal use and occupancy of the building and its units. Such documentation includes Certificates of Occupancy, Rental Certificates, or other local or municipality documentation that proves that the unit has been inspected and is approved for residential use. All units should have adequate heat and hot water and should be properly maintained by the landlord.

OMH expects access to these housing units to be provided in collaboration with the local governmental unit or SPOA process whenever possible. Providers should also work expeditiously to secure apartment units and transition individuals into the unit upon receipt of referral and acceptance into the program. Continuity of care is an important component to recovery. As such, if an individual has lost his/her Supported Housing placement due to a lengthy hospitalization, and both the individual and former housing provider have a desire to re-establish the Supported Housing relationship, priority status should be given to the individual for the next available Supported Housing unit; this may be done outside the SPOA process if necessary, but with notification to the SPOA.

Access to suitable housing is facilitated by assisting the recipient with establishing a household. Providers offer assistance to recipients in locating a suitable apartment; lease negotiation; and reviewing and understanding lease terms. The Provider should ensure that recipients are afforded the same rights and responsibilities as other tenants. If housemates are involved, the Provider will facilitate cooperative housemate agreements on bill payments, division of household responsibilities, etc.

Funds may be provided under Supported Housing to assist recipients in meeting initial expenses incurred in establishing residences. Such expenses may include, but are not limited to, brokers' fees, rent and security deposits, utility installation fees, household furnishings, and moving costs. When establishing Supported Housing units, Providers should include air conditioners with the initial set of furniture and furnishings if central air conditioning is not provided in the unit. In general, these expenditures, including furniture, should be viewed as non-recoverable expenses incurred to assist the recipient in moving to independent community living. Furniture should remain with the individual in Supported Housing. The recipient is not, therefore, expected to reimburse the Provider for these expenses upon leaving Supported Housing in all situations. The Provider bears the most responsibility for ensuring that recipients' apartments are safe and habitable. A Provider may use Supported Housing funds to cover replacement furniture needed by recipients to ensure their safety.

FUNDS

Contingency funds (\$500.00 per person per year) should be set aside annually from the per unit annual OMH operating subsidy. Contingency funds are made available to the Provider to resolve situations that place the recipient at risk of losing his/her housing. These funds are not intended to

replace emergency funds available through the Department of Social Services or other sources, and Providers should make every effort to access such funds before contingency funds are used. Please refer to the Supported Housing Contract and Budgeting Guidelines for a listing of eligible expenses.

HOUSING SUPPORT SERVICES

Supported Housing staff should provide outreach, assessment and referral services to prospective recipients to ensure access to appropriate housing options and services. All services should be delivered in a manner which demonstrates understanding and respect for the diversity of the people being served. Services provided by the Provider will vary depending on the needs of the recipient. Often the need for services provided by the Provider decreases over time as the recipient is more fully integrated into the community. Unique features of Supported Housing include:

- Supports are flexible.
- Extended stay/long term housing. Recipients may remain in Supported Housing as long as they need a rent subsidy to cover the full cost of rent and/or housing support services and they continue to meet their responsibilities as tenants.
- No program attendance requirements.

The services that are delivered by Providers are best described as housing-related support services. These services include determining if an individual is eligible for Supported Housing, conducting an individual housing needs assessment, developing an individual housing support plan, helping the individual with establishing a household, becoming acquainted with the local community and applying for entitlements, helping recipients to understand their rights and responsibilities as a tenant, instruction and assistance with resolving apartment and building maintenance issues, providing linkages to community resources and health home care coordination, and budgeting assistance to ensure that rent and other expenses are paid.

In addition, the Providers should assist the individual in securing generic housing subsidies such as Section 8, facilitate resolution of housemate issues, and provide instruction to recipients on how to identify and address emergency situations including, but not limited to, when to call 911 or other emergency services and staying safe when heat advisories or evacuation orders are issued. Providers should have a process for handling resident emergencies after hours and on weekends. Every Provider should have plans in place to contact and assist recipients during area wide emergencies such as hurricanes and other natural disasters. It is also especially important for the Provider to provide ongoing support to residents and landlords concerning housing-related issues during and after an emergency situation.

The Provider often plays a dual role in helping the recipient maintain an amicable tenant/landlord relationship. As an advocate for the recipient, the Provider should ensure that the tenant's rights are guaranteed by the lease and under applicable law and that the recipient receives treatment

equivalent to other tenants. However, the Provider should also be aware of the rights and concerns of the landlord, and should work with the recipient to meet tenant responsibilities.

Providers should develop written policies and procedures for rent collection and terminating tenancy. The Provider should utilize and document an array of strategies and interventions to prevent someone from being evicted such as referrals to Adult Protective Services or other community based services, holding case conferences, etc. In addition, the Provider should make a formal grievance procedure available to recipients.

The Supported Housing approach is intended to foster integration of recipients into the existing community services system. It is not intended that Providers be the sole sources serving Supported Housing recipients in the community. Rather, the focus of Providers should be to deliver those services necessary to establish the recipient in his/her housing, and maintaining that housing until the services and rent stipend provided by the Provider are no longer needed, or can be provided by transitioning the recipient to other public housing subsidies or an affordable housing setting with local support services. This coordination of services is particularly critical in situations where the population to be served in Supported Housing is a population “most in need” of service (e.g. individuals who are living in the streets or shelters, long-term psychiatric center residents) who may require a period of very intensive services when they first enter Supported Housing. It is important that Providers work closely with the local governmental unit, county or SPOA entity, Health Home Entity and other community service providers to advocate for recipients to receive the services they require while residing in Supported Housing, and that the services necessary to maintain an individual in the community are in place before the individual leaves Supported Housing. In addition, Providers should be knowledgeable about affordable housing opportunities for consumers in his or her community. Based on individual needs and preferences, the local service system and/or health home should provide the recipient access to a full range of support services, including:

- Employment support
- Mental health and substance abuse treatment
- Assistance with obtaining entitlements
- Health care
- Emergency services
- Health Home Care Coordination
- Transportation

Supported Housing direct care staff should conduct and document a minimum of one face-to-face recipient contact per month. At least quarterly, this contact should occur in the recipient’s home. Recipients’ needs may change from time to time, and additional visits and/or contacts may be necessary. Providers should maintain records regarding such services and contacts. Other necessary contacts may be made through further face-to-face contacts with the recipient at a

location judged convenient by both the recipient and Supported Housing staff person. Providers should also document contacts with Health Homes, Managed Long term Care Plans, service providers and other collateral contacts as appropriate and with the recipient's consent.

To ensure that Supported Housing services are delivered in a manner consistent with the above-stated principles, the Provider should collaborate with the recipient to develop a person-centered, strengths-based support plan. The plan should be developed within 30 days of recipient move-in and should be reviewed with the recipient on a quarterly basis. The goal of the support plan is to identify the services and supports needed for the recipient to live successfully in the community and achieve the highest level of independence. It should address recipient access to preventive, ongoing and emergency services; the frequency of planned contact with the recipient; and the date of the next support plan review. The plan should identify supports which will be provided through Supported Housing, and supports to be provided through community-based resources.

Providers should make housing support plans available to the Field Office and/or the local government upon request. In addition, Providers should develop policies and procedures for making support plans and progress notes available to recipients upon request. OMH encourages Providers to develop and implement rental arrears policies and procedures in the event a tenant is unable to pay his/her rent.

STAFFING

Supported Housing staff should have a combination of education, experience, and skills to work effectively with persons with serious mental illness. Providers are encouraged to hire peers or individuals who have personal experience with the mental health system. Agencies should ensure that staff persons receive initial and on-going training and supervision, are culturally competent, and to the extent possible, reflect the recipients being served. Training competencies should include an understanding of: mental illness and co-occurring disorders, engagement strategies, wellness self-management, and motivational interviewing, among others. Staff should be knowledgeable about the full array of services and community resources that will help the recipients to remain in stable housing. In order to provide person-centered, flexible housing support services identified above, Providers are expected to keep a staff –recipient ratio within the range of 1:20 to 1:30. Please note that each agency should examine the needs of the individuals being served by Supported Housing and if necessary adjust the staff/client ratio accordingly, keeping within the 1:20 to 1:30 range. For example, if individuals served have high needs, a ratio of less than 1:30 may be more appropriate to effectively meet the needs of the individuals served.

RENTAL-STIPEND REQUIREMENTS

Whether housing is accessed in publicly-funded developments or in the open market, the provision of a rent subsidy will be necessary in most cases. Funding for Supported Housing rent stipends is made available to the Provider through the Supported Housing contract and the rent stipends should be paid directly by the Provider to the landlord. The stipend should not be paid directly to

the recipient since a direct payment could jeopardize other client entitlements (e.g., SSI).

Individual stipend amounts should be calculated based upon the difference between what the recipient can pay and the sum of the rent and reasonable utility costs for the unit. Utility costs are defined as costs for heat (where applicable), water, gas, and electrical service. Telephone, cable, and internet costs are not considered to be utility costs. “Reasonable” utility costs can be determined by contacting the local municipal housing authority for a copy of their utility allowances. Local public housing agencies (PHAs) maintain a schedule of utility allowances by housing type for the Section 8 program. To determine the amount to allow for a reasonable amount of utility consumption given a particular type and unit size of housing for OMH Supported Housing, the local PHA should be contacted for the schedule of utility allowances and Providers should then subtract \$10.00 from the PHA rates to determine the reasonable cost for each apartment’s utility allowance under the OMH Supported Housing model. If apartments are shared by two or more Supported Housing recipients, the utility allowance should only be applied once for the overall household utility expense.

The Supported Housing model requires that the recipient contribute 30% of his/her adjusted income (as defined in Attachment A) toward the total cost of his/her rent and reasonable utility costs, and that the recipient cannot be required to pay more than that amount without prior OMH approval. These costs for each recipient should be reflected on a “Recipient Rental Stipend Worksheet” (see Attachment A). The model also requires that all individuals who receive rent stipends complete a worksheet identical or substantially similar to Attachment A on at least an annual basis so that income changes can be appropriately addressed and provide supporting documentation reflecting the change (e.g. pay stub, Social Security correspondence, etc.). More frequent updating of a worksheet will be required if the individual’s income changes often.

When two or more Supported Housing recipients share an apartment, the rental obligation should be divided between the tenants on a percentage basis, according to the number of individuals that will share the apartment. Under the Supported Housing model, no more than three individuals can share an apartment. Each individual would then be eligible for a stipend, based on the methodology detailed in the “Recipient Rental Stipend Worksheet”.

LEASE ARRANGEMENTS

It is preferable that the leases for Supported Housing units should be solely in the recipient’s name whenever possible. However, it is recognized that in some circumstances this is not possible, and the Provider may appear as a third party signatory to the lease, or even be the sole signatory to the lease. (In this latter circumstance, the Provider would sub-lease the apartment to the recipient.)

Regardless of the lease arrangement, all recipients should have a current lease or sub-lease with the same rights and responsibilities as market-rate tenants. The lease and/or sub-lease should not include responsibilities which are not typically found in standard market-rate leases (house/program rules, policies about visitors, requirements to adhere to support plan, etc.)

FACILITATING RECIPIENT ACCESS TO OTHER HOUSING SUBSIDIES

Providers should facilitate recipient access to HUD Section 8, Shelter Plus Care or other housing subsidies when available. Where possible, priority should be given to negotiating access to housing developed with public capital funds (e.g. Office of Temporary and Disability Assistance, HUD, etc. OMH works with various publicly funded housing agencies to encourage interagency cooperation in housing development. OMH also encourages Providers to facilitate access to housing developed by publicly-funded housing agencies and for-profit housing developers.

Localities throughout the State receive direct federal funding through the HUD Section 8 program to provide rent subsidies for eligible residents. Most Supported Housing recipients are eligible to receive such assistance and Providers should assist recipients with the application process. If a recipient does receive a Section 8 Voucher, Providers should encourage Supported Housing recipients to choose apartments where the landlord is willing to accept Section 8 payments. Please note, in New York City it is illegal for a property owner with six or more units in a building to refuse a Section 8 Voucher.

In the event that a resident receives a voucher and the landlord is not willing to accept Section 8 payment, the provider will encourage the recipient to secure an apartment where the landlord is willing to accept Section 8. However, the Provider cannot require the resident to move into a Section 8 apartment. It is the expectation that when a Section 8 voucher, or other long term permanent housing subsidies become available, this subsidy will replace the OMH subsidy and the Supported Housing provider will work with the recipient and the local mental health services network (through the SPOA where available) on discharge planning to ensure that responsibility for serving the recipient is assumed by non-residential service providers.

The federal government, in conjunction with state or local governments, also provides funding for housing subsidies under the Shelter Plus Care (S+C) program. Under this program, federal housing subsidies are provided for qualifying “special needs” populations. The federal subsidies are matched with service funding from either the state or the locality. While Section 8 and S+C are the most commonly used means of securing non-OMH funded rental assistance for Supported Housing recipients, there may be other funding assistance available within a particular locality or for a particular project. Providers should inquire with their OMH Field Office or county regarding the availability of any such funding.

Providers should be aware, however, that non-OMH organizations that fund housing subsidies may condition this funding on meeting certain requirements that may differ from Supported Housing guidelines. Providers should be aware of these conditions or requirements and determine whether to pursue it in the context of the Supported Housing.

Recipients of Supported Housing are also encouraged to develop independent budgeting skills to support their independence. In the event the recipient is in need of a representative-payee, she/he should be encouraged to utilize natural supports such as family members or friends to serve in this role. In the event family and or friends are not available or appropriate to serve as a representative payee, recipients should be encouraged to contract with a qualified organization for

this function. To avoid potential conflicts, the Provider should only be used as the representative payee as a last resort.

The Social Security's Representative Payment Program provides financial management for the Social Security and SSI payments of beneficiaries who are incapable of managing their Social Security or SSI payments. The Social Security Administration (SSA) has developed a Guide for Organizational Payees and a Guide for Individual Representative Payees to help those that serve as representative payees understand their duties and responsibilities as a payee. These documents can be obtained through the Social Security Administration. Providers should understand these roles and help educate the recipient on these roles.

IV. Cessation of Supported Housing

GOAL ACHIEVEMENT

The goal of Supported Housing is to provide assistance to enable recipients to remain housed in the community until they no longer need such assistance. There is no length of stay expectation for Supported Housing. However, as increased independence is the aim of the Supported Housing approach, Providers should work actively with recipients to secure the means to pay their rent without the use of a Supported Housing rent stipend (either through employment or another publicly-funded stipend) and to receive necessary services (e.g. housing case management) through the local service system.

A recipient is considered to be in Supported Housing as long as the Provider is paying a rent stipend on his/her behalf and providing Supported Housing services (Providers are required to offer services to individuals who are receiving Supported Housing rent stipends). OMH recognizes that there may be a period after the recipient begins to receive another rent stipend or after he/she becomes employed and able to pay the full rent for his/her apartment when the community services provided by the Provider may still be required, particularly if the non-residential services the recipient requires are not yet in place. The Provider should work with the recipient and the local mental health services network (through the SPOA where available) on transition planning to ensure that responsibility for serving the recipient is assumed by non-residential service providers as soon as possible after he/she is no longer receiving a Supported Housing rent stipend.

RECIPIENT REFUSAL TO PAY WHEN SUPPORTED HOUSING PROVIDER IS LANDLORD

In the event that a recipient refuses to pay his/her portion of reasonable rent and utilities and the Provider is the landlord, the Provider should utilize and document an array of strategies

and interventions to prevent someone from being evicted. In the event eviction proceedings are warranted, the Provider should ensure that such action is carried out in accordance with local laws and procedures. The Provider should work with the recipient to pursue alternative housing options.

RECIPIENT REFUSAL TO FOLLOW PROGRAM EXPECTATIONS

In the event that a recipient refuses to follow program expectations and the Provider is the landlord, the Provider should utilize and document use of the array of strategies and interventions discussed above in order to assist the recipient.

In the event that a recipient refuses to follow program expectations and the Provider is not the landlord, the Provider should coordinate with the Local Service System and Field Office in order to assist the recipient with accessing a full range of support services to support their ability to remain successfully housed without the rental stipend support and services provided by the Provider.

SUPPORTED HOUSING PROVIDER'S RESPONSIBILITY IF LANDLORD EVICTS RECIPIENT

In the event that a recipient is evicted from his/her apartment by a landlord other than the Provider, the Provider should assist the recipient to locate alternative housing that matches her/his preference and goals, taking into consideration available housing options, affordability, and access to services and supports. Eviction from one apartment is not necessarily grounds for the Provider to release a recipient from the Supported Housing program. Moving forward, Providers should continue to help the individual to understand his/her responsibilities as a tenant and help facilitate resolution of housing issues.

V. Conclusion

These guidelines for Supported Housing are intended to replace the original Supported Housing Guidelines that were developed in 1990. The statements contained herein are reflective of the Supported Housing model in general and are not intended to create or impose requirements that are regulatory in nature. Nothing herein is to be construed as legal opinion, nor is it intended as a substitute for the legal advice of counsel. Questions concerning application of these guidelines to situations that may be encountered in delivering Supported Housing may be referred to the OMH Field Office.

GLOSSARY

“Types of Supported Housing”

SCATTERED-SITE SUPPORTED HOUSING

Usually, Supported Housing is located in rented apartments scattered throughout the community. Services to recipients of scattered-site Supported Housing are provided by the Providers as needed by the recipient to ensure housing stability, in coordination with other services and supports available in the community including Health Homes.

SINGLE-SITE SUPPORTED HOUSING

In the past, under some limited circumstances, Providers may have rented an entire building for Supported Housing. Whether the building is rented or purchased by the Provider, such sites are referred to as single-site Supported Housing. The sites that are owned by the Provider should have funding set aside for capital reserve to address building maintenance and future capital repairs and improvements. The service requirements for single-site Supported Housing are the same as those for scattered-site Supported Housing. Services are provided based on an individualized support plan in coordination with other available services and supports. Supported Housing should be developed as Scattered-Site Supported Housing or Mixed – Use Supported Single-Room Occupancy Housing. A Provider proposing Single-Site Supported Housing should consult with the Field Office before renting or purchasing a building.

SUPPORTED SINGLE-ROOM-OCCUPANCY (SP-SRO) AND MIXED- USE /INCOME HOUSING

Supported-Single Room Occupancy (SP-SRO) housing combines long-term to permanent housing with some on-site services. The support offered in SP-SROs is consistent with the principles guiding all Supported Housing. Mixed-use housing is affordable housing where a portion of the OMH-funded capital units is integrated with other affordable housing units in the same building. The latter may target low income individuals and families who are not receiving a mental health housing rental subsidy. Generally, at a minimum, front-desk or security staff are on-site 24 hours per day.

LONG TERM/PERMANENT HOUSING

Long term/permanent housing is considered community-based housing without a designated length of stay where the recipient has a leased or subleased apartment unit.

Serious Mental Illness

In order to be considered an adult with a serious and persistent mental illness, “1” below must be met, in addition to either “2”, “3”, or “4”:

1. Designated Mental Illness

The individual is 18 years of age or older and currently meets the criteria for a DSM-IV (or any subsequent edition) psychiatric diagnosis other than alcohol or drug disorders, organic brain syndromes, developmental disabilities or social conditions. ICD-CM psychiatric categories and codes that do not have an equivalent in DSM-IV or (any subsequent edition) are also included mental illness diagnoses.

AND

2. SSI or SSDI due to Mental Illness

The individual is currently enrolled in SSI/SSDI due to a designated mental illness.

OR

3. Extended Impairment in Functioning due to Mental Illness

- a. Documentation that the individual has experienced two of the following four functional limitations due to a designated mental illness over the past 12 months on a continuous or intermittent basis:
 - i. Marked difficulties in self-care (personal hygiene, diet, clothing, avoiding injuries, securing health care or complying with medical advice).
 - ii. Marked restriction of activities of daily living (maintaining a residence, using transportation, day to day money management, accessing community services).
 - iii. Marked difficulties in maintaining social functioning (establishing and maintaining social relationships, interpersonal interactions with primary partner, children or other family members, friends, neighbors, social skills, compliance with social norms, appropriate use of leisure time).
 - iv. Frequent deficiencies of concentration, persistence or pace resulting in failure to complete tasks in a timely manner (ability to complete tasks commonly found in work settings or in structured activities that take place in home or school settings, individuals may exhibit limitations in these areas when they repeatedly are unable to complete simple tasks within an established time period, make frequent errors in tasks, or require assistance in the completion of tasks).

OR

4. Reliance on Psychiatric Treatment, Rehabilitation and Supports

A documented history shows that the individual at some prior time met the threshold for 3 (above), but the symptoms and/or functioning problems are currently attenuated by medication or psychiatric rehabilitation and supports. Medication refers to psychotropic medications which may control certain primary manifestations of mental disorder; e.g. hallucinations, but may or may not affect functional limitations imposed by the mental disorder. Psychiatric rehabilitation and supports refer to highly structured and supportive settings (e.g. Congregate or Apartment Treatment Programs) which may greatly reduce the demands placed on the individual and thereby, minimize overt symptoms and signs of the underlying mental disorder.

ATTACHMENT A

Recipient Rental Stipend Worksheet

(To be completed annually and when recipient and/ or household income changes)

RECIPIENT NAME: _____

DATE: _____ RECIPIENT SS #: _____

CALCULATING RECIPIENT ADJUSTED MONTHLY INCOME

A. MONTHLY INCOME

- 1. Net Wages _____
- 2. SSD _____
- 3. SSI _____
- 4. Pension _____
- 5. Alimony _____
- 6. VA Benefits _____
- 7. Other _____
- 8. **Total Monthly Income =** _____

B. MONTHLY EXPENSES ELIGIBLE FOR DEDUCTION

(Include Support of Minors-i.e. Child care expenses, Court-mandated expenses, Medicaid Spend-Down expenses)

- 9. Source _____ Amount _____
- 10. Source _____ Amount _____
- 11. **Total Monthly Expense Adjustments** Amount _____
(Add lines 9 and 10)

C. TOTAL MONTHLY ADJUSTED INCOME

12. Total Monthly Income Amount _____
(Amount on Line 8)
13. Total Monthly Adjustments Amount _____
(Amount on Line 11)
14. Monthly Adjusted Income Amount _____
(Subtract line 13 from line 12)

D. CALCULATING RECIPIENT RENTAL PAYMENT

15. Multiply line 14 (*Monthly Adjusted Income*) by .30 Amount _____
(This amount is the recipient's rent if rent includes utilities)

IF THE RENT INCLUDES UTILITIES, STOP HERE.

The recipient is responsible for paying the amount identified on line 15 directly to the landlord.

IF THE RENT DOES NOT INCLUDE UTILITIES CONTINUE TO LINE 16.

(Determination of Recipient Rent for units where utilities are not included in rent)

16. Public Housing Authority (PHA) Utility Allowance Amount _____
*(If not included in rental amount and
as determined by Local PHA)*
17. Adjusted Utility Allowance Amount _____
(Subtract \$ 10.00 from Line 16)
18. Recipient Rent Amount _____
(Subtract line 17 from line 15)

E. CERTIFICATION

1. The above information is accurate to the best of my knowledge and documentation of income and expenses is attached to this form.
2. The recipient agrees to inform the contract agency of any changes in income or adjustments at the time they occur.
3. When available, application for federal Section 8 rental assistance has been made and will be diligently pursued.

Recipient Name: _____
PRINT SIGNATURE

Staff Name: _____
PRINT SIGNATURE

AGENCY NAME _____
AGENCY ADDRESS _____

RECIPIENT RENTAL PAYMENT AND UTILITY SUMMARY

Date Rental Payment Due : _____
Rental Amount Due (from Recipient): _____
Rental Amount Due (from Provider): _____
TOTAL RENT DUE (to Landlord): _____

Rental Amount Payable to:
(Include Landlord Name and Address)

IF UTILITIES ARE NOT INCLUDED IN RENT

Date Utility Payment Due: _____

Utility Amount Payable to:





Office of
Mental Health

2015

SUPPORTED HOUSING GUIDELINES

Questions & Answers



SUPPORTED HOUSING GUIDELINES

Questions & Answers

SUPPORTIVE SERVICES & PROGRAM REQUIREMENTS

1. Is the support plan content meant to include only supports in the community, or independent living goals or both? We want to ensure we are updating the right information every 3 months as guided.
 - a. *The Support Plan may include supports in the community, independent living skill goals, or any other client-driven goal they wish to include.*

2. Is the monthly face to face contact mandatory or recommended?
 - a. *Yes, there is an expectation of face to face contact occurring at least once a month, if not more, depending on individual need. The housing case-manager is expected to provide this face to face contact at least once a month and for a minimum of 15 minutes each visit.*

3. Is the quarterly home visit mandatory or recommended?
 - a. *Yes there is an expectation that a quarterly home visit is conducted in the resident's apartment at least once every quarter.*

4. If all avenues have been exhausted and documented in attempting to visit an apartment every 3 months, at what point in time does OMH expect a provider to begin the eviction process, if ever?
 - a. *Each situation should be evaluated on an individualized basis, however consumers have tenancy rights like any other NYC market rent tenant. To this end, the same rules apply for initiating an eviction. A Supported Housing consumer should not be brought to housing court for refusing home visits. In this instance, where the consumer is refusing home visits, the agency should continue to engage the consumer and document attempts to do so.*

5. Please clarify the difference between a support plan and service plan, if any. Currently our supported housing program utilize service plans that are completed at 30 days from admission date and reviewed at 6 month intervals. The webinar indicated that support plans should be completed every 3 months and made no mention of service plans. In reviewing the supported housing guidelines, more clarification was provided however we want to ensure that we are in full compliance of what is expected.

9. What about SP-SRO's? All the SP-SROs (excluding mixed used buildings) in NYC have rules and regulations regarding visitors, overnight visits and visiting hours. The reason the agencies give for having these policies is "safety purposes" (consumers bringing in undesirables, moving in multiple family members in studio apts, excessive drug activities, etc). Do we (OMH) ask these agencies to abolish these rules and regulations?
 - a. *Providers should be encouraged to provide alternative means to addressing safety concerns other than having specific rules and regulations regarding who and when a tenant may have visitors, limiting visitors and establishing visiting hours could potentially be viewed as a violation of tenant's rights. This is permanent housing and regulated under tenant-landlord standards.*

10. In Suffolk most of our supported housing is shared by 3 people. Can a provider facilitate shared house rules by consent? I am thinking particularly about overnight guests. Many of our residents don't feel safe with others sleeping in the house.
 - a. *Providers may help to facilitate voluntary agreements and shared house rules between housemates. Per the revised Supported Housing Guidelines, "If housemates are involved, the provider will facilitate cooperative housemate agreements on bill payments, division of household responsibilities, etc."*

11. Leases or sub-leases should include only what a landlord would include for anyone else renting an apartment. Some landlord leases limit the amount of time a tenant can have a guest stay overnight (not longer than 15-30 days) to avoid "squatter's rights." Would this be acceptable in a Supported Housing lease or sub-lease?
 - a. *This would be acceptable, provided it is not specific to individuals with special needs and applies to all tenants.*

12. The guidelines state that no more than 3 individuals can share an apartment. Can 4 individuals share a 4-bedroom house?
 - a. *No, no more than three individuals can share an apartment.*

13. Requesting clarification on placing families in an individual slot. What if an individual wants to start a family or gains custody of their child(ren) and is already in an individual slot?

- a. The housing provider should work with this individual on developing a plan for family reunification which could include helping the individual to locate an apartment appropriate to the size of family or locating an alternative housing program that could assist in housing families.*
14. For agencies that have multiple designated SHP programs (housing first, MRT, long term stay) will all units be considered jointly for staffing ratio and occupancy rates, or will they be viewed as separate and distinct programs?
 - a. Yes they will be viewed jointly for staffing ratios and for occupancy rates except for MRT, PC Long Stay and Community Investment Supported Housing programs which will be carved out for occupancy purposes.*
15. Will there be more funding available in the future for providers to hire additional support staff to be able to sustain the 1:20 staff/client ration OMH is suggesting?
 - a. No, however OMH has examined the 1:20 ratio as requested by ACL and as a result of provider concerns. The acceptable range for staff/client ratio for OMH Supported Housing Program Model is between 1:20 to 1:30. The revised Supported Housing Guidelines document reflects this change. Please note that each agency should examine the needs of the individuals being served by Supported Housing and if necessary adjust the staff/client ratio accordingly, keeping within the 1:20 to 1:30 range. For example, if individuals served have high needs a ratio of less than 1:30 may be more appropriate to effectively meet the needs of the individuals served.*
16. The ratio 1:20 was already noted as a topic that is being explored internally at OMH, I would like to point out that this ratio seems to raise some concerns of financial feasibility.
 - a. Thank you for your concern. See Answer to Question #15.*
17. With funding guidelines as they are, what can agencies do to meet this 1:20 ratio?
 - a. Please see answer to Question #15.*
18. The staff to recipient ratio is now 1:20. Which staff members are considered part of this ratio? For instance, does this include a supervisor or director or is it just the direct care worker?
 - a. Please see answer to Question #15. Only direct care staff can be included in the range of 1:20 to 1:30. That means staff that carries a*

case load and work with consumers. Supervisory staff that don't carry a case load or ancillary staff should not be counted towards the 1:30 ratio.

19. Please confirm that the staffing ratio includes supervisory time within the program.
 - a. *Only direct care staff can be included in the range of 1:20 to 1:30 ratio. That means staff that carries a case load and work with consumers. Supervisory staff that don't carry a case load or ancillary staff should not be counted towards the range of 1:20 to 1:30 ratio.*

20. Access to SH is currently managed via our SPOA. Eligibility has been determined by CSS Eligibility. With the new guidelines requiring individuals have a serious mental illness; can we have some time to transition our current caseload to the new requirements? Also can we assume that SMI = SPMI to document eligibility? If not, how do we determine SMI status?
 - a. *Eligibility requirements for NYS OMH Supported Housing Programs have always had the criteria of the individual having a serious mental illness, which is consistent with CSS eligibility. SMI is equivalent to SPMI to document eligibility. SMI is determined by a documented diagnosis from the DSM V. The revised Supported Housing Guidelines are expected to be fully implemented by agencies by July 1, 2015.*

21. On p.19 of the Guidance, "Recipient refusal to follow program expectations", it states: "the Provider should document use of the array of strategies and interventions discussed above". Can you be more specific about where we can find these "strategies and interventions" in the document?
 - a. *All strategies and interventions must be individualized to the recipient who refuses to follow program expectations. Agencies are responsible for developing their own strategies and interventions based on local resources, evidenced-based practices and person-centered planning principles.*

22. If the participant is being evicted from an apartment by the landlord, are they automatically discharged from Supported Housing program? Should they be?
 - a. *Each case should be reviewed on an individualized basis. Being evicted from one apartment by a landlord does not necessarily mean they are automatically discharged from the program. For programs in NYC, the NYC Field Office should be contacted prior to an individual being evicted from their apartment.*

23. What are the non-ready program discharge criteria for discharge from Supported Housing? In other words, under what situations/conditions can someone be discharged from the SH Program; e.g., illegal/criminal activity, mis-use of personal funds leading to eviction, unsafe/violent behavior?
- a. OMH does not have non-ready program discharge criteria from Supported Housing as Supported Housing is considered permanent housing and recipients have tenancy rights. All strategies and interventions must be individualized to the recipient who refuses to follow program expectations. Agencies are responsible for developing their own strategies and interventions based on local resources, evidenced-based practices and person-centered planning principles.*
24. Is there a length of time in which services should overlap when a participant is being discharged-ready? Discharge- non-ready?
- a. There is no prescribed length of time. Participants may require varied amounts of time to feel comfortable transitioning and each situation should be evaluated on an individual basis.*
25. Is it possible to admit the resident upon intake while we work with them to find an apartment or do we have to wait until the date of move in?
- a. It is possible however each case should be reviewed on an individual basis to determine appropriateness of admitting an individual prior to securing an apartment.*
26. How many days should a provider work with an individual to secure a safe, affordable dwelling of choice? Is 90 days acceptable?
- a. A housing provider should work with an individual to locate a safe, affordable dwelling of choice within reason.*
27. When OMH is looking at the Occupancy to ensure 90% occupancy on the average, what specifically are you looking at –by program or by agency?
- a. Both, the overall agency occupancy rate is a factor that is reviewed, as well as each Supported Housing program. Both the agency overall and each Supported Housing program should maintain a 90% occupancy rate or above. OMH does take into consideration the first year a program opens for start-up time and removes these units from overall occupancy averages.*

28. Requesting clarity on “holding a bed” when someone is hospitalized or incarcerated.
- a. *A provider should attempt to maintain an individual’s apartment during periods of brief absenteeism as long as the individual is able to contribute their portion of their rent and their plan is to return to the apartment following brief hospitalization or incarceration. Each situation should be assessed on an individual basis with regards to a time frame. Contingency funds can be used to pay the recipients portion of the rent during brief absenteeism.*
29. Guidelines mention that recipients should not lose housing due to “absences of short duration” (ie hospitalizations, jail, etc.). How many days can a recipient be absent? And is the time frame different depending on the reason? For example, 90 days for a hospitalization, 30 days for incarceration?
- a. *See Answer to Question #28. In addition, if a client is hospitalized, it is vital for the Supported Housing program staff to have open communication with hospital staff. Based on the information provided to the agency and the potential length of stay, the agency could potentially utilize the contingency funds to ensure the client does not lose his/her apartment.*
30. Can the number of beds/slots be reviewed for providers to more accurately reflect that actual number that can be served, or will there be additional dollars allocated/rates reviewed at some point?
- a. *Each county receives a specific allocation of supported housing units. These units are tracked in OMH CAIRS database during each admission and discharge. Each region has a different funding rate for rent subsidy and operating services.*
31. On page nine, there is a list of items that may be purchased for set up of an apartment. The list of acceptable items does not include flat screen TV’s though we have been informed by NYC Field Office staff that this is a necessary item. Are TV’s considered necessary items.
- a. *A television is considered an appropriate start up expense.*
32. Are providers required to assist tenants in buying air conditioners if they do not have one.
- a. *Yes, if the apartment allows for an air conditioner, one should be provided to the tenant.*

33. In some cases, some landlords do not allow air conditioners in their apartments (if they are covering the utilities) or if the age of the building's electrical system will not support it. What do we do in these circumstances regarding the requirement to provide air conditioners?
- a. In the cases where landlords do not allow air conditioners, the provider should document such and ensure the tenant is provided a fan as well as a list of local resources to utilize during hot weather/heating advisories.*
34. The rate we have for supported housing does not support all of the financial requirements. Of particular concern is the replacement of furniture. We do this whenever possible but it is not possible to do this on a regular basis.
- a. Thank you for sharing this important information with us.*
35. If each recipient has an air conditioner (either purchased by the agency or by the recipient) the utility cost can sky rocket (even if the air conditioners are used within reason). How is the agency expected to recoup some of these funds? Could a small amount over the 30% be considered?
- a. No, a small amount over the 30% cannot be considered, however the utility allowance provided by the agency is for reasonable utilities as determined by the local municipal housing authority minus \$10. The recipient is responsible to pay any costs above the amount of reasonable utilities.*
36. Air conditioners are supposed to be included in the furnishings of the apartment. What is the expectation of the number and/or location of these units? If the apartment is a two-bedroom unit are both bedrooms expected to have an air conditioner or is only one air conditioner expected in the living room? What if the air conditioner blocks the means of egress from the window? Are agencies expected to pay for the installation of an air conditioner that is put through the wall of a rented apartment?
- a. One air conditioner per apartment is required. The air conditioner should be a removable unit and there is no expectation that a permanent air conditioner be installed through a wall.*
37. Air conditioners – does the provider have to supply air conditioners for all recipients or just those in which there is documentation supporting air conditioners are a medical necessity? Is it OK to have recipient utilize other financial means of obtaining air conditioners, such as Medicaid program?

- a. *The provider should supply an air conditioner for all recipients, one per apartment. If the individual is able to secure an air conditioner by alternate means, such as Medicaid, this is acceptable.*
38. Is there a cap on how much providers can pay per recipient for initial expenses? Is there a cap per expense? (ie furniture, utility, moving costs, etc)
- a. *There is no cap on how much providers can pay per recipient for initial expenses nor is there a cap per expense.*
39. Is the annual contingency of \$500 pp budgeted out of the 70% stipends or the 30% support svcs?
- a. *Per OMH Spending Plan Guidelines, All contingency costs should be displayed in the column on line 8, Rent/Property Other Than Personal Service.*
40. On page nine, there is a list of items that may be purchased for set up of an apartment. This list of start up expenses is not listed under the section entitled: "Funds" and speaking specifically to "contingency funds". So should the startup expenses outlined on page 9 be paid for with contingency monies?
- a. *If an individual leaves Supported Housing and you are renting and furnishing a new apartment for a new consumer, the costs associated with the development of the new unit may be paid by Supported Housing contract dollars. Please refer to OMH Supported Housing spending plan guidelines which can be found at <http://www.omh.ny.gov/omhweb/spguidelines>*
41. If a landlord refusing to complete maintenance work such as; painting as stated in lease, patching and repairing plaster cracks or water stains on ceilings, cracked tiles, loose or broken kitchen cabinet doors, and other cosmetic/ non-safety issues, should the provider pay for these repairs from contingency monies?
- a. *Yes, contingency funds may be used to make minor repairs to apartments. The OMH spending plan guidelines read: "eligible expenditures for contingency funds include minor repairs if not the responsibility of the landlord."*
42. Are SP-SROs required to set aside \$500 per year per consumer in contingency? I know for scatter site the answer is yes but I thought for an SP-SRO it was optional. Please clarify.

- a. For SP-SRO setting aside \$500 per year per consumer in contingency is optional. For the Scattered –site Supported Housing units, setting aside \$500 per year per consumer in contingency is required.*
43. Pg. 10 suggests providers access and utilize the “Supported Housing Contract and Budgeting Guidelines” for a listing of eligible expenses for contingency funds. Where is this? Unable to locate on OMH website.
- a. Spending plan guidelines can be found at <http://www.omh.ny.gov/omhweb/spguidelines>*
44. Understand \$500/per person/per year should be set aside for contingency funds. For our program, this would be \$30,000/yr (\$500 x 60 beds). Where does this money come from? Is this out of annual rent amount? If it is out of existing rent funds, will OMH be offering additional rent monies so we may sustain current rent stipends for 2015?
- a. This money comes from the annual operating amount that an agency receives for each unit. OMH will not be providing any additional funds.*
45. 45. If the \$500 contingency funds per individual aren’t fully utilized can it either be rolled over into the following year, or used for start-up funds for individuals who don’t need rental stipends?
- a. No*
46. Are providers able to re-purpose unexpended contingency funds (\$500 per slot) within the SH program once emergency needs have been satisfied for the year? If a re-purpose is possible are there any restrictions on what can be funded?
- a. Contingency funds may be used to cover non-emergency needs during the year. Spending guidelines can be found at <http://www.omh.ny.gov/omhweb/spguidelines>.*

RENTAL SUBSIDY QUESTIONS

47. Regarding Attachment A Rental Stipend Worksheet, Letter B deductions for support of minors: I followed up with my local housing authority for clarification on this. Child support is not allowed for deduction but child care, for those children in custody, for recipient to go to work or program is allowed. No mention of any court ordered expenses being allowed?

a. Court-Ordered expenses are allowable under OMH Supported Housing Model.

48. In the original guidelines agencies were encouraged to leverage local community supports. One of the early practices was to provide a stipend that allowed for a maximum or close to maximum SNAP benefit. The residual saved from the stipend could provide for additional assistance for individuals beyond the “bed” funding.

Another strategy to leverage local benefits has been to only pay the amount beyond the Monthly Shelter Allowance provided by the county for individuals receiving TA. If we were to utilize the 30% formula as directed the recipient receives NO net gain. The county simply pays less in the overall grant.

Example: Recipient receives a total TA grant of 400 with a 199 of that grant dedicated for shelter. If we multiply the 400 dollars by 30% the county will now pay 120 toward shelter effectively reducing the individuals grant by 79 dollars.

Our practice is the subsidizing of the rent up to the fair market rent less the counties budgeted shelter allowance. Again any savings would be used for other clients or appropriate housing expenses etc... Would you have us change this practice?

a. No you do not need to change this practice as Temporary Assistance/ Temporary Aid to Needy Families provides a Monthly Shelter Allowance to cover the rental amount. Providers should go by the Shelter Allowance standards set by the County Department of Social Services for individuals who receive this benefit.

49. My question involves how to provide a utility allowance to someone receiving Public Assistance (welfare). In NYC, The participant is sent a small allowance twice a month (payments totaling approximately \$137 monthly). Public Assistance then sends the supported Housing program the “Emergency Shelter Allowance” in the amount of \$215 to cover the tenant’s portion of the rent. This is paid directly to the agency. Please let us know the best way to provide the client with the utility allowance when receiving public assistance. Should we simply cut the client a check for the applicable utility allowance amount?? Normally, when a

client receives SSI or SSD, we simply deduct the utility allowance amount from their calculated rent portion. We cannot do that in this example because the “emergency shelter allowance” check is paid (and sent) directly to Pibly (the agency). Thank you for your guidance.

- a. See Answer to Question #48 with respect to rent payment. For utilities, the agency may consider sending the utility allowance to the utility company on behalf of the consumer.*

50. If a recipient becomes involved in criminal activity or is convicted of a crime, should they be discharge from Supported Housing services? Individuals with felony convictions do not qualify for HUD, therefore, should our agency provide a rental stipend?
 - a. If a recipient becomes involved in criminal activity or is convicted of a crime, this would not disqualify them or be means for a legal eviction or discharge from the program. The OMH Supported Housing model does not have exclusionary criteria.*

51. What will be the grace period to transition providers who aren’t currently doing stipends, or doing less than the 70%?
 - a. Revised supported housing guidelines should be fully implemented by July 1, 2015.*

52. Should public assistance be calculated the same as other income sources, such as SSI, or should providers go by the “Shelter Allowance” standards set by County Dept. of Social Services? Concerned that if we use the total PA amount, the client portion will be under shelter allowance, which will cause the PA to decrease, which will then cause the rent to decrease. This cycle will continue until the client is at \$0 income and \$0 rent. Local PHA Section 8 program goes by shelter allowance to avoid this.
 - a. Providers should go by the Shelter Allowance standards set by the County Department of Social Services for individuals who receive this benefit. See Answer to Question #49.*

53. Eligible expenses for deduction: What does OMH consider “Child care expenses” and how do we verify these? What is covered under “Court Mandated expenses”? Do monthly probation fees qualify for deduction?
 - a. Child care expenses that were incurred as a result of the individual’s employment or treatment would be verified through receipts provided by the recipient from a day care provider. Court Mandated expenses*

such as child support payments are an allowable deduction. OMH is not clear what probation fees are and the provider should contact their local Field Office to discuss.

54. What happens if a recipient of services is sanctioned for a long period of time and loses Temporary Assistance benefits? What happens with the rental stipend being provided?
- a. Individuals would be required to pay no more than 30 % of his/her income.*
55. For those individuals enrolled in Health Home Care Coordination, can they also receive Supported Housing support services and a rental stipend? Are Supported Housing funds available to assist Health Home clients with energy bills, security deposits, on a one time basis?
- a. For individuals enrolled in Health Home Care Coordination, they can also receive Supported Housing support services and a rental stipend. Supported Housing funds are not available to assist Health Home clients with energy bills, security deposits, on a one-time basis unless the individual is living in a Supported Housing apartment and needs this assistance one time as a start-up in permanent housing where they would continue to receive rental stipend and supported housing services..*
56. Understand there are no income requirements, but is suggested clients be considered low or very low income. Are there guidelines for low/very low income? What if a client has \$40,000 in a bank account AND has access to this money? (It's rare, but it has occurred in the past)
- a. Guidelines for low/very/extremely low income can be found at http://www.huduser.org/portal/datasets/il/il2014/select_Geography.odn. Each case should be reviewed on an individual basis, however the individual should be encouraged to place the money in a special needs trust so as to protect benefits.*
57. We are struggling here in our Madison County program with individuals that are on Public Assistance. They are only given \$385 and therefore cannot pay 30% as our local DSS office does not recognize us as they do HUD. Our individuals have all of their Public Assistance amount paid direct to landlord and our program provides a stipend for the rest of the rent. Individuals are then left no monies at all for daily living expenses and utilities. What suggestions/strategies can you offer? Also is there anything that could serve as a guide for this?

- a. *See answer to Question #48. OMH suggests that you meet with your local County Department of Social Services office to educate them on the similarities of OMH Supported Housing Program Model and HUD rental assistance programs.*

58. Can the 70% of the rental stipend be supplemented with section 8 or Shelter+Care funds, or does it all have to be a rental stipend through Shelter+OMH supported housing dollars? Along the same lines, how long can a person stay enrolled/be counted as a bed/slot if they no longer need the stipend?
 - a. *Each case should be reviewed on an individual basis, however if the individual is still in need of the level of services offered by Supported Housing but not the rental stipend because of Section 8 or Shelter+Care, he/she may continue to be enrolled in the program even if they do not require the rental stipend. The funds not being used for the rental stipend should be leveraged to serve additional individuals in Supported Housing. These additional individuals would be reported and tracked as being individuals admitted and served in the Supporting Housing unit in the CAIRS database.*

59. Is there any circumstance where a one-time payment for utility set-up or furnishings would be permitted without a rental stipend? This could in particular impact persons discharging from CR's or Apartment Treatment programs or long term PC stays who may not need a rental stipend for one of the reasons such as described in No. 2 above, but they lack the means to acquire furnishings/housewares.
 - a. *No, OMH Supported Housing funds cannot be used as a replacement of other emergency funds that may be available through the Department of Social Services or other sources.*

60. Can we verify that it is OK to continue to provide services to someone who has obtained section 8 but still needs the support services?
 - a. *Yes, Each case should be reviewed on an individual basis, however if the individual is still in need of the level of services offered by Supported Housing but not the rental stipend because of Section 8 or Shelter+Care, he/she may continue to be enrolled in the program even if they do not require the rental stipend. The funds not being used for the rental stipend should be leveraged to serve additional individuals in Supported Housing. These additional individuals would be reported and tracked as being individuals admitted and served in the Supporting Housing unit in the CAIRS database.*

61. If someone is already receiving HUD rental assistance upon applying for SH (ie in public housing or receiving Section 8 voucher), are they eligible or not eligible for SH? (as guidelines also suggest strong efforts be made to transition SH rent subsidies from SH to HUD programs)
- a. *Each case should be reviewed on an individual basis, however if the individual is in need of the level of services offered by Supported Housing but not the rental stipend because of Section 8 or Shelter+Care, he/she may be enrolled in the program even if they do not require the rental stipend. The funds not being used for the rental stipend should be leveraged to serve additional individuals in Supported Housing. These additional individuals would be reported and tracked as being individuals admitted and served in the Supporting Housing unit in the CAIRS database.*
62. There are some individuals who may not qualify for a rental stipend due to the amount of disability they receive, the fact that they are getting a HUD subsidy, or that DSS is paying their shelter. However they still cannot come up with cash to pay a security deposit or first and last month's rent. Is there any way to assist these persons?
- a. *No, not through the NYS OMH Supported Housing Model unless the individual is enrolled in Supported Housing.*
63. If someone already receives Section 8 or is moving into a subsidized unit, are they still eligible for SH? If I have them open and they start receiving Section 8 or move into a subsidized unit, is that a viable reason to close them off of SH?
- a. *Each case should be reviewed on an individual basis, however if the individual is in need of the level of services offered by Supported Housing but not the rental stipend because of Section 8 or Shelter+Care, he/she may be enrolled in the program even if they do not require the rental stipend. The funds not being used for the rental stipend should be leveraged to serve additional individuals in Supported Housing. These additional individuals would be reported and tracked as being individuals admitted and served in the Supporting Housing unit in the CAIRS database.*
64. My understanding from the webinar is that if someone obtains a Section 8 voucher but wants to remain in SH program for support purposes that this is permitted. Did I understand this correctly? If this situation arises, should a form be developed where the consumer signs stating that he/she does in fact wish to remain in the program?

- a. Each case should be reviewed on an individual basis, however if the individual is still in need of the level of services offered by Supported Housing but not the rental stipend because of Section 8 or Shelter+Care, he/she may continue to be enrolled in the program even if they do not require the rental stipend. This should be documented in the recipient's file. The funds not being used for the rental stipend should be leveraged to serve additional individuals in Supported Housing. These additional individuals would be reported and tracked as being individuals admitted and served in the Supporting Housing unit in the CAIRS database.*

65. It was stated that the participant can stay in the program as long as they “need” to, Is there definition of this concept, who defines it, and what are the criteria? In other words, what are the discharge-ready criteria?
 - a. Each case should be reviewed on an individual basis, however if the individual is still in need of the level of services offered by Supported Housing but not the rental stipend because of Section 8 or Shelter+Care, he/she should continue to be enrolled in the program even if they do not require the rental stipend. The funds not being used for the rental stipend should be leveraged to serve additional individuals in Supported Housing. The participant and agency should define the criteria of when an individual is “discharge ready”.*

66. Is a participant encouraged or required to apply for Section 8? Are they required to accept it, is it a choice, or is the provider required to withdraw the rental stipend?
 - a. The participant is encouraged to apply for Section 8 if available.*

67. The guidelines state that reasonable utilities should be considered the local housing authority’s utility allowance (minus \$10). However, what if the recipient keeps their air conditioner on with the windows open or the heat on with the air conditioner? They have made the utility cost “unreasonable.” In these cases would consideration be given to having the recipient pay more than 30% of their income to cover the added costs of how they are using the utilities?
 - a. The utility allowance provided by the agency is for reasonable utilities as determined by the local municipal housing authority minus \$10. The recipient is responsible to pay any costs above the amount of reasonable utilities.*

68. Guidelines suggest using HUD's FMR – should providers use that as the cap of what is considered affordable rents? (ie Clinton County FMR for 1 BR = \$638 should we use \$638 as the max total rent affordable for a 1 person dwelling in Clinton County?)
- a. *Providers should use HUD's FMR amounts as a guideline of what is considered affordable. An agency can rent an apartment above the FMR; however they cannot make the recipient pay more than 30% of his or her income for rent and reasonable utilities.*
69. We currently have individuals who have opted to pay more than 30% towards rent. This is the consumer choice in that they may want to stay in a current apt that is slightly over the FMR or who opt to pay the difference to acquire a nicer apartment. For those who currently request to do this, do we need to get approval for all those who are currently paying more than 30%. If so, what is the process to request this approval?
- a. *For individuals who request to pay more than 30% of his or her income towards rent, the housing provider should present the request to the appropriate Field Office. Upon Field Office approval, the recipient should provide a notarized plan of payment for the overage to the Supported Housing Provider. This document must be filed in the recipient's chart.*
70. What happens if we cannot find decent apartments at the HUD rate? This happens all of the time.
- a. *If an agency is using the FMR's as a guideline to find apartments and the agency cannot locate decent, safe apartments at this amount, the agency should conduct a rent reasonableness to display the difference to justify going over the FMR if needed. In addition agencies are encouraged to utilize the New York State Homes and Community Renewal's housing search which can be found at <http://www.nyhousingsearch.gov/>*
71. By the same token, it may take us some time to implement the guidance regarding calculation of rent stipends. We currently require that recipients contribute at least 30% of their housing costs, but we have a cap on the total stipend that anyone can receive. The new guidelines state that the individual should pay no more than 30% of their housing costs, which may have a significant impact upon our budget going forward. We are hoping that we can take some time in the coming year to phase in this new calculation as well. Can you comment?
- a. *All changes to the revised guidelines should be implemented by July 1, 2015.*

72. In terms of using the HUD FMR's, there are not very many units on Long Island that fall into these rates. If an agency is using the FMR's as a guideline and conducts rent reasonableness to display the difference would that suffice going over (if needed)?
- a. Yes.
73. Question regarding housing amounts over the fair market rate. We previously understood from that individuals could select an apartment over FMR and that they could pay the difference. It seems according to the webinar that individuals are not permitted to pay more than 30% of their income for rent, do I understand this correctly?
- a. *Yes you understand this correctly- an individual cannot pay more than 30% of his or her income towards rent and reasonable utilities, however if the agency finds and is willing to pay for an apartment above the Fair Market Rent they may choose to do so after conducting a rent reasonableness study.*
74. What guidance can you give when the FMR decreases and rent is now above FMR? Can the participant pay the additional amount; i.e., the difference between the rent amount minus their 30% contribution and the provider's stipend up to the FMR?
- a. *See Answer to Question #73.*
75. A slight variation on the above. If the participant wants to rent a property that is above the FMR, can the participant pay the difference between the rent amount minus their 30% obligation plus the rental stipend up to the FMR?
- a. *See Answer to Question #73.*
76. In the guidelines you only talk about Supported Housing people sharing apartment. For married people do you do a total housing income or do you split all housing costs? Also if Supported Housing recipients live with friends and family?
- a. *The SH recipient is only responsible to pay 30% of their income, not 30% of the amount of rent. All household income is factored in the rent calculation for married individuals or domestic partners. The tenant share would be 30% of the combined income of the consumer and the spouse or domestic partner; the subsidy would pay the balance. If they have a child, they are entitled to \$480 dependent allowance that would be deducted from their annualized income; this is consistent with*

OTDA guidelines. If both roommates are SH recipients, each would be responsible for 30% of their income; the subsidy would pay the balance. Any utility allowance would be divided between the two tenants. If only one roommate is a SH recipient and lives with a friend or family member, then the base rent would be divided in half. For example, a \$700 unit would be split, \$350 each. The SH recipient would pay 30% of their income (not 30% of \$350), the non-client roommate would pay \$350, the rental subsidy would pay the balance. Any utility allowance for the SH recipient would be one half of the utility allowance for the two bedroom apartment.

77. When a supported housing participants lives with someone who isn't receiving services is that other person responsible for half of the rent? Or should all incomes be combined and 30% of everyone income be calculated?
- a. *See Answer to Question #76.*
78. Roommates – how exactly is rent divided? Equally? For example, if 2 BR apt is shared with 2 individuals for \$700, is rent \$350 for each? And if so, does one roommate pay \$350, and the SH recipient pay 30% of \$350+utility allowance? Guidelines state (p. 16) that “each individual would then be for a stipend” – would the roommate then be considered a recipient? And if so, does the roommate have to sign recipient agreement and be data entered into CAIRS?
- a. *See Answer to Question #76. The roommate does not need to sign an recipient agreement if he/she is not a SH recipient, nor is their data reported in CAIRS.*
79. One question we get from providers is how to calculate rent when a consumer is living with a spouse and they have a child.
- a. *See Answer to Question #76.*
80. If a client gets married, how much does the spouse pay toward the rent?
- a. *See Answer to Question #76.*
81. Some clients do not disclose what their spouse is making, how do we determine what they pay toward the rent? How can we determine what 30% of the total family income is, when they do not disclose what the salary of the spouse is?
- a. *See Answer to Question #76.*

82. We assumed that if someone moved in with the tenant, whether a friend or spouse, that they were responsible to pay half the rent for the apartment. Is this accurate under the Supported Housing Guidelines?
- a. *See Answer to Question #76.*
83. 83. Similarly, what are the guidelines for renting a unit with a non-SH participant renter?
- a. *See answer to Question #76.*

OTHER QUESTIONS

84. Can you include a “changes” section to the updated guidelines, or mark the updates somehow in the updated guidelines, as DOHMH does.
- a. *We do not have a document at this time available.*
85. Will we get something in writing about new guidelines?
- a. *All agencies should have received the revised guidelines, however they will also be made available on the NYS OMH website.*
86. Where does one find the Supported Housing Contract and Budgeting Guidelines? A search on the OMH website doesn't seem to turn anything up.
- a. *Spending plan guidelines can be found at <http://www.omh.ny.gov/omhweb/spguidelines>*
87. Certificates of Occupancy do not exist for homes constructed before a certain point in time. This information was provided by our local Code Enforcement Office. If that is the case, would it be sufficient for the agency to verify from tax records and include in the file that the home was constructed prior to that point and what the use of the home is, i.e. single family, duplex, etc.? This is what Code Enforcement suggested. Our agency does not own any SH properties; all are acquired on the open market with the recipient holding the lease, so we work with a wide variety of settings.
- a. *All apartments rented must be legal dwellings as evidenced by a Certificate of Occupancy, Rental Certificate or other proof of inspection by code enforcement for habitability.*
88. Are other agencies utilizing the CAIRS reporting system to enter in a recipient's Plan of Care? United Helpers has been using the AWARDS Foothold program for recording Service Plans for those receiving Supported Housing services.

- a. *Agencies do not need to enter recipients Plan of Care in CAIRS at this time.*
89. Are fire extinguishers to be provided by the SH provider?
- a. *Fire extinguishers can be provided by a Supported Housing provider if desired.*
90. Can we request copy of tenants' keys?
- a. *Yes, copies of keys can be requested. However, housing providers should never enter a consumer's apartment when the consumer is not at home unless under an emergency situation. The provider should enter into an agreement with the consumer for the use of the key which is based on responding to an emergency.*
91. If a recipient is in another OMH funded SH apartment, to date, the recipient had the choice to request a transfer to another SH program if there were legitimate issues. It was classified as falling under the category of "consumer choice". A reference to this situation on page seven of the new guidelines suggests that this is no longer a consumer option. Is that the case?
- a. *Consumer choice should always be considered if a recipient requests to move to another agency, another apartment, or a different county. If the consumer wants a different provider, the agency would need to assist the consumer on the submission of any necessary paperwork such as the HRA housing application, SPOA application and facilitate the referral to the new housing agency. Please note: the consumer may not transfer the Supported Housing rental stipend to another agency.*
92. Are month to month tenancy agreements/leases between landlord and recipient acceptable as long as they are like all other reasonable month-month tenancy agreements/leases (i.e. no special requirements such as visitors, curfew, etc.)
- a. Yes
93. What if landlords refuse to offer a lease agreement to a recipient, and/or the tenant/recipient does not want a lease agreement? It does not appear to reflect recipients' choice if they are required to enter into a lease agreement. Can tenants refuse a lease agreement?
- a. *Yes, however recipients should be counseled as to the benefits of having a lease or monthly lease/agreement to ensure tenants' rights and landlord responsibilities are upheld.*

94. Does the provider need to discuss with OMH field office in every situation before discharging a client?
- a. *For NYC – Yes. NYC programs are expected to contact the NYC Field Office prior to eviction situations. For the Rest of the State - No, the agency does not need to discuss every situation with the OMH field office. Agencies should also follow appropriate eviction and agency discharge procedures.*
95. Is the provider required to inform the field office if someone is to be discharged from Supported Housing? Or, get approval?
- a. *See Answer to Question #94.*
96. What date does OMH want providers to use for admissions into the CAIRS system? The date the referral is accepted? The date the client agrees to begin working with program and signs recipient agreement, the date a dwelling is secured for client (lease signed/obtained), or the actual move-in date? Is this different for RCE beds?
- a. *The date the recipient signs a recipient agreement and moves into their apartment is the date to be used in CAIRS reporting. This is the same for all types of SH units.*
97. How many days from admission date does it need to be data entered into CAIRS? 7 days, same as required discharge?
- a. *CAIRS data should be entered within 7 days of admission.*
98. In a previous letter attached (02/27/13, letter from Anne Marie Bove), providers were told CAIRS data had be entered in 7 days. Is this no longer the case?
- a. *CAIRS admission and discharge information should be entered within 7 days of the event.*
99. Are admissions/discharges reports made to CAIRS in 30 or seven days after such a status change? Seven days is written in new guidelines but the verbal presentation stated 30.
- a. *Seven days is requested in order to ensure accuracy of data.*
100. Will there be a specific hotline telephone number residents in our programs can call if they have concerns/complaints regarding the new guidelines?

- a. *No, residents are encouraged to discuss their concerns through the established grievance procedures of the SH program, however OMH does have a toll free resource for questions or complaints about mental health services in New York State. The number is 1-800-597-8481.*

101. My biggest question is what time frame OMH wants us to begin implementing the new guidelines? I'm assuming we should begin now, but if we aren't able to have everything in place until Jan 2015 is that OK?

- a. *OMH recognizes there may be a period of transition to the revised guidelines and Jan. 2015 is ok. New guidelines should be fully implemented by July 1, 2015.*

102. How much time do providers have to put new guidelines into effect? Understand we should begin making changes, but what date should all guidelines be implemented by?

- a. *See Answer to Question #101.*

103. As you know there are many parts of the guidance document that will need to be addressed. This will include the development of policies, forms and staff training. When is full compliance with the guidance expected?

- a. *See Answer to Question #101.*

104. How does OMH envision Outreach taking place?

- a. *NYS OMH envisions outreach strategies to include a number of strategies that can be used to identify, engage and develop relationships with potential recipients. For example, conducting visits or informational presentations at local hospitals, state psychiatric facilities, shelters, or other more restrictive housing settings as a means to connect with recipients would be considered acceptable strategies.*

105. With a SH resident does a serious incident get reported to the Justice Center? I would say 6 months ago we had a resident cut his wrist, got scared and immediately called his counselor. The counselor told him to call 911 and she went to the apartment. Long story short he was admitted inpatient for several weeks in upstate NY. I called the JC and they said because he is in supported housing we didn't have to report it. I called back again and told by someone else that I had to.

- a. *Unlicensed OMH housing programs, such as Supported Housing, do not need to report incidents to the Justice Center.*

106. Can a participant's "lot" rent be paid if they own a trailer? If they rent a trailer, can the lot rent be included in the total calculation?

- a. Each situation should be evaluated on an individual basis. If appropriate, the rental subsidy may be used to pay for the "lot" rent for an individual. The recipient would still be required to pay no more than 30% of his/her income towards rent and reasonable utilities.*

107. Can someone rent a room in someone else's home that is not in the Supported Housing Program? If yes, what are the guidelines for calculating the participant's share of the mortgage and utilities?

- a. Each situation should be evaluated on an individual basis. If it is appropriate for an individual and is the individual's choice to rent a legal room in someone else's home, he or she would be required to pay no more than 30% of his/her income towards the room rental fee and reasonable utilities. The supported housing funds could not be used to pay someone's mortgage or house utilities. The room rented must be considered a legal dwelling for the purpose of habitability.*

108. What are the minimal program requirements; i.e. Service Plan; access to apartment on quarterly basis, and annual recertification? Is the participant required to follow through on treatment or on the Service Plan?

- a. Participants are required to meet with Supported Housing staff at a minimal once per month and must allow access to apartment on a quarterly basis as well as submit any necessary documentation as required of the Supported Housing Program Model. Each agency should outline the expectations for participants of the program and review these expectations with the participant prior to admission. The participant is not required to follow through on treatment. The OMH Supported Housing Model does not require a service plan, rather a Support Plan which is an individualized plan that identifies services and supports needed to support an individual in his/her apartment.*

109. The guidelines refer to the referral of participants to Shelter + Care programs, however, once a participant is housed in SH they are no longer eligible for S+C programming because they are no longer homeless.

- a. You are correct. Thank you for this valuable information.*



\$5000 ENHANCEMENT PILOT PROJECT

Eligibility Criteria: DIRECT admissions to SUPPORTED HOUSING from State Psychiatric Centers (inpatient or SOCR/TLR/TPP), Nursing Homes, Adult Homes, or State Prison.

Notification of Eligibility of Admissions is based upon CAIRS data – “pre-admission living situation”. IT IS VERY IMPORTANT THAT THIS IS FILLED OUT CORRECTLY IN CAIRS. If not, there might be an individual who meets the criteria but the correct “pre-admission living situation” hasn’t been entered & so their name won’t appear on the monthly eligibility report.

The process:

- Admission information is entered into CAIRS – providers have a MAXIMUM of 30 days to enter data into CAIRS. PLEASE PLEASE PLEASE enter that data as soon as possible after an individual’s admission.
- The “Eligibility Report” is generated roughly 30 (thirty) days after the end of the previous month. So the report for April admissions is generated June 1st (providers have ALL of May to enter the admissions data).
- An email is sent to every provider who has eligible individuals per the CAIRS data/report. This email contains three attachments: notification, Support Plan, and a copy of Moira’s letter dated 10/1/14 describing the Pilot Project.
- Provider submits a Support Plan for each eligible individual to Kevin Cotter (email or fax).
- Support Plan is reviewed; if any adjustments or clarifications need to be made to a Support Plan then an email is sent out requesting the adjustments/clarifications. Provider will then resubmit a revised Support Plan.
- After Support Plans are approved, the budget/financial office is notified and a request is made for the issuance of a voucher to the provider.

IF ADMISSIONS ARE ENTERED AFTER THE END OF THE “30 DAY WINDOW”, YOU WILL NOT RECEIVE A NOTIFICATION OF ANY ELIGIBLE INDIVIDUALS. Reports are not generated for past months.

\$5k Enhancement Pilot Project

SUPPORT PLANS – GUIDELINES

Support Plans should be person-centered.

You do not need to include dollar amounts in your plan.

The \$5000 cannot be used for rent, moving costs, food, or any other item that would normally be provided for with Supported Housing start-up funds.

The \$5000 cannot be used for items that would typically be provided by a landlord.

The \$5000 cannot be used for administrative costs.

The \$5000 cannot be used for items that are covered by Medicaid or Medicare.

The \$5000 cannot be used for trips (such as those to visit family out of state, etc.).

SUPPORT PLANS CAN INCLUDE THE FOLLOWING (THESE ARE SUGGESTIONS!):

Additional staff visits to the resident

Peer staff to assist the resident with transitioning to independent living.

Training & supports for meal planning, nutritional guidance, meal preparation.

Training & supports for household tasks such as laundry, household cleaning – the money is not to be used for hiring someone to perform these tasks but for TRAINING & assistance so the resident can complete these tasks independently.

Education & related expenses (supplies, books, etc.) - college classes, etc., that the resident feels will help them remain stable over the long term in their residence.

Socialization – any activity that would assist the resident in transitioning into their community. This may include things like movie passes, fees & supplies associated with a hobby like bowling, etc. Or perhaps the purchase of a bicycle/mountain bike (& helmet, lock, etc.) for getting to/from social activities or engaging in a biking hobby.

Transportation – bus passes, etc., for participation in social activities or to attend appointments when Medicaid transportation is unavailable. Training in the use of a mass transit system would qualify.

Health & fitness – membership in a local gym/fitness center.

Learning how to drive – funds cannot be used for the purchase of a vehicle.

Purchase of a computer/internet access for educational assistance, re-establishing and/or maintaining family contacts, hobby interests such as genealogy, etc. , developing & maintaining a support network.

Supported Housing Program

Program Description: Supported Housing (SH) funds are to be used to assist clients in locating and securing mainstream (generic) housing of their choice and in accessing the supports necessary to live successfully in the community. Services may include assistance with choosing housing, roommates, and furniture; help with initial and ongoing affordability; and linkage with a comprehensive community support system of case management, mental health, rehabilitation, respite, social, employment and health supports. Please refer to the Office of Mental Health's (OMH) Community Support Services spending plan for additional unit cost information for case management services. The State participation rate is 100 percent.

This program is funded in part with Permanent Housing for the Handicapped Homeless Program (PHP) funds whose *Catalogue of Federal Domestic Assistance* (CFDA) number is 14.235 and the Shelter-Plus-Care (S+C) Program whose CFDA number is 14.238. All counties, OMH direct contract agencies, and subcontract agencies who receive these funds must comply with the Federal Funds Guidelines that are included in the *OMH State Aid Approval Letter General Provisions* and the *OMH Fiscal Contracting Guidelines*. Particular attention must be given to the section entitled "Prohibited Uses of Federal Funds". If Federal Housing funds are also used in the provision of services (funding sources 049A or 049B), the rules included in the Federal Housing Guidelines must be followed. The rules of the Federal Housing Guidelines also apply to subcontractors.

General Guidelines:

Additional programmatic information can be found in the Office of Mental Health's Supported Housing Program Implementation Guidelines. A copy of these guidelines is available upon request from the OMH Bureau of Housing and Rehabilitation Services.

1. The County must attach the Residential Program Rider to its contract agreement with the local Supported Housing providers. A copy of the Residential Program Rider is attached to this funding source packet.
2. Only the 600 Supported Housing beds under Adult Support and Workforce Reinvestment (RIV) should use Code 200C and will follow the same rules as other funding sources in this packet.
3. Only the Supported Housing beds under Adult Homes and the Supported Housing beds under Nursing Homes should use Code 178 and will follow the same rules as other funding sources in this packet.
4. For community services, there is no cap on gross unit costs.

Fiscal Policy Control Points

The budget, cash flow, desk audit, and field audit control points that are included in the OMH State Aid Approval Letter General Provisions, the OMH Fiscal Contracting Guidelines, and the additional fiscal control points that are listed below apply to this funding source for all counties, OMH direct contract agencies, and to all subcontract agencies who receive these funds.

Applicable program and funding code eligible combinations are now in a separate packet called "Eligible Program Funding Combinations".

Additional Budget Control Points:

1. Supported Housing Program Components - For budgeting purposes the Supported Housing Program is of two (2) components each of which should be displayed in a discrete program column:
 - a. Supported Housing Rental Assistance (6050)
 - b. Supported Housing Community Services (6060)

Additional Desk Audit Control Points:

1. Program codes 6050 and 6060 will be combined for close-out purposes.
2. At the provider level for the adult funding codes listed below, under-spending can be interchanged to any of the residential program codes listed below as long as the funding is on the same instrument (i.e, same direct contract or state aid approval letter) and as long as the total expended does not exceed the total budgeted (allocated) for the funding source codes on that particular instrument.

Adult Residential Funding Codes:

- 072D Residential Care Centers for Adults (RCCA) Operating Funds;
- 072G Operating – New York (NY)/NY III;
- 072A Operating – Adult;
- 072C Operating – Community Residence (CR) -Single Room Occupancy(SRO)/NY/NY;
- 072F 2000 Capital Bed Plan Operating;
- 072E Operating – NY/NY II;
- 078G Operating Supported - NY/NY III;
- 078 Operating Supported Housing;
- 078Z Operating - Supported SRO;
- 200C Adult Support & Workforce Reinvestment (05-06)
- 096A Family Care (Community Based)
- 072T Transitional Care Clients

Adult Residential Program Codes:

- 7080 Support Apartment
- 7070 Treatment Apartment
- 6080 Support Congregate
- 6070 Treatment Congregate
- 6060 Supported Housing Community Services
- 6050 Supported Housing Rental Assistance
- 8050 Community Residence SRO
- 5070 Supported SRO
- 0040 Family Care

3. At the provider level for the children's funding codes listed below, under-spending can be interchanged to any of the residential program codes listed below as long as the funding is on the same instrument (i.e, same direct contract or state aid approval letter) and as long as the total expended does not exceed the total budgeted (allocated) for the funding source codes on that particular instrument.

Children's Residential Funding Codes:

- 072B Operating – Children & Families

Children's Residential Program Codes:

- 7050 Community Residences Children and Youth (C&Y)

4. ***Providers who have received "Special Purpose Payments" from OMH by voucher and were not required to amend their Direct Contracts, must follow instructions found in the funding source packet entitled "Special Purpose Payments" of the Spending Plan Guidelines (see Special Payment Made Without Amending Contract).***

Additional Field Audit Control Points:

1. OMH or the county must provide a mechanism to ensure that, on the average, a minimum of \$500 of contingency funds per recipient is available annually to address emergencies. This mechanism must ensure that the funds are available to the Supported Housing service agency in a timely manner to meet the intent of contingency funding (see section 2c) of this document for additional information on this topic).
2. Client income is to be recertified annually.

Guideline Control Points: (Guideline control points are the responsibility of OMH to implement and monitor.

The following section, Supported Housing Program, represents additional Supported Housing control points. Failure to comply with these guidelines and provisions may result in a subsequent audit finding.

I. Introduction

These instructions are designed to assist OMH, counties, and not-for-profit housing and service providers in the process of contracting for the delivery of the housing and service components of the OMH Supported Housing Program. Although a county may use a different contract form, the requirements contained herein should be incorporated into their contracting process. Therefore, all Consolidated Fiscal Report (CFR) System requirements remain applicable, and the *Program Description* described in item 5 of these guidelines should be included in the county contract. A sample transmittal memorandum is attached to this package for use by the county; the county may modify this transmittal to include a more detailed listing of expectations.

If Federal housing funds are also used in the provision of these services (funding sources 049A or 049B), the rules included in the Federal Housing Guidelines must also be followed. The rules of the Federal Housing Guidelines also apply to the contract/subcontract.

II. Budgeting

Contract agencies are expected to maintain an up-to-date employee roster which includes names, social security numbers, job titles, work location, salary and hours. This information must be available to OMH (and the county, if applicable), on request.

For contract year 2013-14 (for New York City) and 2014 (for Upstate and Long Island) OMH will use the CFR format for budgeting and claiming purposes. The *waivers previously granted by OMH* for budgeting of: administration and overhead (A&OH) expenses; depreciation of equipment purchases and the use of the accrual method of accounting will *continue to be* in effect during this period. Specifically, waived are the following:

- a. a provider agency will be permitted to continue to use the same method of allocating A & OH that they have used in previous years, so long as it is *consistently* applied to all programs in all contracts
- b. providers will be permitted to claim fully expenses incurred for equipment purchases and certain other items, rather than depreciating them as is required for the full CFR; and
- c. provider agencies are permitted to report revenues using their current accounting method; however, you are encouraged to convert to the "accrual" accounting method as the CFR requires data to be reported in that format.

Please note that these waivers apply only to the Consolidated Budget Report (CBR) and the Consolidated Claiming Report (CCR) used to reconcile and "closeout" of contracts and state aid letters.

None of these waivers apply to the requirements for the full Consolidated Fiscal Report that is required to be submitted by each provider receiving OMH funding.

1. Operating Phase-In

Operating Phase-In funding is provided for both housing and service related functions, i.e., activities to secure housing and to provide access to housing by persons with mental illness. The following specific instructions are meant to supplement the instructions contained in the CFR System:

a. Rent and Utility Security Deposits

Deposits made to secure a lease or an agreement with a public utility relating to the provision of Supported Housing services will be eligible for start-up expenses. Such expenses should be claimed consistent with CFR instructions for offsetting actual expenditures in this category by the amount of recovered deposits which were reimbursed through the Supported Housing contract. Provider agencies must maintain internal accounting records which will document these expenses and repayments.

Costs should be displayed on *Line 10, Property (Department of Mental Hygiene (DMH)-2.1)* and may not exceed a two (2) month period for each person/unit. Diligent efforts should be made to recover rent or utility deposits in the event that the recipient vacates the unit.

b. Home Furnishings and Minor Rehabilitation

Home Furnishings are inclusive of such items as furniture, bedding, kitchen necessities, dry goods inventory and initial telephone installation fees. Costs for these items should be displayed on *Line 9, Equipment (DMH-2.1)*.

Eligible start-up costs also include minor rehabilitation which is not the responsibility of the landlord. These costs should be displayed on *Line 8, Other Than Personal Service (OTPS) (DMH-2.1)*.

Each contract agency may budget up to an average of \$1,800 per person for home furnishings and minor rehabilitation, with the expectation that per person expenditures to establish recipients in SRO's or multi-person units will be lower.

c. Occupancy Phase-in

For capital projects only (see Rent/Property below), Start-Up funds may be made available based on prior approval for a period not to exceed three (3) months from the initial operational date of the site to cover any anticipated loss in rental income due to a vacancy rate in excess of the amount calculated in the capital grant approval process. However, every effort should be made to avoid occupancy phase-in costs by a coordinated planning effort that allows for full occupancy to commence upon completion of a capital project. Costs should be displayed on *Line 10, Property (DMH-2.1)*.

2. **Rent/Property Costs (6050)**

Whether housing is accessed in publicly-funded developments or in the open market, it is expected that the provision of a rent subsidy will be necessary in many cases where a subsidy is not available through Section 8 or other sources, and where the rent for a unit is beyond the recipient's means. Rent stipends paid through the Supported Housing appropriation will generally be paid to the housing agency through a contract with the OMH or county. *Under no circumstances should the stipend be paid directly to the recipient.* Direct payment could jeopardize other client entitlements e.g. Supplemental Security Income (SSI).

Individual stipend amounts must be calculated based on the difference between what the tenant can pay and the rent for the unit. The recipient's contribution toward the total cost of rent *and* utilities should not exceed 30 percent of adjusted income.

Further detail is available in the Supported Housing Implementation Guidelines available upon request from OMH Bureau of Housing and Rehabilitation Services. Where the contract agency incurs the total unit rental cost and receives the 30 percent tenant contribution to offset costs, Line 10 of the rent/property column on the CBR-2 should be used to display the total rental cost for the unit; Lines 15, 29 and 42 of the rent/property column in the CBR should display the tenant contribution as income. This will occur where there is direct not-for-profit ownership or where the contract agency holds an open market lease. If the tenant holds an open market lease and the contract agency's only expense is the rent stipend payment, that amount should be displayed on Line 6 of the rent/property column on the CBR-2 with no corresponding entry on lines 15, 29 or 42 of the rent/property column in the CBR.

As of January 1, 2013, the SSI Living Alone rate is \$797 for an individual and \$1,170 for a couple. Agencies should be aware of these updated rates when preparing 2013 budgets.

a. **Not-for-Profit Ownership**

When a site is owned by a not-for-profit corporation and OMH capital funds have contributed to the acquisition or rehabilitation costs, a cost-based rental amount will be established based on reasonable projected property operating costs as part of the capital grant prior approval process. A Project Justification Form (PJF) is available through the OMH Bureau of Housing and Rehabilitation Services to provide the mechanism for approval of both capital and initial property operating funding (the "Property Acquisition Cost Worksheet," part 2 of the PJF and the "Property Operating Cost Worksheet," part 3 of the PJF, respectively). Examples of eligible residential property operating costs are mortgage costs, utilities, maintenance, insurance, security and capital reserve. For these projects, OMH will provide full stipend reimbursement, if necessary, based on prior approved rental amounts for the duration of the budget term subject only to reduction by higher than expected recipient rental payments.

Agencies operating such programs will submit a Residential Property Cost Worksheet with the contract budget. Any rental increase over the amount approved in the initial PJF will be subject to OMH approval and based on

documented costs for each cost category. Agencies requiring assistance should contact Community Budget and Financial Management.

b. Open-Market Rentals

Agencies must assure that the rental amount and the terms of the lease are comparable to what others in the community would agree to pay in the open rental market for low to moderate cost housing, and that can be accommodated in the contract budget. Agencies are encouraged to access housing at below the per person standard established by OMH in an effort to serve more individuals.

c. Contingency Funds

These funds are available to the Supported Housing service provider to resolve situations that place the recipient at-risk of losing his or her housing. Contingency funds are not intended to replace emergency funds available through the local Departments of Social Services or other sources; Supported Housing service providers should make every effort to access such funds before contingency funds are used.

All costs should be displayed in the column on *line 8, Rent/Property Other Than Personal Service (DMH-2.1)*.

Eligible expenditures for contingency funds include:

- Furniture storage
- Rent payment if someone is hospitalized and has no other resources or if someone's roommate moves out and a portion of the rent cannot be paid (time limited to 3 months)
- Minor repairs if not the responsibility of the landlord
- Other reasonable housing related emergency problems which, if not addressed, could cause the recipient to lose the housing

OMH or the county must provide a mechanism to ensure that, on average, a minimum of \$500 per recipient is available annually to address such emergencies. This mechanism must ensure that the funds are available to the Supported Housing service agency in a timely manner to meet the intent of contingency funding.

3. Community Services (6060)

See the Supported Housing Implementation Guidelines for a definition of eligible community services (Case Management Services). Budget and Desk Audit control points in this packet define gross unit of service caps and waiver procedures.

On average, funds have been made available based on an estimate of ten (10) units of service per month per person. However, based on the total availability of funds and annualization limitations, the amount for this cost category may be negotiated based on the needs of the target population and the other services available in the locality.

4. Program Description

Contract agencies participating in Supported Housing programs *must furnish* to OMH or the county a Program Proposal detailing the services they will provide to Supported Housing recipients under the contract.

Program Proposals should address the following issues:

- Target Populations
- Housing Access Strategy
- Housing Support Strategy
- Coordination of Housing Access and Housing Support Services

If some proposal elements are to be provided by another agency, that agency should be identified and a companion proposal should be submitted by the second agency. Additionally, if not incorporated into the above issues, the following specific program elements should be addressed:

- Total persons to be served
- After hours emergency plan
- Responsibility for annual recipient income and rent-stipend determination

Lease Terms

- Responsibility for Reporting Requirements
- A summary of proposed Rent/Property, and Case Management funding proposals.

A summary of the Program Proposal should be contained in the *Program Description*, Appendix D or E to the contract. This brief narrative should, at a minimum, address the following items:

The target population to be served by the program(s), including age, general functional level, secondary diagnosis, etc;

- a. Referral sources, e.g. Psychiatric Center discharges, Article 28 facility discharges, non-inpatient community sources, etc., and the percentage of admissions expected from these sources; and,
- b. The mechanism by which the agency will assure admissions to the program are consistent with 1 and 2 above.
- c. In instances where Supported Housing program implementation will require cooperative efforts between two or more agencies where a not-for-profit housing provider will reserve housing units for recipients referred and served by a Supported Housing service agency, execution of letters of agreement between the two providers should be referenced in the *Program Description*.

5. **On-site Services for Supported Housing-SRO**

Agencies are referred to the Downstate Housing Field Office for program guidelines governing operation of Supported Housing-SROs.

Agencies should formulate their gross budgets at approximately **\$10,082 (Downstate) and \$9,117 (Upstate)** for Supported Housing-SRO. This does not include any property-related costs (debt service or non-debt service). A list of potential budget items is as follows:

- Direct Care Staff
- Non-Direct Care Staff
- Fringe Benefits
- OTPS (telephone, office supplies, transportation, etc.)
- Equipment (both staff and residents)
- Administration

It is of note that each agency contract will be individually negotiated to allow agencies to budget reasonable gross funding amounts, while insuring that overall efforts for the homeless are considered in the negotiating process.

When submitting a budget, agencies must be prepared to document the pieces that are associated with each aggregate item, i.e., 8 staff at \$25,000 each, lists of equipment, OTPS breakdown, etc.

Discussion on income expectations can be found in this section immediately following.

Of note, agencies who offer low-cost meals at the residence on a regular basis should budget the net cost of providing meals: the gross costs of providing the meals less expected income received from the residents toward the cost of providing the meals.

**Income Expectation
2013-2014**

Minimum income levels for Supported Housing-SRO are to be based on the SSI Living Alone Rate, in effect on January 1, 2013 (at 30% of this rate).

| | | |
|--------|--------------|------------------|
| SH-SRO | \$797.00 | SSI Living Alone |
| | x <u>.30</u> | Income Rate |
| | \$239.00 | |

The following collectible rates should be used to calculate income for budgetary purposes.

Minimum Income Calculation (SH-SRO)

$$\begin{array}{ccccccc}
 \underline{\hspace{1cm}} & \times & \underline{\hspace{1cm}} & \times & \underline{.90} & \times & \underline{\hspace{1cm}} & = & \underline{\hspace{1cm}} \\
 \text{Beds} & & \text{Monthly Minimum} & & \text{Non-} & & \text{\# of Months} & & \text{Minimum} \\
 & & \text{Income figure} & & \text{Homeless} & & \text{Operational in} & & \text{Income} \\
 & & & & & & \text{this contract} & & \\
 & & & & & & \text{period} & &
 \end{array}$$

The SH-SRO Living Allowance for 2013-14 has been set at \$558 per month (or 70% of the SSI Living Alone Rate). These funds are to be used by the residents to purchase food and clothing, to have sufficient hygiene products, and to have adequate leisure-time funds; in essence, these are to be the funds from which the resident will draw for daily living expenses. Care should be taken that clients receive assistance to use these funds in ways to benefit their daily living activities.

SSI income generated in excess of the minimum expectations will be considered to be Exempt Income, and will not be required to be included in the contract. Income reporting requirements will remain unchanged in concept: Exempt Income and expenditure amounts related to Exempt Income will be reported on the CFR claim document. Exempt Income need not be reported prospectively on the CBR. No quarterly reconciliations or year-end adjustments will be made based on income generated and/or reported that exceeds the minimum amount determined by the above formulas. Income is defined as: income from client fees and revenues, and interest income. Exempt Income is defined as: any income that exceeds the amount determined by the above income calculation formula.

Implicit in this policy is the assumption by OMH that contract agencies will spend these funds to enhance programming efforts and *directly* improve the quality of life of the residents. Application of these funds to increase administrative salaries is not consistent with this goal.

Agencies having other sources of income, i.e., voluntary contributions, property rental income if not designated as an offset to property costs, if they wish, may use such amounts to expand the gross value of the contract. Interest income, when combined with SSI income that does not exceed the "minimum expectation" amount, will continue to be counted as available income and will be used to offset the OMH amount.

Agencies who receive income from McKinney housing grants from Housing Urban Development (HUD) or other government funds in addition to available OMH funds shall include these funds in the PJF, and the gross service/building operating budget forms submitted for review and approval to the Bureau of Housing and Rehabilitation Services. After approval of the agency operating budgets, these budgets shall be included in the Supported Housing application.

OMH will not make up shortfalls in minimum income collections by increasing the state share of the contract.

SH-SRO SSI Phase-In Rates

This section will discuss income phase-in pertaining to occupied beds and does not associate occupancy rates with income collectible rates. Agencies should ensure that the highest possible occupancy rate is attained with the understanding that due to the difficulties in securing and retaining public benefits for these residences, as well as anticipated collection problems, collection of income will routinely be less than actual occupancy of the program.

New Beds (beds not previously operational and not under operating contract) are permitted an income phase-in allowance. The income phase-in for new beds is based on

program location, the type and the month the program begins operation, and the SSI Living Alone Rate. Basically, the phase-in of income is as follows:

- After a first month of no income expectation, a three month income phase-in is permitted with a minimum 25 percent collectible rate during the second month, a minimum of 50 percent collectible rate during the third month, and a minimum of 75 percent collectible rate during the fourth month. A minimum of 85 percent collectible rate is used thereafter.

This income expectation must be met for an agency to maintain fiscal viability. *Potential residents should be identified before the opening of the program to meet the occupancy goals both during and at the end of the phase-in period.* Failure to meet occupancy goals will have a negative effect on income expectations. Failure to meet income expectations may have a negative effect on the agency's ability to operate the program. OMH will not increase State share funding to make up revenue shortfalls.

Residential Property Costs for Supported Housing-SRO

Residential property costs may be budgeted in the agency's Residential Property Budget which are unique to this model. They are as follows, but are not limited to:

- front desk worker
- superintendent for the building
- janitor
- porter
- building manager

Generally, property costs should average approximately \$533/\$480 per month per person (or \$6,399 Downstate and \$5,758 Upstate per year per person) toward non-debt service property expenses.

Residential Program Rider

Residential Capacity

The funding provided in this State Aid Allocation is intended for the operation of adult and children's community residential programs, as they are defined in OMH regulation and Guidelines. The county/direct contractor is funded to operate the following beds:

- _____ Supported Housing beds
- _____ Supported - Single Room Occupancy beds

- _____ Total Beds - All programs

Single Point of Access Admissions

It is the general policy of the OMH that, statewide, equal access to voluntary-operated residential program admissions be provided to individuals discharged from state hospitals as well as those referred through community referrals. The CONTRACTOR and the OMH State-operated Psychiatric Center have utilized good faith efforts towards entering into Affiliation Agreements, stipulating policy and procedures essential to the accomplishment of the residential program admission goals, and shall continue to utilize such efforts to revise and refine such existing agreements.

Provider agrees to participate in the Single Point of Access established by the county(ies) in which the provider operates residential programs, according to terms established by such county(ies).

- The single point of access process is designed to assist counties in managing their most intensive mental health services, primarily housing, assertive community treatment and case management, to facilitate better coordination of services and to provide opportunities for the county to add wraparound services in support of more difficult or tenuous residential placements.
- The single point of access process for housing is intended to be a collaborative one in which the county and service providers share responsibility for ensuring that individuals with the greatest need are given priority access to the most appropriate available placements.
- Providers have the right to make an admissions decision on each referral, based on the clinical appropriateness of their service for the individual and an assessment of current conditions that might make the placement unsuitable. In turn, counties have the right to monitor admissions by provider, and to take action should a provider show a pattern of inappropriate admissions decisions. Inappropriate decisions would include rejection of entire categories of individuals, and determinations based solely on an individual's history without consideration of current clinical condition and additional supports that the county can make available.