AIDS INSTITUTE

SUPPORTIVE HOUSING SERVICES STANDARDS

Medicaid Redesign Team Housing Retention and Financial Assistance (MRT HRFA) for High Need Medicaid Beneficiaries

NYS DEPARTMENT OF HEALTH
AIDS INSTITUTE

DIVISION OF HIV AND HEPATITIS HEALTH CARE
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I. PURPOSE AND INTENT

Research demonstrates that a lack of stable housing is a formidable barrier to consistent and effective engagement in care at each point in the HIV care continuum (HIV testing; engagement in medical care; retention in medical care; adherence to HIV antiretroviral regimens; and viral suppression). People Living with HIV who lack stable housing are more likely to delay HIV testing and entry into care, more likely to experience sporadic care, less likely to be on antiretroviral therapy (ART), and less likely to achieve sustained viral suppression. Studies also show that supportive housing is an evidence-based HIV health intervention that improves stability, connection to health care, viral suppression and other health outcomes for people living with HIV regardless of co-occurring medical, behavioral, or psychosocial issues.

Supportive Housing – affordable housing assistance coupled with housing retention services such as independent living skills development, crisis management, vocational readiness, and health maintenance and wellness skill-building activities – was a prominent recommendation of New York State's Medicaid Redesign Team (MRT). This recommendation of the MRT to increase the availability of supportive housing was echoed in the "Blueprint to End the AIDS Epidemic" that was released in May 2015. The Blueprint identified the lack of available supportive housing as the greatest unmet need of people living with HIV in New York State.

Persons with co-morbidities (e.g., HIV/AIDS and mental illness, substance use disorder, hepatitis, diabetes, heart disease and/or other medical conditions) present a unique array of housing and housing retention service needs in order to maintain appropriate housing. Many of the people living with HIV/AIDS, substance use, mental illness and/or other co-occurring medical conditions are less likely to be engaged in primary medical care. The lack of regular medical care may lead to increased visits to emergency rooms and longer, more frequent hospitalizations with the end result being high Medicaid costs and poor health outcomes. Furthermore, the rise of both homelessness and HIV rates among the young adult LGBT community has highlighted the need to address homelessness and housing instability among this sub-population.

The complexities confronting these vulnerable populations requires an extensive array of supportive housing and housing retention services to maintain appropriate housing, improve engagement in medical care, and ultimately improve the health status of people living with HIV and reduce the risk of HIV transmission. Once stably housed, clients are more likely to become active participants in their own medical and psychological care and to voluntarily access needed health and supportive services.

All NYS Department of Health AIDS Institute Supportive Housing programs are required to adhere to the Housing First Model. Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues. Additionally, Housing First is based on the theory that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life. Agencies must implement and adhere to low barrier admission policies (not screening out based on lack of client income, poor credit or rental history, criminal history for non-violent or violent convictions that are not recent; credit checks are not permitted as an enrollment qualifier); processes that expedite entry of homeless clients into housing, by streamlining internal application and tenancy approval processes; practices and policies to prevent lease violations and evictions. Further guidance regarding Housing First expectations is available in the HUD

Housing First in Permanent Supportive Housing Brief here:
https://www.hudexchange.info/resource/3892/housing-first-in-permanent-supportive-housing-brief

Additional resources and guidance are also available on the HUD Exchange here:
https://www.hudexchange.info/programs/coc/toolkit/responsibilities-and-duties/housing-first-implementation-resources/#housing-first-implementation

Medicaid Redesign Team (MRT) Housing Retention Services & Financial Assistance for High-Need Medicaid Beneficiaries (MRT HRFA)
This funding provides financial assistance (long-term rental assistance) and housing retention services to high-need Medicaid beneficiaries living with HIV/AIDS as well as other morbidities, who are homeless, unstably housed, or at high risk of becoming homeless. Funding provided through this component enables agencies to work with the priority population to establish and maintain housing stability and foster an environment in which high-need, high-risk clients may engage in and remain in HIV medical care, resulting in a reduction in hospitalization and emergency medical services use.

II. CLIENT ELIGIBILITY

A. Client eligibility requirements include:

1. HIV status – Providers will be required to obtain and maintain documentation of HIV-positive status once an individual is enrolled in services. Funds may not be used to provide services to individuals known to be HIV-negative or to have an unknown HIV status.
2. Residency – All new and continuing clients enrolled in programs must provide documentation of residency in New York State, outside of New York City.
3. Individual must be a high-need Medicaid beneficiary and or one or more of the following:
    - Not engaged in HIV medical care
    - Active substance user
    - Active mental illness
4. Housing status: Client must be homeless, unstably housed, or at high risk of becoming homeless

1. Client HIV status criteria: Client HIV status will require a documented HIV diagnosis, obtained once within 90 days of program enrollment.

Acceptable Documentation:	Acceptable documentation of HIV positive status includes: • Positive HIV antibody test results • Documentation of detectable HIV viral load results • Physician (M.D., N.P., P.A.) signed written statements/progress notes • Photocopy of enrollment card for an HIV Special Needs Plan (SNP) exclusively for HIV-positive individuals • Prescription for any HIV antiretroviral including long-acting antiretroviral therapies for HIV treatment (EXCEPT Truvada, Raltegrivir and Dolutegravir since these medications can be used for PEP and/or PrEP) • A hospital discharge summary or similar reports documenting HIV infection • M11Q Form or HIV/AIDS Services Administration (HASA) referral form (NY only)
AIRS Data Entry:	HIV Status must be entered in AIRS upon enrollment. Once a client is determined to be HIV positive and eligible, continued verification

	of HIV status will be required every twelve months or until the client is indicated as being “HIV-Positive, CDC-defined AIDS”. Once a client receives this status in AIRS, continued verification is no longer needed. Providers may use the “Verify” button on the HIV Status Information screen to indicate to the AIDS Institute that the information contained in AIRS is accurate.

2. Residency Criteria: Client Lives in New York State (outside of New York City)

Acceptable Documentation:	• Lease for current residence with non-expired dates • Tenancy agreement/verification for individuals who do not have a lease • Notarized statement from the leaseholder that includes the address and confirmation that the individual is a roommate of the leaseholder and not named on the lease • Current New York State driver’s license • Government issued ID card • Current New York State voter registration card • Any City, County or Federal government benefits card or letter • Insurance benefit card with name and address • Bank statement with name and address • Any bill that includes the name and address. Examples include utility, phone, mobile phone, cable, internet, hospital, clinic, or credit card bills • School transcript or other school correspondence addressed to client • Pharmacy receipt with name and address • Letter from agency that allows the individual to use the agency address to apply for and receive benefits and related mail. • Official Court documents (i.e., eviction papers and sworn statements) as proof of residency. • Home visits conducted at the client’s residence will satisfy the proof of address so long as the program documents a completed home visit (with client address) in the client record under verification of residency. • A printout from ePACES (Electronic Provider Assisted Client Entry System), or other Medicaid Management Information System (MMIS) with client name • U.S. Immigration, naturalization, or citizenship card with current address The documentation establishing residency eligibility must be dated within the 12 months preceding enrollment to this program or the last annual reassessment. If the client has a P.O. box where they receive mail, information documenting the client’s physical address must be included to document NYS residency. Incarcerated individuals receiving services in jails or prisons are exempt from this requirement.

AIRS Data Entry:	Client's address must be recorded in AIRS on the Agency Intake screen. Residency history is not maintained in AIRS, any changes must be updated on the Intake screen. There is no verification process in AIRS associated with the Intake screen so documentation of annual recertification must be recorded in the client's record.

3. High Need Medicaid Beneficiary Status: Eligibility for Medicaid or active Medicaid enrollment. Individual must be a high-need Medicaid beneficiary and or one or more of the following:

- Not engaged in HIV medical care
- Active substance user
- Active mental illness

Acceptable Documentation:	Acceptable documentation includes: • Medicaid Insurance card • A printout from ePACES (Electronic Provider Assisted Client Entry System), or other Medicaid Management Information System (MMIS) with client name • Progress note or statement indicating client does not have insurance, accompanied by documentation reflecting the client's income does not exceed the threshold for NYS Medicaid eligibility (138% of the Federal Poverty Level). A service plan goal to enroll in Medicaid is also required.
AIRS Data Entry:	Insurance Status must be recorded in AIRS and recertified every twelve months. Contractors may use the "Verify" button on the Insurance Status screen to indicate to the AIDS Institute that proper recertification procedures were followed, and the information contained in AIRS is accurate. This means that for the in-depth recertification requirement, all client documentation was gathered and reviewed and the information in AIRS remains unchanged. If the "Verify" button was used as part of the client "self-attestation" recertification, using this button means that the client was asked, and they are attesting to the fact that the information in AIRS is unchanged.

4. Housing Status

Acceptable Documentation:	Documentation client is homeless, unstably housed, or at high risk of becoming homeless is required and must be obtained within 90 days of program enrollment. Acceptable documentation includes one of the following: • Client verbal attestation of housing status, recorded on initial BCSS Supportive Housing Assessment form (Housing Assessment section) • Documentation of emergency housing placement from homeless service provider or Local Department of Social Service • Eviction notice
AIRS Data Entry:	Housing Status must be recorded in AIRS and updated annually. Contractors may use the "Verify" button on the Housing Status screen in AIRS to indicate to the AIDS Institute that BCSS reassessments (inclusive housing assessments) are being conducted.

III. SERVICE REQUIREMENTS

A. HOUSING RETENTION SERVICES

The activities and processes listed below and the stipulated timeframes are required of all programs unless otherwise noted by an **. The ** denotes an optional activity

ACTIVITY	PROCESS
Assessment	The assessment serves as the foundation for identifying needs to be reflected in the Service Plan. All clients must receive an assessment within 30 days of enrollment. See Appendix A for more information. Documentation of assessments are required in the client record and recorded in AIRS.
Reassessment	Evaluation following initial assessment or previous reassessment to determine if the client remains eligible to receive program services and to inform current needs to be reflected in the Service Plan. Reassessments are required at a minimum every six months but may be needed more frequently based on client events. See Appendix A for more information. Documentation of reassessments are required in the client record and recorded in AIRS.
Service Plan	A client-centered action plan with a focus on housing that identifies obstacles, goals, interventions, and services to be provided, and outcomes. Service plans must be completed in conjunction with the assessment (within 30 days of enrollment) and reassessment (at a minimum every six months) but may be needed more frequently based on client events. See Appendix A for more information. Documentation of service plans and service plan updates are required in the client record and recorded in AIRS. Plans include but are not limited to: • Goal(s) • Activities (work plan, action to be taken, follow up tasks) • Action steps reflective of the assessment/reassessment • Individuals responsible for each activity (include peer as appropriate) • Anticipated time frame for each activity • Client signature and date, signifying agreement • Supervisor's signature and date, indicating review and approval. • Actual outcomes of goals and activities
Service Referrals	Client referrals based on assessed needs must be documented in client chart and entered into AIRS.
Case Conference	Engagement in meeting with other service providers, with or without the client, including but not limited to care managers, health care providers, substance use providers and/or mental health providers. Case conferences are required for all clients at a minimum every six months but may be needed more frequently based on client events. Note: though case conferences including other service providers within the same agency may meet the criteria, internal conferencing among MRT HRFA program staff do not meet the criteria for case conferencing as required for the MRT HRFA Initiative. Documentation of case conferences is required in the client record and must be entered into AIRS.

Re-Engagement in HIV Care and Treatment**	Any service provided to a client who has fallen out of engagement in HIV medical care where the objective of the service is to have the client re-engage in HIV medical care.
Peer Support Services	Any service provided to a client by a peer. Peer support services may include, but are not limited to, individual supportive counseling, assistance with client education, and escorting clients to medical and/or housing retention appointments. All peer services must be documented in the client record, be included in progress notes as appropriate, and recorded in AIRS.
Group Education**	Education sessions provided to multiple clients at the same time. Topics may include but are not limited to health and independent living skills such as finance education, nutrition education, chronic disease management, etc. Group notes, curriculum and sign-in sheets are required. If provided, these services should be documented in progress notes and recorded in AIRS.
Individual Education**	A one-on-one discussion between the client and staff regarding the client's financial assistance and/or housing retention needs. Topics may include but are not limited to health and independent living skills such as finance education, nutrition education, chronic disease management, etc. If provided, these services should be documented in progress notes and recorded in AIRS.
Housing Placement**	Activities conducted to assist the client to obtain safe, affordable housing. May include but is not limited to assistance with apartment search, viewing, selection, and/or assistance in completing housing application forms. If provided, these services should be documented in progress notes and recorded in AIRS.
Lease Negotiation**	Assisting clients in communicating with the landlord to obtain an agreement regarding the terms of their lease. If provided, these services should be documented in progress notes and recorded in AIRS.
Home Inspection	On-site inspection of a housing unit to ensure that the property standards comply with the HUD HOME Housing Quality Standards (HQS) Inspection Form and Checklist standards: https://www.hud.gov/sites/dfiles/OCHCO/documents/52580.PDF and https://www.hud.gov/sites/dfiles/OCHCO/documents/52580A.PDF Home Inspections must be completed: • Prior to move in • Prior to the provision of moving expenses, or security deposit • Annually after move-in Documentation of home inspections are required in the client record and recorded in AIRS. Note: monthly home visits to monitor living conditions should not be recorded as Home Inspections in AIRS; only initial and annual inspections utilizing the full HUD HQS inspection list should be recorded as Home Inspections.
Home Visit	A face-to face encounter with the client that takes place in the client's residence is required on a monthly basis or more frequently if necessary. Documentation of this service is required in progress notes and in AIRS.
Vocational Education Services*	A service provided where the primary goal is to assist clients in preparing for employment or education. If provided, these services should be documented in progress notes and recorded in AIRS.
Case Closure	Programs should establish policies and procedures for case closure.

	All attempts to contact the client and notifications of case closure must be documented in the client record, including the reason for case closure. Refer to the AIRS Manual for a list of acceptable program closure codes. Common examples of when a case is closed include when the client has: • Met all goals • Declined/refused services • Transitioned to a more appropriate program • Been incarcerated (exceeding the 90-day limitation) • Passed away • Become lost to follow-up, despite multiple attempts at engaging

B. FINANCIAL ASSISTANCE

The activities and processes listed below are eligible financial assistance categories for the MRT HRFA Initiative; however, approved budgets for the applicable contract year must include an appropriate budget line in order to voucher for these financial assistance categories.

Activity	Process
Emergency Utility Assistance (EUA)	Emergency Utility Assistance (EUA) can ONLY be provided to clients upon enrollment in instances when the client has previous utility arrears that prevent utilities from being turned on in a NEW apartment. EUA includes gas, electric, propane, and oil. **Documentation Requirements:** • Apartment size must be appropriate based on household composition. • Prior to the provision of EUA, the client must present documentation of the arrears in the client's name from the utility company and it must be maintained in the client record. • Documentation of client eligibility and denial for other financial resources must be obtained and maintained in the client record (i.e., LDSS). • Upon payment of utility assistance, proof of payment must be maintained in the client record. EUA cannot be in the form of direct cash payments to clients or any party other than the utility provider. A tracking system must be in place identifying clients who received EUA. The tracking system should include, at a minimum: date of application; date and amount of assistance provided.
Security Deposits	The provision of financial assistance to help clients secure stable appropriate housing. Security Deposit assistance is limited to once per 12-month period per client. Proof of security deposit payment must be maintained in the client record. Security deposits cannot be in the form of direct cash payments to clients. **Documentation Requirements:** Prior to the provision of security deposit assistance, and/or client moving into apartment the following are required: • Apartment size must be appropriate based on household composition. • The apartment must be inspected. The housing/property inspection must comply with the U.S. Department of HUD Housing Quality Standards (HQS) Inspection Form and Checklist standards: https://www.hud.gov/sites/dfiles/OCHCO/documents/52580.PDF and https://www.hud.gov/sites/dfiles/OCHCO/documents/52580A.PDF

	• The lease must be current, in the client's name and signed/dated by both the client and the landlord. The lease must be maintained in the client record. • A W-9 form (https://www.irs.gov/pub/irs-pdf/fw9.pdf) must be completed by the landlord and maintained in the client record. A W-9 form is necessary to enable the agency to complete the required 1099 at tax time. A 1099 is required by the IRS so the agency can report any rental income that a landlord may receive from the agency that exceeds $600 a year. The IRS relies on 1099s to monitor income sources not recorded on a traditional W-2 form. W-2 forms report salaries and wages, and miscellaneous income is reported on a 1099. 1099s are an additional way for the IRS to capture a landlord's income that might otherwise go unreported. While a landlord is required to honestly report all his/her earnings, the IRS relies on the agency to help reinforce the required income reporting information. • The landlord must sign an agreement which clearly states that the security deposit must be returned to the agency ONLY and not the client. **The agency must create a cost center account for any Security Deposits that may be returned to the agency. Funds in this account can only be used to support security deposit needs for clients enrolled in the program**. • Must be recorded as an encounter in AIRS under Rent and Utility Assistance-Security Deposit
Broker Fees	Financial assistance provided to a broker to help clients identify and secure a rental unit. Broker Fee assistance is limited to once per 12-month period per client. **Documentation Requirements:** • Apartment size must be appropriate based on household composition. • Upon payment of Broker Fees, proof of payment must be filed in the client record. • A tracking system must be in place identifying clients who received Broker Fee assistance. The tracking system should include, at a minimum: date of application; date and amount of assistance provided.
Moving Expenses	The provision of payment for expenses associated with moving a client's belongings from one location to another. Moving expenses are limited to once per 12-month period per client, unless additional moving assistance is warranted due to circumstances such as unsafe/unstable housing, domestic violence, eviction, bed bugs, etc. **Documentation Requirements:** Prior to the provision of moving assistance and/or client moving into an apartment the following are required: • Apartment size must be appropriate based on household composition. • The client and/or agency must obtain quotes from three (3) vendors. The vendor must be a legitimate moving vendor, the lowest bidding company must be utilized, and all three (3) quotes must be maintained in the client record. • The apartment must be inspected. The housing/property inspection must comply with the U.S. Department of HUD's Housing Quality Standards (HQS) Inspection Form and Checklist standards: https://www.hud.gov/sites/dfiles/OCHCO/documents/52580.PDF and https://www.hud.gov/sites/dfiles/OCHCO/documents/52580A.PDF Inspection must be maintained in the client record. • The lease must be current, in the client's name and signed/dated by both the client and the landlord. The lease must be maintained in the client record.

	• Upon payment of moving expenses, proof of payment must be filed in the client record. • A tracking system must be in place identifying clients who received moving expenses. The tracking system should include, at a minimum: date of application; date and amount of assistance provided. • AIRS: Must be recorded as an encounter in AIRS under Rent and Utility Assistance-Moving Expenses
Rental Subsidies	The provision of long-term rental subsidy to help clients secure and maintain stable appropriate housing. There is no term limit on long-term rental subsidies; however, the goal of subsidy programs is to promote self-sufficiency and independence. The agency may continue to pay a rental subsidy for up to three (3) months in circumstances where a client is institutionalized (e.g. jail, hospitalization, inpatient treatment program). The agency must have a policy in place reflecting these circumstances. AIDS Institute approval must be obtained to extend financial assistance in excess of three (3) months in these circumstances. Rental Subsidy payments cannot be in the form of direct cash payments to clients. **Rent Standards:** Grantees providing rental subsidies with MRT funds must use one of the two methods below to establish rent standards for the program (i.e. the maximum value of an allowable rental unit): • Fair Market Rent (FMR) may be utilized to determine allowable rent amounts based on household composition. FMR amounts can be found at: https://www.huduser.gov/portal/datasets/fmr.html **OR** • As an alternative to using the published FMR, Grantees may utilize the Approved Payment Standards (APS) of up to 110% FMR established by the Public Housing Authority (PHA), if an APS is in effect for the service area in which the MRT HRFA program operates.. Grantees must request AI approval prior to using this option to establish a rent standard above FMR. Using these PHA rent standards may benefit eligible persons, especially in tight rental markets where housing costs are high. Rent standards are set no lower than 90% of the FMR, as rent standards below 90% of the FMR are likely to result in too few available units and more substandard units. **Requirements for Calculating Client Rent:** Client rent amounts are based on 30% of the household monthly adjusted income, less an approved utility allowance for leases excluding utilities, as per HUD Guidelines. HUD Guidelines and the prescribed tenant rental calculation can be found below. HOPWA Income Resident Rent Calculation (HUD Exchange): https://files.hudexchange.info/resources/documents/AcceptedFormsIncomeVer.pdf Income Inclusions and Exclusions (HUD Handbook 4350.3 Exh 5-1): https://www.hud.gov/sites/documents/DOC_35699.PDF Accepted forms of income verification (HOPWA): https://files.hudexchange.info/resources/documents/AcceptedFormsIncomeVer.pdf Income for other household members must be provided and included when calculating the rental subsidy. Any household members over the age of 18 are required to obtain verification of income from employment and/or public assistance.

Zero Income:

Clients should be encouraged to apply for and obtain all entitlements for which they qualify (i.e., SSI, SSD, public assistance). If a client does not have income, they must sign a Zero Income Affidavit documenting there is no household income. A sample form may be found here:
http://files.hudexchange.info/resources/documents/ZeroIncomeAffidavit.pdf
Clients with zero income with rental leases that do not include utilities must be provided utility allowances. However, payments may not be issued to the client; they must be issued to the utility company directly.

Client Loss of Income/Interim Rent Adjustments:

Interim rent adjustments must be made for any tenant-reported and documented significant decrease in income or loss of an income source that will last longer than 30 days (i.e. is not a temporary income change). Documentation requirements: Only third-party documentation that the income source was lost or decreased is allowed. If there is a new income source, third-party documentation of the new income is required for interim rent calculations and adjustments. In the case that a client's income decreases, the recalculated rent must be effective the first of the month following the date the tenant reports and provides documentation of the income change. If a client gains a new income source, providers may wait and carry out the recertification of income and recalculation of rent at the annual recertification date, so long as this practice is consistent with the agency's program policies. If the provider chooses to adjust rents based on an increase to the client portion on an interim basis, the client must be notified in writing no less than 30 days in advance of the effective date of their portion of rent increasing; e.g. for an income change reported March 15 the earliest effective date for an increase to the client portion of rent would be May 1, with at least a 30-day notice provided ahead of the effective rent change date.

Additional Household Members:

- All adult household member income sources must be documented and included in household income for the purpose of the rental calculation.
- Agency must develop a policy stipulating that the rental subsidy will be terminated in any circumstance that the index client is no longer residing in the unit, and the remaining household member would be responsible for the full rent. An acknowledgement signed by client and other adult household members at enrollment must be obtained and retained in the client file. Additional adult household members must sign an agreement during client enrollment advising that the rental subsidy will be terminated in any circumstance that the index client is no longer residing in the unit, and the remaining household member(s) would be responsible for the full rent amount.
- If a qualifying client is no longer residing in a unit supported by an MRT rental subsidy, and additional household members who do not qualify for the program remain in the unit, the rental subsidy must be terminated after three months. Extensions up 12 months may be authorized by AI on a case-by-case basis in extenuating circumstances that prevent the remaining household member from securing alternate housing/assistance.
- Household members must be provided notice from the provider three months in advance that the rental subsidy will discontinue.
- The landlord or property manager must also be provided a copy of the notice.

	• Program staff must assist with a housing search and make every effort to secure a new housing placement or alternate rental assistance for the household member(s). • The AI Contract Manager must be notified and provided updates regarding the outcome of the situation. **Documentation Requirements:** Prior to the provision of a rental subsidy, the following are required, and documentation must be maintained in the client record: • Documentation, per HUD guidelines, of how the client's rental subsidy was calculated, in addition to documentation of all income sources received by the client household. In the case of an interim rent adjustment the only income documentation required to process the adjustment in rent to the client and rental subsidy portions is documentation that the income source was lost or decreased, and/or documentation of a new income source, if applicable; documentation for other continuing and unchanged income sources does not need to be updated but should continue to be counted in household income for the purpose of the recalculation of rent. • Documentation that a lease addendum or other notification was provided to the client reflecting the portion of rent they are responsible to pay. Note: the lease addendum/rent notice for the current period must be updated as rent adjustments are made annually or on an interim basis. • The lease must be current, in the client's name and signed/dated by both the client and the landlord. The lease must be maintained in the client record. • Apartment size must be appropriate based on household composition. • The apartment must be inspected. The housing/property inspection must comply with the U.S. Department of HUD's Housing Quality Standards (HQS) Inspection Form and Checklist standards. https://www.hud.gov/sites/dfiles/OCHCO/documents/52580.PDF and https://www.hud.gov/sites/dfiles/OCHCO/documents/52580A.PDF • A W-9 form (https://www.irs.gov/pub/irs-pdf/fw9.pdf) must be obtained from the landlord and maintained in the client record. A W-9 form is necessary to enable the agency to complete the required 1099 at tax time. A 1099 is required by the IRS so the agency can report any rental income that a landlord may receive from the agency that exceeds $600 a year. The IRS relies on 1099s to monitor income sources not recorded on a traditional W-2 form. W-2 forms report salaries and wages, and miscellaneous income is reported on a 1099 form. • The client record must also have verification that clients are consistently paying their utility bill(s) and are paying their portion of rent. • A tracking system must be in place identifying clients who receive rental subsidies and must include client TCID, period of assistance, client portion of rent and rental subsidy amount equal to full rent charged for the period. This information is required for submission of vouchers inclusive of rental subsidies. See Appendix B for the Rental Subsidy Excel Detail Sheet to accompany vouchers. • AIRS: Monthly assistance must be recorded as encounters in AIRS under Rent and Utility Assistance-Rental Subsidy for each client provided rental subsidy.

First Month Rent	MRT providers should only select this service if a 'First Month Rent Assistance' line is included in the approved contract budget. The provision of rental assistance equating the total unit rent for the first month of a tenant's lease. This assistance may be provided if the client lacks the funds to pay the client portion of rent the first month due to expenses for essentials during homelessness and/or moving costs and saving for first month rent will delay client's move-in date. If a client moves in mid-month, total unit rent must be pro-rated for the number of days from the date the client's lease commenced to the last day of the month. For example, for a unit with contract rent of $900, if a tenant moves in June 21 the pro-rated first month rent would be $300. The apartment must be inspected (and the apartment size must be appropriate based on household composition. **Documentation Requirements:** Prior to the provision of first month rent assistance the following are required. • Lease: must be current, in the client's name and signed/dated by both the client and the landlord. • Apartment size must be appropriate based on household composition • Housing/property inspection: must comply with HOME Housing Quality Standards (HQS) Inspection Form and Checklist standards: https://www.hud.gov/sites/dfiles/OCHCO/documents/52580.PDF and https://www.hud.gov/sites/dfiles/OCHCO/documents/52580A.PDF • AIRS: Must be recorded as an encounter in AIRS under Rent and Utility Assistance-Rental Subsidy.
Client Household /Hygiene Items**	Client Household/Hygiene Items are intended for individuals who are enrolled in the MRT HRFA program. These items may be provided to clients to assist with engagement, client need and to assist a client who is moving into a new residence. Household/Hygiene Items may include cleaning supplies, laundry detergent, toiletries, basic kitchen tools, dinnerware, pots/pans, linens, towels, shower curtain, blankets, pillows, furniture: mattress/box spring, couch/futon, table, chairs, lamp, furniture, etc. Gift cards and direct cash assistance to clients are not allowable. Household/Hygiene Items must be itemized as a separate budget line under the Operational Expenses category of the AIDS Institute budget. **Documentation Requirements:** The provision of Household & Hygiene items must be documented in individual client records. A log of items distributed must be on file with the program and is required as back-up when vouchering for Household/Hygiene Item expenses. The log must include the following information: • Distribution date • Type of item • Cost • Quantity distributed • Client ID (not name)/TCID# • Back-up documentation to substantiate the expense (itemized & dated receipts and/or invoices, etc.) Household &

	Hygiene items cannot be vouchered for until distribution to client(s) occurs. See Appendix C for more information on household/hygiene items.
Emergency Financial Assistance	One-time or short-term assistance to assist clients with an urgent need for food (including food pantry/grocery bags and food vouchers) and essential non-food items necessary to improve health outcomes. EFA must occur as a direct payment to an agency/entity (e.g. grocery store) or through a voucher program. Direct cash payments to clients are not permitted. See Appendix D for EFA guidelines.
Other Client Assistance	There may be miscellaneous needs for client financial assistance that are not encompassed in the financial assistance categories outlined above. Contractors may include budget lines for 'Client Assistance' to meet other essential emergency needs of clients, which could include storage fees, motel stays, application fees, key loss, etc. For approved budgets with this 'Client Assistance' budget line, prior authorization must be obtained from the AI contract manager on a case-by-case basis for each instance the agency is seeking. Voucher claims billed against this budget line without prior authorization will not be approved. **Documentation Requirements:** • Communication and authorization from AI must be documented in the client record • AIRS: Must be recorded as a 'Financial Assistance' encounter in AIRS

IV. ADDITIONAL DOCUMENTATION REQUIREMENTS

Programs must maintain records for all clients enrolled in the program and make them available for review by NYSDOH AI staff. In addition to the service specific documentation requirements referenced earlier in Section III A and B, client records must contain the following:

A. ALL MRT CLIENTS

REQUIREMENT	DOCUMENTATION
Progress Notes	Progress notes that clearly indicate the writer and date of the note. Progress notes must reflect regular discussions around budgeting, client's payment of their portion of rent and utilities (if applicable), independent living skills, overall health and engagement in medical care.
Benefit Entitlements	Documentation that the client has obtained and maintained government benefits and services for which they are eligible for (i.e., SSI, SSD, Medicaid). Regarding clients refusing to engage in supportive services, progress notes should reflect program staff continual efforts to engage and work with client.
Grievance Policy	A grievance/termination policy and procedures document signed by the client must be maintained in each client's record
Client Lease	Copy of current signed lease in client's name must be maintained in client record.
Notification of Client Rent Amount	Documentation that a lease addendum or other rent agreement was provided to the client reflecting the portion of rent they are responsible to pay. A copy signed by client must be maintained in the client chart. Note: the lease addendum/rent agreement for the current period must be on file in the client record and updated as rent adjustments are made annually or on an interim basis.
Client Payment of Rent & Utilities	Documentation of proof of payment of 30% of client's adjusted income for rent and utilities, as applicable. Progress notes should reflect monthly discussion of client's rent obligation, and efforts to address arrears.

HIV Releases of Information	Current DOH release of information forms, as applicable (see Appendix F Authorization for Release of Health Information and Confidential HIV Related Information-DOH 2557 and/or Authorization for Release of Health Information Including Alcohol/Drug Treatment and Mental Health Information-DOH 5032)
Viral Load Lab Reports	Documentation of the client's most recent viral load must be maintained in the client record and entered into AIRS.

V. COMMUNITY COORDINATION AND NETWORKING

Housing programs will recognize and support the collaboration between staff and housing networks, workgroups, and agencies. Programs must actively participate in local and regional housing networks and workgroups and do the following:

- Identify staff to participate
- Collaborate and coordinate to ensure efficient use of resources
- At a minimum, staff will participate in at least one housing network/group meeting annually
- Establish and maintain an active linkage program
- Collaborate with various agencies to meet client needs

VI. DATA REPORTING

A. AIRS

All services are reported on a monthly basis using the AIDS Institute Reporting System (AIRS). The AIDS Institute requires the maintenance of unduplicated client level data (including demographics, services, and health status updates) and the reporting of such data, monthly, using AIRS.

- AIRS data extracts are submitted electronically within 30 days of the end of each month. AIRS data should be checked for completeness and accuracy prior to submission
- For each service provided, whether individual or group, the encounter must be recorded in AIRS in the appropriate service categories
- All client referrals and referral outcomes are tracked in AIRS

More AIRS specific related information can be found in the Supportive Housing Services AIRS manual.

The following indicators/status/histories are to be reported for each client every six months:

- HIV/AIDS Status
- Current HIV primary care provider name and address
- Date of most recent viral load test and count
- Sexual and other risk behavior
- Social Determinants of Health Screening

These indicators/status/histories must be reported annually:

- Household data
- Hepatitis C Status
- Housing Status
- Insurance status

B. DOH MRT QUARTERLY REPORTING

The completion and submission of the MRT Supported Housing Template Excel Spreadsheet by the last business day of April, July, October, and January. Data should be collected for each individual receiving services any time prior to data submission. The report should include all clients that have received services from program inception through the current submission date, regardless of the clients' status in the program. Clients are never removed from the spreadsheet regardless of enrollment status. Once all the requested information is entered into the Supported Housing Template, the file should be password protected and saved under a new file name. Contact the Contract Manager for complete instructions and template.

VII. AGENCY ADMINISTRATION AND PROGRAM OPERATIONS

The following facilitate the optimal operations and functioning of the funded program. Programs must ensure and document adherence to the guidance areas identified below.

POLICIES AND PROCEDURES	
1. The agency maintains a policy and procedure manual, including an initiative specific section	a. Policies and procedures are reviewed and updated/revised as needed, at a minimum, annually b. Policies and procedures identify dates of revision and indication of administrative approval c. The policy and procedure manual is accessible to all staff
2. Policies and Procedures include:	Program Eligibility/Enrollment a. Documentation identifying eligibility criteria b. Enrollment and intake process for new clients c. Client eligibility for Supportive Housing
	Service and Documentation Requirements a. Process for meeting initiative specific service and documentation requirements (e.g., Screening, Assessment, Re-Assessment, Service Plans) b. Documentation requirements are clearly outlined c. Process for supervisory review of client services and documentation
	HIV Confidentiality a. Security measures for client records and other confidential information to prevent unauthorized access b. HIV confidentiality training including NYSPHL, Art27F for all staff upon hire; additional HIV confidentiality training when there are changes to NYSPHL, Art 27F. c. Use of required HIV-related forms: Release of HIV information (DOH 2557); Authorization for Release of Health Information including MH and SU (DOH 5032) (Appendix D)
	Case Conferencing/Service Coordination a. Description of case conference/service coordination procedures including how often they occur and who participates
	Client Appointment Follow-up a. Missed appointment procedures (letter, phone call//text, home visit) b. Process to facilitate client retention in and adherence to HIV medical care and treatment (as appropriate to each initiative)
	Client Referrals and Follow-Up a. Service coordination with other providers (e.g., maintains referral directory/library and linkage agreements/MOUs) b. Documentation of referrals for assessed needs in the client record
	Crisis Intervention

	a. Process to provide crisis information to clients b. Process to provide resources to clients to address after hour emergencies
	Client Closure a. Process for determining client closure in the client record b. Process for supervisory review at each client closure
	Grievances and Client Rights a. Process for agency staff, volunteers, and clients to file grievances b. Process for reviewing, ensuring client understanding and documenting client rights. Signed acknowledgment client received grievance policy should be maintained in each client record.
	Equipment a. Process for labeling and tracking equipment purchased with grant funds b. Process includes updating of equipment inventory form annually
	Materials Review a. Guidance for review of materials developed and/or purchases with grant funds
	Electronic Communication and Technology a. Description of agency "acceptable use" pertaining to the various types of media and technologies utilized by the program to promote information exchange and communication with client b. Description of process to ensure adherence to Article 27-F of the NYS Public Health Law
	AIDS Institute Reporting System (AIRS) a. Process to establish and maintain AIRS including the process to back up AIRS data b. Process to collect and report information to ensure complete, accurate and timely data collection; data entry and data reporting (i.e., for AIRS extracts and other required reports generated from AIRS) c. Process to ensure quality review of data prior to submission
PROGRAM OVERSIGHT AND PERSONNEL	
1. Program provides programmatic and administrative support to support capacity to receive and administer funds appropriately and to ensure deliverables are met and ensures the following:	a. Programmatic oversight to ensure goals and objectives are being met and adherence to initiative standards b. Program staff have access to policy making, administrative, fiscal, QI and IT staff support c. Equipment and other resources are adequate to sustain program operations and client services d. Procedures are in place to inform the AIDS Institute of staffing changes or other issues affecting program implementation e. Communication and collaboration with AIDS Institute staff and timely responses to all requests
2. The agency has mechanisms to hire, supervise, train and retain appropriate program staff	a. Systems are in place to assess and analyze staff turnover, expedite recruitment and hiring and maintain continuity of agency operations and client services b. Orientation to job expectations, agency services and specific HIV program(s) is provided to all grant funded staff c. Program staff receive routine supervision d. The agency supports staff skill development and ensures availability and access to training resources and materials relevant to the delivery of funded services e. Staff participate in all meetings & training required by the initiative

	f. The agency implements strategies to hire, retain and promote a diverse staff. Promotional and leadership opportunities are provided to staff representative of the populations being served, as available.
3. Personnel files are maintained for all program staff	a. Application for employment and/or resume for current position b. Job descriptions that include: position title, responsibilities, lines of supervision, education/training, work experience and other qualification for the position c. Evidence that staff on contract meet job qualifications d. Copies of License/Certificate/Degree (if applicable per initiative) e. Signed confidentiality statement and documentation that all program staff receive HIV/AIDS confidentiality training upon hire; additional HIV confidentiality training is provided for all staff if there is a change to NYSPHL, Article 27F. f. Evaluations are completed per agency policy and include supervisor and employee signature.
PROGRAM SAFETY AND ACCESSIBILITY	
Funded services are provided in settings that ensure the wellbeing and safety of clients and staff. Facilities are easily accessible by all, clean, comfortable and free of hazards.	a. Program promotes and practices Universal Precautions b. Program is Americans with Disabilities Act (ADA) compliant for physical accessibility, and services are accessible to the target population

DATA REPORTING AND MONTHLY NARRATIVE REPORTS	
1. All clients and services are reported on a monthly basis using the AIDS Institute Reporting System (AIRS). The AIDS Institute requires the maintenance and reporting of unduplicated client level data, including demographics and services.	a. Program is knowledgeable about AIDS Institute data reporting requirements and ensures computer systems are updated as changes to requirements occur b. AIRS is implemented and maintained c. Staff are trained in AIRS, and the program has an AIRS System Administrator and at least one back-up System Administrator d. All required data is entered into AIRS e. All client referrals and referral outcomes are tracked in AIRS f. AIDS Institute and HIV/AIDS Epi Extracts are submitted electronically by the last day of every month g. Program staff review AIRS data reports before submission to ensure data is complete, accurate and reflects services in the funded program h. Program staff ensure technical issues that affect data quality, completeness or timeliness are immediately reported to the AIDS Institute i. Procedure and protocol is established for backing up AIRS data
2. The following indicators are reported in AIRS upon enrollment and every 6 months for HIV Designated ESSHI Units	a. HIV medical care provider name and address b. Dates of HIV medical care visits c. All viral load tests and counts d. Sexual and other risk behavior
3. The following indicators are reported in AIRS upon enrollment and	a. HIV/AIDS status b. Housing status c. Hepatitis C status

annually	d. Household data e. Insurance
4. Performance Measures	a. The program is meeting outcomes for performance measures b. If not, the agency has developed and implemented a plan to improve outcomes
5. Monthly narrative reports	Monthly narrative reports reflecting all program activities and services including all contract partners are submitted and adhere to the prescribed format as required by the Initiative

HEALTH EQUITY AND SOCIAL DETERMINANTS OF HEALTH GUIDING PRINCIPLES	
Health equity is the fair and just opportunity for everyone to achieve optimal holistic health and well-being regardless of social position or other social or structural determinants of health.	a. Staff are more aware, and skills are strengthened through health equity training and education b. Initiative programs are a collaborative intervention within healthcare to address barriers that impact an individual's continuity of care and health outcomes c. Services are designed to be stigma free, and person centered d. Service delivery is convenient to client and family and can be at the client or family's home, in the office or other locations within the community that are safe and private environments for the client and/or family and program staff
CULTURAL AND LINGUISTIC COMPETENCE	
1. Programs are designed with an understanding that consumers come from diverse backgrounds and have differing characteristics such as language, gender, sexual orientation, culture, race-ethnicity, religion, and age. Structures, policies, procedures, and dedicated resources are in place that enables the organization and staff to effectively respond to clients and their communities.	a. The program promotes training and educational opportunities for funded staff and peers that increase cultural and linguistic competence and strengthen their ability to provide quality services to all PLWH b. The program recognizes that clients have diverse backgrounds and utilizes the knowledge and information gained from individuals to ensure an inclusive environment c. The program offers and provides language assistance services to consumers with limited English proficiency, including bilingual staff and/or interpreter services. The service is offered in a timely manner, and unless requested by the client, family and friends are not to be used to provide interpretation services. d. The program recognizes the impact of implicit bias and uses strategies to identify and mitigate them e. The program offers and provides language assistance services to consumers with limited English proficiency, including bilingual staff and/or interpreter services. Services are offered in a timely manner, and unless requested by the client, family and friends are not used to provide interpretation services
2. Programs integrate health literacy into their program policies, staff training requirements, care models, and quality improvement activities to ensure client understanding at all points of contact	a. The program ensures consumers have the ability to find, understand, and use information and services to inform health related decisions and actions for themselves and others (see Healthy People 2030 for more information) b. All consumer materials are easily understood and available in commonly encountered languages other than English or orally translated in a consumer's preferred language. Materials are responsive to the literacy levels of consumers in a format that promotes health literacy.
QUALITY MANAGEMENT AND IMPROVEMENT	
Programs must participate in the	a. Participate in the CQMP and Quality Management training, when required

Division of HIV and Hepatitis Health Care's (DHHHC) quality activities.	b. Participate in DHHHC's assigned quality improvement activities annually, when required c. Support achievement of AI and DHHHC's performance measures
Programs must develop and implement a quality management plan (QMP)	a. QMPs can be program specific or developed by the agency with a section on the funded program b. Includes a quality statement, annual improvement goals, a quality infrastructure, performance measures, quality improvement projects and a workplan describing the steps to implement the QMP c. Is reviewed and updated annually d. Involves agency staff, program staff, peers and consumers in the ongoing planning, development, revisions, and evaluation of the program services
Programs will monitor Performance Indicators	a. Train staff on performance indicators and the importance of successful attainment. b. Monitor performance indicators on a quarterly basis c. Develop quality improvement activities if performance is not at the expected level
CONSUMER INVOLVEMENT	
Consumers provide input into program design and services	a. The program has opportunities for clients and families to provide feedback on program development, service planning and delivery using strategies such as client and community forums, focus groups, advisory boards, and client satisfaction surveys. b. All mechanisms used ensure that input is representative of the diverse client population and involves all program partners and their clients. c. Consumers are made aware of how they can make recommendations for program improvement d. Results are analyzed and are made available to program staff and clients and is utilized for continuous quality improvement activities and strategic planning
LINKAGES AND COORDINATION	
1. Program maintains linkages and coordinates care with regional health care and support service providers. Linkages are essential to facilitating referrals, ongoing communication, monitoring, and coordination of services.	a. The agency has established relationships with key community stakeholders and service providers to facilitate client recruitment and linkage to and retention in a range of health and social services not available at the agency. b. The agency is an active participant in local service provider networks and coalitions working to address the needs of the funded program's priority population (i.e., NY Links, ETE regional committees, HIV HAB/Planning Council)
2. The agency promotes client engagement for the full spectrum of HIV services. Methods of program promotion include but are not limited to the following:	a. Use of written materials/brochures and social media methods (available in other languages as needed) that are regularly reviewed and updated as needed b. In-reach activities to all agency staff c. Collaborations with community agencies and leaders d. Outreach activities to potential clients and community providers

VIII. HOME & COMMUNITY-BASED SERVICES (HCBS) SETTING COMPLIANCE AND FINAL RULE

In 2014, the Centers for Medicare and Medicaid Services (CMS) published the HCBS Final Rule related to Medicaid–funded Home and Community–Based Services (HCBS). This rule implements a number of changes to home and community–based waivers and imposes new requirements on what is considered an appropriate home and community–based setting for all the authorities in its scope.

All AIDS Institute supportive housing programs must be compliant with the Center for Medicaid and Medicare Services (CMS) HCBS Federal Settings Rule (42 CFR 441.301, *et.seq*.).

More information about HCBS can be found at:
https://www.health.ny.gov/health_care/medicaid/redesign/home_community_based_settings.htm

The HCBS Federal Settings Rule clarified the settings in which Medicaid recipients may reside and access HCBS services, either onsite or in the community. The rule outlines specific characteristics and requirements for settings to be considered "home and community based", such as:

- The setting is integrated in and supports full access to the greater community
- The setting is selected by the individual from among setting options, including non-disability specific settings
- The setting ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint
- The setting optimizes autonomy and independence in making life choices, including the option for a private unit in a residential setting
- Facilitates choice regarding services and who provides them
- The options are based on the individual's needs, preferences, and for residential settings, resources available for room and board

In addition to the settings standards otherwise identified, the federal HCBS rule also requires a person-centered planning process. This process must:

- provide necessary information and support to the individual to ensure that they can direct their planning process as much as possible
- include people chosen by the individual
- be timely and occur at least annually at times and locations of the individual's convenience
- assist the person in achieving outcomes they define for themselves, and in the most integrated community setting(s) they desire
- ensure delivery of services in a manner that reflects personal preferences and choices
- help promote the health and welfare of those receiving services
- take into consideration the culture of the person served
- use plain language
- include strategies for solving disagreement(s)
- offer choices regarding the services and supports the person receives, and from whom
- provide a method for the individual to request updates to their plan
- indicate what entity or person will monitor the primary or main person-centered plan
- identify individual's strengths, preferences, needs (both clinical and support), and desired outcomes.

Under this rule, non-compliant settings are also defined. *Individuals residing in non-compliant settings are unable to receive federally funded Medicaid HCBS, even if they are receiving other Medicaid funded*

services. The following settings are deemed non-compliant and are NOT considered a home and community-based setting:

- Settings that provide inpatient institutional services
- Settings in facilities on the grounds of, or immediately adjacent to, a public institution
- Any settings that serve to isolate individuals from the broader community.

AIDS Institute supportive housing units must be compliant with the HCBS rules. Any existing housing units that are isolated from the community, in a facility that provides inpatient institutional services, or sited on the grounds of facilities providing inpatient institutional services must undergo a heightened and targeted scrutiny test**.**

Housing Units:

- Housing Units should be integrated into the broader community
- Residents should be able to seek and access employment, engage in community life, and easily access services within the community
- Housing Units should be selected by the individual from among a choice of options
- Options should be based on the needs of the individual and family, including access to disability-enabled specific settings
- Options and selections should be identified in the resident's person-centered individualized Service Plan
- Options should ensure the resident's rights of privacy, including their right to dignity, respect, freedom from coercion, or fear of any retaliation

Participant Autonomy:

- The resident's person-centered individualized Service Plan should facilitate choice regarding services and supports, and the Provider delivering the services
- The person-centered individualized Service Plan should ensure and reflect that participants are making independent decisions regarding their life choices including but not limited to, daily activities, physical environment, access to food at any time, and with whom they wish to interact
- Each resident should have privacy in their housing unit with the possession of keys and ability to lock their doors, as well as the freedom to furnish or decorate their apartment unit, and all in accordance with any lease agreement
- Only appropriate housing program staff should have keys to the unit. Such staff should be identified to the resident and should make notification of an intention to enter the apartment unit
- Residents should have a choice in roommates, when required to share an apartment unit with an un-related program participant
- Residents shall have the ability to control their own schedule and activities
- Residents shall have the ability to control their personal resources and finances
- Residents shall have the ability to have visitors at any time

Legal Rights:

- The unit should be owned, rented, or occupied under a legally enforceable agreement by the resident
- The resident should have, at a minimum, the same responsibilities and protections from eviction that tenants have under the local or state's jurisdiction's landlord/tenant law or equivalent
- Providers may not restrict resident activities that are otherwise legal

IX. APPENDICES

APPENDIX A
Assessment /Re-Assessment/Service Plan

APPENDIX B
Excel Rental Subsidy Detail Sheet for Vouchers

APPENDIX C
Guidance on Household and Hygiene Items

APPENDIX D
Emergency Financial Assistance Guidelines

APPENDIX E
Authorization for Release of Health Information & Confidential HIV Related Information

APPENDIX A

AIDS Institute Supportive Housing Initiative
Assessment /Re-Assessment/Service Plan

☐ **Assessment** ☐ **Re-Assessment**

Moving	☐
Security Deposit	☐
Emergency Utility Assistance	☐
Brokers Fees	☐
Long Term Rental Assistance	☐

CLIENT ID#: _____ TCID#: _____

DATE: _____ REFERRAL DATE: _____

Referred by: _____
(Referred to AI Supportive Housing Initiative)

**For Re-Assessments – only complete information in this area if there are changes*

CLIENT NAME: _____
FIRST LAST MI

Does client prefer to be referred to by any other name? _____

Street/Apt. Number: _____ City: _____

State: _____ ZIP: _____ County: _____

Phone: (___) _____ Cell phone: (___) _____

Emergency Contact Number: (___) _____ Name/Relationship: _____

Is Emergency Contact aware of client's HIV status? ____ Yes ____ No

Client can be contacted (check all that apply): ____ At Home ____ By Mail ____ By Phone

Is discretion required? _____

Date of Birth/Age: _____

Is client Medicaid eligible? ☐ Yes ☐ No Medicaid #: _____

HIV/MEDICAL

Does client have disclosure issues? ☐ Yes ☐ No
If yes, please identify: _____

Has verification of HIV+ status been obtained? ☐ Yes ☐ No

Date of Last Viral Load Test: _____ Last Viral Load Count: _____

Date of Last HIV Medical Care Visit: _____

Has the client been tested/re-tested for HCV? ☐ Yes ☐ No

If no, has the client been educated on the importance of getting tested? ☐ Yes ☐ No

Name of HIV Medical Provider: _____

Address of HIV Medical Provider: _____

Telephone # of HIV Medical Provider: _____

Has the client gone to the Emergency Room in the past 6 months? ☐ Yes ☐ No

Has the client been hospitalized in the past 6 months? ☐ Yes ☐ No

In addition to HIV/AIDS does the client have any other chronic medical conditions? ☐ Yes ☐ No
If yes describe:_____
_____
_____

HOUSING ASSESSMENT	
Client Housing Status ***at Intake***: ☐ Independent Housing ☐ Permanent Congregate Housing ☐ Transitional Congregate ☐ Doubling-up with friend/family ☐ Nursing Home, long-term treatment facility or other institution	☐ Permanent Supportive Housing Scatter Site ☐ Transitional Scatter Site ☐ Emergency Shelter/SRO ☐ Other - street, park bench, car, etc.
Client has been living in current housing: ☐ Less than 6 months ☐ 6 or more months	Is client transitioning out of current housing within the next 90 days? ☐ Yes ☐ No ☐ Unknown
Is client at current risk of eviction (with documentation)? ☐ Yes ☐ No	Is current housing unsafe or inadequate? ☐ Yes ☐ No If unsafe, is the client in an abusive relationship? ☐ Yes ☐ No If inadequate, how? _____
Has the client ever served in the military? ☐ Yes ☐ No	Is the client a convicted felon? ☐ Yes ☐ No Is the client a registered sex offender? ☐ Yes ☐ No
Does client need special housing accommodations? (e.g., wheelchair accessible, hearing impairment) ☐ Yes ☐ No NEED:	Needs to be: ☐ Close to transportation ☐ Close to _____school ☐ Close to _____clinic/treatment facility ☐ Other:

HOUSEHOLD COMPOSITION		
Name	Relationship	Age

HOUSEHOLD COMPOSITION		
Name	Relationship	Age

Comments on Housing Needs: _____

_____

_____

_____

CASE MANAGEMENT:

Is client receiving Case Management Services? ☐ Yes ☐ No

Is client enrolled in a Health Home? ☐ Yes ☐ No

If Yes to either of the above, Agency client is receiving services from:

_____

Case Manager's Name: _____

Case Manager's Telephone #:(___)_____

Comments on Case Management Needs:

_____

_____

_____

_____

CURRENT SERVICE PROVIDERS: (e.g., Advocacy, Case Management, Housing, Food, Support Groups)

Agency	Contact Person	Phone	Service

Is an Authorization for Release of Health Information and Confidential HIV-Related Information current and on file for all needed contacts? ☐Yes ☐No

HEALTH AND INDEPENDENT LIVING SKILLS			
Does client have difficulty with any of the following?			
LIVING SKILL	**YES**	**NO**	**NOTES**
Money Management / Budgeting (paying rent and utilities)			

HEALTH AND INDEPENDENT LIVING SKILLS			
Does client have difficulty with any of the following?			
LIVING SKILL	**YES**	**NO**	**NOTES**
Reading Comprehension/Literacy			
House Keeping			
Traveling Independently			
Managing Medical Care			
Personal Hygiene			
Nutrition / Meal Preparation			
Food Shopping/Pantries			
Medication Adherence			
Socialization/Support Systems			
Medical Transportation			
Communication Interpersonal Skills			
Coping / Self-Management Skills			
Decision Making / Self Advocacy Skills			

PSYCHOSOCIAL SUPPORT

Mental Health Status/History (Include any self-reported diagnoses): _____

Is client receiving mental health services: ☐ Yes ☐ No ☐ Sometimes
Is client taking any prescribed psychiatric medications: ☐ Yes ☐ No ☐ Sometimes
If "Yes", list of medications: _____

Substance Use / Status History:

Is client engaged in substance use services: ☐ Yes ☐ No ☐ Sometimes
If "Yes", describe (outpatient/inpatient, agency, etc.): _____

FINANCIAL ASSESSMENT/STABILITY

EMPLOYMENT

Employed? ☐ Yes ☐ No

If Yes, how many hours/week does the individual work? _____hours

How many hours worked last week? _____

Position Type:
☐ Permanent/Full Time ☐ Permanent/Part-time ☐ Temporary/Full Time ☐ Temporary/Part-time
☐ Seasonal Full-time ☐ Seasonal Part-time

Current Employer Name: _____

Position: _____

Previous Employment (type and duration): _____

If client reports currently not working:
- ☐ Looking for employment?
- ☐ Interested in looking for employment?
- ☐ Unable to work? If yes, reason: _____

FINANCIAL RESOURCES		
PROGRAM	**Amount Per Month**	**Household Member (e.g., Self/Spouse/Partner)**
Earned Income		
Supplemental Security Income (SSI)		
Social Security Disability Insurance (SSDI)		
Employment		
Unemployment Insurance		
Public Assistance		
Child Support		
Alimony or spousal support		
Short-Term or Long-Term Disability		
Workman's Compensation		
Temporary Assistance for Needy Families (TANF)		
General Assistance		
Veteran's Assistance		
Veteran's Pension		
Retirement from Social Security		
Pension from former job		
Other Household Income		
Other: (Family/Friends/Church)		
No financial resources		

TOTAL MONTHLY HOUSEHOLD INCOME: **$**_____

MONTHLY EXPENSES	
Expense	**Amount**
Rent	
Gas/Electric	
Water	
Trash	
Telephone / Cell Phone	
Health Insurance	
Transportation	
Household Items	
Food	
Clothing	
Credit Cards / Other	
Childcare	
Child Support	
Cable/TV/wi-fi	
IRS	
Car (loan/tickets/gas/insurance)	
Student Loans	
Storage	
Other	
TOTAL	

TOTAL MONTHLY HOUSEHOLD EXPENSES: **$**_____

TOTAL MONTHLY HOUSEHOLD INCOME

MINUS

TOTAL MONTHLY HOUSEHOLD EXPENSES: **$**_____

MONTHLY BALANCE

SOURCE OF NON-CASH BENEFIT

Does client participate in any of the following programs? (check all that apply)

☐ SNAP
☐ Medicaid
☐ Medicare
☐ State Children's Health Insurance Program
☐ Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
☐ VA Medical Services
☐ TANF Child Services
☐ TANF Transportation Services
☐ Other TANF funded services
☐ Section 8, public housing or other rental assistance
☐ Other sources

Is client linked to all income sources he/she is eligible for? ☐ Yes ☐ No
Is assistance/advocacy needed in accessing entitlements? ☐ Yes ☐ No

Credit History: ☐ Good ☐ Bad ☐ None ☐ Don't Know	Assets: Bank Account? ☐ Yes ☐ No Checking $_____ Savings $_____ Other $_____
Assets (car, property, CD, IRA) ☐ Yes Details:_____ ☐ No	

FINANCIAL & BUDGET NEEDS/ISSUES

IDENTIFICATION/PAPERWORK

Currently possesses:

☐ Social Security Card
☐ Birth Certificate
☐ State ID
☐ Green Card/Permanent Resident Card
☐ Work Permit

REFERRAL NEEDS	YES	NO
Food Services and Programs	☐	☐
Medical Nutrition Therapy	☐	☐
Case Management Services	☐	☐
Domestic Violence	☐	☐
Entitlement/Financial Services	☐	☐
Legal Services	☐	☐
Medical Services	☐	☐
Mental Health Services	☐	☐
Substance Use Services	☐	☐
Housing	☐	☐
Medical Transportation	☐	☐
Other (list)		

ALL REFERRALS SHOULD BE PROCESSED WITHIN 7 DAYS OF IDENTIFIED NEED, ENTERED INTO AIRS, AND A REFERRAL LOG MUST BE MAINTAINED IN THE CLIENT RECORD

SUMMARY

Summarize client status, presenting needs, and assessed needs. Describe proposed services that will assist in achieving/maintaining viral suppression and client self-management.

_____

_____

_____

_____

_____

_____

_____

_____

_____

Staff Signature: _____ *Date:* _____

Supervisor's Signature: _____ *Date:* _____

Needs identified in this re/assessment should be incorporated into the client's Service Plan.

AIDS INSTITUTE SUPPORTIVE HOUSING INITIATIVE SERVICE PLAN

Client Name:_____ Client ID#:_____ TCID#:_____

Assessment/Re-Assessment Date:_____ Service Plan Date Range:_____

Identified Needs:

☐ Medical ☐ Housing ☐ Case Management ☐ Health and Independent Living Skills

☐ Budgeting/Financial ☐ Employment ☐ Referrals ☐ Entitlements/Identification ☐Psychosocial

GOAL	**ACTION(S)**	**PERSON(S) RESPONSIBLE** *(Client, staff, etc.)*	**TARGET DATE**	**OUTCOME** *Not to be completed at time service plan is developed. Fill in as goals attained or at semi-annual updated. Do not use "ongoing" or "continued".*

NEXT SERVICE PLAN DUE DATE:_____

*Client Signature:*_____ *Date:* _____

*Staff Signature:*_____ *Date:* _____

*Supervisor Signature:*_____ *Date:* _____

APPENDIX B

Rental Subsidy Detail Sheet

(for information purposes only; this voucher back-up sheet must be submitted in Excel format)

Full Month Rental Subsidies

TCID#	Total Rent	Client Portion	Rental Subsidy Amount	Notes
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
		Total Full Month Rental Subsidies	$0.00	

Pro-rated Rental Subsidies (Mid-month Move-ins)

TCID#	Pro-rated Rent Total	Pro-rated Client Portion	Pro-rated Rental Subsidy Amount	Notes
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
		Total Pro-rated Rental Subsidies	$0.00	
		Total Rental Subsidies Claimed:	**$0.00**	

Instructions:

Please add additional lines/pages as necessary
Ensure that claim amount matches the amount billed on the BSROE (claim for payment)
Submit this sheet in Excel format with BSROE (claim for payment)

Rental Subsidy Table

Column A: List client TCIDs from AIRS. Do not enter client names or identifying information. Do not use other client ID #s.

Column B: List total monthly rent for unit. Total monthly rent must equate to the sum of client portion and rental subsidy charged. Any variances must be discussed with contract manager for approval and require an explanation in Notes.

Column C: List client portion of rent due--amount provided on this form must match the most recent rent calculation in client's chart, based on 30% of client household's gross adjusted income, as per the HUD/HOPWA rental calculation.

Column D: These cells auto-calculate rental subsidy based on total rent less client portion.

Pro-rated Rental Subsidy Table

Column B: List pro-rated rent for unit based on date tenant moved in (i.e. the daily rental amount multiplied by days from move-in to end of month). Pro-rated rent total must equate to the sum of pro-rated client portion and pro-rated rental subsidy. Any variances must be discussed with contract manager for approval and require an explanation in Notes.

Column C: List pro-rated client portion of rent due (i.e. the client portion divided by number of days in month, then multiplied by the number of days from move-in to end of month) .

Column D: These cells auto-calculate pro-rated rental subsidy based on pro-rated rent total less pro-rated client portion.

APPENDIX C

Division of HIV and Hepatitis Health Care

Guidelines for Budgeting and Vouchering for Household/Hygiene Items

The purchase of *Household/Hygiene Items* are an allowable expense on AIDS Institute housing contracts (the provision of gift cards is not allowable).

Household/Hygiene Items are intended for individuals who are enrolled in one of the AIDS Institute Housing programs for Financial Assistance and/or Housing Retention Services (HRFA, MRT HRFA and ESSHI). These items may be provided to clients to assist with engagement, client need and to assist a client who is moving into a new residence. The provision of these items are not intended to be provided to individuals who are not actively enrolled/engaged in Housing Retention Services.

Household/Hygiene Items may include cleaning supplies, laundry detergent, toiletries, basic kitchen tools, dinnerware, pots/pans, linens, towels, shower curtain, blankets, pillows, furniture: mattress/box spring, couch/futon, table, chairs, lamp, furniture, etc.

If the agency is unsure if an item is an allowable expense, the AIDS Institute contract manager should be contacted prior to the purchase of the item.

Budgeting: *Household/Hygiene Items* must be itemized as a separate budget line under the Miscellaneous Other (HRI) or Operational Expenses (State) category of the AIDS Institute budget.

Per Health Research, Inc. Guidelines the purchase of small appliances is not allowable on HRFA contracts (limited small appliances are an allowable expense under ESSHI and MRT contracts only for clients enrolled in either of those programs).

When vouchering for *Household/Hygiene Item* expenses the following information also must be submitted with the voucher:

- Log (example below**) which includes:
  - Distribution date
  - Type of item
  - Cost
  - Quantity distributed
  - Client ID (not name)/TCID#
- Back-up documentation to substantiate the expense (itemized & dated receipts and/or invoices, etc.)
- **State Vouchers Only -** the Excel detail spreadsheet must accompany the Claim For Payment Form/BSROE at the time of submission. If the excel spreadsheet is not submitted OR if the detail spreadsheet does not substantiate the expenses on the Operational Expense line the household/hygiene expense will be disallowed

** Reminder - never include client names on back up spreadsheets or logs.

Distribution Date	Client ID/TCID	Unit Cost	Description of Item	Vouchered Amount

IMPORTANT: *Household/Hygiene Items* cannot be vouchered for until distributed

APPENDIX D

Emergency Financial Assistance
For Medicaid Redesign Team Housing Retention and Financial Assistance (MRT HRFA) and Empire State Supportive Housing Initiative (ESSHI) Programs
(Effective 4/1/2020)

Emergency Financial Assistance (EFA) provides limited one-time or short-term assistance to assist clients with an urgent need for food (including food pantry/grocery bags and food vouchers) and essential non-food items necessary to improve health outcomes. EFA must occur as a direct payment to an agency/entity (e.g. grocery store) or through a voucher program. Direct cash payments to clients are not permitted. BCSS encourages promoting access to and continuity of care in a safe way during social distancing.

Eligible Initiatives: NYSDOH AIDS Institute funded Medicaid Redesign Team Housing Retention and Financial Assistance (MRT HRFA) and Empire State Supportive Housing Initiative (ESSHI) Programs

Client Eligibility: Clients who are eligible for and receiving MRT HRFA and ESSHI services are eligible to receive EFA. EFA is intended to reduce food insecurity/limited access to food until other community food resources and/or government entitlements are in place. Clients requiring ongoing support should be referred to a nutrition program.

Service Requirements: EFA may be provided with limited frequency and for limited periods of time, through either:
• Short-term payments to agencies/entities (e.g., grocery stores)
• Establishment of voucher programs – food gift cards/vouchers must be issued by a certified food vendor and must be clearly marked as coming from that vendor.
• **Direct cash payments to clients are not permitted.**

Time Period: This service is effective 4/1/2020 and will continue until further notice.

Performance Measure/Method
Documentation of services and payments to verify that:
• EFA to individual clients is provided no more

than two times per month for a total of 12 instances of assistance in a six-month period.
• Assistance is provided only for the following essential services: food (including food pantry/grocery bags and food vouchers) and essential non-food items.

• Payments are made either through a voucher program or short-term payments to the service entity, with no direct payments to clients

• Emergency funds are allocated, tracked, and reported by type of assistance

• Contract funds are the payer of last resort

Provider Responsibility
Maintain client records that document for each client:
• Client eligibility and need for EFA
• Types of EFA provided
• Date(s) EFA was provided
• Method of providing EFA (i.e., food gift cards; delivery service to client's home; staff delivery to client's home)

Maintain and make available program documentation of assistance provided, including:
• Number of clients and amount expended for each type of EFA
• Summary of number of EFA services received by client
• Methods used to provide EFA (e.g., payments to agencies, vouchers)

Provide assurance that all EFA:
• Was for allowable types of assistance
• Was used only in cases where contracts funds were the payer of last resort
• Met AIDS Institute limitations on amount and frequency of assistance to an individual client
• Was provided through allowable payment methods

NYSDOH – AIDS Institute Residential Supportive Housing Program
HCBS Settings Rule Compliance Survey Guidance

New York State is required to comply with the Home and Community Based Services (HCBS) Final Rule. The HCBS Supportive Housing Assessment survey is the first step in ensuring New York State (NYS) and the provider community work together to help ensure that individuals can live their best lives possible, integrated in and part of the communities where they live. Depending on the responses to the survey questions, it may be necessary for providers to work with NYS Administrators to meet individual needs as set forth in the HCBS Final Rule.

Physical Characteristics of Setting	
Question	**Guidance**
1. Is the residence located on the grounds of a public institution?	A public institution means an institution that is the responsibility of a governmental entity over which a governmental entity exercises control. This includes but is not limited to the following: OPWDD developmental centers, OMH psychiatric centers, institutions for mental diseases, prisons, addiction centers and state-run nursing homes. A public institution DOES NOT include: a medical institution (i.e., hospital including VA hospital), childcare institution, publicly operated non-ICF community residences, universities, libraries, and public non-residential schools. If the answer is yes, please include a site map and/or description as to why the site is located on the grounds of a public institution.
2. Is the residence located on the grounds of a publicly or privately-operated facility that provides inpatient institutional treatment?	Inpatient institutional treatment includes any private settings delivering inpatient institutional treatment such as a private mental health facility delivering inpatient care. Please indicate if there are any co-located settings. Co-located settings are those that are located at the same address property whether different floors or units within the same building or different buildings on the same property where predominantly people with serious mental illness and/or other disability specific population receiving Medicaid HCBS are served. If the answer is yes, please include a site or building map showing distance to the non- compliant settings.
3. Is the residence immediately adjacent to a public institution?	Immediately adjacent means that the setting/site is next to and borders the public institution. “Border” means that the setting/site property is contiguous or touching the public institution’s property with no intervening parcel of land between the two settings/sites. Indicate if there are any settings adjacent to, or in close proximity to other settings/sites for people with disabilities or are designated to provide people with disabilities multiple types of services and activities on the same

	site (e.g., housing, day services, medical, behavioral, therapeutic, and/or social and recreational activities). Indicate if people in the setting have limited interaction with the broader community (i.e., the setting is operated in such a way that people with disabilities have limited or no interaction/ experiences outside the setting regardless of the setting location). If the answer is yes, please include a site map showing distance to non-compliant settings.
4. Do all residents living in the building have the same diagnosis?	All of the residents of this site are people who have HIV and/or another diagnosis such as a serious mental illness and/or other disability.
5. If the answer to Q 4 is **yes**, please check any of the following setting(s) that may apply: ☐ Setting is gated community; ☐ Setting is a farmstead or disability specific farm community; ☐ Setting is a residential school; ☐ Setting is close to a potentially undesirable location; ☐ Setting has video camera surveillance in communal areas; ☐ None of the above	The following further defines the settings/characteristics identified in the question: • **Gated Community**: Consists primarily of people with disabilities and the staff that work with them. Often, these locations will provide residential, behavioral health, day services, social and recreational activities, and long-term services and supports all within the gated community. Individuals receiving HCBS in this type of setting often do not leave the grounds of the gated community in order to access activities or services in the broader community. • **Farmstead or disability specific farm community**: These settings are often in rural areas on large parcels of land, with little ability to access the broader community outside the farm. Individuals who live at the farm typically interact primarily with people with disabilities and staff who work with those individuals. Individuals typically live in homes only with other people with disabilities and/or staff. Their neighbors are other individuals with disabilities or staff who work with those individuals. Daily activities are typically designed to take place on-site so that an individual generally does not leave the farm to access HCB services or participate in community activities. For example, these settings will often provide on-site a place to receive clinical (medical and/or behavioral health) services, day services, places to shop and attend church services, as well as social activities where individuals on the farm engage with others on the farm, all of whom are receiving Medicaid HCBS. While sometimes people from the broader community may come on-site, people from the farm do not go out into the broader community as part of their daily life. • **Residential school**: Theses settings incorporate both the educational program and the residential program in the same building or in buildings in close proximity to each other (e.g., two buildings side by side). Individuals do not travel into the broader community to live or to attend school. Individuals served in these settings typically interact only with other residents of the home and the residential and educational staff. Additional individuals with disabilities from the community at large may attend the educational program. Activities such as religious services may be held on-site as opposed to facilitating individuals attending places of worship in the community. These settings may be in urban areas as well as suburban and rural areas. Individuals experience in the broader community may be limited to large group activities. • **Setting is close to a potentially undesirable location**: For example, dump, factory, across the street from a prison or other institutional setting, etc.

	• **Setting has video camera surveillance in communal areas**: This is a factor as it may indicate additional security measures different from those of typical residences in the community. This is different from security systems periodically or routinely used in residences/residential neighborhoods through local cable or digital security companies. • **None of the above**: If none of the above best represent your setting, please include a narrative summary describing your site.
6. Are there gates and/or other physical barriers preventing individuals' entrance to or exit from certain areas of the setting?	This includes sites that have fencing, gates, or other structural items setting it apart from homes in the vicinity. If the site has any physical barriers separating it from the surrounding community or non-recipients of HCBS please check and explain in further detail the purpose for these physical barriers. Residents should have full and independent access to all areas and routine living spaces of the residence without restrictions or barriers (e.g., locks, gates, requiring permission, etc.). If there are door alarms that sound off every time they are opened, there needs to be an appropriate clinical justification for the door alarms.
7. Is the residence located in the community among private residences, retail businesses, banks, etc. to the same degree as other homes in the community?	Location and proximity of the site among community businesses and additional resources maximizes the opportunities for residents receiving HCBS programs to the benefit of community living, employment, etc.
8. Is there public signage that would indicate the residence is specifically for individuals with a disability?	Please indicate any public signage that would separate the site from the surrounding community or distinguish the site as specifically for people with disabilities.
9. Is the residence an environment that supports individual comfort, independence, and preferences and is not institutional in appearance or operation?	Determine whether the location and display of equipment and documentation related to operations of the residence (staff desktop computers, file cabinets, binders, medication storage) result in an institutional or non-homelike appearance.
10. Does the physical environment meet the needs of the residents requiring supports and handicap accessibility pursuant to local zoning requirements?	If not, please indicate if your organization currently has the ability to adapt, if needed, the building entrance/exit and/or room equipment to suit the needs of a resident's physical disabilities.
11. Do residents have full access to the typical facilities in a home, such as a kitchen with cooking facilities, dining area, and laundry?	Verify that residents have full and independent access to all communal areas and routine living spaces of the residence without restrictions or barriers (e.g. locks, gates, requiring staff permission, etc.); residents have access to the kitchen, laundry, supply cabinets/ closets, areas where their personal possessions are stored (i.e., off-season clothing, seasonal room decorations, etc.) and use of appliances and facilities in the home. If the laundry, supplies and or storage are on another floor, consider whether the residence facilitates access in a manner that does not limit autonomy or creates a staff dependent situation.
Community Life	

Question	Guidance
1. Is there sufficient transportation capacity to support peoples' choice of activities and schedules?	This question reviews the availability of transportation and the possible barriers to community access due to transportation issues. Determine whether sufficient transportation is provided, facilitated, and/or arranged so that people have opportunities to access their local community and neighborhood in accordance with their unique and individualized priorities for meaningful community inclusion per their plan. This includes the ability to accommodate more than one person's choices. The obligation of the provider may vary to a certain extent with the setting's location and the practical availability of public transportation. For example, if public transportation is not readily available and accessible, the provider has a greater obligation to help people arrange for transportation to community activities.
2. Are bus and other public transportation schedules and telephone numbers posted in a convenient location?	Providing bus and other public transportation schedules/contact information provides residents the opportunity to access transportation in the community.
3. Do residents shop, attend religious services, schedule appointments, have lunch with family and friends, etc., in the community, as they so choose?	Residential programs should support whether the program actively promotes individual choice, autonomy, and decision-making. This includes having choices of activities for meaningful community inclusion and having the ability to form and maintain relationships with people of their choosing. This also means that their religious and spiritual preferences are respected. The program should not make decisions for residents without engaging them and ensuring that they have an active role in making their own choices to the highest degree possible.
4. Do staff facilitate the use of public transportation to support the residents' choice of activities and schedules?	Staff should facilitate and encourage residents to take public transportation. Residents should be provided with public transportation schedule.
5. Do staff assist or provide resources to residents to become aware of activities occurring outside of the settings?	Staff facilitate, promote, and support residents to interact with nondisabled neighbors/other tenants and take advantage of common areas/amenities such as a pool or fitness center in a neighborhood or high rise, so that individuals are not isolated from the broader community of people without disabilities.
Visitors	
Question	**Guidance**
1. Are residents able to have visitors of their choosing at any time?	Please note if there are visiting hours restricting residents from having visitors of their choosing at any time. If so, indicate hours and justify purposes; explain visiting hour policies (including how residents request people to visit), explain why residents would be denied the opportunity for visitors and provide your organization's policy regarding visiting hours.
2. Are residents only able to have visitors within a restricted visitor meeting area?	Please indicate if there are specific communal locations residents are able to have visitors, or if they are able to have visitors as any point in time anywhere at the site including their personal living space/apartment. If so, explain if it is a certain visitor or visitors in general, and provide you organization's policies regarding visiting meeting areas.
Daily Schedule	

Question	Guidance
1. Are schedules individualized and identified in the resident's service/support plan, including when and how they are accessing community activities and events?	Support/service plans must be person-centered. This means that plans need to reflect the priorities and outcomes that are important to people, and that should become the foundation and basis for development and implementation of plans. Any issues or concerns people may have with the goals, content, and overall focus of their plans should be addressed by the residential program. There should be an overall system in place to receive feedback not only on the successes of plans, but also on areas of plans that require re-examination and revision. Residents understand their support/service plans including: • Knowing that they have a support/service plan and its contents • Receiving a copy of their support/service plan • Ability to name an area or goal in their plan that they are working on • If English is a person's second language, a copy of their plan is made available in their primary language • There is evidence that staff make every effort to make plans accessible and understandable to the resident
2. Are there "house schedules" that **require** all residents to follow a particular schedule for waking up, going to bed, eating, leisure activities, community activities, etc.?	Determine how people are accommodated to live their life and complete activities at times and in a manner that is meaningful and preferred. Gauge if there are opportunities for residents to make choices about their day-to-day schedules, in the same way that people who do not receive HCBS can do. Consider if the site promotes and enables people to follow an individualized daily routine without having to adhere to general rules and schedules. A "house schedule" may be written, or it may only be evident through observation of the operations and flow of activities in the program. Evaluate if the program uses a set routine that is strictly followed. It is natural in most households as well as certified residences to have some general routines, such as offering routine meals within a certain time frame, but the residence should also demonstrate accommodations in those routines when people either verbally or behaviorally demonstrate that they would prefer not to engage in them at a set time. ***Examples of house "rules" or limiting policies include:*** • Set times when the kitchen or laundry can be accessed • Phone use times • Bedtimes/Lights out times • Rules regarding when and how people may leave the home • Rules about when and how people can access their home (i.e., residents are not allowed keys, cannot come home unless staff is home, or cannot access food outside of designated mealtimes) • Visitation rules and restrictions • Restricting people from decorating their bedrooms the way that they choose

	• House curfews or scheduled times that people are required to return to the residence • Strict, inflexible mealtimes
3. Do residents have to abide by a curfew?	Indicate if there is a curfew or other requirement for a scheduled return to the setting that is applied to either all or residents with disabilities. There should not be blanket expectations put upon people in the residence without appropriate justification and documentation. If yes, please provide your organization's policies regarding curfew hours.
Lockable Doors	
Question	**Guidance**
1. Do residents have a key or other mechanism to open the front door of the building?	Please indicate if residents possess a key or other another mechanism, such as a door man to access the residence safely 24/7. The standard approach of the residence should be that all people are informed and offered the means to control access to the building.
2. Do residents have a key and option to lock their own private living spaces and/or apartment?	Indicate whether residents possess a key to access their apartment or personal living space safely 24/7, and that the residence has procedures and an overall system in place to offer and support the provision of bedroom keys to all residents. All residents must have the opportunity to obtain their own key/way of access into their living unit. If individuals are not permitted to have a key/means of access to their home and/or room it must only be due to clearly evaluated, justifiable, and documented reasons. **Prohibiting or preventing someone from the use of a key is a modification to the person's rights**, and informed consent must be present and must be based upon a specific and individualized assessed need. Positive supports and interventions must be tried first, before any restrictive measures. This restriction must also be reviewed periodically to determine whether it is still necessary.
3. Can residents close and lock their bathroom door?	Prohibiting or preventing someone from the use of a key to their bathroom is a modification to the person's rights, and informed consent must be present and must be based upon a specific and individualized assessed need. Positive supports and interventions must be tried first, before any restrictive measures. This restriction must also be reviewed periodically to determine whether it is still necessary. The privacy of an individual should be respected in all aspects of life. The residence and staff must ensure that the person's need for privacy is respected and protected. This includes being able to have privacy in bathing, grooming, and dressing.
Privacy	
Question	**Guidance**
1. Are surveillance cameras present inside a resident's personal living space?	Determine whether one or more surveillance cameras are used inside the residence. Video cameras are currently NOT allowed inside HCBS residences, as per CMS. This means that they are prohibited in bedrooms, bathrooms, kitchens, and other common living areas of the residence. The use of video cameras inside of a residence is considered to be institutional.

	Please note: This does not apply to some security cameras used **outside** of the residence, such as an apartment building owned by a landlord who uses surveillance cameras in public hallways not owned by the agency. This also does not apply to security systems that utilize surveillance cameras for security purposes which monitor **outside** of the residence and are typical in residential communities.
2. Are residents able to have a private cell phone, computer or other personal communication device or have access to a telephone or other technology device to use for personal communication in private at any time?	Residents should be able to have private cell phone, telephone, computer, and/or other personal communication devices in their living units and have the ability to communicate in private. Please explain if your residence restricts residents private telephone and/or computer conversations.
3. Do residents take medications privately, unless stated differently in their service/ support plan and is agreed upon by the individual?	Indicate if all residents have the choice to take medications privately. Any modification or restriction of a person's choice to take medication privately is considered a restriction of the person's rights. Rights modification must be documented in the support/service plan and must be discussed with the resident if there is a need for the resident to NOT privately take medication. The modification must be part of the person- centered planning process and must be supported by a specific assessed need or safety issue.
4. Does only appropriate staff possess keys to private residence units?	Residence should have mechanism(s) to inform residents that they may have a key/a means to access the resident's bedroom. To ensure residents privacy, security and independence it is incumbent upon the organization as part of its procedures to ensure that only appropriate staff have access to the person's bedroom. Staff that does have access should have a justifiable and reasonable need to have access to the person's room. If staff possess keys to residents personal living space, they should only use that key space under limited circumstances agreed upon with the individual or in case of an emergency.
5. Do staff knock and receive permission prior to entering a resident's living space?	Residents are entitled to privacy, security and independence; therefore, it is incumbent upon the organization to ensure that staff knock or receive verbal permission to enter a resident's personal living space. Staff must be trained to only enter a resident's personal living space without permission under limited circumstances agreed upon by the individual on in case of an emergency.
Independent Choices	
Question	**Guidance**
1. Are residents provided with information regarding their right to a person-centered planning process?	Support/service plans must be person-centered. This means that plans need to reflect the priorities and outcomes that are important to people, and that should become the foundation and basis for development and implementation of plans. Any issues or concerns residents may have with the goals, content, and overall focus of their plans should be addressed by the residential program. There should be an overall system in place to receive feedback not only on the successes of plans, but also on areas of plans that require re-examination and revision. Residents have an understanding of their support/service plans which should include the following:

	• Residents know that they have a person-centered support/service plan and its contents. • Residents should know where a copy of their plans is if they want to see them and/or the residents has received a copy of their plan. • Residents are able to name an area or goal in their plans that they are working on. • If English is a person's second language, is a copy of their plan is available in their primary language • There is evidence that staff make every effort to make plans accessible and understandable to the residents.
2. Are residents provided information about their rights, including HCBS rights, in a manner that they understand and at their comprehension level?	Residents are provided with information regarding their rights (including those related to HCBS) in a clearly written language that is understandable to the resident. Residents should understand what their rights are and should have a meaningful way to access this information. Information about rights should be provided with respect to the person's communication style, sensory skills, preferred language, and cultural considerations. Consideration of preferences for visual or auditory communication, presence of a supportive family or staff member should be present. Auxiliary aids and services must be available at no cost to the resident. For persons with limited English proficiency, language services must be available at no cost. Providing meaningful access to rights becomes especially important in instances where the person and/or their representatives have limited English proficiency (LEP). In certain circumstances, depending upon the person's strengths and capabilities, this question may need to be answered from the perspective of the family member/advocate who knows the person best.
3. Do staff receive training on home and community-based services, including individual rights and how to support individuals to exercise control and choice in their own lives?	Staff trainings are available on how to support/encourage residents to communicate regarding preferences for resident's daily schedule. Staff is aware and understands the federal settings rule and definition of a home and community-based setting. Agencies should ensure that staff receives initial and on-going training and supervision regarding HCBS. Staff should be knowledgeable about the full array of services and community resources that will help residents' remain in stable housing. Training competencies should include an understanding of HIV and co-occurring disorders, engagement strategies, wellness self-management, and motivational interviewing, among others.
4. Is there continuous and updated documented evidence in the service/ support plan that staff supports individual input, choice, autonomy, and decision-making including choice of activities or meaningful community inclusion, relationships, freedom of association, religious/spiritual preferences, etc.?	The person-centered support/service plan includes documented evidence that residents have access to amend or change their plans and is reflective of their preferences including community inclusion, relationships, freedom of association, religious/spiritual preferences, etc. Support/service plans are updated in a timely manner.
5. Are staffing schedules and operations (and their use of natural/ peer supports) sufficient to support peoples' choice/ participation in meaningful community	Residences have some routines in place; however, these routines should be related to the schedules, interests and requests of the residents living there, rather than staff preference, staff schedules or facility organizational practices. Residents should be permitted to participate at other times chosen by them.

activities according to the preferences/ priorities in their service/support plans?	
6. Does the person-centered planning process provide a method for the resident to request updates to their plan, as needed?	When a resident expresses a desire to update their support/service plan the residence takes timely action to respond to the request. "Timely action" means that the residence acts upon a person's wishes without unnecessary delays. The program should actively support individual choice, autonomy, and decision-making. This includes having choices of activities for meaningful community inclusion and having the ability to form and maintain relationships with people of their choosing as well as religious and spiritual choices being respected. The program should not make decisions for residents without engaging them and ensuring that they have an active role in making their own choices to the highest degree possible.
7. Are all observed right limitation(s) documented in the residents' service/ support plan and comply with HCBS? In addition, are steps taken to ensure other residents in the setting are not impacted?	Rights restrictions and rights modifications include alterations to any personal rights identified above, including rights limitations, restrictions, and intrusive interventions as defined in 595 Occupancy Agreement process. Rights restrictions and modifications may or may not require an individualized behavior support plan. Any modification of rights **must** be supported by a specific assessed need and justified in the person-centered service plan. CMS Regulations identify standards related to **any** modification or restriction of rights in HCBS settings. **The following requirements must be documented in the person-centered support/service plan:** • Identification of a specific and individualized assessed need • Documentation of the positive interventions and supports used prior to any modifications to the person- centered service plan • Documentation of less intrusive methods of meeting the need that have been tried but did not work • Includes a clear description of the condition that is directly proportionate to the specific assessed need • Includes a regular collection and review of data to measure the ongoing effectiveness of the modification • Includes established time limits for periodic reviews to determine if the modification is still necessary or can be terminated • Includes the informed consent of the individual • Includes an assurance that interventions and supports will cause no harm to the individual If a person has a restriction/limitation in place because of a ***behavioral concern***, they should already have a behavior support plan in place that addresses the elements above. If the person requires any limitations to rights expected in HCBS settings due to identified behaviors, the BSP would also be the appropriate place to provide the required documentation. The only exception to meeting the rights modifications requirements, is if there is an emergency situation where the

	person places themselves or others around them in serious jeopardy (i.e., there is an immediate, serious, and credible threat). In this case, the provider/staff must take immediate and appropriate action necessary to address the crisis situation, regardless of documentation present. Once the immediate crisis is over, the provider/staff is expected to reassess the person's preferences and needs using the person-centered planning process, determine strategies to address health and safety threats determined to be recurring/likely to recur, and update the person's support/ service plan accordingly.
8. Does a person have a choice of whether or not to participate in activities, day programming, or work without being penalized?	Verify that practices and/or policies and procedures in place at the site do not prohibit the rights of residents to participate in activities of their choosing. It is important that residence and staff honor the individual's choice in participating in residential programming. Support for activities of choice requires meaningful discussions between staff and residents, ensuring residents are making safe and informed choices. Confirm that there are no indications that people are denied the opportunity to engage in legal activities without justification and/or documentation.
9. Are there restrictions to a person's food choice or choice of where/when mealtimes are?	Indicate if residents have opportunities to choose the foods they want to eat, ability to store food in their room if they choose, eat in their room, and decide when to eat. Presenting a person with narrow food choice options, without their input, does NOT satisfy this requirement. Having access to food at any time does NOT mean that FULL dining services or meals should be available 24 hours a day, but rather applies to having **ACCESS** to food at any time. Any modification or restriction to a person's food choices or choice of mealtimes is considered a restriction of the person's rights. If there is an appropriate rights modification documented that restricts the right of the person to have access to food at any time, the rights modification must have been discussed and reviewed as part of the person-centered planning process and must be supported by a specific assessed need. **Please Note:** If other people are impacted by a restriction that is necessary for a specific person, the expectation is that reasonable approaches are taken to support the people who are impacted by the restriction and arrangements should be made so that other individuals have the right to access food at any time.
10. Are married couples or partners able to share a room together?	Please indicate if residents have the ability reside with their spouse/partner. If not, please describe how the program and staff support the resident in keeping the relationship with their spouse/partner.
11. Do residents sharing apartments have a choice of roommate?	Please indicate if residents sharing rooms have the ability to choose their roommate. If so, please describe how resident's needs, preferences and resources are taken into consideration for his/her options for shared versus private residential units. Explain the protocols in place to facilitate individual's choice regarding roommate selection.
12. Are residents able to furnish and decorate their rooms/apartments in the way that suits them?	Residents should have choice regarding how they furnish their environment, such as what they find comfortable, visually appealing, and how to display their interests and priorities.

	Individuals' bedrooms/apartments should be reflective of the individual's choices.
13. Do residents have a checking or savings account or other means to control his/her funds and decide how to control their own funds?	Please indicate if residents have a checking or savings account in his/her name, with control over the funds. In addition, indicate if the resident has the ability to access those funds at any point in time and if not, are the funds provided in a timely manner by the program? **For additional guidance take into consideration the following:** • If the person earns a paycheck, are they aware that they are not required to sign it over to the provider? • Does the person spend or are they supported to spend their money on items/activities of their choosing? • If a person needs support/assistance or training with how to manage their income, is that support provided? • The person is provided needed supports to spend their personal allowance on activities/personal interests/goods that are meaningful to him/her; • The person reports that they have access to their personal allowance funds when needed to engage in activities and make purchases of their choice; and, Residential staff helps the person to budget and make informed choices about purchases. • There is evidence through documentation the resident does not receive sufficient support to exercise their right to spend their personal allowance funds on activities/items meaningful to him/her, ***OR:*** • There are unnecessary/unreasonable barriers/restrictions on the person being able to spend their personal allowance funds, without an appropriate rights modification that clearly documents all the necessary elements. • There is evidence that staff is making the decisions on how to spend the individual's money without regard to their needs of interests. If no, please provide your organization's policies regarding financial control.
Dignity/Respect	
Question	**Guidance**
1. Does the organizational culture reinforce and train staff to respect the cultural/ religious/other backgrounds of its residents and is it culturally competent?	Staff must respect and offer opportunities for people to understand their ethnic and cultural backgrounds and offer various cultural, religious, or ethnic experiences. Natural supports for people may also have family traditions and favorite food dishes, etc. that the site should be aware of. Residents should have opportunities to participate in the traditions and activities of interest with their peers and to share personal values and beliefs. Select YES if most of the following are met, or there are no apparent barriers to the following: • Residents have choice and personal expression in their room decorations related lifestyle, spiritual and cultural choices

	• Residents attend religious activities of their choice residents are able to visit ethnic shops, attend ethnic festivals, and follow international sports menus reflect ethnic diversity reflective of the people living in the residence staff offer opportunities for unique experiences based on the cultural, religious, and ethnic backgrounds of residents clothing and grooming is appropriate to religious or cultural choices of the individual sexual preferences and gender identities of people are respected • Staff communicates with natural supports and are sensitive to fostering family traditions and values.
2. At all times, do staff interact and communicate with residents in a respectful and dignified manner?	Staff policies and training must include subject matter on how to interact and communicate with residents in a supportive and professional manner.
3. Do staff talk about residents as if they were not present or within earshot of other residents or staff?	Support/service plans must be person-centered. This means that plans need to reflect the priorities and outcomes that are important to people, and that should become the foundation and basis for development and implementation of plans. Any issues or concerns residents may have with the goals, content, and overall focus of their plans should be addressed by the residential program. There should be an overall system in place to receive feedback not only on the successes of plans, but also on areas of plans that require re-examination and revision. People (and/or their personal representatives) have an understanding of their support/ service plans. Select YES if most of the following are either met: • Residents know that they have support/service plan and its contents. • Residents should know where a copy of their plans is if they want to see them and/or the people have received a copy of their support/service plan. • Residents are able to name an area or goal in their plans that they are working on. • If English is a person's second language, is a copy of their plan is available in their primary language • There is evidence that staff make every effort to make plans accessible and understandable to the people
4. Do staff demonstrate an effort to communicate (oral and written) to residents in a language that they understand?	It is expected that the service planning process is understandable and accessible to residents and reflects cultural considerations. Information should be provided in plain language and in an accessible manner. Auxiliary aids and services must be available at no cost to the resident. For residents with limited English proficiency, language services must be available at no cost. If residents are non-verbal or have difficulty communicating or reading, their support/service plans should be developed in as accessible a way as possible (e.g., using pictures, diagrams, verbal recording of the information, video, etc.).
5. Does the residence have protocols in place to address peoples' dissatisfaction or complaints with the living environment?	Please verify that residents have the ability to make an **anonymous** complaint, which is a right guaranteed under the Constitution's First Amendment pertaining to Freedom of Speech. Residences must ensure they provide all residents the right to communicate one's opinions and ideas **without fear of retaliation or censorship**. Anonymity is important because people may be

	fearful of punishment or retribution for voicing their concerns. Information should be made available regarding **how** to make an anonymous complaint and **who** to contact. People should be made aware of this right, and informed that they are protected from retaliation, censorship, and repercussions for making a complaint. Examine whether the facility makes information about how to register an anonymous complaint sufficiently available to people and determine if residents are aware of this process and understand it. While individuals are often informed of grievance processes, the ability for anonymity is sometimes not part of this written process. Verify that information is provided in an understandable manner.
Lease Agreement	
Question	**Guidance**
1. Are residents provided a written lease or occupancy agreement that provides eviction protections, due process appeals, and specifies the circumstances when eviction would be required?	All residents must have a lease or written residency/occupancy agreement that provides protections that address eviction processes and appeals comparable to those provided under the jurisdictions of landlord-tenant law. It is the organization and residential setting's responsibility to ensure that residents are fully informed of their rights, including when eviction or involuntary discharge is necessary. There should be written evidence of an **occupancy agreement** or another comparable written agreement with the agency, in the resident's file. The residential agreement should address the circumstances under which the person could be required to relocate and the **due process/appeals** available to them. **The written agreement MUST have the above information that includes eviction protections and due process.** There is evidence of a **written occupancy agreement that specifies due process and appeals regarding the person's residential setting and circumstances.** This can be a written residential/occupancy agreement that outlines the 595 Occupancy Agreement Notice of Rights *and* specifies the circumstances upon which the person would be required to relocate, and the due process/appeals provided in these circumstances. This document can be combined with a Notice of Rights **as long** as the occupancy agreement section specifies **protections/appeals from eviction** and circumstances upon which the person could be **required to relocate.** There must be evidence the resident was informed of housing protection rights (for example, there are signatures on the document, the person has a copy, and the person/advocate can explain what their due process/appeals rights are if they are asked to relocate). The provider should utilize and document an array of strategies and interventions to prevent someone from being evicted/ relocated such as referrals to other community-based services, holding case conferences, etc. In addition, the provider should make a formal grievance procedure available to residents. If a 595 occupancy agreement, lease, or sublease was not used please include in your submission a copy of the written agreement used for residents.
2. For settings in which landlord tenant laws do not apply, is there a written residency	In order for a residence to be considered Home and Community-Based, the resident must have a lease or written residency/occupancy agreement that provides protections that address eviction

agreement and process comparable to the jurisdiction's landlord tenant laws?	processes and appeals comparable to those provided under the jurisdictions of landlord-tenant law. It is the agency and residential setting's responsibility to ensure that residents are fully informed of their rights, including when eviction or involuntary discharge is necessary. There should be written evidence of a **595 residential occupancy agreement** or another comparable written agreement with the agency, in the person's file. There should be evidence demonstrating the resident was made aware of the 595 residential occupancy agreement or comparable written agreement. This agreement should address the circumstances under which the person could be required to relocate and the **due process /appeals** available to them. **The written agreement MUST have the above information that includes eviction protections and due process.** Beyond written documentation, it is important to interview the person and/or his/her representative to determine if they have ***awareness*** of these rights. Ask if they have been informed that they should have an agreement with the residence that provides protections if the agency asks them to move. They should have received paperwork that describes the conditions for moves and due process rights. If a 595 occupancy agreement, lease, or sublease was not used please include in your submission a copy of the written agreement used for residents.

APPENDIX E

Authorization for Release of Health Information and Confidential HIV Related Information Form

The AIDS Institute makes available the "Authorization for Release of Medical Information and Confidential HIV Related Information" (DOH-2557) form and the "Authorization for Release of Health Information (Including Alcohol/Drug Treatment and Mental Health

Information) and Confidential HIV/AIDS-related Information" (DOH-5032).

"Authorization for Release of Medical Information and Confidential HIV Related Information" (DOH-2557, 2/11)

The form was streamlined and may be used for disclosures to single parties as well as multiple parties. It may be used to allow multiple parties to exchange information among and between themselves or to disclose information to each listed party separately.

"Authorization for Release of Health Information (Including Alcohol/Drug Treatment and Mental Health Information) and Confidential HIV/AIDS-related Information" (DOH-5032, 4/11)

This form was created to facilitate sharing of substance use, mental health and

HIV/AIDS information. The form is similar to the DOH-2557 form but fulfills a need within facilities in which different teams handle substance use, mental health and HIV/AIDS related issues. In addition, this form fulfills a need between facilities and providers that care for the same patient. Like DOH-2557, DOH-5032 is intended to encourage multiple providers to discuss a single individual's care among and between themselves to facilitate coordinated and comprehensive treatment.

When appropriate, the DOH-5032 form should be used in place of (but not in addition to) the DOH-2557 form.

Both of the above forms can be accessed and printed from the NYSDOH web site at:
http://www.health.ny.gov/diseases/aids/forms/informedconsent.htm