



# Office of Alcoholism and Substance Abuse Services

## Bureau of Housing Services Permanent Supportive Housing Site Review Instrument

Program Management			
<b>Name of Agency:</b>			
<b>Housing Brand:</b> <input type="checkbox"/> CoC <input type="checkbox"/> ESSHI <input type="checkbox"/> MRT <input type="checkbox"/> Re-Entry			
<input type="checkbox"/> NY/NY III Cat F <input type="checkbox"/> NY/NY III Cat G <input type="checkbox"/> Upstate PSH			
<b>Staff Consulted:</b>			
<b>Name(s) of Reviewer(s):</b>		<b>Date of Visit:</b>	

This Exhibit is designed to review the overall management of the program including reporting, policies and procedures, collaboration with service Providers, and staffing. Please collect documentation to support your conclusions.

<b>Date of Last Review:</b>
<b>Summary of Findings/Concerns:</b>

<b>Provider Background/Other Services:</b>
<b>Provider Goals for the Program:</b>
<b>Challenges Identified by the Provider:</b>
<b>Housing:</b> <b>Type of Units:</b> <input type="checkbox"/> Congregate <input type="checkbox"/> Single Site <input type="checkbox"/> Scatter Site
<b>Building Types:</b> <input type="checkbox"/> Mixed Use <input type="checkbox"/> Special Needs Only

### Questions:

1. Is the Provider current in its monthly reporting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

2. Is the Provider renting at least the number of apartment units approved under contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of awarded units _____	Yes	No	N/A
Current census _____			
<b>Describe Basis for Conclusion:</b>			



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3. Does the Provider have written policies and procedures regarding the following: admissions, discharges, rent collection, service delivery, program participant rights, termination, grievances, staff training, staff supervision, safety policies for staff and residents, incident and death reporting, emergency protocols, disaster and/or emergency planning, etc....? [Yes] [No] [N/A]

Describe Basis for Conclusion:

4. Does the Provider collaborate with supportive service(s) agencies and treatment organizations? If yes, is there a "current" Memorandum of Understanding (MOU) or signed contractual agreement? [Yes] [No] [N/A]

Describe Basis for Conclusion:

5. Is there sufficient staff with appropriate qualifications for the target populations? [Yes] [No] [N/A]

Describe Basis for Conclusion:

6. Is there evening and weekend coverage? Please describe how coverage is provided. [Yes] [No] [N/A]

Describe Basis for Conclusion:

7. Does the Program Director overseeing the Housing Counselors and Case Managers have at least a Bachelor Level Degree, supervisory experience, and a background in providing services to the target population? [Yes] [No] [N/A]

Describe Basis for Conclusion:

8. Have Criminal Background Checks been conducted in compliance with the Justice Center? [Yes] [No] [N/A]

Describe Basis for Conclusion:

9. Is a Staff Training Log maintained and updated? [Yes] [No] [N/A]



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**Describe Basis for Conclusion:**

<b>10.</b> Are staff training topics relevant for enhancing the delivery of services to the target population?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

**Describe Basis for Conclusion:**

<b>11.</b> Is staff supervision conducted regularly and documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

**Describe Basis for Conclusion:**



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Admission Procedures			
Name of Agency:			
Staff Consulted:			
Name(s) of Reviewer(s)		Date of Visit	

This Exhibit is designed to monitor OASAS' Permanent Supportive Housing Programs to determine if the tenants meet the admission criteria for the PSH program. Please collect documentation to support your conclusions.

**Questions:**

1. Is there documentation to support the tenant's appropriateness for admission to this specific housing brand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

<b>MRT Admission Criteria:</b> a) Single adult living alone; b) Primary diagnosis of a substance use disorder; c) History of or at risk of homelessness; d) Active Medicaid; 3) At least 2 inpatient hospitalizations or 5 ER episodes in the past 12 months (or 1 I/P and 4 ER episodes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

<b>PSH Admission Criteria:</b> a) Single adult or head of household with SUD history; b) Primary diagnosis of a substance use disorder; c) Homeless or at risk of homeless; d) Approved HR 2010e (NY/NY III only); e) Potential homeless or doubled up upon release from criminal justice facility (Re-Entry only).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

2. Is there documentation of homelessness or at risk of homelessness? a) HR 2010e; b) Psychosocial; c) Other Documentation (note source)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

3. Is there documentation of a disability, including DSM diagnosis? a) HR 2010e; b) Psychosocial; c) Other Documentation (note source)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			



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Service Plan			
Name of Agency:			
Staff Consulted:			
Name(s) of Reviewer(s)		Date of Visit	

This Exhibit is designed to review the program's Service Plan to ensure that it is completed within the required timeframes, is individualized to meet the tenants' needs, and is updated on a regular basis. Please collect documentation to support your conclusions.

### Questions:

1. For tenants that have been in the program for less than 2 years, was the Service Plan developed within 30 days of admission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

<b>Describe Basis for Conclusion:</b>
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2. Do the Service Plan goals reflect the tenant's needs? Does the Service Plan reflect the following: Daily living skills; b) Timely rent payment; c) Community integration; d) job training, e) Overall wellness etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

<b>Describe Basis for Conclusion:</b>
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3. Are Service Plans inclusive for family members enrolled in the program? a) Report Cards; b) Immunization Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

<b>Describe Basis for Conclusion:</b>
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4. Is there documentation that the Service Plan has been reviewed and updated when applicable on a quarterly basis with tenant (tenant family) input?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

<b>Describe Basis for Conclusion:</b>
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5. Has the Service Plan been revised in response to the Service Plan review? Do tenant Case Notes reflect that Service Plans are reviewed annually and quarterly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

<b>Describe Basis for Conclusion:</b>
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Documentation of Service			
Name of Agency:			
Staff Consulted:			
Name(s) of Reviewer(s)		Date of Visit	

This Exhibit is designed to review the case notes to ensure that they are completed regularly and include sufficient detail that captures a running history of contact with the tenant. Please collect documentation to support your conclusions.

### Questions:

1. Are case notes written, signed, and dated by the Case Manager, Housing Counselor, or 'designated' responsible staff person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

2. Do case notes address the following areas:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Observations			
b) If applicable, interactions with children, family members, or significant others	Yes	No	N/A
c) Service goals			
d) Service Plan updates			
e) Apartment repairs			
Describe Basis for Conclusion:			

3. Is there documentation indicating that home visits were conducted at least monthly? Are home visits conducted more frequently for tenants whose needs are more challenging as indicated in the Service Plan, Case Record and/or Case Notes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

4. Do case notes provide a chronology of the tenant's progress in relation to the goals identified in the Service Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			



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5. Are supportive services, appropriate and adequate to the special needs of the tenant, being provided and documented in the case record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

**Describe Basis for Conclusion:**

6. If a tenant was terminated, do the case notes document that due process was followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

**Describe Basis for Conclusion:**

7. If the Supportive Services, to include but not limited to the hiring of Case Managers and/or Housing Counselors have been subcontracted, is there a 'current' Memorandum of Understanding or signed contract between the Housing agency contracted with OASAS and the subcontractor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

**Describe Basis for Conclusion:**

8. Does the Memorandum of Understanding or signed contract outline the services, deliverables, and expectations of the Housing Provider and the OASAS Housing Bureau?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

**Describe Basis for Conclusion:**

9. What type of oversight does the contracting agency conduct to ensure that the subcontractor is carrying out the contract deliverables? How does the contracting agency track this oversight? (e.g. regular meetings, audits and/or self-assessment of charts, records, etc.). Was the tracking system reviewed, if applicable?
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**Describe Basis for Conclusion:**



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Review of Housing			
Name of Agency:			
Staff Consulted:			
Name(s) of Reviewer(s)		Date of Visit	

This Exhibit is designed to review the quality of the housing, including rental agreements, program participant rent calculations and housing habitability standards. Please collect documentation to support your conclusions.

### Questions:

1. Is there a copy of the lease, signed by the landlord and tenant, included in the Case Record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Describe Basis for Conclusion:
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2. Is a copy of the Occupancy Agreement, initialed and signed by the tenant, included in the Case Record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Describe Basis for Conclusion:
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3. Is the Occupancy Agreement completed annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Describe Basis for Conclusion:
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4. Tenant Rent Calculation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Dated?	Yes	No	N/A
b) Calculated correctly?			
c) Appropriate back-up (6 weekly or 3 bi-weekly pay stubs, PA Budget letter or SSI/SSD letter)?			
d) Are previous calculations dated and calculated correctly?			

Describe Basis for Conclusion:
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5. Do the files demonstrate that each unit was initially inspected utilizing the Housing Quality Inspection Checklist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Describe Basis for Conclusion:
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6. Is there evidence that the units were re-inspected annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

**Describe Basis for Conclusion:**

7. After inspecting a sample of apartments, are they clean, in good repair, and free from any dangerous, unhealthy, or potentially unsafe conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

**Describe Basis for Conclusion (including number of apartments visited):**

8. After inspecting a sample of apartments, do they appear to be adequately furnished (e.g., bed, dresser, table and chairs, couch, coffee table, lamps, blinds, basic cookware, etc....)? Is there adequate space for the number of people and children, if applicable, in the apartment unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

**Describe Basis for Conclusion:**

9. Is there an inventory kept of all the furniture purchased for the tenants' units?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

**Describe Basis for Conclusion:**

10. After interviewing tenants (program participants), do they appear to be satisfied with their housing, the supportive services, their interactions with the Case Manager/Housing Counselor, or any other aspect of the housing program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

**Describe Basis for Conclusion:**

Based upon this on-site review, is a Corrective Action Plan required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

**If yes, describe the Findings and Concerns to be addressed:**