



# Office of Addiction Services and Supports

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

### Program Management

Name of Agency:

Housing Brand:  CoC  ESSHI  MRT  Re-Entry  
 NY/NY III Cat F  NY/NY III Cat G  Upstate PSH

Staff Consulted:

Name(s) of Reviewer(s):		Date of Visit:	
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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.

Date of Last Review:  
Summary of Findings/Concerns:

Provider Background/Other Services:  
Provider Goals for the Program:  
Challenges Identified by the Provider:  
Housing: Type of Units:  Congregate  Single Site  Scatter Site  
Building Types:  Mixed Use  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

Describe Basis for Conclusion:

2. Is the provider renting at least the number of units approved under contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of awarded units _____	Yes	No	N/A
Current census _____			

Describe Basis for Conclusion:

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, emergency plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Describe Basis for Conclusion:



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4. Does the provider collaborate with service/treatment organizations as evidenced by Memorandums of Understanding (MOU)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
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**Describe Basis for Conclusion:**

5. Is there sufficient staff with appropriate qualifications for the target populations?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
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**Describe Basis for Conclusion:**

6. Is there evening and weekend coverage? Please describe how coverage is provided.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
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**Describe Basis for Conclusion:**

7. Does the Program Director overseeing the Housing Counselors/Case Managers have a Bachelor's Degree with supervisory experience and experience with the target population?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
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**Describe Basis for Conclusion:**

8. Have Criminal Background Checks been conducted in compliance with the Justice Center?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
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**Describe Basis for Conclusion:**

9. Is a Staff Training Log maintained?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
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**Describe Basis for Conclusion:**

10. 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
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**Describe Basis for Conclusion:**

11. Is staff supervision conducted regularly and documented?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
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**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 clients meet the admission criteria for the PSH program. Please collect documentation to support your conclusions.

#### Questions:

1. Is there documentation to support the client's appropriateness for admission to this particular 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:



# Office of Addiction Services and Supports

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

### 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 clients' 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?

Yes No N/A

Describe Basis for Conclusion:

2. Do the Service Plan goals reflect the client'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.?

Yes No N/A

Describe Basis for Conclusion:

3. Are Service Plans inclusive for family members enrolled in the program?  
a) Report Cards; b) Immunization Records

Yes No N/A

Describe Basis for Conclusion:

4. Is there documentation that the Service Plan has been reviewed quarterly with client input?

Yes No N/A

Describe Basis for Conclusion:

5. Has the Service Plan been revised in response to the Service Plan review?  
Do case notes reflect that Service Plans are reviewed annually and quarterly?

Yes No N/A

Describe Basis for Conclusion:



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

### 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 client. Please collect documentation to support your conclusions.

#### Questions:

1. Are case notes written, signed and dated by the responsible staff person?  Yes  No  N/A

**Describe Basis for Conclusion:**

2. Do case notes address the following areas:  Yes  No  N/A  
a) Observations  
b) If applicable, interactions with children/family members  
c) Service goals  
d) Service plan update  
e) Apartment repairs

**Describe Basis for Conclusion:**

3. Is there documentation indicating that home visits were conducted at least monthly? Are visits conducted more frequently for tenants whose needs are more challenging as indicated in the case record?  Yes  No  N/A

**Describe Basis for Conclusion:**

4. Do case notes provide a chronology of the client's progress in relation to the goals identified in the Service Plan?  Yes  No  N/A

**Describe Basis for Conclusion:**

5. Are supportive services, appropriate and adequate to the special needs of the client, being provided and documented in the case record?  Yes  No  N/A

**Describe Basis for Conclusion:**

6. If a client was terminated, do the case notes document that due process was followed?  Yes  No  N/A

**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 chart?

Yes No N/A

Describe Basis for Conclusion:

2. Is a copy of the Occupancy Agreement, initialed and signed by the tenant, included in the chart?

Yes No N/A

Describe Basis for Conclusion:

3. Is the Occupancy Agreement completed annually?

Yes No N/A

Describe Basis for Conclusion:

4. Tenant Rent Calculation:

- a) Dated?
- 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?

Yes No N/A

Describe Basis for Conclusion:

5. Do the files demonstrate that each unit was initially inspected utilizing the Housing Quality Inspection Checklist?

Yes No N/A

Describe Basis for Conclusion:

6. Is there evidence that the units were re-inspected annually?

Yes No N/A

Describe Basis for Conclusion:



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7. After inspecting a sample of apartments, are they clean, in good repair, and free from any dangerous or unhealthy conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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**Describe Basis for Conclusion** (including number of apartments visited):

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

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

10. After interviewing program participants, do they appear to be satisfied with the program and with the services that they receive?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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**Describe Basis for Conclusion:**

Based upon this review, is a Corrective Action Plan required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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**If yes, describe the Findings and Concerns to be addressed:**