NEW YORK STATE OF OPPORTUNITY. | Office of Temporary and Disability Assistance

Today's Bureau of Housing and Support Services Oversight

November 16, 2020

Welcome & Introductions

- Barbara Roff – Assistant Director
- Amanda Diller – HHAP Project Manager
- Brenda McAteer – HHAP Project Manager
- Michael Washburn - HHAP Project Manager
- Jason Harper – ESSHI Program Manager

BHSS Partnership: Contractual Obligations

A typical HHAC contract runs a minimum of 25 years and must be operated per the Final Award/Loan Agreement. Program specifics are in Appendix B of the contract.

"The Sponsor shall permit, and shall require its contractors to permit, duly authorized representatives of the Corporation, the New York State Office of Temporary and Disability Assistance (OTDA) and/or the New York State Department of Audit and Control to inspect all work, materials, records, invoices and other relevant data and records, and to audit the books, records and accounts of the Sponsor and its contractors pertaining to the Project, during the term of this Agreement."

A typical Services contract runs 5 years with annual renewals.

BHSS Partnership: Contract Highlights

- **Scope Of Project.** *"All project activity shall conform to the description thereof in this AGREEMENT. Any substantive change in the approved Project shall be carried out by amendment."*
- **Operation Of The Project.** Must be operated as per Appendix B in terms of number of HHAP units, population, housing type, referral sources, support services, M.O.P., etc.
- **Project Rents And Revenues**. Rents are restricted to TA shelter allowance or up to 30% of tenant income. Significant rent adjustments need approval of HHAC. However, annual rent adjustments based on the 30% of income may be done without HHAC approval. Any excess revenues must be placed in reserves account. Tenant rent share of 40% is permitted with HHAP approval if utilities are included.
- **Reports And Projected Budgets.** Annual reports are a contract requirement.

Annual Reports

Overview

Submission of the Annual Report is required under the Final Award or Final Loan Agreement with HHAC. The data received is used to monitor compliance with the HHAC contract, compile data for trending and analysis purposes and to identify best practices for replication. Most importantly, the Annual Report is a tool that enables HHAC to identify potential problems and work with the sponsor to address them. All the questions on the Annual Report must be answered accurately and completely.

Checklist for AR

Please provide an electronic copy of the following:	Copy Attached	If not provided or the item is non-applicable, please state why
Audited financial statements for your organization's most recent fiscal year	☐	
Audited financial statements for the LP/LLC's most recent fiscal year, if applicable	☐	
FYE statements and current statements of any capital and replacement reserve accounts available for this project	☐	
Proof that tenant security deposits are maintained in a separate escrow bank account	☐	
Budget to Actual Report, use recommended form. Include: • The projected budget • Comments explaining significant deviations from projected	☐	
Documentation of current liability and property insurance coverage: • All policies must name the Homeless Housing and Assistance Corporation as an additional loss payee. • A declarations page will suffice for property insurance	☐	
Board of Directors – Use recommended form	☐	
Proof of payment of sewer/water bills. A copy of the most recent invoice with payment record showing that the account is current will suffice	☐	
Two rent rolls: 1st: FYE period 2nd: The current rent roll.	☐	
PILOT Agreement, if applicable	☐	
MOP – if not previously provided electronically	☐	
House Rules/Tenant Handbook – if not previously provided electronically	☐	

HHAP Annual Reports cont.

Budget to Actual

An audited Budget to Actual Report must be submitted for each HHAP project (each site for multiple site projects). This report compares the budgeted operating revenues and expenses to actual operating revenues and expenses. The revenue and expenses in the “actual” column should be reviewed and certified by your auditor to ensure the accuracy of the data submitted. Alternately, the agency’s Executive Director or Chief Financial Officer may sign the budget to actual, thereby attesting to the accuracy of the information presented. HHAP is not able to accept a Budget to Actual report that is not signed.

The comments column must be utilized to explain deviations from the projected budget.

HOMELESS HOUSING AND ASSISTANCE CORPORATION BUDGET TO ACTUAL REPORT

Sponsor Name: ABC AGENCY
HHAC Contract #: HC00XXX **Project ID:** 2012-099
Site Address(es): 99 ANYPLACE WAY **Fiscal Year** 06/30/18

	EXPENSES	Budgeted	Actual	Difference	Projected Budget	Comments
Operating Budget	Real Estate Tax	$ -	$ -	$ -	$ -	Tax exempt
	Water & Sewer Expense	$ 8,500.00	$ 7,802.00	$ 698.00	8,036	
	Fire/Liability/Other Insurance	$ 10,210.00	$ 9,925.00	$ 285.00	10,223	
	Fuel	$ 1,700.00	$ 1,339.00	$ 361.00	1,379	
	Utilities	$ 28,600.00	$ 25,525.00	$ 3,075.00	27,500	Lower usage due to mild Summer 2015 and winter 2016.
	Exterminating	$ 600.00	$ 487.00	$ 113.00	502	
	Trash Removal Contract Expense	$ 2,500.00	$ 2,434.00	$ 66.00	2,507	
	Repairs and Maintenance	$ 21,000.00	$ 46,208.00	$ (25,208.00)	47,594	During the 2015-16 fiscal year program hired contractor to repair the elevator. Also significant repairs to HVAC equipment.
	Maintenance Payroll	$ 6,300.00	$ 4,479.00	$ 1,821.00	6,300	
	Legal and Accounting	$ 4,000.00	$ 118.00	$ 3,882.00	2,000	Did not require services as expected and based on past history
	Miscellaneous *(Please detail)*	$ 6,300.00	$ 4,479.00	$ 1,821.00	5,000	Cleaning contractor, janitor supplies and security services
	Replacement Reserves deposited during this contract year			$ -	0	
	Operating Reserves deposited during this contract year			$ -	0	
	Management Fee			$ -	0	
	Other: *(Please detail)*			$ -	0	
Program Budget and Debt	Support Services Payroll	$ 454,206.00	$ 452,254.00	$ 1,952.00	465,822	
	Laundry			$ -	0	
	Food	$ 41,000.00	$ 51,182.00	$ (10,182.00)	52,717	Higher than expected food costs during 2015-16. Budget for 2016-17
	Program Admin Costs *(Please detail)*	$ 22,677.00	$ 21,331.00	$ 1,346.00	21,971	dues
	Other Program Costs *(Please detail)*	$ 155,023.00	$ 137,584.00	$ 17,439.00	141,712	lower staff benefit costs, staff mileage, parking costs and program supply purchases
	Debt Service			$ -	0	
	TOTAL EXPENSES	$762,616	$765,147	-$2,531	793,262	

	REVENUES	Budgeted	Actual	Difference	Projected Budget	
Rents	Total HHAP Unit Rents			$0		
	Total Non-HHAP Unit Rents			$0		
	Commercial Rent			$0		
Other Income	Program Income **(Specify)**	$ 903,000.00	$ 901,250.00	$1,750	$ 930,090.00	Per diem
	Program Income **(Specify)**	$ -	$ 20,000.00	-$20,000	$ -	received a grant toward landscaping.
	Other Income **(Specify)**	$ 6,500.00	$ 10,794.00	-$4,294	$ 8,000.00	Fee for service income (client share) higher than expected.
	TOTAL REVENUES	$909,500	$932,044	-$22,544	$938,090	
	NET INCOME OR (LOSS)	$146,884	$166,897	-$20,013	$144,828	

Reserves	Current Replacement Reserve Balance	$ 224,876.00			Note - these will go to boiler replacement in 2016-17
	Current Operating Reserve Balance				

The undersigned certifies that the actual expenses presented above are true and correct.

PRINT NAME: JOHN DOE TITLE: CHIEF FINANCIAL OFFICER
SIGNATURE: _____ DATE: 12/15/16

Please note: If there is a surplus then these excess funds should be deposited into the reserve accounts

NEW YORK STATE OF OPPORTUNITY. Office of Temporary and Disability Assistance

HHAP Annual Reports cont.

Due Dates

- The Annual Report is due six months following the end of the sponsor agency's fiscal year. This is based on the Not for Profit organization's year end.
- If Audited Financial Statements (AFS) are not available in time for the Annual Report submission, submit everything else and inform HHAP why the AFS are late, and when they are expected.

The required forms and instructions are available at:
https://otda.ny.gov/programs/housing/forms.asp

All of the required documentation is to be submitted electronically to:
bhsannualreport@otda.ny.gov

Lets talk Procorem…….

HHAP Annual Reports cont.

- To gain access to Procorem:
  - Registration Form
    - On the HHAP Section of the OTDA Website
  - Procorem Mailbox
    - BHSS-Procorem@otda.ny.gov

Services Quarterly Program Report

Overview

- Submission of the Quarterly ("Narrative/Qualitative") Report is required as per Section III(G)(2)(a)(i) and Attachment D of the NYS Master Contract. Data is used to monitor compliance, compile data for trending and analysis purposes and to identify best practices for replication.

Due Dates

- Not later than 20 days from the end of the calendar quarter.

Required forms

- A program specific Excel document submitted via email to your BHSS Program Manager

Monitoring

From the Final Award agreement (HHAC Contract):

Project Operational Phase

*"The second phase shall consist of the ongoing operation of the Project Premises as housing for persons who would otherwise be homeless, including resident occupancy, management and provision of necessary support services. This phase shall commence upon the written approval by the Corporation of the Project Premises for occupancy as a Homeless Project and shall conclude upon the satisfactory completion of a period of no less than **twenty-five** (**25**) years from the date of such approval (hereinafter the "Project Operational Phase")."*

From the NYS Master Contract (Service Contract):

Records and Audits

"The OSC, AG and any other person or entity authorized to conduct an examination, as well as the State Agency or State Agencies involved in the Master Contract that provided funding, shall have access to the Records during the hours of 9:00 a.m. until 5:00 p.m., Monday through Friday (excluding State recognized holidays), at an office of the Contractor within the State of New York or, if no such office is available, at a mutually agreeable and reasonable venue within the State, for the term specified above for the purposes of inspection, auditing and copying."

Monitoring cont.

Homeless requirement from the Final Award Agreement (HHAC contract)

Use of the project premises:

"During the Operational Phase the Sponsor shall use the Project Premises to house people who would otherwise be homeless, as described in Appendix B, the Internal Review Package and the Management and Operating Plan approved by the Corporation. The Sponsor shall not admit to occupancy in the Project persons who do not meet this qualification, and shall maintain, throughout the term of this Agreement, records which provide evidence of compliance with this use restriction."

Homeless requirement from the NYS Master Contract (Service contract):

- Detailed in the Work Plan section

Remote Monitoring

Out of an abundance of caution, and in order to assure the safety of tenants, site staff and BHSS staff, this year's monitoring visits are being conducted remotely.

Required from sponsor:

1. Current rent roll for all the HHAP units
2. The items on the checklist, and
3. Attestations for both property and support services

Once the rent roll is provided a random sampling of units will be selected for "monitoring" where the following will be required:

- Third party documentation of homelessness
- Documentation of tenant share of rent (TIC form, HAP letter, Rent calc with proof of income)

Monitoring Appt Letter

Also requested from sponsor:

- Board of Directors form
- MOP (electronic)
- Tenant (House) rules/guidelines (electronic) } *if not previously provided*

Provided to Sponsor

- HHAC Final Loan/Award Agreement & any amendments
- Contract highlights
- Incident report form
- HHAP rent policy
- Sponsor's MOP for the project *if previously provided to verify no changes*
- Tenant (House) rules/guidelines

Monitoring Appt Letter – Physical Plant

New York State invested in your property. Sponsors must ensure that the property is well maintained in a safe, sanitary manner. In the past, OTDA staff would do this by visiting the site and viewing all common areas, support services areas and tenant rooms chosen at random by OTDA staff, but times have changed, and we have adjusted our monitoring process.

Where applicable please provide an electronic copy	Copy Attached	Date Performed	Comments
Fire System Test & Inspect Rpt	☐		
Sprinkler System Inspection Rpt	☐		
Date fire extinguishers inspected/changed	☐		Provide photo of inspection label
Elevator(s) last inspection date	☐		Include photo
Boiler inspection(s) & certificate	☐		Include photo
Furnaces/HVAC equipment – last PM visit	☐		
Unresolved Code violations	☐	[redacted]	
Agency Board of Directors on the attached form	☐		
If not previously provided, or if there have been changes to the Management and Operating Plan for the site/Policy and Procedures Manual	☐		
If not previously provided, or if there have been changes to the Tenant Handbook/House Rules	☐		
Property Management Agreement (if third party)	☐		
Support Services Agreement (if not provided by sponsor)	☐		
Site photos: • Building exterior incl yard • the roof • all common areas • utility rooms • basement • tenant unit (if vacant)	☐		

Monitoring Appt Letter Attestations

PUT ON AGENCY LETTERHEAD

SUPPORT SERVICES ATTESTATION

Contract #:
Site Address:

I, _____(Name)_____, __(Job Title)_____, attest to the following (please check that the following are routinely done):

HHAP tenants are contacted by support/project staff
In person ☐ Remote ☐ Both in person and remote ☐

_____Tenant files contain at least current monthly progress notes

_____Tenants have a current service/goal plan in their tenant files

Note how often service plans are updated
Quarterly ☐ Semi-annual ☐ Annual ☐ Monthly ☐

_____ Wellness checks are being conducted during the pandemic.
If yes, what event prompts a wellness check?

_____
_____

Comments, if any:
_____
_____
_____
_____

_____
Signature Date

PUT ON AGENCY LETTERHEAD

PROPERTY ATTESTATION

Contract #: |
Site Address:

I, _____(Name)_____, __(Job Title)_____, attest that the items listed below were checked at the HHAP site address referenced above.

Please mark that each of the following were checked:

____ Emergency Exit Lights are operational
____ Fire-Doors maintained in closed position
____ Fire escapes are clear of obstruction
____ There are two means of egress
____ Space heaters are not being used
____ Plumbing system & fixtures in working order
____ Electrical/plugs/cords/light fixtures safe
____ Hot & cold running water is available in each unit and common areas
____ Water pressure is adequate in each unit and common areas
____ Furniture, if provided by your agency, is in good condition
____ There are no stored combustibles in furnace/electrical/utility room
____ There is no fueled equipment stored indoors
____ There is no evidence of pests or rodents
____ There is no evidence of mold
____ Are all vents (kitchen, bathroom) clean? If not, note the location(s)

Comments, if any:
_____
_____
_____
_____

_____
Signature Date

Tenant Summary - Property

Sponsor (NFP):		LP/LLC Name			
Site Location(s):					
Project Name					
Total # of Units:		HHAP # Units:		Type of Housing:	

HHAP CURRENT RENT ROLL

Unit #	Date of Entry	Date lease expires	Tenant Source of Income	Tenant Annual Income	30% of Tenant Income/ monthly	40% there is no subsidy & utilities are included in rent. Must be approved by HHAP	Contract Rent	Tenant Share Actual	Rent Subsidy Source	Subsidy Share	Arrears
PLEASE INCLUDE A RENT CALCULATION, A TIC, OR A HAP LETTER FROM A PHA ETC., TO SHOW TENANT SHARE OF RENT FOR EACH OF THE TENANTS BELOW											
					$ -	$ -					$ -
					$ -	$ -					
					$ -	$ -					
					$ -	$ -					
					$ -	$ -					
					$ -	$ -					
					$ -	$ -					
					$ -	$ -					
					$ -	$ -					
					$ -	$ -					
					$ -	$ -					
					$ -	$ -					
					$ -	$ -					
					$ -	$ -					
					$ -	$ -					
					$ -	$ -					
					$ -	$ -					
					$ -	$ -					
					$ -	$ -					
					$ -	$ -					
					$ -	$ -					
					$ -	$ -					
					$ -	$ -					
					$ -	$ -					
					$ -	$ -					
					$ -	$ -					
					$ -	$ -					

Rent roll | Support services

Tenant Summary – Support Services

Unit #	Date of Entry	Referral Source & Third Party Documentation	Population served -1	Population served -2	Population served -3
PROVIDE A SCANNED COPY OF THE THIRD PARTY DOCUMENTATION OF HOMELESSNESS FOR THESE TENANTS					

Rent roll | Support services

What is being Monitored?

BHSS staff monitor projects to assure the following:

1. Homeless individuals, or those who would otherwise be homeless, are housed in the HHAC funded units;
2. Homeless tenants are not charged more than 30% of their income in rent (40% with utilities, and requires HHAP written approval);
3. The project premises are maintained in good operating order, in sanitary condition and per local code requirements;
4. Appropriate support services are being delivered to tenants, that these are documented, and outcomes are tracked.

Monitoring: Population

If the sponsor selected a homeless sub-population that they wished to serve, and this is specified in the Appendix B, then there may be further documentation required to substantiate compliance. Populations may include:

- Serious mental illness (SMI);
- Substance use disorder (SUD);
- Persons living with HIV or AIDS;
- Victims/Survivors of domestic violence;
- Military service with disabilities
- Chronic homelessness as defined by HUD;
- Youth/Young adults who left foster care within the prior five years and who were in foster care at or over age 16;
- Homeless young adults between 18 and 25 years old;
- Adults, youth or young adults reentering the community from incarceration or juvenile justice placement, particularly those with disabling conditions;
- Frail Elderly/Senior:
- Individuals with intellectual or developmental disabilities (I/DD)

Monitoring: Support Services

Housing for homeless individuals and families would be less than successful were it not for support services. It is important to provide for the basic needs of homeless persons as well as develop the necessary skills to avoid homelessness in the future.

- Project Managers may request case management files/HMIS to assure that support services are being provided;
- The NFP must retain accountability where property management/support services are contracted;
- Provide a clean, safe, well maintained building;
  - Best practice – ADLS, housekeeping, unit inspections “setting the standard.”

Monitoring: Annual Report Follow Up

The monitor(s) will also review any questions/concerns prompted by reviewing your Annual Reports. This may include:

- Failure to account for discrepancies on the Budget to Actual Report;
- Negative cash flow;
- Inconsistencies with the Final Award/Loan Agreement (sub-population, unit count, subsidy source, challenges, low occupancy etc.).

- **Remember if considering future applications to HHAP scoring for sponsor qualifications includes timely submission of Annual Reports, response to any findings, and monitoring visit outcomes.**

Monitoring Takeaways

- BHSS monitoring was never your typical “Audit”, now these are atypical times:
  - Partnership
  - Common goals
  - Challenges
  - Community need
  - Best practice
  - Information sharing
  - Technical assistance

HHAP Partnership: Technical Assistance

The Homeless Housing and Assistance Corporation administers a Technical assistance Program which provides consulting and other services to HHAP sponsors. If at any time in the future you feel that your project could benefit from technical assistance, please call or submit a written request to the OTDA Housing and Support Services.

- Importance of good communication between sponsor and HHAP;
- Change in leadership – contract review.

Mortgage satisfaction

Once the contract term has ended HHAC issues a satisfaction of note and mortgage.

- Until the sponsor receives a mortgage satisfaction AND the mortgage lien release or satisfaction is officially recorded, the lien will remain on the property as a title defect.
- The letter issued on behalf of HHAC does not, by itself, remove the lien. It is the sponsor's obligation to take the mortgage satisfaction notice to the county clerk and have it recorded.

BHSS Incident Form Reporting

The Homeless Housing and Assistance Corporation (HHAC) Contract requires each Sponsor to report any serious incidents within five (5) days of the incident utilizing this form.

This request is based on the terms of your HHAC contract which requires the Sponsor to report *"any problem which may significantly delay or threaten the progress, completion or continued operation of the Project".*

The NYS Master Contract requires each Sponsor to report any serious incidents within three (3) days of the incident.

This request is based on Section III(H)(1) and (2).

For all occurrences of a serious incident the provider must:

- Call or email BHSS office to report the serious incident immediately, and
- Submit a copy of this Incident Report form to the Office within **three to five** business days. This Incident Report form must be used to report all Serious Incidents.

BHSS Incident Form Reporting

The Homeless Housing and Assistance Corporation (HHAC) Contract requires each Sponsor to report any serious incidents within five (5) days of the incident utilizing this form.

For all occurrences of a serious incident the provider must:

- Call or email HHAC office to report the serious incident immediately, and
- Submit a copy of this Incident Report form to the Office within **five** business days. This Incident Report form must be used to report all Serious Incidents.

This request is based on the terms of your HHAC contract which requires the Sponsor to report *"any problem which may significantly delay or threaten the progress, completion or continued operation of the Project".*

BHSS Incident Form

NEW YORK STATE OF OPPORTUNITY. | Office of Temporary and Disability Assistance

OTDA BHSS CONTACT INFORMATION
Report all serious incidents to:
Barbara Roff 518-486-6102
Email: bhssincidentreport@otda.ny.gov

Bureau of Housing and Support Services
SERIOUS INCIDENT REPORT

The Homeless Housing and Assistance Corporation Contract requires each Sponsor to report any serious incidents within 5 days of the incident utilizing this form. For all occurrences of a serious incident the provider must: (1) call or email this Office to report the serious incident immediately and (2) submit a copy of this Incident Report form to the Office within five business days. This Incident Report form must be used to report all Serious Incidents.

All fields of this report must be completed. Please check "Not Applicable" for areas in the form not relevant to the incident. The report is a fillable form and must be typed. All comment sections of the form will expand if more room is needed. The facility is required to submit the completed form to the Office of Temporary and Disability Assistance Bureau of Housing and Support Services attention Barbara Roff at bhssincidentreport@otda.ny.gov . Original signatures must be on all reports filed at the facility and be available for review by OTDA staff during monitoring visits.

When completing the report, provide a factual account of exactly what happened, when and where the incident occurred, and the cause of the incident. The following is a list of serious incidents that require immediate notification.

BHSS Incident Form Reporting cont.

SERIOUS INCIDENTS: (Immediate reporting required)

- Homicide or suicide
- Natural or unnatural death
- Serious or life-threatening injuries
- Any other serious incident impacting the safety and well-being of any resident or staff
- Hostage taking or abduction
- Possession or use of drugs with arrest of staff or resident
- Sale or distribution of drugs with arrest
- Drug overdose
- Law enforcement involvement
- Use or possession of a firearm or weapon
- Significant building damage caused by a natural disaster or catastrophic event such as a hurricane, tornado, flood, winter storm, etc.
- Arson, fire or explosion at facility
- Bomb threats
- Loss of utilities for more than 4 hours to all or significant portion of the building (heat, electricity, gas or water)
- Notification of code violations
- Discovery of any environmental hazard, such as toxic mold, lead paint or asbestos that threatens resident health or well-being
- Environmental concerns that may cause a life-threatening injury or the evacuation of an entire site as directed by emergency personnel or Local Fire Department
- Any unscheduled visits by the media that may potentially result in negative press coverage

Questions
Comments
Concerns

Contact information:

Barbara Roff (518) 486-6102
Barbara.Roff@otda.ny.gov

Michael Washburn (518) 408-6434
Michael.Washburn@otda.ny.gov

Dana Greenberg (518) 473-2587
Dana.Greenberg@otda.ny.gov

Brenda McAteer (518) 486-7797
Brenda.McAteer@otda.ny.gov

Amanda Diller (518) 473-2529
Amanda.Diller@otda.ny.gov

Jason Harper (518) 474-2926
Jason.Harper@otda.ny.gov