



November 28, 2023

ADDENDUM #1

Re: Provision of Transitional Congregate Housing for HASA Clients
EPIN: 06924P0011

Pursuant to Section 3-03 of the Procurement Policy Board (PPB) Rules, the Human Resources Administration is issuing Addendum #1 to the Provision of Transitional Congregate Housing for HASA Clients RFx.

- I. Revision to PASSPort**
- II. Revision to RFx**
- III. Vendor Response Guide – Copying Forward Responses in PASSPort**

I. Revision to PASSPort
EPIN: 06924P0011

Please be advised that the subject RFX is revised as described below. All new language is **bolded and underlined**. Language that is crossed out is being deleted from the RFX.

The Summary section of the setup tab in Prepare RFX has been revised. Please see below and in PASSPort:

Agency Contact Email: blachorskya@hra.nyc.gov HASAContractRFP@hra.nyc.gov

II. Revision to RFx
EPIN: 06924P0011

Please be advised that the subject Request for Proposals is revised as described below. All new language is **bolded and underlined**. Language that is crossed out is being deleted from the Request for Proposals.

- The RFx has been revised to add the following documents:

DSS/HRA/HASA's Supportive Housing Programs Desk Guide (Attachment A)

The attached Supportive Housing Programs Desk Guide (Attachment A) is hereby made part of the RFx.

III. Vendor Response Guide – Copying Forward Responses in PASSPort EPIN: 06924P0011

Please note a new Round 2 has been created for this RFx. All submissions of proposals need to be accomplished in this new Round 2. Accordingly, a proposal submitted under a previous round will need to be re-submitted under Round 2. Please use the document entitled “Vendor Instructions for Transferring Data Between Rounds of an RFx” that is attached to the Addendum and included in the documents tab in PASSPort in order to complete this process.



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**Department of Social Services
Human Resources Administration
HIV/AIDS Services Administration(HASA)**

HOUSING SERVICES UNIT

**SUPPORTED HOUSING
PROGRAMS**

DESK GUIDE

Revised March 2019

**NYC Department of Social Services
Human Resources Administration
HIV/AIDS Services Administration (HASA)**

I. INTRODUCTION

The New York City Human Resources Administration (HRA) through its HIV/AIDS Services Administration (HASA) operates a Supported Housing Program for Persons Living with AIDS (PLWAs) clients as well as their immediate family members. The PLWAs are often in need of support due to their medical and emotional condition. The support, from social service staff include, but are not limited to:

- Case management
- Substance abuse and mental health counseling
- Medical and drug treatment program linkage
- Assistance in locating permanent or more independent housing

The Supported Housing Program, consists of a variety of housing models (described in **II**, below) including Transitional Congregate (TC), Permanent Congregate (PC) and Scatter-Site (SS) models.

Any family members, with whom the client is living, must be included in the client's budget and must be considered part of the client's household.

The Supported Housing Program is necessary because there are difficulties in securing and maintaining appropriate housing for clients who currently are either homeless or at risk for homelessness. In addition, it has been found that there is a need to work directly with clients to increase their independent living skills. The program is ultimately to facilitate the placement of clients in the community where they can live independently and access a variety of community resources. It has become evident, as knowledge and experience of the disease and its treatment have increased, that care of persons with HIV/AIDS in the community, whenever possible and appropriate, is medically proper, humane and cost effective.

HRA/HASA contracts with Community Based Organizations (CBOs) to secure and manage a discrete number of single occupancy or family type housing units through the housing models described below. These housing Providers all have a social service component.

II. HOUSING MODELS

► TRANSITIONAL CONGREGATE MODEL

HASA eligible homeless single adults are placed in transitional congregate residences for short-term stays (not to exceed 180 days) and intensive case management. Access to this model is only through the HASA Emergency Placement Unit (EPU).

This model provides fully furnished private rooms, private or shared bathrooms, lounges, meals in a common dining area, and recreational facilities. On-site social service staff assists clients to move from emergency to permanent housing. Services include, but are not limited to:

- On-site case management
- Substance abuse and mental health counseling
- Medical and drug treatment program linkage
- Assistance in locating permanent housing

► PERMANENT CONGREGATE MODEL

Permanent congregate residences offer a variety of housing configurations along with on-site social services to HASA residents. For single adults, apartment models range from the SRO unit with private or shared bathroom facilities to studio or efficiency apartments with kitchenettes and/or private bathrooms. Two bedroom apartments are available for families with children. All apartments are fully furnished and have common dining and recreation areas.

► SCATTER-SITE MODEL

The Scatter-Site Housing Program offers permanent housing for single adults and families. Each block of 20 apartment units includes fifteen for single individuals and five for families. Apartments are leased in the Provider's name, to allow individuals and families to be placed anonymously in fully furnished apartments in buildings throughout the five boroughs. Clients are placed in elevator-equipped buildings or in apartments located no higher than the second floor, in non-elevator buildings. Based on family composition, clients may be placed in studios, one, two, or three bedroom apartments.

III. TARGET POPULATION

The population to be served by the Supported Housing Program is limited to clients of HRA's HIV/AIDS Services Administration with clinical/symptomatic HIV illness or AIDS as defined by the U.S. Federal Centers for Disease Control and Prevention, or as determined by the New York State Department of Health AIDS Institute, and any family members who are included as part of their budget. As a result, HASA clients may be associated with one or more of the following categories:

- Eligible for or receiving Cash Assistance (CA), Social Security (SSI, SSD) or Veterans benefits
- PLWAs who are homeless or living in inappropriate housing in the community
- Income eligible PLWAs who are homeless or living in inappropriate housing in the community
- Working but whose income meets the levels established for the housing model he or she has requested
- A history of alcohol or substance abuse coupled with a variety of treatment affiliations, and/or mental illness
- AIDS related dementia or have contracted an illness associated with AIDS.

Clients who currently are residents of commercial SROs and transitional congregates will be given the highest priority consideration by HASA for referral into any one of the housing models. In this way, those clients most in need of appropriate permanent housing placements will be prioritized. In addition, housing placement will be sought for all clients who are currently homeless or at risk for homelessness.

IV. AMERICANS WITH DISABILITIES ACT (ADA)

Because of improved drug therapies and clients adhering to health care regimens, many of our clients are living longer. However, many are also living with physical impairments which may include any of the following: use of a wheelchair/ambulatory aid; total or partial loss of hearing or sight; conditions of aging and lack of coordination. The expectation of the ADA provisions is to have no qualified individual with a disability excluded from participation in, or denial of, services/programs/activities. Therefore any HASA client referred to a Provider for placement that otherwise meets all other requirements for housing in the Scatter-Site, Congregate, or Transitional Housing models is eligible for placement and all necessary considerations and reasonable accommodations are expected to be supplied.

V. CONFIDENTIALITY

Providers become the primary Case Managers once a client has been placed in housing under HASA's

Permanent Supported Housing Program. Further, the Provider serves the client under contract, on behalf of the City of New York pertaining to a specific Scope of Services as delineated in the contract agreement, and further defined herein. Therefore, individuals or families as clients of HASA receive contracted services based upon that specific status. The referral for supported housing is made in the context of a Contract. An individual or family's status as recipient(s) of contracted services is always secondary to their status as a HASA client. Consequently, their HASA status is never eclipsed.

"§ 2782. Confidentiality and disclosure. 1. No person who obtains confidential HIV related information in the course of providing any health or social service or pursuant to a release of confidential HIV related information may disclose or be compelled to disclose such information, except to the following:

(a) the protected individual or, when the protected individual lacks capacity to consent, a person authorized pursuant to law to consent to health care for the individual;

(b) any person to whom disclosure is authorized pursuant to a release of confidential HIV related information;

(c) an agent or employee of a health facility or health care Provider if (1) the agent or employee is permitted to access medical records, (2) the health facility or health care Provider itself is authorized to obtain the HIV related information, and (3) the agent or employee provides health care to the protected individual, or maintains or processes medical records for billing or reimbursement;

(d) a health care Provider or health facility when knowledge of the HIV related information is necessary to provide appropriate care or treatment to the protected individual, a child of the individual, a contact of the protected individual or a person authorized to consent to health care for such a contact;

(e) a health facility or health care Provider, in relation to the procurement, processing, distributing or use of a human body or a human body part, including organs, tissues, eyes, bones, arteries, blood, semen, or other body fluids, for use in medical education, research, therapy, or for transplantation to individuals;

(f) health facility staff committees or accreditation or oversight review organizations authorized to access medical records; provided that such committees or organizations may only disclose confidential HIV related information: (1) back to the facility or Provider of a health or social service; (2) to carry out the monitoring, evaluation, or service review for which it was obtained; or (3) to a federal, state or local government agency for the purposes of and subject to the conditions provided in subdivision six of this section;

(g) a federal, state, county or local health officer when such disclosure is mandated by federal or state law;

(h) an authorized agency in connection with foster care or adoption of a child. Such agency shall be authorized to redisclose such information only pursuant to this article or in accordance with the provisions of subdivision eight of section three hundred seventy-two and section three hundred seventy-three-a of the social services law;

(i) third party reimbursers or their agents to the extent necessary to reimburse health care Providers for health services; provided that, where necessary, an otherwise appropriate authorization for such disclosure has been secured by the Provider;

(j) an insurance institution, for other than the purpose set forth in paragraph (i) of this subdivision, provided the insurance institution secures a dated and written authorization that indicates that health care Providers, health facilities, insurance institutions, and other persons are authorized to disclose information about the protected individual, the nature of the information to be disclosed, the purposes for which the information is to be disclosed and which is signed by: (1) the protected individual; (2) if the protected individual lacks the capacity to consent, such other person authorized pursuant to law to consent for such individual; or (3) if the protected individual is deceased, the beneficiary or claimant for benefits under an insurance policy, a health services plan, or an employee welfare benefit plan as defined in 29 U.S.C. 1002(1), covering such protected individual;

(k) any person to whom disclosure is ordered by a court of competent jurisdiction pursuant to section twenty-seven hundred eighty-five of this article;

(l) an employee or agent of the department of corrections and community supervision, in accordance with paragraph (a) of subdivision two of section twenty-seven hundred eighty-six of this article, to the extent the employee or agent is authorized to access records containing such information in order to carry out the department's functions, powers and duties with respect to the protected individual, pursuant to section two hundred fifty-nine-a of the executive law;

(m) an employee or agent of the office of probation and correctional alternatives or any local probation department, in accordance with paragraph (a) of subdivision two of section twenty-seven hundred eighty-six of this article, to the extent the employee or agent is authorized to access records containing such information in order to carry out the office's or department's functions, powers and duties with respect to the protected individual, pursuant to articles twelve and twelve-A of the executive law;

(n) a medical director of a local correctional facility as defined in section forty of the correction law, in accordance with paragraph (a) of subdivision two of section twenty-seven hundred eighty-six of this article, to the extent the medical director is authorized to access records containing such information in order to carry out his or her functions, powers and duties with respect to the protected individual; or

(o) an employee or agent of the commission of correction, in accordance with paragraph (a) of subdivision two of section twenty-seven hundred eighty-six of this article, to the extent the employee or agent is authorized to access records containing such information in order to carry out the commission's functions, powers and duties with respect to the protected individual, pursuant to article three of the correction law.

(p) an attorney appointed to represent a minor pursuant to the social services law or the family court act, with respect to confidential HIV related information relating to the minor and for the purpose of representing the minor. If the minor has the capacity to consent, the minor's attorney may not redisclose confidential HIV related information without the minor's permission. If the minor lacks capacity to consent, the minor's attorney may redisclose confidential HIV related information for the sole purpose of representing the minor. This paragraph shall not limit the ability of the minor's attorney to seek relief under section twenty-seven hundred eighty-five of this chapter.

(q) an executor or an administrator of an estate shall have access to the confidential HIV information of a deceased person as needed to fulfill his or her responsibilities/duties as an executor or administrator.

2. A state, county or local health officer may disclose confidential HIV related information when:

(a) disclosure is specifically authorized or required by federal or state law; or

(b) disclosure is made pursuant to a release of confidential HIV related information; or

(c) disclosure is requested by a physician pursuant to subdivision four of this section; or

(d) disclosure is authorized by court order pursuant to the provisions of section twenty-seven hundred eighty-five of this article.

3. No person to whom confidential HIV related information has been disclosed pursuant to this article shall disclose the information to another person except as authorized by this article, provided, however, that the provisions of this subdivision shall not apply:

(a) to the protected individual; or

(b) to a natural person who is authorized pursuant to law to consent to health care for the protected individual; or

(c) to a protected individual's foster parent as defined in section three hundred seventy-one of the social services law and subject to regulations promulgated pursuant to paragraph (a) of subdivision two of section twenty-seven hundred eighty-six of this article, for the purpose of providing care, treatment or supervision of the protected individual; or

(d) a prospective adoptive parent as specified in section three hundred seventy-three-a of the social services law and subject to regulations promulgated pursuant to paragraph (a) of subdivision two of section twenty-seven hundred eighty-six of this article with whom a child who is the protected individual has been placed for adoption; or

(e) to a relative or other person legally responsible to whom a child who is the protected individual is to be placed or discharged pursuant to section ten hundred seventeen or ten hundred fifty-five of the family court act and subject to regulations promulgated pursuant to paragraph (a) of subdivision two of section twenty-seven hundred eighty-six of this article, for the purpose of providing care, treatment or supervision of the protected individual.

4. (a) A physician may disclose confidential HIV related information under the following conditions:

(1) disclosure is made to a contact, to a public health officer for the purpose of making the disclosure to said contact and pursuant to section twenty-one hundred thirty of this chapter; or

(2) the physician believes disclosure is medically appropriate and there is a significant risk of infection to the contact; and

(3) the physician has counseled the protected individual regarding the need to notify the contact; and

(4) the physician has informed the protected individual of his or her intent to make such disclosure to a contact, the physician's responsibility to report the infected individual's case pursuant to section twenty-one hundred thirty of this chapter and has given the protected individual the opportunity to express a preference as to whether disclosure should be made by the physician directly or to a public health officer for the purpose of said disclosure. If the protected individual expresses a preference for disclosure by a public health officer, the physician shall honor such preference.

(5) If a physician chooses to make a notification pursuant to this section, he or she shall report to the municipal health commissioner or district health officer on his or her efforts to notify the contacts of the protected individual. Such report shall be in a manner and on forms prescribed by the commissioner and shall include the identity of the protected individual and any contacts as well as information as to whether the contacts were successfully notified.

(6) Within a reasonable time of receiving a report that a physician or his or her designated agent did not notify or verify notification of contacts provided by the protected individual, the health commissioner or district health officer of the municipality from which the report originates shall take reasonable measures to notify such contacts and otherwise comply with the provisions of this chapter.

(b) When making such disclosures to the contact, the physician or public health officer shall provide or make referrals for the provision of the appropriate medical advice and counseling for coping with the emotional consequences of learning the information and for changing behavior to prevent transmission or contraction of HIV infection. The physician or public health officer shall not disclose the identity of the protected individual or the identity of any other contact. A physician or public health officer making a notification pursuant to this subdivision shall make such disclosure in person, except where circumstances reasonably prevent doing so.

(c) A physician or public health officer shall have no obligation to identify or locate any contact except as provided pursuant to title three of article twenty-one of this chapter.

(d) A physician may, upon the consent of a parent or guardian, disclose confidential HIV related information to a state, county, or local health officer for the purpose of reviewing the medical history of a child to determine the fitness of the child to attend school.

(e) A physician may disclose confidential HIV related information pertaining to a protected individual to a person (known to the physician) authorized pursuant to law to consent to health care for a protected individual when the physician reasonably believes that: (1) disclosure is medically necessary in order to provide timely care and treatment for the protected individual; and (2) after appropriate counseling as to the need for such disclosure, the protected individual will not inform a person authorized by law to consent to health care; provided, however, that the physician shall not make such disclosure if, in the judgment of the physician: (A) the disclosure would not be in the best interest of the protected individual; or (B) the protected individual is authorized pursuant to law to consent to such care and treatment. Any decision or action by a physician under this paragraph, and the basis therefor, shall be recorded in the protected individual's medical record.

5. (a) Whenever disclosure of confidential HIV related information is made pursuant to this article, except for disclosures made pursuant to paragraphs (a), (d) and (i) of subdivision one of this section or paragraph (a) or (e) of subdivision four of this section, such disclosure shall be accompanied or followed by a statement in writing which includes the following or substantially similar language: "This information has been disclosed to you from confidential records which are protected by state law. State law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of state law may result in a fine or jail sentence or both. A general authorization for the release of medical or other information is NOT sufficient authorization for further disclosure." An oral disclosure shall be accompanied or followed by such a notice within ten days.

(b) Except for disclosures made pursuant to paragraph (c) of subdivision one of this section, or to persons reviewing information or records in the ordinary course of ensuring that a health facility is in compliance with applicable quality of care standards or any other authorized program evaluation, program monitoring or service review, or to governmental agents requiring information necessary for payments to be made on behalf of patients or clients pursuant to contract or in accordance to law, a notation of all such disclosures shall be placed in the medical record of a protected individual, who shall be informed of such disclosures upon request; provided, however, that for disclosures made to insurance institutions such a notation need only be entered at the time the disclosure is first made.

6. (a) The provisions of this subdivision shall apply where a Provider of a health or social service possesses confidential HIV related information relating to individuals who are recipients of the service, and a federal, state or local government agency supervises or monitors the Provider or administers the program under which the service is provided.

(b) Confidential HIV related information relating to a recipient of such service may be disclosed in accordance with regulations promulgated pursuant to paragraph (a) of subdivision two of section twenty-seven hundred eighty-six of this article to an authorized employee or agent of such Provider or government agency, when reasonably necessary for such supervision, monitoring, administration, or provision of such service.

The term "authorized employee or agent", as used in this subdivision shall only include any employee or agent who would, in the ordinary course of business of the Provider or government agency, have access to records relating to the care of, treatment of, or provision of a health or social service to the protected individual.

7. Nothing in this section shall limit a person's or agency's responsibility or authority to report, investigate, or redisclose, child protective and adult protective services information in accordance with title six of article six and titles one and two of article nine-B of the social services law, or to provide or monitor the provision of child and adult protective or preventive services.

8. Confidential HIV related information shall be recorded in the medical record of the protected individual. The provisions of this section shall not prohibit the listing of acquired immune deficiency syndrome, HIV related illness or HIV infection in a certificate of death, autopsy report or related documents prepared pursuant to article forty-one of this chapter or other applicable laws, ordinances, rules or regulations relating to the documentation of cause of death, nor shall this section be construed to modify any laws, ordinances, rules or regulations relative to access to death certificates, autopsy reports or such other related documents. Under no circumstances shall confidential HIV related information be disclosable pursuant to article six of the public officers law. Notwithstanding the foregoing, confidential HIV information obtained pursuant to section 390.15 of the criminal procedure law or section 347.1 of the family court act by either court order or consent of the protected individual shall not be recorded in the medical record of the protected individual unless he or she consents to the recording of such information in a written statement containing the relevant information specified in subdivision two of section two thousand seven hundred eighty-one of this article.

9. Confidential HIV related information shall be disclosed upon the request of the health care worker HIV/HBV advisory panel, established pursuant to article twenty-seven-DD of this chapter, to the panel or its designee only when reasonably necessary for the evaluation of a worker who has voluntarily sought the panel's review."

Other relevant sections of **Laws of New York Consolidated Laws** are:

Article 27-F - (2780 - 2787) HIV AND AIDS RELATED INFORMATION
PBH - Public Health

Article 27-F - HIV AND AIDS RELATED INFORMATION

2780 - Definitions.

2781 - HIV related testing.

2781-A - Required offering of HIV related testing.

2782 - Confidentiality and disclosure.

2783 - Penalties; immunities.

2784 - Applicability to insurance institutions and insurance support organizations.

2785 - Court authorization for disclosure of confidential HIV related information.

2785-A - Court order for HIV related testing in certain cases.

2786 - Rules and regulations; forms; report.

2787 - Separability.

VI. CLIENT ELIGIBILITY

The following criteria will qualify a person for placement in HASA's Permanent Supported Housing Program:

- A. A client of HRA's HIV/AIDS Services Administration
- B. Referred by the HASA Housing Unit
- C. Need for supported housing services
- D. Ability to function independently in a unit/apartment with a minimum level of social service supports or with a minimum level of home care/homemaking services
- E. Willingness to pay the appropriate share of his or her income if in receipt of SSI/SSD, Veterans' Benefits, etc., for housing maintenance, rent and any cost incurred for telephone and utilities
- F. Willingness to participate in a substance abuse treatment program, e.g., weekly substance abuse meetings.

VII. REFERRAL PROCESS

HASA Caseworkers assess the service level(s) of clients until permanently housed. The HASA Caseworker electronically submits a completed *HASA Housing Program Client Housing Application* to HASA Housing for each prospective client seeking a placement in HASA's Permanent Supported Housing Program. HASA's Housing Unit facilitates the linkage of HASA clients to available vacancies according to the selected model and the borough choice by electronically referring the application to the Providers. HASA is the sole referral source for HASA contracted housing. Any variance from this position must be discussed with your assigned Housing Specialist.

Note: The referral document is a fully executed *HASA Housing Program Client Application* that has been completed by HASA Caseworkers. Authorized signatories are the HASA Caseworker, his/her supervisor, and the client.

As apartment/units become vacant, the assigned HASA Housing Specialist electronically refers up to three applications for every one vacancy, a complement appropriate for the contracted housing model. This process, however, does not allow the Provider to select the best of three. The process is to provide increased opportunities for actual clients' interviews resulting in enhanced achievement of expeditious placements.

VIII. REPORTING VACANCIES

Providers must report vacancies in their individual Programs according to the guidelines established for that model. The Provider is prohibited from keeping an apartment/unit vacant beyond the specified period delineated for their housing model.

IX. SOCIAL SERVICE DELIVERY

The HASA Permanent Supported Housing Program offers clients placed with Providers a level of social services either on-site as in the Congregate model or through office-based contacts or home visits with clients as prescribed in the Scatter-Site models. All Providers are responsible for, but are not limited to, the following::

- Primary case management
- Home visits
- Substance abuse and mental health counseling
- Recreational activities
- Medical and drug treatment program linkage
- Referrals to HASA Caseworkers for linkages for home health care and homemaking services.

X. APARTMENT INSPECTIONS

Housing Specialist will make apartment inspections of all supported housing leased and managed by Providers. Housing Specialists look for health and safety deficiencies that are inherent to determining the suitability of the apartment. Also taken into consideration is the client's housekeeping skills. Therefore, deficiencies resulting from the client's inability or unwillingness to keep a healthy and safe environment will be factored into the evaluation. However, since this client behavior is often symptomatic of underlying issues or concerns, the Housing Specialist may then review the client's case record to ensure that appropriate social services interventions are being provided.

A. Neighborhood and Building Ratings

1. The neighborhood will be rated regarding services such as transportation, shopping, etc.
2. The apartment building will be rated to determine whether the landlord affords the tenants with a well-kept building.

B. Apartment Ratings

1. Apartments will be rated as excellent, good, fair or poor. Lack of essential safety precautions including but not limited to window guards for children or smoke/carbon monoxide detectors are automatic poor ratings. Generally, the rating is based on the following:
 - a. **Excellent** – no visible signs of disrepair such as broken furniture; room is well maintained by client and Provider; no visible signs of vermin.
 - b. **Good** – signs of disrepair/marred surfaces on furniture; deficiencies in maintenance by client/Provider of walls/ceiling and flooring that do not pose health or safety issues; signs of vermin are not rampant.
 - c. **Fair** – furniture has signs of disrepair and detracts from the rooms' maintenance for cleanliness by either the client or the Provider; vermin, though visible, is not rampant.
 - d. **Poor** – signs of disrepair, or other conditions such as vermin, which impact directly on the health and safety of occupant.

XI. SCOPE OF CONTRACTED SERVICES

A. Moving

1. Provider must assist the client with moving from hospital and/or other location to the Scatter-Site/Congregate.
2. Provider must transport the client's possessions, if any, provided they are located within New York City and can be accommodated by the van used for the Program. If a client has a household of furniture, or items larger or more than the Provider vehicle can haul, then the client must submit three moving company bids to his/her HASA Caseworker for consideration.
3. Whenever an apartment/unit is vacated, the Provider must transport or arrange for transportation of the client and their possessions to the new location, if necessary. (See item 2 above.)

B. Case Management

1. Provider must designate specific staff to provide Case Management to residents of the Housing Program.
2. Provider must develop and utilize a psychosocial instrument as the basis for assessing the client's needs and developing an individual service plan in conjunction with the client.
3. The service plan should address the social, medical, psychological, mental health and substance abuse needs of the resident. All information must be duly noted in the individual's case record.
4. Since clients may be eligible for Social Security Income (SSI), the Provider is expected to ensure that clients become financially solvent by applying for such funds through SSI or other entitlements.
5. In cases where the client has been placed with his or her children and/or significant other, the Provider must ensure that the entire family is considered in the intake, assessment, psychosocial, service planning and service delivery protocols. Accordingly, case records must contain identifying information (e.g., birth dates, schools, health, HIV status, drug history, if any, social security numbers, income, etc.) on all members of the household (family unit) and must document the inclusion and interaction of the entire family unit in the Case Management process.
6. Provider must maintain a case record for each resident of the Housing Program. The case record must contain all appropriate documentation, narratives, and forms reflective of the on-going implementation of the service plan in place. The Provider's Case Management Supervisor must oversee periodic reviews of case records and subsequent case activities. Periodic supervisory sign off in the client's case records evidences such reviews.
7. Provider must ensure that individual case records are kept confidential and are accessible only to authorized personnel as identified in Article 27-F § 2782 of the New York State Public Health Law, and to HRA/HASA staff authorized to review them.

8. Provider must separate case records into active and inactive.
9. Provider must provide individual counseling to each resident. Counseling should include, but not be limited to, mental health and substance abuse discussion where applicable. Mental health assessment must be signed/approved by a licensed clinician, preferably an MSW.
10. Clients/residents must be visited at least once a week by Provider's designated case management staff. Individual case records should document visits and activities conducted during those visits. **Note: There are some clients who, by virtue of a comprehensive Assessment, require less frequent visits. The Provider may develop a service plan, in conjunction with the client, that reflects this determination. However, the minimal in-home visit or in-office visit with a client is once a one month.**
11. Provider must assist clients/residents in activities of daily living including, but not limited to, shopping, cooking, and financial management.
12. Provider is responsible for employing specific strategies and actions that will result in clients fulfilling their obligation for rental co-payment and all required telephone and utility charges.
13. Provider must provide linkages with services provided by Community Based Organizations to ensure the effective implementation of individual social service plans for residents of the Permanent Supported Housing Program.
14. Provider must provide a program of recreational activities for clients of the Permanent Supported Housing Program. Participation by client in any of these activities should be documented in their case record.
15. Provider's designated Case Management staff must work closely with the client's assigned HASA Caseworker.
16. Provider must maintain an ongoing awareness of the resident's medical and social conditions so that services will be appropriate to changing needs.
17. Provider must notify their assigned HASA Housing Specialist in advance of any apartment unit changes resulting from a change in client's medical/social conditions.
Note: If a client is re-housed to another apartment in the Provider's Program, this information must be provided to the HASA Caseworker to update client's electronic case record.
18. Provider must refer all requests for home care/homemaking for residents to the appropriate HASA Caseworker who will assess client's needs and make an application and referral for home care/homemaking.
19. Provider must immediately report all suspected cases of child abuse or neglect to New York City Administration for Children Services (ACS) as well as to the client's assigned HASA Caseworker or Supervisor.
20. Provider must advocate for clients/residents with the landlord, service agencies, etc.

Custody Planning

- a. As families with children move into leased apartments managed under a Provider's Program all efforts must be undertaken to address issues of custody (when the HASA client dies, or otherwise ceases living with the rest of the family) for the children and relocation of the family when the remaining adult is not eligible for HASA services. When a survivor's plan has been developed, a copy of the plan must be provided to the HASA Housing Specialist and the family's assigned Case Manager. Families that are reconfigured as non-HASA eligible must be re-housed within thirty (30) days. Cases that require an extended period will be reviewed on an individual basis.
- b. As long as there is a child in the family, and if any one of the remaining family members including the child is eligible for HASA Services, then he or she may still
- c. be able to remain in the unit. This must be decided with the assistance of his or her HASA Caseworker to gain eligibility and with the Housing Specialist regarding placement.

Reconstituted Families and Individuals Not Affiliated With HASA

Any individual who is not a HASA client and continues to reside in the apartment/unit after the HASA client is no longer in residence is no longer eligible for the housing and support social services provided under the HASA contract.

Failure of the Provider to aggressively work toward rehousing non-HASA eligible individuals will result in a disallowance of any further payments on the apartment as of the sixth month following the death/departure of the HASA client.

- All efforts to re-house individuals in this category must be clearly documented.

Provider must assist individual(s) to move, within six months of client's death/departure, either by

- having the lease assigned from the Provider's Program to the individual him/herself and find other means to pay the rent (e.g., PA shelter allowance); or
- seeking alternate housing at a rent the individual can afford.

XII. Standards for Client Behavior and Suitability

- A. The Provider, in consultation with the HASA Housing Unit, must formulate standards of client behavior and suitability specific to their Program and develop a "Standards for Client Behavior and Suitability" form.
- B. It is expected that the Provider's "Standards for Client Behavior and Suitability" will, among other things:
 - (1) prohibit illegal use or destruction of any apartment or room leased to, or managed by, the Provider
 - (2) require timely payment of the client rental co-payment authorized under the contract and the program budget.
 - (3) Prohibit use of illegal substances in apartment or room.

- C. At the time any client is admitted into the Provider's Housing Program the client must be provided with a copy of the Program's "Standards for Client Behavior and Suitability", and should be required to sign it with an acknowledgement that the client is familiar with the Standards and agrees to abide by them. The signed acknowledgement must be included in the Program's case file for the client.
- D. If the client fails to comply with any part of the "Standards for Client Behavior and Suitability" the Provider must invoke and comply strictly with HASA's three level Case Conference Procedure. No client may be terminated from the program or subjected to any eviction proceeding without prior compliance with the Case Conference Procedure. The Case Conference Procedure is designed to ensure that the client receives support and counseling which may avoid his/her termination, and to prevent the termination or eviction of any client without due process of law.

Note: All supported housing Providers must comply strictly with the requirements of the HASA Desk Guide appropriate for your program - Scattered Site, Congregate, and Transitional. The Case Conference Procedure contained herein requires that the Provider observe a three level procedure, involving written notices to the client and conferences with the client, the client's assigned HASA Caseworker or the supervisor of the unit and the HASA Housing Specialist. In sum, a client may be terminated from a supported housing program for egregious or repeated violations of program requirements and behavioral standards, but not before completion of the *three level process* set out in this Desk Guide (see Case Conference Procedure section) and not without HASA approval.

Until the three level termination process has been completed, the Provider may not lawfully commence an eviction proceeding against the client as sub lessee, and the Provider is obliged to defend the client against an eviction proceeding commenced by the landlord. No client may be terminated from a contracted scattered site program, or be evicted by the Provider from a permanent supported housing program, without the prior approval of the HASA Housing Unit.

XIII. PROVIDER PROGRAM REQUIREMENTS

A. Administrative Unit

1. Provider must establish a separate administrative unit that will assume responsibility for all administrative and service-related functions of their program.
2. The Administrative Unit interfaces with HRA and other agencies providing services, including medical, to the client/residents of the Permanent Supported Housing Program.
3. Maintenance of time and leave records and performance of all fiscal functions including payroll, purchasing and bookkeeping are additional functions for which the administrative unit is responsible.
4. Separate books and records must be maintained for the Permanent Supported Housing Program.
5. Reports requested by HRA/HASA must be duly executed and forwarded in the manner prescribed by the recipient program area.

B. Personnel and Training Function

1. Providers are to recruit, screen, and hire properly qualified program staff relative to contracted programmatic needs. All personnel records documenting personnel qualifications must be kept on file. Personnel records are subject to review by authorized staff of HRA/HASA.
2. Providers must provide training and orientation, including basic medical and psychosocial information, and LGBT sensitivity training to all levels of program staff.
3. Providers must conduct ongoing training providing staff with
 - i. updated information regarding HIV, associated illnesses, treatment,
 - ii. pertinent psychosocial considerations, and changes in HRA/HASA
 - iii. program policy and procedure(s).
4. Provider either directly or through sub-contract conducts a training program for its staff designed to increase the knowledge and understanding of various opportunistic infections associated with AIDS and increase staff sensitivity toward working with and providing services to clients. Provider must train staff who will be able to provide weekly reports in the absence of their usual contact person.

C. Supervision

1. Provider is required to provide regular supervision of staff regarding its performance in the provision of client services. Supervisory activities should provide the basis for performance evaluations.
2. It is the Provider's responsibility to ensure that staff is advised that it is unlawful to enter a client's apartment without his/her consent. However, where there are indications that there is an emergency situation such as fire, leaks, and a change in client's usual habits warrant concern.
3. Supervisor(s) should be a medical or social service professional(s).
4. The supervisor(s) is responsible for supervising of case management activities and insuring that appropriate services are provided to clients/residents.
5. Supervisor(s) is responsible for monitoring case record entries - evidenced through a supervisory signature in case record as reviewer.
6. Supervisory activities including conferences, observations, and client interviews are part of the Provider's performance evaluation.
7. Provider's Program Director must review Weekly Summary Reports and sign off before submission to HASA Housing Specialist the following Monday.

Note: On an ongoing basis, HASA staff will be reviewing Provider's case files and making home visits with clients to assess services for contract compliance and end of term performance evaluations.

XIV. HASA CASE RESPONSIBILITIES and PROVIDER CASE MANAGEMENT RESPONSIBILITIES

1. Provider should refer all issues related to a client's Cash Assistance and Medicaid to the appropriate HASA Caseworker.
2. Provider should refer all requests for home care/homemaking for residents to the HASA Caseworker who will assess client/resident need and eligibility for these services and complete an application for home care/homemaking if appropriate.
3. Provider must consult with the HASA Caseworker in the development of a client's service plan.
4. Provider must advise appropriate HASA Caseworker of hospitalizations and changes in the health status/social condition of the client. **Note: If a client is re-housed into another apartment in the Provider's program, this information must be provided immediately to the HASA Caseworker to update the client's records.**
5. Provider must advise the appropriate HASA Caseworker and/or Supervisor and Housing Specialist of actions taken by the Provider against a client that may lead toward termination of a HASA client's residency in their program (see Case Conference Procedure).
6. HASA Caseworker must document all contacts with Providers in relation clients in the Provider's program.
7. HASA Caseworker participates in case conferences when such conferences focus on social and behavioral issues and/or the Provider is moving toward termination of a HASA client's residency in their program (see Case Conference Procedure).
8. HASA Caseworker conducts a home visit once every three months, at minimum, with all clients living in HASA permanent supported housing (i.e., Transitional Supported SRO, Scatter-Site, Congregate). Visits are to be ongoing and should include, but are not limited to:
 - Reassessment of the client's needs
 - Monitoring of the client's living situation
 - Identification of new or potential problems
 - Identification of additional benefits and services for which client may be eligible
 - Monitoring of the progress of children in family cases
 - Development of a Service Plan
 - Monitoring of client's progress in meeting Service Plan
 - Reviewing client's financial responsibilities and response to obligations
 - Obtaining documents as needed.

Note: Clients are responsible for maintaining Cash Assistance, Medicaid, and Food Stamps benefits. They are scheduled for interviews with Caseworker or Eligibility Specialists at HASA Centers. However, if a client is homebound, the Caseworker will visit the client at the current residence to assist in completing applications, obtaining documents, etc.

XV. INCIDENT REPORTING

Based on the severity of the infraction, the Provider may have to engage another authority such as the Police Department, the Fire Department, or Emergency Medical Services (EMS). In addition, the provider must file an incident report with HASA. If the incident occurred during non-working hours, the written report must be forwarded to the HASA Director of Permanent Supported Housing, HASA Director of Contracts, HASA assigned Housing Specialist, HASA assigned Contract Manager no later than 9:00am of the next business day. If the client is housed in a Transitional residence, the report must also be forwarded to the Director of Emergency Placement Services. If the incident happened during HASA work hours, the report must be made before the end of that business day.

The incident report (sample on next page) must include:

- A. The narrative that answers the questions, Who, What, Where, When and How.
- B. Include all names of witnesses, staff and clients, and their statements of event(s).
- C. Categorical Incidents
 - 1. Intentionally setting fires or causing damage to the facility/equipment
 - 2. Possession, use or sale on premises of drugs or alcohol.
 - 3. Assaults or physical attacks on another person, or threatening behavior which is immediately dangerous to another person
 - 4. Possession or use of weapons.
 - 5. Failure of the client to comply with client's agreement reached in an earlier discharge proceeding that was resolved without discharge.
- D. The above incidents may require police/fire department/EMS interventions; in those cases you must include the names, badge numbers and station from which they came. Where there is this level of severity resulting from the behavior, the Provider must adhere to the protocols and requirements of the entity, being sure to include what they were in the incident report.
- E. Any time a housing provider becomes aware of an assault or threat by a client or household member or against a client or household member, HASA must receive an incident report whether or not the client or household member files a police report or seeks medical attention. Specifically, HASA must receive an incident report from the housing provider if there is: a) an assault or physical abuse of any sort or allegations of an assault or physical abuse; b) threats of assault or abuse; and c) allegations involving an employee of the housing program or anyone performing duties/services on behalf of the program. The incident report must be received by HASA within 24 hours of the time the incident takes place or is reported to the program. The incident report must be sent to the following HASA staff: Director of Housing Services, Deputy Director of Housing Services, Housing Team Coordinator and Housing Specialist or Emergency Placement Unit (EPU) Coordinator (for Transitional Providers only).

NYC HUMAN RESOURCES ADMINISTRATION (HRA)

HOUSING PROVIDER INCIDENT REPORT

(THIS FORM IS TO BE COMPLETED AND SUBMITTED TO HRA
WITHIN 24 HOURS OF INCIDENT OCCURRENCE)

PRIORITY CODE: () 1>URGENT () 2>NON-LIFE THREATENING () 3>NOT URGENT
(Please see next page for priority code description)

HOUSING TYPE:

() Emergency Commercial SRO () Emergency Family Apartment () Emergency Transitional
() Permanent Congregate () Permanent Scatter-Site

DATE: ____/____/____ DAY OF WEEK: _____ TIME: _____AM/PM

FACILITY/PROVIDER NAME/ADDRESS: _____

TYPE OF INCIDENT: _____

PERSONS INVOLVED: V=Visitor S=Staff C=Client V=Victim W=Witness O=Other

Last Name	First Name	Sex	SSN	Age	DOB

BRIEF DESCRIPTION OF INCIDENT: (Who, what, where, when)
Attach additional sheet if necessary

--

IMMEDIATE ACTION TAKEN: (By on-site staff responding to the incident)

--

EMERGENCY RESPONDERS: (NYPD – EMS – FDNY) *List all that apply*

Responder	Time Called	Time Arrived	Name	Badge	Unit	Comments

INJURIES:

Name of Person	Type of Injury	Removed to Hospital	Hospital Name
		☐ Yes ☐ No	

RESIDENT/SECURITY OFFICER STATEMENT ATTACHED (WHEN APPLICABLE)

- () Resident statement attached
 () Resident refused offer to comment
 () Resident unable to provide statement due to medical or related emergency reason
 () Security Officer Report attached
 () Other _____

Report Prepared By/Signature: _____ Title _____ Date: ____/____/____

Report Reviewed By/Signature: _____ Title: _____ Date: ____/____/____

INCIDENT PRIORITY CODE DESCRIPTION

Priority One Incidents include those that are the most serious and urgent:

- Homicide, suicide, or death on site
- Attempted homicide, attempted suicide, assault resulting in life-threatening injury, or accident resulting in life-threatening injury (including drug overdose)
- Use of a firearm
- Rape, attempted rape, or sexual assault
- Arrest for alleged child abuse or emergency transport of child for medical treatment due to suspected child abuse
- Child abuse that is reported and results in the removal of children by ACS, but no arrests are made
- Fire, disaster, or other environmental concern that involves a life-threatening injury or the evacuation of an entire site as directed by emergency personnel
- Riot, bomb threat, hostage taking/abduction, or missing children.

Priority Two Incidents include those that are not immediately life-threatening:

- Fires, which result in an FDNY response that may involve injury, extensive property damage, or relocation of clients.
- Assault or threatening behavior that does not result in life-threatening injury.
- Physical fights that do not result in arrest
- Allegations of: rape, attempted rape or sexual assault that do not result in arrest
- Domestic violence that results in the victim pressing charges, arrest of the assailant and/or the relocation of the victim
- Intentional fire setting or damage to facility equipment by a client
- Possession, use, or sale of drugs or alcohol on premises resulting in suspension of a client

- Arrest of a client, staff, or visitor for criminal activity occurring in the facility, including harassment, intimidation or victimization (i.e. stealing, extortion, loan sharking)
- Incidents that occur off premises (including client deaths) and/or involve persons known to be current clients and that would otherwise be classified as Priority One
- Theft or vandalism of property
- Heating, water, electrical failure, or other environmental issue (i.e. asbestos, lead, radon), that is expected to last more than 4 hours
- Possession of a firearm.

Priority Three Incidents include those occurrences that need to be reported:

- On-site incidents that are not classified as Priority One or Priority Two, but occur involving clients, staff, visitors or property, including: thefts, physical fights, personal injury, minor property damage, and/or evacuations
- Off-site incidents involving clients and/or staff that affect community quality of life, including: thefts, physical fights, personal injury, minor property damage, and/or evacuations
- Removal, via EMS, of any client for any reason other than a Priority One or Priority Two occurrence.

**TRANSITIONAL CONGREGATE
SUPPORTED HOUSING
PROGRAM**

TRANSITIONAL CONGREGATE SUPPORTED HOUSING PROGRAM

I. Unit Furnishings

Providers are responsible for furnishing individual apartment/units and insuring each unit has the appropriate number of operational smoke/carbon monoxide detectors. Upon move-in, units must be fully outfitted with furnishings suitable for the room size. Where Provider's furnishings have been damaged in units previously occupied by HASA clients, the Provider must repair/replace items prior to the occupancy by another HASA client(s). Depending on the housing model such as Single Room Occupancy (SRO) - shared bathroom or SRO with its own bathroom - below are the minimum furnishings that should be provided. The quantity of individual items furnished in a unit depends on the HASA household composition.

For each newly assigned HASA client the Housing Program is responsible for taking a written inventory of all furnishings provided for the client's use, noting those items that are owned by the client. This inventory must be kept in the client's case record. **Note: In the instance of theft, a police report must be made with your local precinct and a copy submitted to your HASA contract manager.**

II. Reporting Vacancies

Providers must report vacancies within one workday of the occurrence of the vacancy by contacting the HASA Emergency Placement Unit (EPU) via phone, fax or email. The Provider is prohibited from keeping an apartment vacant beyond the 10 workday period. Providers must provide the HASA Housing Specialist with the following vacancy information:

- A. number of units available
- B. whether available by gender
- C. date(s) when apartment(s)/units went into transition
- D. date when units will be ready for occupancy
- E. if a unit is not habitable beyond the 10 workday transition period detailed information is to be provided as to why, and a timeline for resolution is to be included.

III. Unit Maintenance

- A. Provider is responsible for facility maintenance and repairs for each unit such as those for which tenants would normally be responsible.
- B. When a vacancy occurs in a Transitional Congregate Supported Housing unit, there is a transition period. Ten workdays are allowed for repairs, refurbishment, and painting of the unit in preparation for "Ready for Occupancy" status.

IV. Referral Process

As units become ready for occupancy, a HASA Emergency Placement Unit (EPU) staff member will send the Provider Program a client referral. Each client will be provided with a Client Referral Package.

**PERMANENT CONGREGATE
SUPPORTED HOUSING
PROGRAM**

PERMANENT CONGREGATE SUPPORTED HOUSING PROGRAM

I. Unit Furnishings

Providers are responsible for furnishing individual apartment/units and insuring each unit has the appropriate number of operational smoke/carbon monoxide detectors. Upon move-in, units must be fully outfitted with furnishings suitable for the room size and for a single or a family household composition. If a client has his or her own furnishings, the Provider assists in moving those items that are suitable to fit into the unit provided by the Congregate facility. (**Note:** If a client has his or her own furnishings these items must be recorded and the list of furnishing placed into the case record.) Where the Provider's furnishings have been damaged in units previously occupied by HASA clients, the Provider must repair/replace items prior to the occupancy by another HASA client(s). Depending on the housing model - such as SRO shared bathroom, SRO with its own bathroom, SRO with wash basin only, Studio/Efficiency, or two bedroom units only for HASA families - below are the minimum furnishings that should be provided. The quantity of individual items furnished in a unit depends on the HASA household composition.

Kitchen:	Table, Chairs Note: Pots, pans, plates, flatware, glasses are only provided by the Provider to the client according to HASA contractual guidelines
Bedroom:	Bed, chair, closet, table, lamp, dresser
Living Room:	Couch or sofa bed, armchair, or other furnishings as appropriate

For each newly assigned HASA client to the a Provider Housing Program, the Provider is responsible for taking a written inventory of all furnishings made available for the client's use, noting those items that are owned by the client. This inventory must be kept in the client's case record.

Note: In the instance of theft, a police report must be made with your local precinct and a copy submitted to your HASA contract manager.

II. Reporting Vacancies

Providers must report vacancies within two workdays of the occurrence of the vacancy or reported within the week of the occurrence on their reporting form. The Provider is prohibited from keeping an apartment vacant beyond the ten workday period. Providers must provide the HASA Housing Specialist with the following vacancy information:

- A. number of apartments/units available
- B. whether available by gender
- C. date(s) when apartment(s)/units went into transition
- D. date when apartment(s)/units will be ready for occupancy
- F. when a client has been selected for placement, the date of the move-in
- F. if an apartment is not habitable beyond the 10 workday transition period, provide detailed information as to why and include a time line for resolution.

III. Apartment/Unit Maintenance

- A. The Provider is responsible for facility maintenance and repairs for each unit such as those for which tenants would normally be responsible.
- B. When a vacancy occurs in a Congregate, there is a transition period. Ten workdays are allowed for repairs and refurbishment of the unit in preparation for "Ready for Occupancy" status.

Note: For every one vacancy, the Provider can receive referrals in anticipation that at the end of the transition period, a client will be able to move in. This process, however, does not allow the Provider to select the best of three. The process is to provide an increased likelihood for actual clients' interviews, and expeditious placements.

IV. Referral Process

As apartments/units become vacant, a HASA Housing Specialist **electronically sends** three referrals for every one vacancy. This process, however, does not allow the Provider to select the best of three. The process is to provide you with increased odds for actual clients' interviews, and expeditious placement.

Note: It is expected that on the 11th day after the transition period, a client will be able to move in.

- A. Within two workdays of receipt of referrals(s), the Provider must contact the HASA Caseworker to schedule an interview with the client and the HASA Caseworker, when possible. **Note: Direct contact with the client may be engaged where a telephone number or address is available.**
- B. No process featuring multiple interviews with clients, or the establishment of client waiting lists independent from the one created by HASA, is possible.
- C. Within ten workdays of receipt of referrals, the Provider indicates the following:
 - 1. Client is not accepted for placement

Specific written reason(s) for non-acceptance must be provided in the HASA Housing database.
 - 2. Client accepted for placement

Indicate projected date of placement in the HASA Housing database.

Placement must take place no later than three workdays from acceptance or no later than the thirtieth day from the date of readiness, whichever is shorter. The projected date of move-in must be indicated in the HASA Housing database.
 - 3. Administrative Return
Applications are returned to HASA Housing since client could not be contacted or did not respond to Provider's outreach efforts or client failed to continue with the interview process or there were no vacancies.

IV. Referral Process (continued)

- D. A transfer or re-housing of one client from one apartment to another within the same contracted Program is not a placement. A record of the client's placement was already made.
- E. On the *Weekly Summary Report* the Provider must include all outstanding referrals that it has on hand at that time.

V. Financial Considerations

A. Household Income

Clients and members of their household that are in receipt of income other than Cash Assistance, must have his/her income aggregated in order to calculate the total household income. The figure obtained must then be utilized to determine the 30 percent of household income. This figure constitutes the share of rental costs. **Note: This requirement applies to all family households, including all households in which adults are living together as couples.**

B. Rent

The first rent payment commences the first full month that client is in receipt of income. Rents are not to be prorated when clients move into the residence after the period Provider has established for rent payment.

C. Clients who are in receipt of Cash Assistance

Clients residing in the congregate program who are in receipt of Cash Assistance (CA) only are not expected to pay a rental share. During that time, there is no request for a rental share covering the period that they were not in receipt of income.

VI. For Congregate Facilities That Require Additional Funding Beyond That Offered By A HASA Contract

A. Financial Considerations

Placement into some congregate facilities requires additional supporting documents as a result of a rent subsidy provided by the Department of Housing Preservation and Development (HPD). Clients moving into these facilities will bring a letter from the housing program to his/her HASA Caseworker stating that the client has been accepted into the housing program, the rent required, and completion of specific documents. In addition client may be asked to provide:

- birth certificate or discharge papers to verify citizenship
- a budget letter reflecting actual income if on CA
award letter from any other income source than CA, such as SSI or Veteran's Assistance (VA), dated no later than 90 days, stamped and signed by that program
- security deposit as voucher if client in receipt of CA
- recurring rent is requested according to the Income Support procedure(s)

- a one-time request for one month's rent and one month's security if he or she is in receipt of SSI/SSD or any other income than CA.

It is expected that the Provider will be responsible for collecting 30 percent of the household income toward the rent. Where the client is living with others the entire household income will be budgeted in order to compute the client's share.

- B. Clients on CA who reside in Congregate Supported Housing (CSH) with funding in addition to HASA will have their rent fully paid through Income Support until they are in receipt of SSI or Social Security Disability benefits (SSD) or other type of income. During that time, there is no request for a rental share covering the period that they were not in receipt of income
- C. Household Income

Clients and members of their household that are in receipt of income other than Cash Assistance (CA), must have his/her income aggregated in order to calculate the total household income. The figure obtained must then be utilized to determine the 30 percent of household income. This figure constitutes the share of rental costs. **Note: This requirement applies to all family households, including all households in which adults are living together as couples.**

VII. For Family Congregate Supported Housing Providers Only

Providers must develop relocation plans for families regarding the custodial care of the children and/or the change of residency of the surviving adult if he or she is not HASA eligible.

A. Financial Considerations

Where there are more than two people living in the household, the entire household income is used to calculate the household's share of the rent.

PERMANENT SCATTER – SITE

SUPPORTED HOUSING

MODEL PROGRAM

PERMANENT SCATTER-SITE SUPPORTED HOUSING MODEL PROGRAM

I. Identification of Apartment Units

- A. Apartments must meet all applicable city, state and federal housing laws and regulations.
- B. Providers are prohibited from renting: 1) individual apartments at levels in excess of those contained in pertinent rent control/stabilization laws, e.g., the Rent Stabilization Law, where applicable; 2) at higher than the prevailing rents for the neighborhood; 3) if not in conformance with rents associated with cash assistance/low income households; or 4) apartments not appropriate for the targeted population for this contract.
- C. Apartments must be identified in the catchment area(s) designated by contractual agreement.
- D. Apartments must be accessible to public transportation, medical linkages, recreation, and shops available to support clients' daily needs, i.e., food, laundromats, etc.
- E. Apartments must be located in either elevator-equipped buildings or be not higher than two flights of stairs in non-elevator equipped buildings.
- F. No more than 25 percent of the contracted units can be located in a single building.
- G. Lease agreements are signed in the name of the Provider to assure continuity of residency for HASA clients, and the availability of apartments for the Scatter-Site program.
- H. Providers, not clients, pay rent directly to the landlords. This reassures landlords that rent payments will be made on a timely and consistent basis.
- I. Broker's fee and one-month security deposit, when appropriate, are available under the provisions of the contract. **Note: This cost will be paid only once, not each time a new client moves into the apartment.**

II. Description of Apartment Units

- A. Studio and one-bedroom units must be provided for single adults. A one bedroom may be utilized for couples or a pregnant female.
- B. Family units must have at least two bedrooms. Where children under ten years old will reside window guards must be installed on all apartment windows according to the Department of Health guidelines and specifications.
- C. All apartments with windows facing fire escapes must have in place Fire Department approved window gates to ensure the security and safety of the occupant.
- D. All units should be self-contained with working plumbing and appliances - a private bathroom (sink, tub/shower, toilet) and a private kitchen (sink, stove/oven, refrigerator, cabinets).

II. Description of Apartment Units *(continued)*

- E. Units must have adequate light and ventilation. There must be a window in all livable spaces, i.e., living room, bedroom, etc.
- F. Units must be free of violations and ready for occupancy.
- G. Providers are responsible for telephone installation and must ensure the service begins with the occupancy of the HASA client.
- H. Providers must ensure that all utilities are on-line prior to occupancy by the HASA client.
- I. When necessary, Providers are responsible for apartment enhancements appropriate for reasonable accommodation of the client's daily living needs such as window security gates, bathroom/tub handrails, etc.

III. Apartment Furnishings

Providers are responsible for furnishing individual apartment units and insuring each unit has the appropriate number of operational smoke and carbon monoxide detectors. Upon move-in, apartments must be fully outfitted with furnishings suitable for the household composition - single/family. If a client has his or her own furnishings, the Provider assists in moving those items that are located within the city limits into the Scatter-Site unit. Where the Provider's furnishings have been damaged in units previously occupied by HASA clients, the Provider must repair/replace items prior to occupancy by another HASA client(s).

Below are the minimum furnishings, which should be provided for apartment units (quantity of individual items depends on case/household composition):

Kitchen: Table, chairs, pots, pans, plates, flat glasses **Note:**
Pots, pans, plates, flatware, glasses are only
provided by the Provider to the client according to
HASA contractual guidelines

Bedroom: Bed, chair, closet, table, lamp, dresser

Living Room: Couch or sofa bed, armchair or other furnishings as
appropriate.

For each newly assigned HASA client to a Provider program the Provider is responsible for taking an inventory of all furnishings made available for the client's use, noting those items that are owned by the client. This inventory must be kept in the client's case record.

Note: In the instance of theft, a police report must be made with your local precinct and a copy submitted to your contract manager.

IV. Reporting Vacancies

Providers must report vacancies within two workdays of the occurrence of the vacancy, or reported within the week of occurrence on their reporting form. The Provider is prohibited from keeping an apartment vacant beyond the thirty workday transition period. Providers must provide HASA Housing Specialist with the following vacancy information:

- A. number of single/family apartments available
- B. date(s) when apartment(s) went into transition
- C. date when apartment (s) will be ready for occupancy
- D. borough/location of available apartment(s)
- E. size of available apartment (s) - studio, 2-bedroom, etc.
- F. when a client has been selected for placement, the date of the move-in
- G. if an apartment is not habitable beyond the thirty workday transition period, provide detailed information as to why and include a time line for resolution.

V. Referral Process

As apartments/units become vacant, a HASA Housing Specialist electronically refers up to three referrals for every one vacancy. This process, however, does not allow the Provider to select the best of three. The process is designed to increase the odds for actual clients' interviews, and to facilitate expeditious placement.

- A. Within two workdays of receipt of referrals(s), the Provider must contact the HASA Caseworker to schedule an interview with the client and the HASA Caseworker, when possible.

Note: Direct contact with the client may be engaged where a telephone number or address is available.

- B. No process featuring multiple interviews with clients, or the establishment of client waiting lists independent from the one created by HASA, is possible.
- C. Within ten workdays of receipt of referrals, the Provider indicates the following:

- 1. Client is not accepted for placement

Specific written reason(s) for non-acceptance must be provided in the HASA Housing database.

- 2. Client accepted for placement

Indicate projected date of placement in the HASA Housing database.

Placement must take place no later than three workdays from acceptance or no later than the thirtieth day from the date of readiness, whichever is shorter. The projected date of move-in must be indicated in the HASA Housing database.

3. Administrative Return

Applications are indicated as an Administrative Return in the HASA Housing database if a client could not be contacted or did not respond to Provider's outreach efforts, a client failed to continue with the interview process, or there were no vacancies.

- D. A transfer or re-housing of one client from one apartment to another within the same contracted Program is not a placement. A record of the client's placement was already made.
- E. On the *Weekly Summary Report* the Provider must include all outstanding referrals that it has at that time.

VI. **Apartment Maintenance**

- A. The Provider is responsible for general apartment maintenance and minor repairs for each apartment unit such as those for which tenants would normally be responsible.
- B. A Provider is also responsible for painting each apartment whose lease is written in its name when it becomes vacant.
- C. The Provider is responsible for each apartment unit payment for gas/electric utilities **up** to \$40 per month. Copies of the utility bills must be provided to the client.
Note: A Provider may decide to place the utility bill in the name of the client.
- E. A Provider is responsible for telephone installation charges and monthly telephone service charges up to \$20 for each apartment unit. Lifeline Service or an equivalent must be installed. Charges in excess of \$20 as well as long distance charges are the responsibility of the client. Copies of the telephone bill must be provided to the client, along with the amount paid by the Provider, if any.
Note: Provider may decide to place telephone bill in the name of the client.
- F. When a vacancy occurs in a Scatter-Site apartment, there is a transition period of thirty days that allows for repairs, refurbishment, and painting of the apartment in preparation for "Ready for Occupancy" status.
Note: For every vacancy, the Provider can receive referrals in anticipation that at the end of the transition period, and on the thirtieth day from the date of vacancy, a client will be able to move in. This process, however, does not allow the Provider to select the best of three. The process is designed to provide increased odds for actual clients' interviews, and expeditious placements.
- G. The Provider must provide receipts to clients for any payments made by them to the Program - Program fees and telephone/utilities in excess of base charges.

VII. Financial Considerations

A. Household Income

- Clients, and members of their household that are in receipt of income other than Cash Assistance, must have his/he/their income aggregated in order to calculate the total household income. The figure obtained must then be utilized to determine the thirty percent of household income. This figure constitutes the share of rental costs.
Note: This requirement applies to all family households, including all households in which adults are living together as couples.
- Failure of the client to pay rent must be addressed after the first instance. All efforts to work with a client to become financially responsible must be undertaken and noted in his/her case record.
- Clients residing in the Scatter-Site Program who are in receipt of Cash Assistance only are not expected to pay a rental share. During that time, there is no request for a rental share covering the period that they were not in receipt of income.
- The first rent payment commences the first full month that client is in receipt of income. Rents are not to be prorated when clients move into the residence after the period the Provider has established for rent payment. During that time, there is no request for a rental share covering the period that they were not in receipt of income.
- Where there are more than two people living in the household, the entire household income is calculated as the household's share of the rent.

B. Utilities

If the utilities are in the client's name, the Provider must ensure that the utilities are not turned off for non-payment. The Provider must have the client put the organization's name as the Third Party Notification. In that way, when the client falls into arrears intervention can be undertaken and the payment(s) made according to a plan.

HASA CASE RESPONSIBILITIES

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PROVIDER CASE MANAGEMENT RESPONSIBILITIES

HASA CASE RESPONSIBILITIES / PROVIDER CASE MANAGEMENT RESPONSIBILITIES

- 1) Providers are to provide intensive case management services to clients in order to enable them to achieve the skills and financial independence required for independent living.

To that end, the following standards and measurements will be used:

1. Initial assessment must be completed to assess client needs.
2. Provider must provide individual case management to each recipient and other social services.
3. Development of a service plan (long/short range goals) and client reassessment conducted every six months.
4. An assessment of each recipient's needs (entitlements, etc).
5. Medical/Follow up – updated annually.
6. Case Progress notes.
7. *Initial Psychosocial assessment and annual mental health reassessment.
8. Assessment for substance abuse.
9. Outreach to recipients including monthly home visits.
10. Referrals for legal services as appropriate.
11. Incident reports as appropriate.
12. Referrals to housekeeping and homecare services as appropriate.
13. Maintenance of case records.
14. Apartment inspection.
15. Building inspection.
16. Security (Transitional and Congregate).
17. Meal plan service (when applicable Transitional and Congregate).
18. Referral based on HRA 2010e Supportive Housing form (NYNY III housing).
19. Certificate of Occupancy (Transitional and Congregate)
20. Level of occupancy (95%)

*** Psychosocial Assessment/Mental Health Reassessment – must be completed by vendor licensed staff Licensed Certified Social Worker (LCSW) or Licensed Master of Social Work (LMSW) or referred to an outside Provider.**

- 2) Provider should refer all issues related to a client's Cash Assistance and Medicaid to the appropriate HASA Caseworker.
- 3) Provider should refer all requests for home care/homemaking for residents to the appropriate HASA Case Manager who will assess client/resident and complete application for home care/homemaking.
- 4) Provider must consult with the appropriate HASA Caseworker in the development of a client's service plan.
- 5) Provider must advise the appropriate HASA Caseworker of hospitalizations and changes in the health status/social condition of the client.

Note: If a client is re-housed into another apartment in the Provider's program, this information must be provided immediately to the HASA Caseworker to update the client's case.

- 6) Provider must advise the appropriate HASA Caseworker and/or Supervisor and Housing Specialist of actions taken by the Provider against a client that may lead toward termination of a HASA client's residency in their program (see Case Conference Procedure).
- 7) HASA Caseworker must document all contacts with Providers in relation to clients in the Provider's program.
- 8) HASA Caseworker participates in case conferences when such conferences focus on social and behavioral issues and/or the Provider is moving toward termination of a HASA client's residency in their program (see Case Conference Procedure).
- 9) HASA Caseworker conducts a home visit once every three months, at minimum, with all clients living in HASA Permanent Supported Housing (i.e., Transitional Supported SRO, Scatter-Site, Congregate). Visits are to be ongoing and should include, but are not limited to, the following:
 - reassessment of the client's needs
 - monitoring of the client's living situation
 - identification of new or potential problems
 - identification of additional benefits and services for which client may be eligible
 - monitoring of the progress of children in family cases
 - development of a Service Plan
 - monitoring of client's progress in achieving goals and objectives delineated in the Service Plan
 - reviewing client's financial responsibilities and response to those obligations
 - obtaining documents as needed.

CASE CONFERENCE PROCEDURE

(For Clients in Permanent Supported Housing Only)

HASA Permanent Supported Housing Three-Level Case Conference Procedure

Level One –To initiate a Level One case conference the Provider is required to deliver a written notice or correspondence to the client describing the specific infraction, enclosing a copy of the program’s “*Standards for Client Behavior and Suitability*” as signed by the client, and informing the client of a Level One Conference to be held with the client at a reasonable time after service of the notice. Copies of the written notice and the Program Standards must be delivered to the client’s HASA Caseworker and to the HASA Housing Specialist assigned to the Provider’s program via email, along with a completed case conference summary form outlining the issues and the interventions that the provider has attempted in coordination with the HASA program. Providers should also cc and include in the email notification the following HASA staff: the HASA Caseworker Supervisors - Level 1 & Level 2, the Team Coordinator, the Center Director, the Deputy Director of Housing Services, the Director of Housing Services, Deputy Director of Field Operations, and the Assistant Deputy Commissioner of Field Operations. Within two (2) business days the HASA Supervisor I (or covering Supervisor II in the Sup I’s absence) should provide two tentative meeting dates to the designated HASA Housing Specialist with the name of the HASA Caseworker who will attend the Level One case conference. Upon receipt of this information the Housing Specialist will contact the Provider via email within three (3) business days to set a date for a case conference among all participants within the following ten (10) business days as well as confirm which HASA caseworker will attend. Participation of the HASA Caseworker is mandatory for Level One conferences.

Providers should initiate a case conference based on HASA’s established set of consistent standards and guidelines for the process including but are not limited to: a tenant’s continual non-compliance with programs standards, chronic non-payment of rent, violent or threatening behaviors toward staff, other tenants and/or community members, ongoing disruptive behavior significantly impacting other clients quality of life and/or impending vital building operations and other serious breaches of program Standards of Client Behavior.

The provider must notify the client of the date, time, and location of the meeting by hand delivered notice or certified mail or regular mail. Providers should have clients acknowledge that they were notified about the case conference by signing the HASA Case Conference Notification Receipt. If a client refuses to sign it, the Provider can have the staff person sign it and attest that the client was notified.

The provider should make one attempt to re-schedule if a client is unable to attend. However, if a client does not attend the re-scheduled case conference, it can proceed without the client, as long as sufficient proof of delivery of the notice of correspondence to the client is provided to HASA. If a HASA representative is absent or unable to attend, the HASA office must make an effort to find a suitable replacement or reschedule the conference within ten (10) business days. The Level One conference may take place at the program office or supportive housing residence. If the client is homebound, it must take place in the client’s apartment. The client may have an advocate present at the Case Conference.

At the Level One Conference, the Provider and the HASA Caseworker must offer the client counseling, information, and a therapeutic referral where appropriate. Unless the conference establishes that no infraction actually occurred, the conference must conclude with a Level One Agreement to discontinue the inappropriate conduct within a specified time period established by the Provider and the HASA Caseworker. The Level One Agreement must be typewritten or clearly legible. It must state specifically what the client must do to be in

compliance and must inform the client that if the client violates the agreement, the provider may proceed to a Level Two conference and the client may be at risk of losing their housing placement. The client is to sign the Level One Agreement and copies must be placed in client's HASA and the supportive provider case files. The client must be given a copy of the Level One Agreement regardless of whether the client attends the conference or signs the agreement. If a client violates their Level One Agreement, the provider may proceed to Level Two.

Psychiatric Evaluations

If HASA requires a psychiatric evaluation, the provider may obtain their own psychiatrist or licensed clinical social worker to perform it (with signed client release).

Level Two - is reached only if the client violates the Level One Agreement. The Provider must then issue a written notice to the client describing the infraction (copies to HASA Caseworker and Housing Specialist). The notice must state that failure to attend the conference could result in the client's eviction. After issuing the notice, the Provider must make a written request to the HASA Housing Specialist and Caseworker via email using the case conference summary form for a Level Two Conference, enclosing full documentation of the Provider's efforts to resolve the dispute with the client in coordinated efforts with the HASA program. The provider should also cc and include in the email notification the following HASA staff: the HASA Caseworker Supervisors - Level 1 & Level 2, the Team Coordinator, the Center Director, the Deputy Director of Housing Services, the Director of Housing Services, and Deputy Director of Field Operations, the Assistant Deputy Commissioner of Field Operations, and the Assistant Deputy Commissioner. A copy should also be sent via mail to client. Within two (2) business days the HASA Supervisor I (or covering Supervisor II in the Sup I's absence) should provide two tentative meeting dates to the designated HASA Housing Specialist with the name of the HASA Caseworker who will attend the case conference. Upon receipt of this information the Housing Specialist will contact the Provider via email within three (3) business days to set a date for a case conference among all participants within the following ten (10) business days as well as confirm who from HASA will attend. HASA will make every effort to ensure that someone at a supervisory level or higher attends Level Two case conferences

The provider must notify the client of the date, time, and location of the meeting by hand delivered notice or certified mail or regular mail at least 48 hours before the scheduled hearing. Providers should have clients acknowledge that they were notified about the case conference by signing the HASA Case Conference Notification Receipt. If a client refuses to sign it, the Provider can have the staff person sign it and attest that the client was notified.

The provider should make one attempt to re-schedule if a client is unable to attend. However, if a client does not attend the re-scheduled case conference, it can proceed without the client, as long as sufficient proof of delivery of the notice of correspondence to the client is provided to HASA. If a HASA representative is absent or unable to attend, the HASA office must make an effort to find a suitable replacement or reschedule the conference within ten (10) business days. The Level Two conference may take place at the program office or supportive housing residence. If the client is homebound, it must take place in the client's apartment. The client may have an advocate present at the Case Conference.

The Level Two Conference should end with a typewritten Level Two Agreement signed by the client, if the client is present. It must state specifically what the client must do to be in compliance and must inform the client that if the client violates the agreement or commits a new infraction, it may result in the client being evicted. The HASA Housing Specialist and HASA Caseworker will complete a Level Two Case Conference Summary form that is later reviewed and signed by their HASA Team Coordinator. If the client is not present, this summary can be signed by the provider. The Case Conference Summary form is inserted into client's housing folder, presented to the client, and sent to the client either via hand delivered mail or by certified mail if

the client is not present. Confirmation of delivery via a hand delivered letter can be a signed attestation by the case manager or other provider representative.

Level Three – is reached when a client violates the Level Two Agreement, refuses to participate in a Level Two Conference, or refuses to make a Level Two Agreement. The Provider must make a written request which includes an updated Case Conference summary form to the HASA Housing Specialist and Caseworker via email for a Level Three Conference, enclosing full documentation of the Provider's efforts to resolve the dispute with the client in coordinated efforts with the HASA program. The provider should also cc and include in the email notification the following HASA staff: the HASA Caseworker Supervisors - Level 1 & Level 2, the Team Coordinator, the Center Director, the Deputy Director of Housing Services, the Director of Housing Services, Deputy Director of Field Operations, the Assistant Deputy Commissioner of Field Operations, and the Assistant Deputy Commissioner. Within two (2) business days the HASA Supervisor I (or covering Supervisor II in the Sup I's absence) should provide two tentative meeting dates to the designated HASA Housing Specialist with the name of the HASA Caseworker who will attend the case conference. Upon receipt of this notification the Housing Specialist will contact the Provider via email within three (3) business days to set a date for a case conference among all participants within the next ten (10) business days as well as confirm who from HASA will attend. HASA will make every effort to ensure that someone at a supervisory level or higher attends Level Three case conferences

The provider must notify the client of the date, time, and location of the meeting by hand delivered notice or certified mail or regular mail. The notice must state that failure to attend the conference could result in the client's eviction. Providers should have clients acknowledge that they were notified about the case conference by signing the HASA Case Conference Notification Receipt. If a client refuses to sign it, the Provider can have the staff person sign it and attest that the client was notified.

The provider should make one attempt to re-schedule if a client is unable to attend. However, if a client does not attend the re-scheduled case conference, it can proceed without the client as long as sufficient proof of delivery of the notice of correspondence to the client is provided to HASA. If a HASA representative is absent or unable to attend, the HASA office must make an effort to find a suitable replacement or reschedule the conference within ten (10) business days. The Level Three conference may take place at the program office or supportive housing residence. If the client is homebound, it must take place in the client's apartment. The client may have an advocate present at the Case Conference.

It should be stated to the client during the conference and included in the Level Three Agreement, or in a written notice if the client is not present at the case conference, that if the client does not comply with the Level Three agreement within thirty (30) days, that the Provider may request a termination of their case and possibly proceed with a Housing Court case. The Level Three Conference should end with a typewritten Level Three Agreement signed by the client if the client is present. It must state specifically what the client must do to be in compliance and must inform the client that if the client violates the agreement or commits a new infraction, it may result in the client being evicted. If the client is not present, this summary can be signed by the provider. The HASA Housing Specialist and HASA Caseworker will complete a Level Three Case Conference Summary form that is reviewed and signed by their HASA Team Coordinator. The Case Conference Summary form is inserted into client's housing folder and sent to the client either via hand delivered letter or by certified mail. Confirmation of delivery via a hand delivered letter can be a signed attestation by the case manager or other provider representative.

If the provider demonstrates that despite their best efforts to assist, the client has not complied with the Level Three Agreement after 30 days, or that after a brief period of compliance the client repeats the previous infractions, the Provider may pursue further action through a Housing Court case as described below:

Housing Court - The Provider must submit written notification to either the HASA Director of Housing Services and the Deputy Commissioner that they will commence with a Housing Court proceeding. If the Provider demonstrates that the client has not complied with the recommended action after a Level Three case conference despite the provider's best efforts to assist the client, and that the Provider has utilized housing specialists associated with the housing program to assist the client in finding alternate housing and the client has rejected viable housing offers, or no viable housing options exist, the Provider will be allowed to proceed with Housing Court. A Housing Court filing will only be approved taken after the Provider has furnished appropriate evidentiary documentation of continued infraction(s) and unsuccessful attempts to assist client to voluntarily relocate. Efforts to change client's behavior must be demonstrated by activities such as counseling, providing information and referral to appropriate service. The Director of Housing Services or the Deputy Commissioner will have five (5) business days to respond to Provider's notification via email.

If upon review of the provider's notification, HASA determines that an eviction should not proceed or does not meet the established guidelines or standards for approving Housing Court cases, HASA must provide in writing a reason and provide a HASA action plan or next steps that HASA will take to assist the provider in addressing the client's noncompliance such as but not limited to providing a one-shot deal, providing financial management, or approving a transfer. Providers will have an opportunity to appeal by notifying HASA in writing via email within five (5) business days and providing any further information or supporting material about the case. HASA then has five (5) business days to respond to an appeal request.

Once a Housing Court case has been approved, the provider will send regular updates on the status of the case and all Housing Court actions to the following HASA staff: the HASA Caseworker, Caseworker Supervisors - both Level 1 & Level 2, the Housing Specialist, the Team Coordinator, the Center Director, the Deputy Director of Housing Services, the Director of Housing Services, Deputy Director of Field Operations, the Assistant Deputy Commissioner of Field Operations, Assistant Deputy Commissioner, and the Deputy Commissioner including any stipulations or issuances of Orders to Show Cause, via email.

If Provider petitions to evict a HASA client, without disclosing any confidential information, Provider must disclose in petitions seeking evictions in Housing Court any regulatory agreements, contracts or government regulations that govern the tenancy. If the Provider has reason to believe that the client may be incapable of adequately defending his/her rights, and the client does not appear in Housing Court or appears without an attorney, the provider will inform the court that the tenant may be in need of a GAL.

If a housing court case results in a Notice of Eviction and/or the subsequent issuance of a Marshal's Notice with an eviction date, the provider will notify HASA's Director of Housing Services or Deputy Commissioner in writing via email along with documentation of the provider's continued efforts to assist the client in relocating voluntarily. This is to ensure coordinated assistance between HASA and the provider with a suitable relocation plan or other necessary services for the client.

Termination of Services in Cases of Eviction: Once a suitable plan and timetable for relocation have been established, the Provider may send a Notice of Termination to the client via hand delivered or by certified mail (copies will also be sent to HASA Caseworker and Housing Specialist).

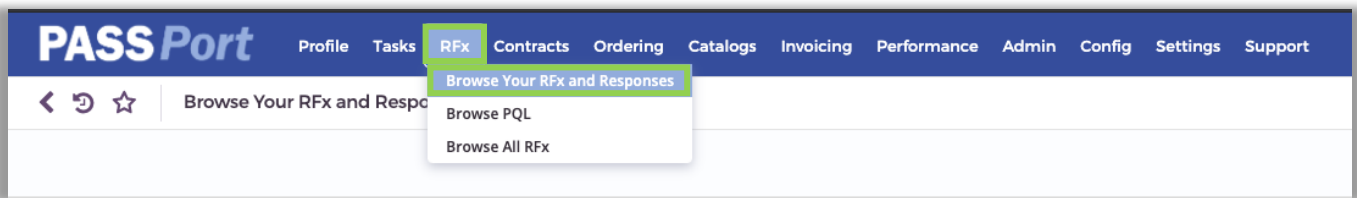
Transferring Data Between Rounds of an RfX

To support a fair and transparent procurement process, substantial changes to an RfX (i.e., changes to the Questionnaire or Item Grid) will initiate a new “Round” addendum that closes the previous round, or version, of an RfX in PASSPort. Addenda that include nominal changes to an RfX, such as a due date extension or revising a document, will not result in a new round. **This job aid is intended for vendors navigating new round addenda only.**

Please note, information entered in a previous round is not automatically carried over into a new round. **If your organization submitted or drafted an RfX response to previous round, you must duplicate your response and copy forward your work into the new round by completing the steps outlined below.** To respond to the RfX, you must re-submit/submit your proposal in the new round. Any responses only submitted in a preceding round will not be accepted.

Follow the steps below to duplicate and copy forward your response into a new round in PASSPort:

1. Log in to PASSPort. Click “RfX” and select “Browse Your RfX and Responses” from the drop down.



2. Click on the pencil icon to access the new round (indicated by the “Released” RfX status).

	Program	Industry	Agency	EPIN	Procurement Name	Procurement Method	RfX Status	RfX Open Date (Your Local Time)	RfX Close Date (Your Local Time)
	test-DG	Standard Services	• DEPARTMENT OF EDUCATION	0402110001	0402110001-Community Schools Services RFP	Innovative	Released	09/11/2020 00:00:00	11/30/2020 00:00:00
	test-DG	Standard Services	• DEPARTMENT OF EDUCATION	0402110001	0402110001-Community Schools Services RFP	Innovative	Canceled	09/02/2020 00:30:00	10/16/2020 00:00:00

3. You will automatically be brought to the View RfX screen. If the procurement requires acknowledgement, navigate to the “Acknowledgement” tab on the left-hand side of the screen and click on “I acknowledge receipt of this RFP.” Then select the “WILL RESPOND” option and validate your response. If the procurement does not require an acknowledgement, skip to step 4.

0402110001-Community Schools Services RFP (002036) : Lot 1 / Round 3

Save Save and Close Close

View RfX

Acknowledgement

Manage Responses

Discussions with buyer

Setup Team

Remaining time :59d 13h 38min 29s

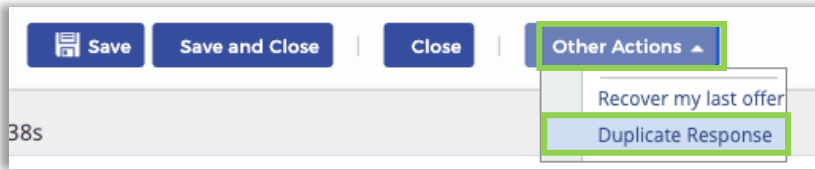
RESPONSE ACTIVITY

ACKNOWLEDGEMENT

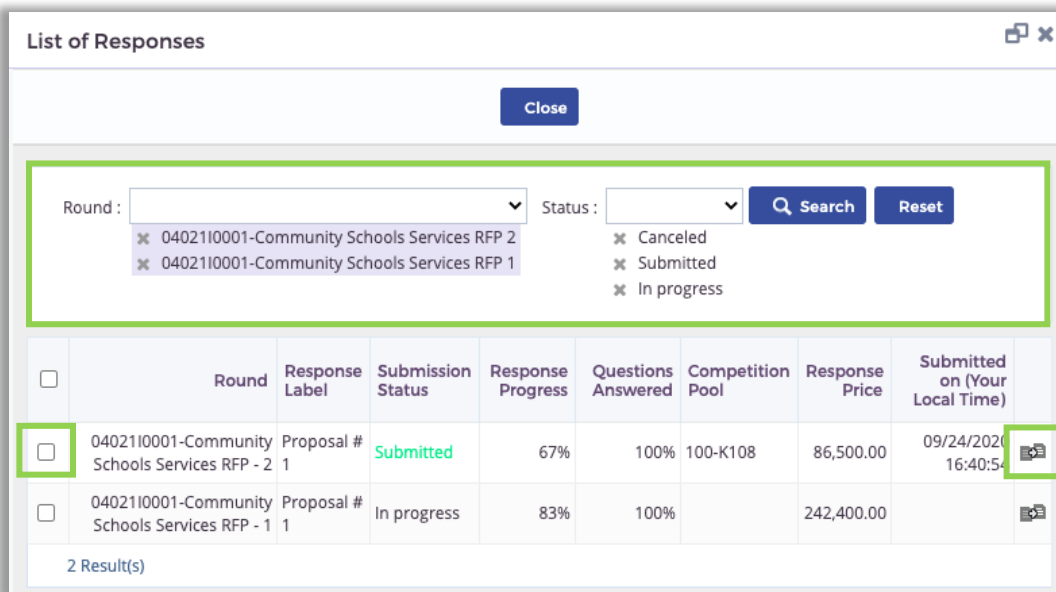
To answer to this RFP, please acknowledge receipt :

I acknowledge receipt of this RFP

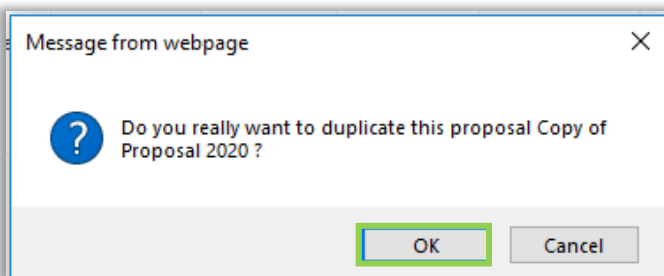
4. An “Other Actions” button will then become accessible. Click on “**Other Actions**” and select “**Duplicate Response**” from the drop-down.



5. A list of your previous responses will pop-up. You can filter by “Round” and proposal status “Canceled,” “Submitted,” and “In progress.” If you are trying to duplicate a proposal that you started but did not yet submit (a draft response) in the previous round, then select “In progress” from the Status search field. After you select the filters, click “Search.” Then, select the checkbox on the left-hand side of the proposal you want to duplicate and click on the duplicate icon on the right-hand side.



6. A message will pop-up asking you to confirm that this is the specific proposal you want to duplicate. Select “OK” to proceed.



7. You will then be brought back to the View RFX screen. Click on the “**Manage Responses**” tab from the left-hand side of the screen and you will see the copy of the proposal you duplicated. To continue working on and submitting your proposal, click on the **pencil icon** next to the proposal. As a reminder, you must submit your proposal in the new round. Any responses only submitted in a preceding round will **not** be accepted.

If you require technical assistance accessing or duplicating your work from the previous round, please reach out to the MOCS Service Desk at help@mocs.nyc.gov.