



*Strength, Dignity, Quality of Life*


**MISSOURI HOUSING**

**DEVELOPMENT COMMISSION**



# Agenda

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- Importance of communication between parties
  - How to know when a service program is unsuccessful
  - Steps that management can take to remedy service program issues
  - FAQ
  - Exhibit Z
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# The Team

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Correlation between Community  
Initiatives and Asset Management

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# **Guidance and Monitoring**

# Recurring issues

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- ❑ Roles of the Developer, Property Management and LRA- service provider
  - ❑ Changes in the LRA- service provider has not been expressed to CI or AM
  - ❑ The LURA, Regulatory Agreement and/or other agreements are not being adhered to
  - ❑ Lack of services
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# Service Enriched FAQ

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**Q. How do I know if my property has a Service Enriched requirement?**

**A.** If applicable, property specific special needs requirements can be found on the Land Use Restriction Agreement (LURA) or Regulatory Agreement (RA). This information can also be found on the firm commitment documents and the Exhibit B. You may also contact MHDC with any questions.

# Service Enriched FAQ

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## **Q. What documentation is MHDC requiring to assess compliance with the Service-Enriched component?**

**A.** During inspections and at other times if compliance needs to be verified, MHDC expects the property to:

- Have documentation available and on-site including, but not limited to, the types and frequency of services provided,
- the number of residents attending (e.g., sign-in sheets),
- transportation provided, if applicable,
- and notices provided to tenants about the services.

# Service Enriched FAQ

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**Q. What if the services we offer no longer fit our population or the service provider isn't providing services?**

**A.** A service provider should provide services that make sense for the residents of the property. For example, an afterschool program may be more suited to a multi-family property but not an elderly property. With prior approval from MHDC, you may change service providers. **You must notify MHDC that you would like to change your service provider and to whom you would like to change. This request will be reviewed by Asset Management and Community Initiatives. After review and approval, the service provider can be changed.**



# Set-aside Preference- Special Needs Priority FAQ

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**Q. How do I know if my property has a special needs requirement?**

**A.** If applicable, property specific special needs requirements can be found on the Land Use Restriction Agreement (LURA) or Regulatory Agreement (RA). This information can also be found on the firm commitment documents and the Exhibit B. You may also contact MHDC with any questions.

# Set-aside Preference- Special Needs Priority FAQ

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## **Q. What does the Lead Referral Agency (LRA) do?**

**A.** The LRA should evaluate referrals based on the Special Needs definition/special emphasis in the related Developer's Guide for the year associated with the project award of funding. Consult the MHDC Firm Commitment and the agreement between your property and LRA for the specifics on your LRA's role in either providing services and/or special needs referrals. The LRA should provide the referrals and services that were agreed upon and documented in the signed referral and services agreement to the specified targeted units.

If circumstances have changed, MHDC must be notified and a new referral and Services Plan/Referral Agreement must be approved. See the last question for more information.

# Set-aside Preference- Special Needs Priority FAQ

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**Q.** What is a targeted unit?

**A.** Targeted units are those units set aside for tenancy by persons with special needs. Targeted units must be rented to households referred to the property by the LRA.

# The Team

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# Exhibit Z sections:

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- Housing Priority
- Checklist Items
- Referrals
- Occupancy
- Services
- Comments
- Certification

# Exhibit Z

Exhibit Z SNH/SE July 25, 2018



## **Housing Priority Site Visit Certification for Special Needs and/or Service Enriched Properties**

<b>PROPERTY NAME:</b>	_____	<b>Phone Number:</b>	_____
<b>PROPERTY ADDRESS:</b>	_____		
<b>PROPERTY SERVICE PROVIDER:</b>	_____	<b>Phone Number:</b>	_____
<b>PROPERTY SERVICE PROVIDER CONTACT:</b>	_____		
<b>TOTAL NUMBER OF UNITS:</b>	_____		
<b>TOTAL NUMBER OF SPECIAL NEEDS UNITS (if app</b>	_____		
<b>TOTAL NUMBER OF HOUSEHOLDS CURRENTLY</b>	_____		
<b>MEETING SPECIAL NEEDS REQUIREMENTS:</b>	_____		
<b>TARGET POPULATION:</b>	_____		
<b>SELF CERTIFICATION REPORT PERIOD:</b>	<b>From (date of last report):</b>	<b>To (date of current report):</b>	_____
<b>DATE OF VISIT:</b>	_____		
<b>COMPLIANCE OFFICER:</b>	_____		

# Exhibit Z- Housing Priority

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## HOUSING PRIORITY:



**Set-aside Preference (Special Needs Housing)**



**Service Enriched Housing**

# Exhibit Z- Checklist items

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**CHECKLIST ITEMS:**

**CHANGES:**

Has the Special Needs Supportive Services Agreement/ MOU changed since Firm Submission? If so, what changed and why?

Has the Service Enriched Supportive Services Plan changed since Firm Submission? If so, what changed and why?



# Exhibit Z- Referral

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**REFERRALS This section to be completed by the LRA:**

What is your referral process? Please include your screening and eligibility criteria for set aside units.

How is your referral process inclusive of persons with all types of disabilities or special needs?

Does your referral process include accepting referrals from other providers? If so, describe how the process for accepting referrals from other providers. If not, explain why your referral process does not include accepting referrals from other providers.

Does your referral process include the management company? If so, describe how. If not, discuss the reason(s) why.

How does the Lead Referral Agency (LRA) manage the waiting list?

What is the LRA's process to notify local service providers when the waiting list is open?



# Exhibit Z- Occupancy

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**OCCUPANCY:**

Did management notify the LRA within a timely manner (90 days) prior to occupancy certificate or when marketing began? If not, discuss the reasons why.

Does management have a process in place to notify the LRA when units will be available? If so, describe how. If not, discuss the reason(s) why.

Describe the process to lease vacant SN/SE units after initial lease up (i.e., within 30 days)?

# Exhibit Z -Services

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## SERVICES:

Please list requested information for all special needs/service enriched providers whether individuals or organizations.

<u>Provider Name</u>	<u>Address</u>	<u>Email/Phone Number</u>	<u>Contact Person</u>	<u>On Site or Off Site</u>

# Exhibit Z- Services cont'd

Please indicate the number of residents that have used each of the following services at least once during the reporting period.

Service Coordinator	_____	Interpreter	_____
Case Management	_____	Medication monitoring/support	_____
Crisis Intervention	_____	Information referral	_____
Mental Health Services	_____	Health Education/Screening/Assessment	_____
Individual Counseling	_____	Nutrition Services	_____
Group Counseling	_____	Social/Recreational Activities	_____
Legal Services	_____	Financial/Budgeting Seminar	_____
Assistance Animals	_____	Computer Skill Class	_____
Assistance Devices	_____	Life Skill Class	_____
Health and Safety Class	_____	Employment Skill Class	_____
Job Training Class	_____	Transportation to Services	_____

If off-site services are offered, how is transportation addressed?

What is used to document services or refusal of services?

# Exhibit Z- Services cont'd

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Are services appropriate for the target population? If so, describe how. If not, discuss the reason(s) why.

For completion by special needs property only:

Does the LRA have a designated point of contact for residents and management? If so, provide the name, number, address and email for the designated point of contact. If not, discuss the reason(s) why.

For completion by special needs property only:

Does the LRA have a plan for negotiating reasonable accommodations if necessary? If so, describe how. If not, discuss the reason(s) why.



# Exhibit Z- Comments

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# Exhibit Z- Certification

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**CERTIFICATION:**

I hereby certify tht the information provided in this self-certification is true and correct and reflectes the status of the property as of the date of this report.

Signed by: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Date: \_\_\_\_\_

# The Team

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