

Customized Assistance Services



# Completing a Successful NYC Supportive Housing Application

### WELCOME!

- Please stay muted
- Use the Chat for questions/comments
- We are recording!
- Slides will be shared
- All user access/technical CAPS issues should be directed to: hracassupport@hra.nyc.gov

# **CAPS Training**

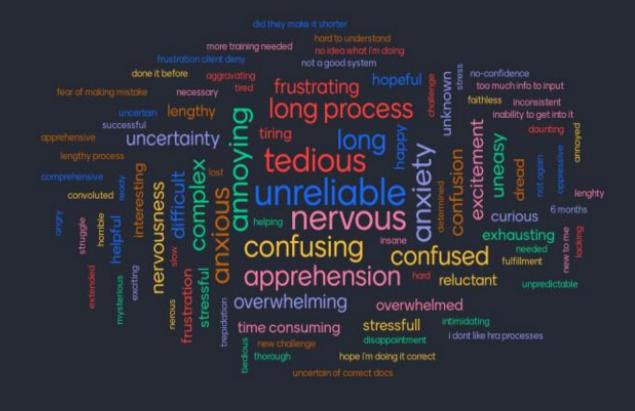
**Description:** The training will provide an overview of the Coordinated Assessment Survey and Supportive Housing Application. We will review CAPS navigation and troubleshoot common issues that result in an application being returned without determination.

**Aim:** We will increase participant knowledge about building applications that support the type and level of housing requested, thereby increasing the number of complete applications with the correct determination.

### Tell Us How You REALLY Feel!

### HRA housing applications are....

**Mentimeter** 



# Agenda

- Welcome/intro
- CAPS Dashboard
- Organizing Your Process
- Coordinated Assessment Survey
- Materials (supporting documents)
- Starting application
- Troubleshooting + Tips
- Resubmissions
- Guidance and resources
- ➤ Q&A

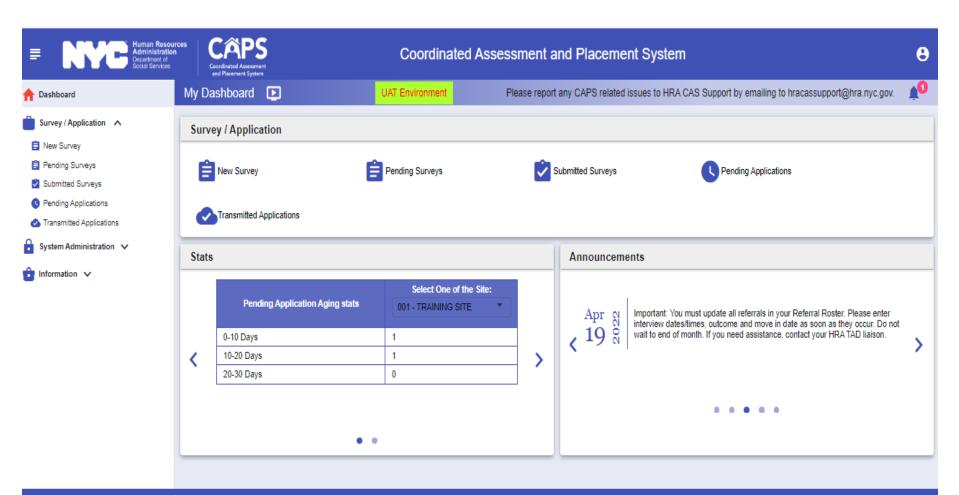
# Objectives

Navigate CAPS to successfully complete the Coordinated Assessment Survey and Supportive Housing Application

Troubleshoot and avoid common application problems

➤ Increase the number of approval determinations in the first submission

### **CAPS** Dashboard



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NYC.GOV Page | Support

### Criteria

- Basic eligibility requirements: Clinical + Homelessness (verification letters)
- Types of housing: Serious Mental Illness (SMI), Substance Use Disorder (SUD), Young Adult (YA), Families, HIV/AIDS
- Contracts: SMI, NY/NY I&II, NY/NY III (Pops A I), NYC 15/15, ESSHI (SMI and SUD), Gen Pop



TIP: Use the Supportive Housing Description and Criteria Guide!









Dashboard

Information ^

Announcement

■ Training

#### **Training**

UAT Environment

#### Training

#### Click on the links below to view the training tutorial:

- CAPS March 2021 Enhancements
- Dashboard PowerPoint
- > Application
- CAPS Module 1 User Security
- CAPS Module 2 Intro to CAPS Functionality
- CAPS Module 3 Site Request
- CAPS Module 4 VCS Rosters
- CAPS Module 5 TADS
- Foster Care Verification Letter
- Supportive Housing Descriptions and Criteria
  - Coordinated Assessment Survey Guide

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#### **Supportive Housing Description and Criteria**

	Mental	Health	
Supportive Housing Types	Clinical Criteria	Homeless Criteria	Documentation Requirements
SMI/High Service Needs Supportive housing for single adults with a serious mental illness (SMI) <sup>1</sup> or who have a SMI with a co- occurring substance use disorder.	Adults with a serious mental illness or who have a SMI with a co-occurring substance use disorder.	None	NYC Supportive Housing Application     Psychiatric Evaluation (dated within last 180 days)     Psychosocial Assessment (dated within last 180 days)
NY/NY I and II Supportive housing for homeless single adults with a SMI or who have a SMI with a co-occurring substance use disorder.	Adults with a serious mental illness or who have a SMI with a co-occurring substance use disorder.	Must be homeless fourteen out of the last sixty days.	NYC Supportive Housing Application     Psychiatric Evaluation (dated within last 180 days)     Psychosocial Assessment (dated within last 180 days)
NY/NY III — Population A Supportive housing for chronically homeless single adults with a SMI or who have a SMI with a co- occurring substance use disorder.	Adults with a serious mental illness or who have a SMI with a co-occurring substance use disorder.	Chronically homeless under the NY/NY III agreement <sup>2</sup>	NYC Supportive Housing Application Psychiatric Evaluation (dated within last 180 days) Psychosocial Assessment (dated within last 180 days)
NY/NY III — Population B  Supportive housing for single adults who are presently living in NYS operated psychiatric centers or a NYS operated transitional residences and who are at risk of street or sheltered	Adults with SMI and presently living in NYS operated psychiatric centers or NYS operated transitional residences. Also, individuals with an inpatient stay at the Central NY psychiatric center within the last year or currently inpatient in the Second Chance program at NY	At risk of street or sheltered homelessness if discharged without supportive housing <b>and</b> are unable to return to their prior placement.	NYC Supportive Housing Application     Psychiatric Evaluation (dated within last 180 days)     Psychosocial Assessment (dated within last 180 days)

# **Organizing Your Process**

- Client conversation: engage, educate, assess
- Start the Coordinated Assessment Survey (for access to documents)
- > Schedule psychiatric evaluation and gather materials
- Revise psychosocial based on psychiatric evaluation and other documentation
- Complete/transmit application

# \*Engage, Educate, Assess\*

- ➤ Consents
- ➤ Manage expectations
- ➤ Application process, eligibility basics, and required documentation
- > Psychosocial interview
- ➤ Obtaining documentation: application/eligibility vs. placement/move-in

# **Coordinated Assessment Survey**

- ➤ Consent reminder!
- ➤ Survey benefits: access, guidance, prepopulate
- Triple check client's name, SSN, DOB, gender and application type (family/individual)





### Coordinated Assessment ar

Dashboard

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Announcement

Training

#### **Training**

Please report any CAPS related issues to

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- CAPS Module 5 TADS
- Foster Care Verification Letter
- Supportive Housing Descriptions and Criteria
- Coordinated Assessment Survey Guide
- CAPS Glossary

# **Prep and Gather Materials**

- Psychosocial interview helps determine possible categories of eligibility
- Estimate the "Count Toward Homelessness" (CTH) – is it the right time?
- Information on past/present treatment (psych, substance, medical); ADLs; social history/background; housing/homelessness

### Documentation

- Psychiatric evaluation
  - 180 days
  - Share your notes and prior evaluations
  - List of qualified providers (LMSW new as of 5/31/22)
  - Must include prior psych history, onset + course of illness, treatment (inpatient and outpatient), symptoms + behaviors, functional impairments/ADLs
- Treatment verification
- Homeless verification
- Medical documentation
- Update psychosocial
  - Explain inconsistences and create a cohesive narrative!

### **Expanded List of Qualified Professionals**

Licensed Psychiatrist (MD)

Licensed
Psychiatric Nurse
Practitioner (PNP)

Licensed Psychologist (PhD, PsyD)

Licensed Medical Doctor (MD)

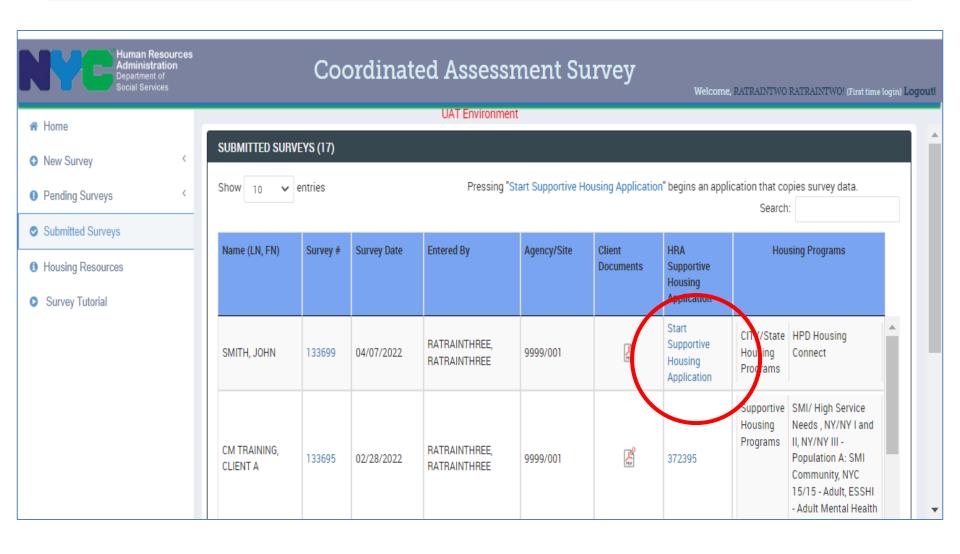
Licensed
Physicians
Assistant (PA)

Licensed Clinical Social Worker (LCSW)

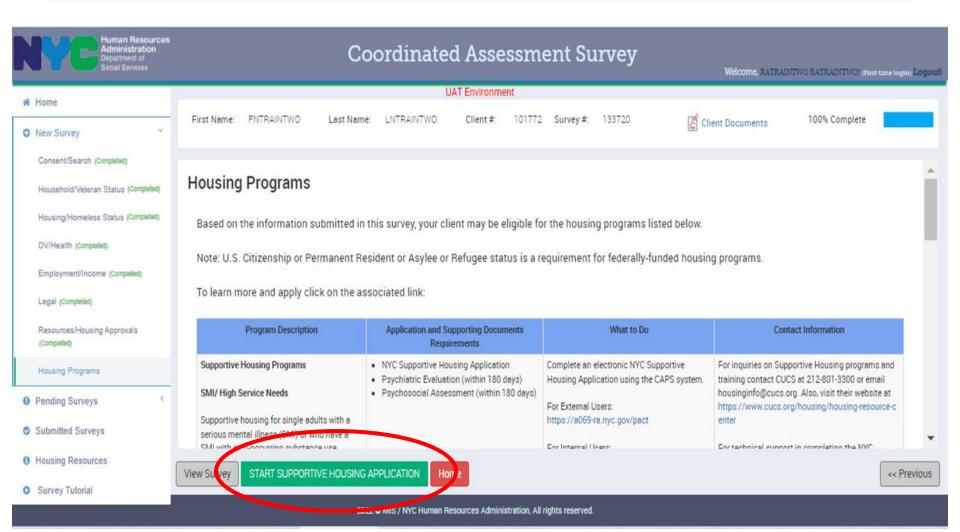


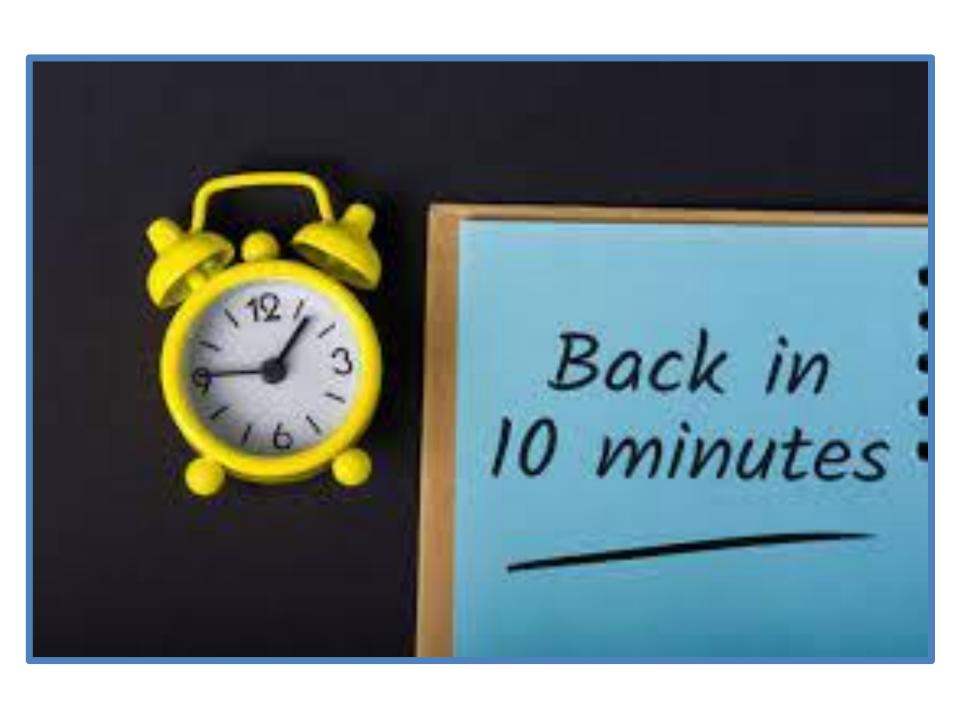
Licensed Master Social Worker (LMSW) Licensed Mental Health Counselor (LMHC)

### **Start Application from Submitted Survey List**



### Or, Start the Application from the Survey





# **Tips and Troubleshooting**



Application data



Documentation



**Demographics** 

**Most Common Application Returns** 

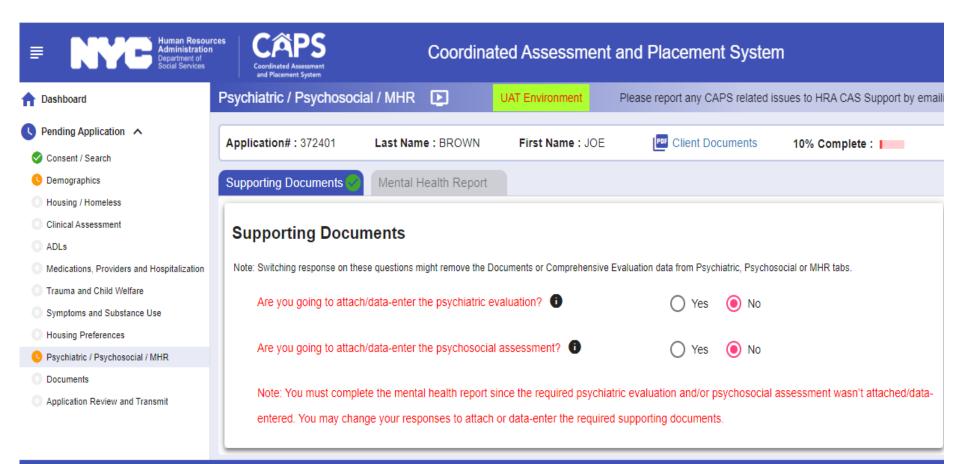
### Documentation

- Psych eval and psychosocial = 180 days
  - Is there a current or recent hospitalization?
  - Full psychiatric history
- Treatment and homeless verification = 30 days
- > Incomplete
- > Inconsistent
- Consider using Mental Health Report (MHR)



TIP: Collaborate and review along the way!

# Accessing the MHR



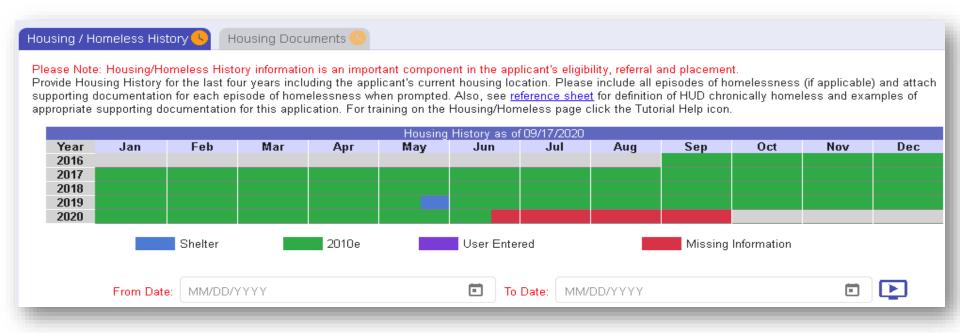
# **Housing + Homelessness**

- CARES, HASA, DYCD auto-population
- Undocumented applicants
- Who can write the homeless verification letter?
- Homeless vs. "at risk"
- Discrepancies (HVL, PE/PS, application)
- Entering housing types and episodes correctly (transitional, state PC TLR, unknown)

## NYC Supportive Housing Application

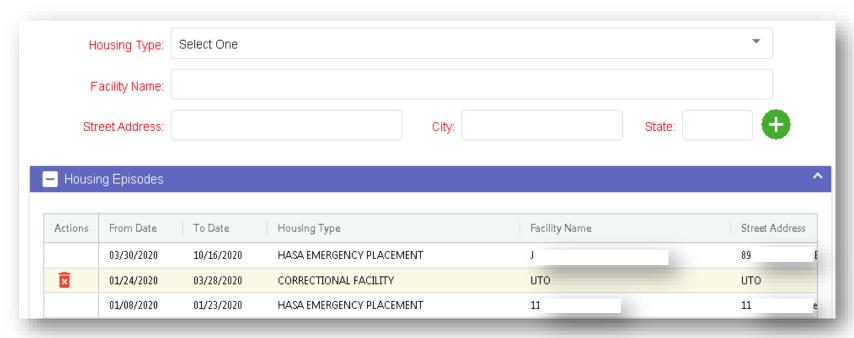
### Housing/ Homeless History

**Housing/Homeless History** contains a video which provides instructions to complete this section of the application. Additionally, there is a link to the reference sheet for the definition of HUD Chronically Homeless, and a sample of a homeless verification letter.



### Housing/ Homeless History

To view *Housing Episodes* that were pulled in from the system click on the plus sign or the bar labeled *Housing Episodes* to expand the list. Clicking on the minus sign will collapse the list. The housing history displayed is as of the date that the application was created.



### Housing/ Homeless History

If your client previously submitted a supportive housing application which contained housing documents, it would be listed on the bottom of this screen. Clicking in the action column allows users to view the documentation. Clicking allows them to add the documentation to the application. Once added, the information may be edited or deleted.

#### Housing Documents from Prior Applications Actions Туре Name Description Attached Date Attached Time TB homeless.pdf Homelessness Verification Housing 06/15/2020 12:12 06/15/2020 Housing Tb residency 620.pdf Residency Letter 12:12 Housing TB Address.msg housing ad 09/27/2019 14:36

### TIP

Housing documentation added to the application should be reviewed and compared to the collected housing history. The homeless verification letter reference sheet should be used as a guidance to ensure comprehensiveness.

# **Symptoms and Behaviors**

- Application and psych eval/psychosocial should align
- Expected symptoms and behaviors based on diagnosis
- Current vs. history
- Homicidality and arson issues
- Common areas of confusion:
  - <u>Hallucinations</u>: individual sensory experience (visual image, sound, touch, smell) that occurs in the absence of actual external stimuli
  - <u>Delusions</u>: abnormal thought content; false belief despite proof to the contrary (often paranoid, grandiose, or religious)
  - <u>Thought disorder</u>: disturbance in the organization and expression of thoughts exhibited by disorganized speech and/or writing (illogical, incoherent, tangential, circumstantial, loose associations)

# **ADLs/Functional Impairments**

- ➤ How do the client's symptoms impact their ability to function day-to-day?
- Social, occupational, educational domains
- > Concentration, focus, task completion
- ➤ If higher functioning, is it due to medication and/or consistent treatment and supports?
- Review OMH SMI definition (vs. mental health conditions)

# NYS OMH SMI/SPMI\*

In order to be considered an adult with a <u>serious mental illness</u> the following criteria must be met:

Have a designated mental illness diagnosis (other than alcohol/substance use disorders, organic brain syndromes, developmental disabilities, or social conditions)

### **AND**

SSI or SSDI enrollment due to mental illness

### **OR**

Extended functional impairment due to mental illness over the past 12 months

### <u>OR</u>

Reliance on psychiatric treatment, rehabilitation, and supports

<sup>\*</sup>https://omh.ny.gov/omhweb/guidance/serious\_persistent\_mental\_illness.html

### **Activities of Daily Living**

**Activities of Daily Living (ADL)** provides a list of daily activities that are essential to independent living. Some activities refer to the more basic tasks such as *Personal Hygiene* (bathing, grooming) while others refer to more complex tasks, Instrumental Activities of Daily Living (IADLS), such as managing finances and shopping.

Please Note: Activities of Daily Living information is an important component in the applicant's eligibility, referral and placement.

Complete the checklist for each of the activities of daily living skill as a result of any medical and/or mental health conditions to determine the level of support the applicant may need in a supportive housing program

Activity	Description	Type of Support
Personal Hygiene	Bathing, toileting or incontinence, washing clothes, appropriate dress for the weather, purchasing and using personal care products	Select One
Travel / Mobility	Able to follow directions and comfortable using public transport, able to climb stairs, walk, get around; any vision, hearing or physical challenges	Direct Assistance
Shopping and Meals Preparation	Able to plan meals by buying or cooking food and store food properly	Mostly Independent
Managing Finances	Ability to pay bills and plan for the month	Some Support
Apartment/Room Upkeep	Regular cleaning of space; take out garbage; no excess clutter or hoarding; notify maintenance of plumbing problems; understands fire safety evacuation	Select One ▼
Social Skills/ Supports	Interacts regularly with family/other supports; does not isolate; assertive; respects the rights of others/neighbors	Select One
Manage Health and Behavioral Health	Recognize health and mental health symptoms/problems; communicate health concerns to care providers; make and keep appointments; take medications as prescribed; relapse preventive awareness	Select One 🔻
If Other ADL Impairments, describe:		Select One ▼

Select one of the 3 types of support to indicate level of functioning

### Activities of Daily Living

**Activities of Daily Living (ADL)** provides a list of daily activities that are essential to independent living. Some activities refer to the more basic tasks such as *Personal Hygiene* (bathing, grooming) while others refer to more complex tasks, Instrumental Activities of Daily Living (IADLS), such as managing finances and shopping.

**Direct assistance:** Client requires significant assistance in order to complete the ADL, this typically includes frequent reliance on another person, intensive supportive services and/or the use of supportive devices.

Travel / Mobility	Able to follow directions and comfortable using public transport, able to climb stairs, walk, get around; any vision, hearing or physical challenges	Direct Assistance	~	
Details:	Client has a difficult time navigating public transportation, becomes extremely overwhelmed by crowds and has significant difficulty with directions/map as result will miss appointments. Must be escorted to ensure attendance.		225/250	

Mostly Independent: Client is able to independently attend to ADL.

#### Example:

Psychosocial assessment and/or psychiatric evaluation states that client's living area is observed to be neat and orderly. Client doesn't require prompting to maintain living space.

Apartment/Room Upkeep	Regular cleaning of space; take out garbage; no excess clutter or hoarding; notify maintenance of plumbing problems; understands fire safety evacuation	Mostly Independent   ▼	1
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### Substance Use Issues

- > NY/NY III Population E active use (within 3m)
  - Functional impairment
- NY/NY III Population F early recovery (3-12m)
  - Treatment verification letter
- > NYC 15/15 (HUD chronic)
- > ESSHI
- Gen pop?

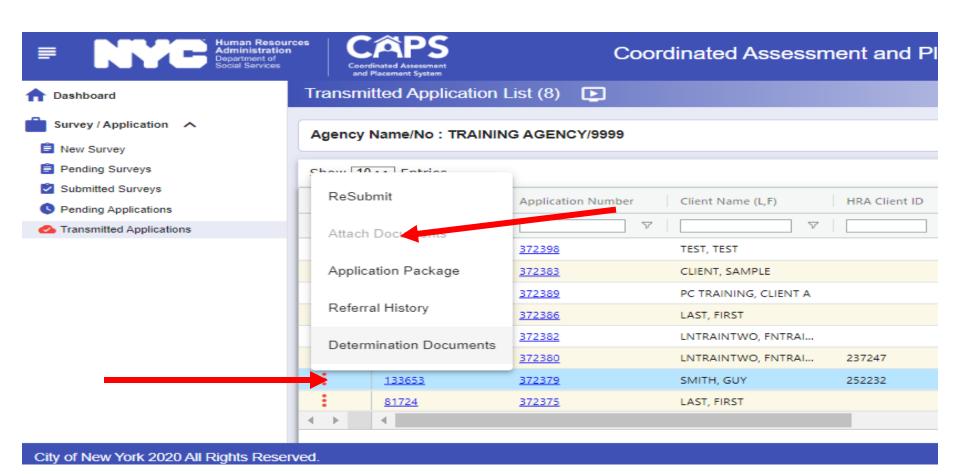
# Medical / Gen Pop Issues

- > Chronic disabling condition
  - Medical/physical: documentation with diagnosis and functional impairment(s)
  - Substance Use Disorder recovery within 5 years: strong psychosocial
  - Mental health conditions (not SMI): psych eval
- Application option tied to site type (eg, mental health program w/in DHS)



### Now What?!

Receive email from CAPS with determination outcome:



### **Determination Discontent?**

- ➤ Carefully read the determination letter and compare it to the application package
- ➤ Reach out to Reviewer with any questions contact information is in the determination letter
- ➤ Seek supervision around clinical documentation that is not comprehensive
- > Request PACT supervisory review

# **Determination Letter Training Video**







#### Coordinated Assessment and



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#### **Training**

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#### **Training**

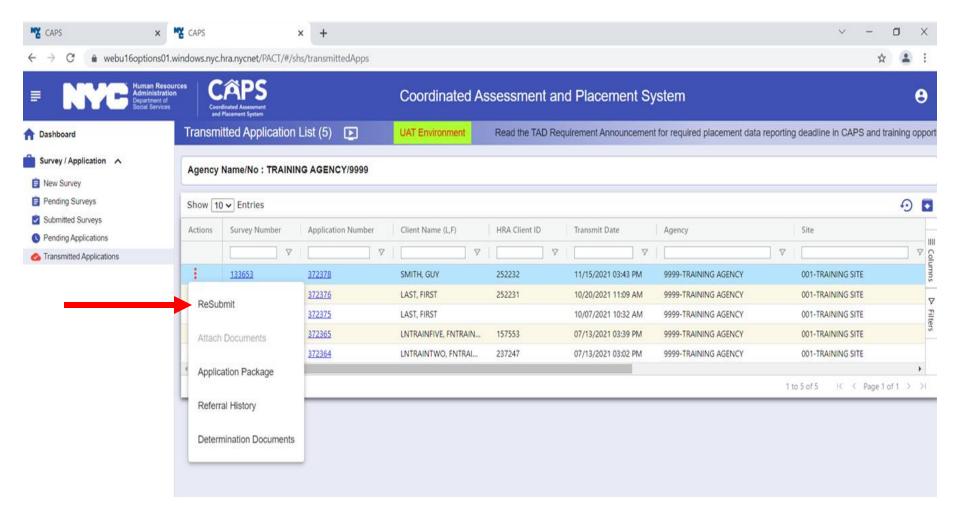
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- Application
- Application PowerPoint
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- Pending Applications
- Transmitted Applications
- Determination Letter
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- CAPS Module 3 Site Request
- CAPS Module 4 VCS Rosters

## Resubmissions within 30 Days

- From your Transmitted Applications list, click the 3 red dots to the left of client's name and select "ReSubmit"
- You have generated a new application now found in your Pending Applications list
- Data is pre-filled from the prior application and editable, though you may have to reenter housing history
- Upload all documents

# Resubmissions within 30 Days



### **Guidance and Resources**

### **CAPS Information -> Announcement and Training**

- Supportive Housing Descriptions and Criteria Guide
- Suggested Outline for Psychiatric Summary (CUCS)
- Creating a Comprehensive Psychosocial (CUCS)
- Introduction to Mental Health Report (MHR)
- > HUD Chronic guidelines
- Sample letters for substance use treatment verification, homeless verification, child welfare
- > CAPS training modules

# Recap

- > <u>Clinical</u>: review clinical conditions and functional impairments
- Information: what materials do you need and who should you talk to?
- > <u>Time</u>: review the homeless criteria and count client's time. Do you need a verification letter?
- Read and Reassess: address discrepancies, revise where needed
- Application: check survey recommendations and start application in CAPS
- > <u>Consult</u>: with a coworker, supervisor, or PACT reviewer
- > <u>Transmit</u>: an approvable application!



Contact PACT

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