

Tab 11- Supportive Services Plan Outline and Questionnaire

Describe the proposed **Supportive Services Plan** using this outline and submit with a completed **Service Provider Questionnaire**. **To receive a minimum of seven (7) points demonstrate:**

1. Program goals that are specific to the proposed development
2. Service Delivery which includes comprehensive services relevant to this population without major barriers to participate.
3. Meeting the minimum on-site staffing ratio of 1:5 (1 hour of Service Coordination onsite for every 5 units). Market rate units are included in the ratio. Services must be provided to those units as well. Hours must be whole numbers.
4. Staffing is clearly defined. Please keep in mind that if an agency is also hiring a nurse that roles must be defined and hours must be separated. Onsite nurse hours DO NOT count towards onsite supportive services hours.
5. Partnerships and formal supports from community organizations which are integral to this plan of services and will enhance the quality and ensure services will be available to residents for at least 15 years. Include a signed letter of intent, support and/or commitment describing what services they will provide to the residents of the property.
6. Annual amount of funding must distinguish between salary/benefits and supplies. These must be clearly identified.
7. Cost per unit for General Occupancy must be a minimum of \$250 per unit and cannot exceed \$600/unit and for 62+Preference and Supportive Housing Preference (Tab 31) costs may not exceed \$800/unit.
8. Must include a statement of commitment to continued professional development in core areas related to supportive services for all supportive service staff. Examples of trainings include: PHFA Conference and other conferences, PHFA regional forums, webinars, local housing networking groups, etc. (See Certification last page)

All of the above MUST be met in order to receive 7 points. If the above 7 points are met an additional 5 points may be awarded if the following two requirements are met.

1. Demonstrated commitment of sufficient funds for at least 15 years.

If funded by a supportive services escrow account, include amount of funding to be escrowed and a signed Letter of Intent by the owner. The escrow must be held by PHFA and be trended at 3% for payroll and supplies. Documentation of the trended escrow must be provided and can be calculated by Excel.
2. If funded by the operating budget, please ensure the amount is included in the annual operating budget and can be sustained for 15 years.

Please Note: Any Developer/Provider who received points for a service plan on a prior year's application that has failed to provide the services outlined in the Agency approved plan to meet Threshold or Selection Criteria, will NOT be considered for any consideration/points on a new application until such non-compliance is corrected and existing programs are in compliance. Additionally, negative points will be assessed on future applications until such programs are in compliance.

The Supportive Services Plan is prepared by the primary service provider and shall include the following information:

- **Memorandum of Understanding (MOU)** – A Memorandum of Understanding (MOU) or agreement is between the owner/sponsor, the property management company, the primary service provider, and any other interested party, describing how the role and responsibilities will be coordinated with all parties. The MOU should describe the intent of the housing and service model; define terms and eligibility, the specific duties of each party, funding resources, number of hours of service, and terms of agreement. *(PHFA provides a generic sample on the Housing Services webpage at www.phfa.org. This should be specific to your property and situation.)*
- **62+ Memorandum of Understanding (MOU)** - A Memorandum of Understanding (MOU) or agreement specific to the 62+ health services and is between the healthcare and management company. *(PHFA will provide a sample.)*

Service Plan - Identify characteristics of target population & preference(s):

Supportive Services Populations	# Units
General Occupancy	
Elderly 62+ Occupancy	
55+ Occupancy	
Market Rate	
20% AMI	
Accessible Units (Mobility)	
Accessibly Units (H/V)	
Total in Development	

Preferences	# Units
Tab 31 Supportive Housing	
62+ with Health Services	

Budget Information	Amount
Staff Budget	\$
Supplies	\$
Total Annual Budget	\$

Program Goals

- **General Occupancy** – goals to include improve residents’ ability to uphold their lease obligations, improve building and unit maintenance, increase family assets through programs for employment, education and income/asset building, enhance quality of life through child and youth development, community building and improving access to services.
- **Elderly Occupancy**- goals to improve residents’ ability to uphold the lease through the aging process through improved access to health and other services, enhance quality of life through community building, socialization and other appropriate programs.
- **62+ with Health Services**- show targeted, coordinated health and long-term services and supports will be provided for residents to improve health related outcomes, quality of life, and will result in residents’ ability to maintain their tenancy. This MUST be accomplished through robust partnerships with hospitals, home health care agencies, managed care organizations and other health care insurance organizations, LIFE (Living Independently for Elders- outside PA knows as PACE) programs and other health care providers or coordinating agencies. Expected services include identifying people in need and engineering a service-delivery or care management function for their needs. Additional Long Term Services and Supports can include a service coordinator to work with the health care partner while enhancing socialization, activities and providing other tenancy support functions. **Note:** *For on-site service coordinator hours, make clear what is on-site resident service coordination and what is an additional wellness program and/or activity that supports the 62+ preference. For agencies that employ RNs as on-site Resident Service Coordinators, the service plan should reflect what part of the RN’s time is spent on traditional service coordination vs. wellness activities, this means the RN’s hours working as an RN does NOT count towards the on-site service coordination hours. If you have an RN in addition to an on-site service coordinator, the RN’s hours do not count towards the required on-site service coordination hours.*
- **Supportive Housing Target Populations** (Special needs populations)- goals based on the strengths and needs of the target population. Specific to the needs of the preference and/or set-aside population the applicant is serving. **(Details in Tab 31 Supportive Housing Preference.)**

Service Plan:

- Identify measurable targeted outcomes related to each goal.
- Describe how program will identify resident needs at start-up and respond to changing needs over time (resident meetings, needs assessments, surveys, etc.)
- Identify where service will be provided. For services not provided at the site, identify how barriers to participation will be overcome.
- Frequency of program or activity (daily, weekly, monthly, etc.)
- Identify any eligible requirements or fees for services for resident participation.
- Identify methods to market the service program and encourage resident participation.

- **Staffing:** Identify staff position(s) involved, their location and number of hours per week dedicated exclusively to services at the development. **Required minimum:** one (1) onsite hour/week for every five (5) units. (Note: this formula does include market rate units. Supportive services **must** be made available to all residents, regardless of income levels.) Staffing **must** be in **whole** numbers. If staffing is less than ten (10) hours per week, please indicate how the position will be marketed, staffed and retained. Please keep in mind that if there will be an on-site nurse and an on-site service coordinator, the nurse hours DO NOT count towards on-site supportive service hours. The number of hours also must be distinguished between the two roles.
- Describe supervision and support (office space, computer and Internet/email access).
- **Budget and source of funds:** Identify the annual cost and the source of funds to pay for services and staffing. If funded by a supportive services escrow account, include amount of funding to be escrowed a signed letter of intent by the owner. The escrow must be held by PHFA. PHFA will set up the escrow and process the annual draw down without charging a fee. The annual drawdown must take place by March 15th for the previous year. PHFA will provide the forms to be used and the request will be processed by the Housing Services Representative assigned to the property. In consideration for these services, PHFA will keep all interest that accrues in the escrow account. The escrow needs to be trended at 3% for payroll and supplies. Documentation of the trended escrow must be provided and can be calculated using Excel.

Example:

\$10,000 annual budget needs a \$185,990 funded escrow.

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
Staff Budget	9,500	9,785	10,079	10,381	10,692	11,013	11,343
Supplies	500	515	530	546	563	580	597
Total Annual Budget	10,000	10,300	10,609	10,927	11,255	11,593	11,941

Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
11,684	12,034	12,395	12,767	13,150	13,545	13,951	14,370
615	633	652	672	692	713	734	756
12,299	12,668	13,048	13,439	13,842	14,258	14,685	15,126

If funded by the operating budget, please ensure the amount is included in the annual operating budget and can be sustained for 15 years. Budgets must indicate amount that will be dedicated to supplies.

- **Coordination with/commitment of community resources:** If other service providers are integral to this plan of services, include a **letter of intent** describing what services

SERVICE PROVIDER QUESTIONNAIRE

This form is used by PHFA to determine the capacity of the applicant to meet the needs of residents as described in the Supportive Services Plan Outline.

PHFA Proposed Development:

Name of Owner or Agent:

Name of Service Provider:

Occupancy Type

Please attach a narrative with a maximum of 5 typed pages which answers the following questions:

GENERAL INFORMATION

- Summarize the service provider’s mission and goals for the current fiscal year.
- How many years has the service provider been active in delivering social services?
- Is the service provider currently involved in service-enriched housing? If yes, summarize experience in providing on-site services for residents. Include name of housing development(s), property management company, and type of services provided. If no, please describe methods that will be used to increase your company’s knowledge and understanding of providing service-enriched housing.
- Describe collaborative efforts that demonstrate the service provider’s capacity to deliver supportive services. Please identify organizations or companies involved in the collaboration and the nature of the organization’s involvement.

PERSONNEL

- How many people are employed by the service provider organization?
- List the job titles of personnel who will work directly with residents of the proposed property.
- Attach job description(s) and qualifications of key personnel who will be responsible for providing services in this proposed development, whether staff are existing or must be hired. Identify resources to pay for cost of salaries.
- Do NOT submit resumes, diplomas, or certifications for staff

SERVICE PROVIDER'S OFFICE LOCATION(S)

Address of Principal Office: _____

Name/Title of Contact Person: _____

Telephone: _____

Fax Number: _____

E-mail: _____

Areas Served: (County(s), Neighborhood(s), etc.)

Other Offices close to Proposed development: _____

Address: _____

Telephone: _____

Address: _____

Telephone: _____

Is the service provider a subsidiary of another organization? _____ Yes _____ No

If yes, please provide name and address of the parent organization and describe relationship, tax status:_____.

Has the service provider or any of its current personnel ever been involved in governmental investigation or judicial action or settlement concerning charges of a violation of local, state or federal laws or regulations concerning discrimination, fair housing violations or other civil rights laws, or concerning violations of federal, state or local regulations regarding use of funds?

_____ Yes _____ No

Have any service grants or contracts held by the service provider over the past five years been terminated prior to their expiration dates?

_____ Yes _____ No

Have any grants or contracts held by the service provider over the past five years not been renewed upon expiration?

_____ Yes _____ No

If you answered **yes** to question C, D, or E, please explain and attach any supporting documentation:

PENNSYLVANIA HOUSING FINANCE AGENCY (2025 UNDERWRITING APPLICATION)

I certify that the information contained herein and attached is accurate and complete.

_____ NAME OF CEO/EXECUTIVE STAFF	_____ SIGNATURE
_____ TITLE	_____ ORGANIZATION NAME
_____ DATE	

Developer's/Applicant's Certification of Continued Professional Development

The Agency has requested certain certifications from the developer and applicant in connection with submission of an application.

Development: _____

Please **initial** as the Applicant/General Partner, I hereby certify that the following will be met:

_____(initial) I hereby agree to a commitment to continued professional development in core areas related to supportive services for all supportive service staff. Examples of trainings include: PHFA Conference and other conferences, PHFA regional forums, webinars, local housing networking groups, etc.

Acknowledged and Accepted by the APPLICANT/GENERAL PARTNER

Applicant/General Partner _____ Date: _____

Print: _____

Co-Applicant/General Partner: _____ Date: _____

Print: _____