**ATTACHMENT D**

**OPWDD Housing Subsidy Budget Template and Instructions**

| DIRECTIONS - Housing Subsidy | |
|---|---|
| **I. Demographic Information** | |
| Participants' Name | Will be prefilled from Demographics tab. |
| TABS ID | Will be prefilled from Demographics tab. |
| DDRO | Will be prefilled from Demographics tab. |
| Regional Office | Will be prefilled from Demographics tab. |
| County | Will be prefilled from Demographics tab. The information in this field is required as it is used to look up the payment standards from the 2022 Monthly Payment Standards table on the Parameters tab. |
| Initial Plan, Amendment, Reinvestment or Recertification? | Select appropriate response |
| What type of budget is described in this document? | Select "Residential Only" |
| Housing Subsidy (under 100% State Funded Self Directed Services) | Select "Yes" |
| | |
| **II. Participant Information** | |
| Housing Subsidy Provider | Enter the name of the service provider named on the OPWDD HOUSING SUBSIDY contract or Assistive Support Price. If reimbursement is through a direct contract with the individual, please enter N/A. |
| | Not Applicable to Self-Direction Housing Subsidies. |
| Contact/Phone #: | Enter the name and phone number of the agency contact responsible for providing clarification on information reported on the OPWDD HOUSING SUBSIDY Plan/Budget template Housing tab. If a direct contract with the individual, please enter the DDRO contact person's name. |
| | Not Applicable to Self-Direction Housing Subsidies. |
| Agency Address | Enter the address of the service provider. |
| | Not Applicable to Self-Direction Housing Subsidies. |
| Corp ID | Enter the service provider's Corp ID. |
| | Not Applicable to Self-Direction Housing Subsidies. |
| a. Price ID/Contract # (Housing) | Enter the Assistive Support Price ID or Contract Number. |
| | Not Applicable to Self-Direction Housing Subsidies. |
| Stipend | Enter the Quick Pay voucher number(s) used to fund the transition stipend component of the subsidy. |
| | Not Applicable to Self-Direction Housing Subsidies. |
| a. Budget Start Date: | Enter the start date of the budget period. |
| | Not Applicable to Self-Direction Housing Subsidies. |
| b. Budget End Date: | Enter the end date of the budget period. Please note, the budget period cannot exceed one year. An error message will appear if the end date results in a period greater than one year. |
| | Not Applicable to Self-Direction Housing Subsidies. |

| | | |
|---|---|---|
| Enrolled in the OPWDD Housing Subsidy before 10/01/10 | | Drop down field – Yes or No. This information is necessary to complete the subsidy section of the Budget Template. |
| Date Enrolled: | | Enter the date the individual was enrolled in OPWDD HOUSING SUBSIDY in TABS. |
| | | Not Applicable to Self-Direction Housing Subsidies. |
| | | |

**III. Household Information**

**a. Residents**

| | | |
|---|---|---|
| Individual | 1 | This is a pre-populated field, since budgets are individualized, this should always be 1. |
| Spouse/Significant Other | 0 | If the individual will be living with a spouse, enter "1". |
| No. Dependent Children | 0 | Enter the number of minor children who are who are legal dependents and will be living with the individual. If none, enter "0". Dependent children are defined as children under the age of 18. |
| Other individuals (non-staff) | 0 | Enter the number of other non-staff individuals living in the household, such as roommates. If there are no other individuals living in the household, enter "0". |
| Total Residents | 1 | This is a calculated field based on the resident information entered above. |

**b. Other Resident Information**

Please enter the names, relationship, age and OPWDD eligibility information of other residents residing in the house in the spaces provided. This information is optional and is not required to be Provided by the individual receiving services.

| | |
|---|---|
| Name | Enter names of the other residents in the spaces provided. |
| Relationship | Enter the nature of the other resident's relationship with the individual in the spaces provided, ex., brother, friend. |
| Age | Enter the ages of the other residents in the spaces provided. |
| OPWDD Eligible | Select "yes" or "no" to indicate whether the other resident is eligible for OPWDD services. |
| | |
| No. Bedrooms in Home | Enter the actual number of bedrooms in the apartment/home. Information in this field is required. Failure to complete this field will impact the subsidy calculation. |
| Type of Housing | Identify the type of housing from the drop-down list provided. Definitions provided under separate cover. |
| Does the Housing Subsidy recipient receive Section 8 or USDA Rural Development Section 521? | Indicate whether the Housing Subsidy recipient is or will receive Section 8 or USDA Rural Development Section 521. Make selection from drop-down list. |

**IV. Countable Income – Input <u>monthly</u> amounts**

The Countable Income section of the template gathers household income information for the individual and his/her dependent child(ren) (if applicable). The template provides the capability to gather information on spouse/significant other income. This practice is encouraged but is at the discretion of the DDRO; spousal income will not have an impact on the subsidy calculation. Income information is to be entered using **monthly** amounts.

Enter all sources of income for the individual and the amount of income the individual receives from each source. If a component of the individual's income is not identified below (lines 22-27), please enter the amount of that income on one of the lines labeled "Other" (28-30) and indicate the source. Benefits such as HEAP and Food Stamps are not counted as income for the purpose of calculating the Housing Subsidy. The template also accommodates the entry of spouse/significant other and children's income. While the children's income is required, spousal income is optional.

| Type of Income | | Individual | Spouse/ Significant Other | Children |
|---|---|---|---|---|
| SSI | | Enter dollar amount. | Enter dollar amount. | Enter dollar amount. |
| SSDI | | Enter dollar amount. | Enter dollar amount. | Enter dollar amount. |
| Welfare Assistance/TANF | | Enter dollar amount. | Enter dollar amount. | Enter dollar amount. |
| Wages/Salary | | Enter dollar amount. | Enter dollar amount. | Enter dollar amount. |
| Unemployment Insurance | | Enter dollar amount. | Enter dollar amount. | Enter dollar amount. |
| Workers Compensation | | Enter dollar amount. | Enter dollar amount. | Enter dollar amount. |
| Other (Specify) | Specify the source of "Other" income here. | Enter dollar amount. | Enter dollar amount. | Enter dollar amount. |
| Other (Specify) | Specify the source of "Other" income here. | Enter dollar amount. | Enter dollar amount. | Enter dollar amount. |
| Other (Specify) | Specify the source of "Other" income here. | Enter dollar amount. | Enter dollar amount. | Enter dollar amount. |
| Total Countable Income | These are calculated fields, summing the data entered in lines 22-30, above. | $    0 | $    0 | $    0 |

**Deductions to Income - Input <u>monthly</u> amounts.**

Completion of the fields in this section will generate deductions from the Housing Subsidy recipient's income. Please be sure to complete this section accurately. Enter all information in **monthly** amounts.

| | | Individual | | Spouse/ Significant Other | |
|---|---|---|---|---|---|
| Medicaid Spend Down/Buy in Premium | If an individual has excess income that must be spent-down each month to maintain eligibility for Medicaid, that | NA | Enter dollar amount. | NA | Enter dollar amount. |

| | | | | | |
|---|---|---|---|---|---|
| | amount should be reported on this line. Likewise, if the individual participates in the Medicaid Buy-In program, the premium s/he pays should be reported here. | | | | |
| Out of Pocket Medical Expenses | These include such items as over the counter medications, vitamins, co-pays, etc. | NA | Enter dollar amount. | NA | Enter dollar amount. |
| Health Insurance Premiums | Enter the amount paid for health insurance, other than the Medicaid Buy-In, if applicable. | NA | Enter dollar amount. | NA | Enter dollar amount. |
| Allowed Medical/Health Deduction | This is a calculated field based on the responses to lines 34 through 36. To the extent the sum of lines 34 through 36 exceeds 3% of the individual's countable income, they will be allowed as a deduction. | $ 0 | NA | $ 0 | NA |
| Unreimbursed Attendant Care for Disabled Family Member | If an individual pays out-of-pocket for hands-on care for a disabled family member, any amount not reimbursed by insurance or another third-party payer should be reported on this line. Amounts reimbursed from flexible spending or health savings accounts (FSA or HSA) to which the individual contributes are not considered third party reimbursement. | NA | $ 0 | | $ 0 |
| Allowed Attendant Care Deduction | This is a calculated field based on the data entered on line 38. To the extent that line 38 exceeds 3% of the individual's total countable income, a deduction will be allowed. | $ 0 | NA | $ 0 | NA |
| Dependent Children Deduction | This is a calculated field. An individual will receive an annual deduction of $480 ($40 monthly) for each dependent child. If the individual has a spouse/significant other, each will be allowed one half of the allowed deduction. This deduction is automatically generated based on the information provided in the Household Information section of the template. | $ 0 | NA | $ 0 | NA |
| Personal Allowance Equivalent | Each individual is allowed a $2,400 annual ($200 monthly) personal allowance to cover personal needs, including clothing and entertainment. This is a direct deduction to countable income. | $ 200 | NA | $ 0 | NA |
| Daycare Expenses - Children < 13 yrs. | Each individual is allowed a dollar for dollar deduction for daycare expenses for children less than 13 years old. | $ 0 | NA | $ 0 | NA |

| | | | | | |
|---|---|---|---|---|---|
| Other Eligible Deductions | In certain circumstances, there may be limited additional deductions that are not included on the Budget Template. These deductions are subject to review and will be approved on a case by case basis. Enter the type of deduction here, and the amount in the appropriate box to the right. | $      0 | NA | $      0 | NA |
| Total Deductions | This is a calculated field, based on information on lines 34 through 43 and is one of the primary components used to calculate the individual's net income. This calculation includes the $200 Personal Allowance Equivalent. | $   200 | NA | $      0 | NA |
| | | | | | |
| Dependents Income | This is a calculated field. Since the subsidy calculation will cover the cost of rent for an individual's dependent children, the children's income is included as countable income. If the individual receiving services also has a spouse/significant other, one half of the children's income is included in countable income for each. The intent is to pick up support and public assistance payments made on the child's behalf. Earned income of a teenage child to be used for spending money can be excluded. | $0 | NA | $      0 | NA |
| Net Income | This is a calculated field based on total countable income plus dependent's income less total deductions. | $0 | NA | $      0 | NA |

**V. Housing Subsidy**

Housing is defined as rent; utilities included in lease; water and sewer; renter's or homeowner's insurance. If the individual owns or is co-owner of the residence, housing may be defined as mortgage payment including taxes, condo association fees, co-op maintenance fees.

This section of the budget template identifies the maximum payment standard and collects data on actual housing costs. This information is used in conjunction with net income to determine an individual's housing subsidy.  Please enter all data in **monthly** amounts.

**Maximum Housing Subsidy**

This section calculates the maximum payment subsidy based on the number of bedrooms and county maximum payment standard.

| | |
|---|---|
| No. Bedrooms in Home | This field is pre-populated field based on the information entered on line 19. |
| No. Allowed Bedrooms per Subsidy | This is a calculated field based on the lower of actual number of bedrooms (as reported on line 19) or the allowed number of bedrooms per the housing subsidy guidelines, as follows:<br>• One bedroom for the individual and his/her spouse or significant other.<br>• One bedroom for each dependent child (of different gender).<br>• One bedroom for each roommate. |

| Maximum Household Housing Subsidy | This is a calculated field that indicates the maximum monthly reimbursement the individual can receive as a housing subsidy.  This is a lookup value based on the individual's county of residence (Line 6) and the No. Allowed Bedrooms per Subsidy (line 52). | | | | |
|---|---|---|---|---|---|
| | | | | | |
| **Housing Costs** | | | | | |
| Household Housing Costs | Enter the monthly amount of the lease, mortgage (including taxes), condo or co-op fees here. | Individual Share | This is a calculated field that identifies the individual's share of housing based on the total number of residents residing in the home (line 22). | Dependent Share | This is a calculated field identifying the proportionate share of housing costs for dependent children that can be attributed to the individual. If no spouse or significant other, the dependent's share attributed to the individual receiving services will be 100%. If there is a spouse or significant other, it will be reduced to 50%. |
| Heat, Gas, and Electric not Included in Lease | Enter here the monthly amounts of heat, cooking gas, and electric NOT included in the lease/mortgage. Also include water/sewer charges that are not included in the lease or mortgage. | Individual Share | This is a calculated field that identifies the individual's share of household heat, cooking gas, and electric not included in the lease. The individual's contribution is applied towards the gross housing contribution. | Dependent Share | This is a calculated field that identifies the spouse or significant other and dependents' share of household heat, cooking gas, and electric not included in the lease. |
| Insurance Costs | Enter the monthly amount of renter's or homeowner's | Individual Share | This is a calculated field that identifies the individual's share | Dependent Share | This is a calculated field that identifies the proportionate share of insurance costs for |

| | insurance not already included in the lease/mortgage. | | of insurance costs based on the total number of residents residing in the home. | | dependent children that can be attributed to the individual. If there is no spouse or significant other, the dependent's share attributed to the individual receiving services will be 100%. If there is a spouse or significant other, it will be reduced to 50%. |
|---|---|---|---|---|---|
| | | | | | |
| **Subsidy Calculation** | | | | | |
| Total Housing Subsidy Requested | Enter the monthly amount of funding the individual is requesting as a monthly housing subsidy. This information will be used in conjunction with the other information provided on the housing subsidy tab to determine the monthly subsidy to be paid. This field is informational and will not affect the calculation of the subsidy calculation but may or not be required at the discretion of the DDRO. | | | | |
| Gross Housing Contribution | This is a calculated field, representing 30% of the individual's net income, as reported on line 48 of the housing subsidy tab. | | | | |
| Utility/Insurance Offset | This a calculated field that representing the amount of Insurance (Line 59) and Household Heat, Cooking Gas, Electric and Water/Sewer not included in lease (line 58 of the housing subsidy tab). | | | | |
| Net Housing Contribution | This is a calculated field based on the difference between the Gross Housing Contribution (line 64) less the Utility/Insurance offset (line 65). If the Utility/Insurance offset exceeds the Gross Housing Contribution, the Net Housing Contribution will be zero. | | | | |
| Calculated Maximum Monthly Housing Subsidy Allowed | This is a calculated field that identifies allowed monthly maximum housing subsidy – that is, the lower of the individual's (and dependent's) share of actual housing costs, or the individual's (and dependent's) proportionate share of the county maximum payment standard. If the individual indicates they are Receiving a Section 8 subsidy (Line 19) this will automatically calculate to $50. | | | | |
| Supplement to Calculated Housing Subsidy | This is a calculated field and will default to Line 69 in the Subsidy Calculation Exception Section | | | | |
| Total DDRO Allowed Subsidy Including Supplement | Enter the amount of the stipend that the DDRO is allowing. This is a required field; failure to complete this field will result in a monthly stipend to be paid of **$0**. The allowed amount should include the supplement and will not be allowed to exceed the total of lines 67 and 68. In order for a Broker/Provider to see the housing subsidy calculation, they should complete this field knowing it will be reviewed and possibly edited by the DDRO reviewer. | | | | |
| Monthly Subsidy to be Paid | This calculated field identifies the lower of the Total DDRO Allowed Subsidy Including Supplement (Line 69) OR the total of the Calculated Maximum Monthly Housing subsidy (Line 67) plus Supplement to Calculated Housing Subsidy (Line 68). This is the monthly amount of money that the individual will receive (before administration | | | | |

| | |
|---|---|
| | component). This calculation does not provide a DDRO override component. |
| Administration | Administration is set to $175 per month for providers in New York City; Long Island; and Orange, Rockland, Sullivan, and Westchester counties. Administration is set to $125 per month for providers in the rest of the state. |
| Annual Subsidy to be Paid w/ Admin | This is a calculated field that provides the total annual subsidy that will be paid including the individual's housing subsidy and the administrative component. |
| | |
| **Subsidy Calculation Exceptions** | No exceptions will be authorized after the issuance date of ADM 2022-03. |
| Requested Supplement to Housing Subsidy | N/A |
| Reason for Exception | N/A |
| If "Other" Enter Reason for Exception | Effective with the issuance of the Housing Subsidy Administrative Memorandum (ADM 2022-03), the "other" designation is no longer All subsidy calculations must be consistent with the requirements of ADM 2022-03. |
| Housing Subsidy Paid prior to 10/1/10 | Enter the amount of the monthly subsidy the individual was receiving if they were enrolled in the OPWDD Housing Subsidy prior to 10/01/10. Any supplement granted for grandfathered individuals will be limited to the difference between their subsidy paid prior to 10/01/10 and the housing subsidy calculated on the ICS budget template. |
| Calculated Maximum Supplement to Housing Subsidy | Calculates the maximum supplement allowed based on the following:<br>(1) For an individual who has no income, limits the supplement to 70% of SSI living alone less the personal allowance plus the personal allowance equivalent.<br>(2) For individuals previously grandfathered limits the supplement to the difference between the housing subsidy paid prior to 10/01/10 and the housing subsidy calculated under the new methodology. |
| DDRO Recommended Supplement | The amount the DDRO allows as a supplement should be entered here. This cannot exceed the calculated maximum amount. The Broker/Provider should complete this field to view the final housing subsidy calculation, knowing that this will be reviewed by the DDRO |

| | and is subject to revision by the DDRO reviewer. In most CSS Plans/Budgets, this figure will be "0". |
|---|---|
| Allowed Supplement to Calculated Subsidy | This field is calculated and is lower of the requested supplement, the calculated supplement or the DDRO recommended supplement. |

| | |
|---|---|

### Remaining Income

This section is informational. It provides a summary for the individual and other interested parties of the financial resources remaining to the individual for other personal and household expenses after the individual's share of housing costs are subtracted from the individual's countable income.  In order for the calculation to be completed, the individual is asked to enter the amount of funding he/she receives for Food Stamps on line 73.

| | |
|---|---|
| Countable Income | These are calculated fields that are completed using information from other areas of the Housing Subsidy tab. |
| Individual's Share of Housing Costs | |
|    Net Housing Contribution | |
|    Rent above payment | |
|    Utilities | |
|    Insurance | |
| Total Housing Costs | |
| Income Available for other Household Expenses | |
| Food Stamps | Enter the dollar amount the individual receives in Food Stamps. |
| Total Income Available for Household Expenses | This is a calculated field that is completed using information from other areas of the Housing Subsidy tab. |

| | |
|---|---|

| | |
|---|---|
| **Transition Stipend Calculation** | This section is not applicable to Self-Direction Housing Subsidies. People who Self-Direct and seek a transition stipend should inquire with their Care Manager. A transition stipend for a person who self-directs is outside of their Self-Direction Budget and needs to be reflected on a separate housing subsidy template. |
| Has a transition stipend been previously provided? | Select "yes" or "no" in the drop down to indicate if a transition stipend was paid to this individual in the past. |
| | Not Applicable to Self-Direction Housing Subsidies. |
| If yes, date | If the answer to "Has a transition stipend been previously provided?" is "yes," enter the date that the first transition stipend was received. |
| | Not Applicable to Self-Direction Housing Subsidies. |
| Description | Enter the amount of the first stipend. |
| | Not Applicable to Self-Direction Housing Subsidies. |
| Transition stipend base request (up to $3,000). | Enter the amount of stipend requested. |
| | Not Applicable to Self-Direction Housing Subsidies. |
| Is the individual requesting one month's rent? | This amount is in addition to the up to $3000 allowed for the transition stipend and can be used as a security deposit, for pre-operational |

| | |
|---|---|
| | purposes to secure the apartment, or for the real estate broker's fee. Please select "yes" or "no" from the drop-down list provided. |
| | Not Applicable to Self-Direction Housing Subsidies. |
| Amount Requested for Security or First Month's Rent | Enter the amount the individual is requesting for one month's rent. This field is required if the individual is requesting a transition stipend; failure to complete this field will result in an inaccurate calculation of the transition stipend. |
| | |
| Maximum Available for Security Deposit or First Month's Rent | This a calculated field that identifies the maximum amount available to the individual for a security deposit or first month's rent and is the lower of the individual's share of the maximum payment standard or individual's share of actual housing costs. |
| Allowed Sec Deposit/First Month's Rent | This a calculated field that identifies the allowed amount for security deposit or first month's rent and is the lower of maximum available or requested amount. |
| Administration | Enter the administration % to be added to the transition stipend to compensate the agency providing fiscal support for the transition stipend. The individual will not receive the administration component on the "allowed security deposit or one month's rent." Providers should work with the DDRO to determine the appropriate level of administration reimbursement. |
| | Not Applicable to Self-Direction Housing Subsidies. |
| Total Transition Stipend | This is a calculated field that identifies the total allowed for the transition stipend including administration and one month's rent (if requested). |