

ATTACHMENT A

OPWDD Housing Subsidy Quality Assurance (QA) Expectations Checklist

Instructions: This checklist must be completed when: (a) an OPWDD Housing Subsidy is granted; (b) annually thereafter; and (c) any time the individual moves. If this is an initial checklist, this completed checklist must be submitted to the DDRO before the individual’s Housing Subsidy can be given final approval. If this is a recertification, this completed checklist must be submitted according to timeframes outlined in ADM 2022-03. The individual receiving the housing subsidy and any other interested parties must also receive a copy.

Date of Review of Housing Unit:	
Participant Name:	
Participant TABS ID:	
Address of Housing Unit Where Subsidy is/will be Used:	
OPWDD Housing Subsidy Administering Agency (ISS Agency/FI):	
Agency Reviewer:	
Contact information of Agency Reviewer:	
Care Manager/CCO Agency (if applicable):	

General Criteria

- The housing unit is a legal housing unit (i.e., can be legally rented). If the housing unit is new construction, located in an area that is not normally residential (e.g., over a garage, in a basement, in a commercial building), or in a multi-family building that is not otherwise designated multifamily (e.g., an in-law apartment in a home designated single family), a Certificate of Occupancy or other documentation from the local municipality must be included in the documentation.
- There is an evacuation plan specific to the housing unit and the individual’s needs. It was developed by the Care Manager and reviewed with the individual. If the individual does not have a care manager, specify how the evacuation plan review was addressed in the comment section.
- Local emergency phone contact is available and appropriate for the individual (e.g., has translation services available)

- There are furnishings that meet the individual's needs, or a plan to get these furnishings.
- The housing unit meets the individual's physical needs (e.g., wider door frames for wheelchair accessibility, grab bars in bathroom).
- There are no apparent threats to the individual's health, safety, and well-being in the housing unit or areas leading to it (stairs, hallways, etc.).
- The housing unit is integrated in the broader community (i.e., the individual is not segregated or isolated from the broader community).

Bathroom/Sanitary

- The bathroom is usable in private.
- Bathroom is contained within the housing unit and located in its own room. The bathroom is free of hazards which may endanger the occupants such as damaged or broken fixtures.

The bathroom has:

- A fixed basin/sink with a sink trap and hot and cold running water in proper operating condition (e.g., the drain seems to be working and does not have, for example, a bucket underneath).
- A shower or tub with hot and cold running water in proper operating condition.
- Working toilets and wastewater systems.

Kitchen/Food Preparation Area

- The housing unit has space and equipment to store, prepare and serve food in a sanitary manner, sufficient to meet the individual's needs.
- There is an oven and a stove or range. A microwave oven may be substituted for tenant-supplied oven and stove or range if the individual agrees and microwave ovens are furnished to others in the same building or premises.
- There is a working refrigerator and freezer.
- There is a working kitchen sink, with a sink trap and hot and cold running water. The sink drains into an approved public or private system (e.g., there is not a bucket underneath, there is not a pipe draining to a nearby stream if the property is not on a town/city water/sewer system).
- Any other equipment is in working order (according to the lease, equipment may be supplied by either the owner or the occupants) and free from electrical and other hazards (e.g., cords are not frayed and there are no shocks when touching handles).

Security and Smoke/Carbon Monoxide Detectors, Alternate Means of Egress

- The housing unit provides enough space and security to meet the individual's needs.
- Housing units are lockable.
- The housing unit has smoke detectors in the corridors outside the sleeping area and/or within each separate sleeping area.
- The housing unit has a working carbon monoxide detector unless all utilities are electric throughout the building (must be noted specifically in "Additional Comments" section).
- The housing unit has an alternate means of exit in case of fire (such as fire stairs or egress through windows).

Thermal Environment, Interior Air Quality, Water Supply

- There is a working heating system in the housing unit.
- There is heat in all rooms used for living.
- The housing unit is free of obvious pollutants (e.g., smell of gas leak, visible mold, other harmful pollutants).
- There is air circulation in the housing unit (e.g., windows, heating/cooling systems, or fans to move air).
- There is no known contamination in water supply.
- The housing unit is free of vermin and/or rodent infestation, or any present infestation is being remediated.

Illumination and Electricity

- The housing unit has electricity, and the electrical fixtures/wiring does not pose an obvious fire hazard (e.g., no frayed wires, items plugged in seem to work, and there are no outlets with too many items plugged in)
- Each room has reasonable natural or artificial light.
- There is at least one window in the living room.
- The kitchen has at least one working electrical outlet.
- The living room and each sleeping space has at least two working electrical outlets. Permanent overhead or wall mounted light fixtures may count as one of the required electrical outlets.
- The electrical system is free of obvious hazardous conditions (e.g., no frayed wires, items plugged in seem to work, no sparks from the outlets when lamps/appliances/other items turned on).
- Bathroom(s) have at least one openable window or other adequate exhaust ventilation.
- Any rooms used for sleeping have at least one window. If the window is designed to be openable, the window must work.

Structure and Materials

- Ceilings, walls, and floors do not have any obvious serious defects (e.g., severe bulging or leaning, large holes, loose surface materials, severe buckling, mold).
- The roof appears to be structurally sound and weather tight (e.g., no obvious leaks, water spots on the ceiling).
- The exterior wall structure and surface do not have any observable serious defects (e.g., serious leaning, buckling, sagging, large holes, or defects that may result in air infiltration or vermin infestation).
- The condition and equipment of interior stairs, halls, porches, walkways, etc. do not present a danger of tripping and falling. For example, there are no broken or missing steps or loose boards.
- Elevators, if applicable, must be working and safe (e.g., there is an inspection certificate on file)

Miscellaneous

- If the housing unit is within a larger building, there should be no issues identified in the larger building/hallways/common areas, etc. (e.g., unsafe stairs, unsanitary conditions in the common areas, snow is shoveled from walkways in the winter).
- Use the space below to note any areas of concern not reflected in the checklist above in the apartment or areas leading up to the apartment:

Reviewer's Findings: The housing unit only passes inspection if all of the boxes above are checked. If the housing unit does not pass inspection, the reason for the failure must be identified.

- The housing unit passes the inspection.
- The housing unit does not pass the inspection. The following actions must be addressed by _____ (enter date) to provide or continue to provide an OPWDD Housing Subsidy for the housing unit. The following individual(s) will ensure that the corrective action is completed and will complete an updated QA Checklist:

Name of Reviewer/Provider Agency:

Additional Comments:

Note: Failure to take corrective action by the date listed on page 4 may result in the termination of the housing subsidy. An updated QA Checklist must be submitted to the DDRO, the individual, and care manager on or before the date noted above.

Housing Subsidy Participant _____
Date

Participant's Advocate (if individual is unable to sign) _____
Date

Name and title of person completing the review _____
Date

FI/ISS Agency Reviewer Signature _____
Date

Cc: Individual

Care Manager

Family/Advocate

DDRO