



# HOPWA

## Reporting Requirements for Programs Funded by the U.S. Department of Housing and Urban Development

The data provided in the required reports are used to satisfy state and federal reporting requirements as well as for management analysis, planning, and resource allocation. It is imperative that data is accurate and provided within the specified timeframes.

2018-2019

## **HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) REPORTING REQUIREMENTS 2018-2019**

HOPWA project sponsors are required to submit the following reports. These reports are used for federal and state reporting and program planning. It is extremely important that these reports be accurate and submitted on time.

### **1. HOPWA Monthly Expenditure and Reimbursement Report (AIMS submission)**

Project sponsors are required to submit a **Monthly Expenditure and Reimbursement Report** through the AIDS Information Management System 2.0 (AIMS 2.0). The expenditure report captures the number of clients served, the number of units of service provided, and the amount of expenditure by service categories during the month being reported. In order to maintain common reporting data elements across programs, the Department of Health (DOH) may update the report format. The reports must be submitted in AIMS within 20 days of the end of each month, but no later than submission of the monthly invoice. Further, the AIMS format is the only format that may be submitted as an invoice to contract managers for approval and to the DOH Disbursements Section for payment.

### **2. HOPWA Monthly Demographic Report (AIMS submission)**

Project sponsors are required to submit the HOPWA Monthly Demographic Report, which captures demographic information for clients served with HOPWA funds for first time this year (or FTTY). The client should only be counted once per fiscal year. Enter the total unduplicated clients served in the month being reported by gender and HIV status. For example, once you report a client in April, he or she will not be counted again until the new fiscal year, which begins the following April. In order to maintain common reporting data elements across programs, the department may update the report format. The report must be submitted through AIMS within 20 days of the end of each month, but no later than submission of the monthly invoice.

### **3. HOPWA Client Satisfaction Survey Summary Report**

Project sponsors must implement a client satisfaction survey and submit a written summary of the survey results to their DOH contract manager by February 20 each year of the contract. The survey instrument and summary format can be developed at the local level; however, review *Exhibit A* within this document as a template that you may modify to meet your needs. It is advisable that contract managers maintain a final copy on file for monitoring by state and/or federal agencies.



#### **4. HOPWA Case Management File Review Summary Report**

Project sponsors are required to conduct monthly case management file reviews, and submit a written report of the results to their DOH contract manager within 20 days of the end of each month, but no later than submission of the monthly invoice. The review will include a minimum of 5% of the active HOPWA case management files. The summary format can be developed at the local level; however, *Exhibit B* provides the minimum requirements to be included in the file review. It is advisable that contract managers maintain a final copy on file for monitoring by state and/or federal agencies.

#### **5. HOPWA Annual Progress Report**

This report is a U.S. Department of Housing and Urban Development (HUD) requirement. Information collected and reported in the HOPWA Annual Progress Report (APR) should represent the activities that were carried out with HOPWA funds during the reporting year. It captures information on all persons who received housing assistance, including the number of adults and children with HIV/AIDS and their families (i.e., the client and other persons in the household). Project sponsors are encouraged to develop a tracking tool in which to collect this data and submit it in the approved format.

For the reporting year of July 1, 2018 – June 30, 2019, project sponsors are required to submit a paper copy of the APR as they have done in the past (currently electronic submission is not available). The most recent version of the APR form (form HUD-40110-C) can be found at <https://www.hudexchange.info/resource/1012/hopwa-annual-progress-report-apr-form-hud-40110-c/>.

The APR is due to the Florida DOH, Division of Disease Control and Health Protection, HIV/AIDS Section, Patient Care Reporting Program, within 45 days following the end of each year of the contract, but no later than submission of the June invoice. The Consolidated Annual Progress Report (CAPER) for HOPWA is submitted by DOH to HUD no later than 90 days after the end of the state fiscal year.

## FLORIDA STATE HOPWA PROGRAM CASE MANAGEMENT FILE REVIEW WORKSHEET

		Y	N	N/A	COMMENTS
1	Client ID #				
2	Notice Of Eligibility				
3	Income Eligibility Calculation Worksheet				
4	Checklist				
5	Signed Participation Agreement				
6	Completed Application Form for Housing Assistance				
7	Verification of 80% Median Income				
8	Zero Income Affidavit ( <i>Attachment 20</i> in policies and procedures)				
9	Client Needs Assessment for Assistance				
10	Signed Participant Rights and Responsibilities (includes no meth or not sex offender statement)				
11	Signed Consent to Release Information				
12	Client Budget Worksheet				
13	Signed Housing Plan of Care, which includes: <ul style="list-style-type: none"> <li>• Goals and target dates</li> <li>• Progress and dates</li> <li>• Accomplished goals and completion dates</li> </ul>				
14	Housing Plan of Care (updated monthly to reflect progress)				
15	Worksheet for Calculating the Maximum Subsidy for Resident Rent/Mortgage Payment				
16	Rent Reasonableness Checklist and Certification				
17	Transitional Housing does not exceed 60 days in 6 months				
18	Completed Security Deposit Agreement (PHP)				
19	Completed Client Agreement for Return of Security Deposit (PHP)				
20	PHP does not exceed 2 months of rent costs, including security deposits and fees for credit checks				
21	Completed Landlord Agreement (rent only)				
22	Mortgage statement/Coupon				
23	Utility statement				
24	Short-Term Rent/Mortgage does not exceed 21 weeks in a 52 week period				
25	Short-Term Utility assistance does not exceed 21 weeks in a 52 week period				
26	Income Eligibility Worksheet (in a separate Excel file on HOPWA website)				
27	Tenant Income and Rent Calculation Worksheet (in a separate Excel file on HOPWA website)				
28	Earned Income Disregard Worksheet (in a separate Excel file on HOPWA website)				
29	HQS Habitability Standards				
30	File includes Client Housing and Support Service Payment Assistance Worksheet				

## FLORIDA STATE HOPWA PROGRAM CASE MANAGEMENT FILE REVIEW WORKSHEET

		Y	N	N/A	COMMENTS
31	Signed Memorandum of Understanding for Confidentiality of Client Information (Housing Coordinator signs)				
32	Comprehensive case notes are sufficient to document each encounter with client, and mirror the Plan of Care				
33	Participant Conference/Termination Checklist ( <i>Florida DOH, HIV/AIDS Section, Client Complaint, Grievance, and Appeal Procedures</i> were followed)				
34	Termination of Assistance Letter Sample ( <i>Florida DOH, HIV/AIDS Section, Client Complaint, Grievance, and Appeal Procedures</i> were followed.)				
35	File is maintained in an organized and orderly fashion				

**Service(s) Provided**

Support Service – Transitional Housing	Support Service – Permanent Housing Placement (PHP)	STRMU – Rent	STRMU – Mortgage	STRMU – Utility	Tenant-Based Rental Assistance (TBRA)	Other

## **Instructions for the HOPWA Monthly Expenditure and Reimbursement Report**

The Monthly Expenditure and Reimbursement Report must be submitted through AIMS. It reports the monthly service expenditures and program provision information for clients receiving services provided through the HOPWA program. The reports must be submitted through AIMS within 20 days of the end of each month, but no later than submission of the monthly invoice. The AIMS format is the only format that may be submitted to contract managers for approval, and the only format that may be submitted to the DOH Disbursements Section for payment. For example, the report for services provided during the period of July 1, 2018, to July 31, 2018, is due on or before August 20, 2018.

An example of an AIMS generated report is provided for information only (*Exhibit C*). AIMS produced invoices are to be used as the monthly invoice submitted through My Florida Market Place (MFMP) for reimbursement. AIMS produced invoices **MUST** contain the advance/reductions information called for in Section C of the invoice if applicable.

Project sponsors that receive notification that a request for reimbursement has been paid for any amount other than that was originally requested on the AIMS invoice **MUST** immediately notify their contract manager. AIMS users, as appointed by their employers, are responsible for working with the Reporting Program to bring the AIMS and MFMP records into agreement.

**Please Note:** County health departments serving as HOPWA project sponsors do not have to submit invoices for payment to MFMP.

**HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS**

Monthly Expenditure & Reimbursement Report

Month: July 2008

ORG:

Contract #: COTN5 0809

OCA:

EO:

**A. ADMINISTRATION**

	Original Amount	Amended Amount			Expenditures this Report	Expenditures Year-To-Date	Contract Balance
1. Salaries	12,334.00	12,334.00	0.00	0	1,027.83	1,027.83	11,306.17
2. Fringe Benefits	1,666.00	1,666.00	0.00	0	138.83	138.83	1,527.17
3. Travel	0.00	0.00	0.00	0	0.00	0.00	0.00
4. Office Expense	0.00	0.00	0.00	0	0.00	0.00	0.00
5. Equipment	0.00	0.00	0.00	0	0.00	0.00	0.00
6. Other (Specify)	0.00	0.00	0.00	0	0.00	0.00	0.00
<b>Subtotal Administration</b>	<b>14,000.00</b>	<b>14,000.00</b>	<b>0.00</b>	<b>0</b>	<b>1,166.66</b>	<b>1,166.66</b>	<b>12,833.34</b>

**B. DIRECT CARE**

	Original Amount	Amended Amount	Units of	# of Clients	Expenditures this Report	Expenditures Year-To-Date	Contract Balance
1. Housing Case Management	37,200.00	37,200.00	0.80	26	3,100.00	3,100.00	34,100.00
2. Permanent Housing Placement	9,500.00	9,500.00	0.00	0	0.00	0.00	9,500.00
3. Other (Specify)	0.00	0.00	0.00	0	0.00	0.00	0.00
<b>Subtotal Support Services</b>	<b>46,700.00</b>	<b>46,700.00</b>	<b>0.80</b>	<b>26</b>	<b>3,100.00</b>	<b>3,100.00</b>	<b>43,600.00</b>
4. Rent	60,000.00	60,000.00	7.00	4	614.00	614.00	59,386.00
5. Mortgage	15,000.00	15,000.00	3.00	3	1,039.00	1,039.00	13,961.00
6. Utilities	50,000.00	50,000.00	11.00	10	996.24	996.24	49,003.76
<b>Subtotal STRMU</b>	<b>125,000.00</b>	<b>125,000.00</b>	<b>21.00</b>	<b>17</b>	<b>2,649.24</b>	<b>2,649.24</b>	<b>122,350.76</b>
7. Resource Identification	9,300.00	9,300.00	0.00	0	775.00	775.00	8,525.00
8. Transitional Housing	5,000.00	5,000.00	0.00	0	0.00	0.00	5,000.00
<b>Subtotal Direct Care</b>	<b>186,000.00</b>	<b>186,000.00</b>	<b>21.80</b>	<b>43</b>	<b>6,524.24</b>	<b>6,524.24</b>	<b>179,475.76</b>
<b>TOTAL SECTIONS A, B</b>	<b>200,000.00</b>	<b>200,000.00</b>	<b>21.80</b>	<b>43</b>	<b>7,690.90</b>	<b>7,690.90</b>	<b>192,309.10</b>



**Provider Agency Name & Address**

Tallahassee Network  
 State HOPWA Program Guidelines  
 44 S. Bradley Street

**Department of Health**

**HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS**

Monthly Expenditure & Reimbursement Report

**Month:** July 2008

**ORG:**

**Contract #:** COTN5 0809

**OCA:**

**EO:**

**C. ADVANCE(S) INFORMATION**

Total Advances	0.00
Previous Reductions	0.00
Current Reductions	0.00
Remaining Advances	0.00

Total Contract Amount	200,000.00
Minus Expenditures Y-T-D	7,690.90
Minus UNPAID Advances	0.00
Balance to Draw	192,309.10

Total Expenditures this period: 7,690.90

Type of Request: Regular

Less Advance Payback this period: 0.00

**AMOUNT OF FUNDS REQUESTED THIS REPORT: 7,690.90**

*I certify that the above report is a true, accurate, and correct reflection of the activities this period; and that the expenditures reported*

*are made only for items which are allowable and directly related to the purpose of this referenced contract.*

**Signature & Title of Provider Agency Official**

**Date**

**Contract Manager Signature**

**Date**

**Contract Manager's Supervisor Signature**

**Date**

## Instructions for the HOPWA Monthly Demographic Report (FTTY)

HOPWA project sponsors must submit the Monthly Demographic Report through AIMS within 20 days of the end of each month, but no later than submission of the monthly invoice. This report captures demographic information to meet federal reporting requirements; therefore, it is extremely important that the report be accurate and timely. An example of AIMS output of the HOPWA Monthly Demographic Report is provided for information only (*Exhibit D*).

### Demographic Categories

Enter the total number of unduplicated clients served in the month being reported by gender and HIV status for *Total*, *Ethnicity*, and *Race*.

**Bear in mind that HIV (-) or affected persons are eligible for an extremely few number of services in special situations, so the vast majority of persons served should be HIV (+). HIV (-) affected persons who receive services must have a documented tie to a specific HIV (+) client currently receiving services. Clients self disclose their gender.**

#### HIV/AIDS Status

1. AIDS means the client has advanced to and been diagnosed with CDC defined AIDS.\*
2. HIV (+), not AIDS, means the client has tested positive for and been diagnosed with HIV, but has not advanced to AIDS.
3. HIV (-) means a client who is not HIV (+). Refer to policy on provision of services to persons who are not HIV (+).

\* 1993 Revised Classification System for HIV Infection, and Expanded Surveillance Case Definition for AIDS Among Adolescents and Adults [MMWR: December 18, 1992/41(RR-17)].

#### Total

#### **Unduplicated Clients      “FTTY” (First Time This Year)**

A client is **ONLY** counted the first time they present for services in a contract year. That client is not counted again for any additional visits in a contract year.

For example, 60 clients present for HOPWA services in the month of July. All 60 will be counted as unduplicated clients in the July demographic report. In August, 70 clients present for HOPWA services in which 60 of those clients are the same clients from July; therefore, they will not be counted again during the contract year. The 10 remaining clients have not been seen before during the contract year, so the August demographic report will show 10

unduplicated clients. The count will reset at the start of the next contract year; as a result, all 70 clients from August would be considered FTTY clients the first time they present for services in the following contract period.

### **WICY**

The WICY report is not relevant to HOPWA; therefore, HOPWA AIMS users should ignore this section.

### **Ethnicity**

1. *Hispanic*, or Latino(a), is a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
2. *Non-Hispanic* is a self-populating field, and does not require data entry.

### **Race**

1. *White* (non-Hispanic) is a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
2. *Black*, or African American (non-Hispanic) is a person having origins in any of the black racial groups of Africa.
3. *Asian* is a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
4. *Other* is a self-populating field, and does not require data entry.

**HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS**  
*Demographic Report*

**All Regions**  
July 2008

Report generated on 02/25/2008

DESCRIPTION	MALE			FEMALE			TOTAL
	AIDS	HIV+ not AIDS	HIV-	AIDS	HIV+ not AIDS	HIV-	
<b>TOTAL</b>							
Unduplicated clients	20	5	0	35	48	0	108
<b>WICY</b>							
WICY reportable	0	0	0	0	0	0	0
<b>ETHNICITY</b>							
Hispanic	15	3	0	22	18	0	58
Non-Hispanic	5	2	0	13	30	0	50
<b>RACE</b>							
White	7	0	0	12	22	0	41
Black	8	0	0	20	9	0	37
Asian	1	3	0	2	10	0	16
Other	4	2	0	1	7	0	14