Human Resources Administration
Department of Homeless Services
Department of Social Services

Testimony of John Rojas, Chief Special Services Officer, New York City Human Resources Administration, New York City Department of Social Services

Oversight: HASA Administration
before the New York City Council Committee on General Welfare and the Committee on Health

February 12, 2025

Good morning Deputy Speaker Ayala, Chair Schulman, and members of the Committee on General Welfare and the Committee on Health. My name is John Rojas and I serve as the Chief Special Services Officer at the Human Resources Administration (HRA) within the Department of Social Services (DSS). My portfolio, among other things, includes oversight of the City's HIV/AIDS Services Administration (HASA). I would like to thank the committees for the opportunity to testify today on our work to support New Yorkers living with HIV/AIDS to live with a better quality of life and more independently. I am joined by my colleagues Jacqueline Dudley, Deputy Commissioner, HASA, and by Sarah Braunstein, Assistant Commissioner, Bureau of Hepatitis, HIV, & STIs, from the NYC Department of Health and Mental Hygiene.

HASA began as the Division of AIDS Services forty years ago. In 1985, dedicated New York City policymakers, advocates, clinicians, and public servants saw the prejudice and ignorance this vulnerable population faced. In the face of that prejudice and ignorance, they joined together to stand up a City-dedicated program serving individuals living with HIV/AIDS.

Much has changed since 1985 when the epidemic began to rapidly spread across our city and the nation, and the city was the epicenter of the HIV/AIDS epidemic. At the time, there were no effective treatments and people did not live long after they became ill. New York City was among the first municipalities to stand up a range of critical services and supports for those affected by HIV/AIDS. Today's epidemic is vastly different from decades past, medical advances along with the critical services provided by HASA have allowed low-income New Yorkers with HIV to live long, higher quality lives. But much remains to be done. And HASA continues to play a crucial role in stabilizing this vulnerable population, combating stigma, and tackling the inequities that persist.

HASA provides those living with HIV vital assistance with housing, comprehensive case management, and connections to numerous public benefits and services including:

- Medicaid
- Supplemental Nutrition Assistance Program benefits
- Cash assistance
- Temporary housing
- Supportive housing

- Rental assistance
- Home care and homemaking services
- Mental health and substance abuse screening and treatment referrals
- Employment and vocational services
- Transportation assistance; and
- SSI or SSD application and appeal support

New York City residents living with HIV are eligible for case management from HASA regardless of income. Eligibility for other benefits requires meeting New York State-mandated eligibility criteria. Currently, HASA serves over 33,000 households totaling over 42,000 people.

For individuals requiring housing assistance, HASA offers a wide array of housing options, including temporary housing, supportive housing, and rental assistance. Over 21,000 households receive rental assistance allowing them to reside in private market apartments. Additionally, there are approximately 5,500 units of HASA supportive housing.

With regard to temporary housing, HASA offers same-day placement into emergency or transitional housing. Transitional housing providers conduct comprehensive assessments upon enrollment and link clients to support services depending on client needs.

For permanent housing, there are a number of criteria that guide eligibility. For HASA-specific supportive housing, priority is given to clients experiencing homelessness and those who require assistance with activities of daily living (ADL) due to mental illness or substance use (ADLs are defined as "fundamental skills required to independently care for oneself, such as eating, bathing, and mobility.").

HASA also works to connect clients with alternate pathways to supportive housing depending on the circumstances of their individual case including New York / New York, the New York City 15/15 Supportive Housing initiative, the Empire State Supportive Housing Initiative (ESSHI), and U.S. Department of Housing and Urban Development Veterans Affairs Supportive Housing (HUD-VASH); these programs have their own eligibility requirements. (Those eligibility criteria are in keeping with supportive housing's aim of providing permanent, affordable housing for individuals and families who experienced long-term homelessness and who have varied needs, including complex behavioral health and medical needs.)

HASA works closely with partners within HRA, with sister City and State agencies, and with the advocate community as we collectively continue to strive towards ending the HIV epidemic in New York by promoting access to care, education, and supportive services. We understand the evidence proving housing is a key social determinant of health. That housing as healthcare approach informs our work and contributes to the important progress we have made.

The Community Health Advisory & Information Network (CHAIN) is an initiative of Columbia University's Mailman School of Public Health that has been interviewing people living with HIV

since 1994. In a Briefing Report focused on HASA published in September 2024, focusing on the years 2015-2021, researchers found:

- Rates of problem resolution and satisfaction with food and groceries assistance are higher among respondents who sought assistance from HASA compared to non-HASA service providers.
- Three-fourths of HASA clients reported being "very satisfied" with the housing assistance they received.
- Those who reported that HASA helped them find stable housing were more likely to have accessed stable housing within 18 months (63%) compared with respondents who reported help by a non-HASA agency (51%) and respondents who found housing with no agency assistance (57%).
- Respondents who were HASA clients had higher odds of engaging in HIV care that met clinical practice standards with regard to recommended visits, tests, and treatments; as well as higher odds of being adherent to their HIV antiviral medication (ARV) regimen, controlling for a range of client characteristics and service needs.

The New York City Department of Health and Mental Hygiene (DOHMH) reported in the 2023 "HIV Surveillance Annual Report" published in December 2024, when comparing key 2014 and 2023 metrics on HIV/AIDS, we have made important progress. In 2014, 85 percent of people with HIV in New York City were receiving HIV medical care, 81 percent of whom were virally suppressed (meaning they had an undetectable viral load on the last viral load measurement of the year; people with HIV who are on treatment and maintain an undetectable viral load cannot transmit HIV through sex). In 2023, 88 percent of people with HIV in New York City were receiving HIV medical care, 89 percent of whom were virally suppressed.

The CHAIN Briefing Report and the NYC DOHMH HIV Surveillance Annual Report underscore the importance of stable housing and social services in delivering positive public health outcomes, working in partnership across DSS to connect clients with the benefits and services they need, and our ongoing focus on holistic approach to assisting our clients.

Now I would like to briefly discuss a recent introduction by Council Member Schulman, the preconsidered introduction (T2025-3096) is also known as HASA for All. In 2016, The New York State Department of Health confirmed that "clinical/symptomatic HIV illness" criteria is no longer utilized. As a result, in August 2016, HASA expanded its eligibility to include all persons living with HIV not just those who are symptomatic or diagnosed with AIDS. The preconsidered introduction will ensure that the HASA eligibility expansion is codified in Local Law. The codification of HASA for All will send a strong message that while the epidemic is changing and so many localities are rolling back on their support for this vulnerable population, in New York City we believe that our work is not done. In 2023, 1,686 people were diagnosed with HIV in New York City, with Black and Latino New Yorkers accounting for 83 percent of new diagnosis. This striking disparity in diagnosis among Black and Latino New Yorkers demands our attention and these vulnerable New Yorkers are deserving of HASA's lifesaving benefits as we all continue to work toward an end to the epidemic.

To that end, we have pursued recruitment and staff retention efforts vigorously. We have attended job fairs and recruitment events. We have hired more than 146 caseworkers in the last 18 months. In addition, we have worked with DC37 to implement a retention bonus for our caseworkers. In a constrained fiscal environment, DSS received a hiring freeze exemption for HASA caseworkers; that exemption allowed us to continue our recruitment efforts and bring onboard staff to support our clients. We acknowledge the ongoing challenge caseworker ratios represent – hiring in this area presents obstacles given the tight market for the people with the skills and expertise who can serve our clients best.

[Video - Inside the Life of an HASA Caseworker in NYC: Rewards & Challenges]

While we continue to mobilize to recruit and retain a HASA staff that delivers for our clients, we have focused on fostering the team-oriented case management approach that works. That is an approach that supports our clients and delivers the services, resources, and referrals they need. As our HASA quarterly performance reports demonstrate, case managers and supervisors working in a collaborative fashion means decisions on cases and benefits delivered to clients in line with our goals on timeliness.

Before closing, I would like to take a moment to recognize the resilience, the partnership, and the leadership of people living with HIV. I would also like to recognize the work of the advocates, our staff, fellow public servants, and countless families, friends, and neighbors throughout our communities upon whose shoulders we all stand. HASA today is a product of our City's four-decade commitment. We appreciate the Council's ongoing partnership in this work and the opportunity to testify today. We welcome your questions.

Thank you.

JUMAANE D. WILLIAMS

TESTIMONY OF PUBLIC ADVOCATE JUMAANE D. WILLIAMS TO THE NEW YORK CITY COUNCIL COMMITTEES ON HEALTH AND GENERAL WELFARE FEBRUARY 12, 2025

Good morning,

My name is Jumaane D. Williams, the Public Advocate for the City of New York. I want to thank Chairs Schulman and Ayala as well as the members of the Committees on Health and General Welfare for holding this important hearing.

The history of HIV and AIDS in New York City is a long and painful one. During the 1980s, the city was the epicenter of the AIDS epidemic which resulted in the deaths of thousands. Five years ago, New York State was on track to end the epidemic by the end of 2020 with outcomes measuring ETE progress available by December 2021.[1] However, during the pandemic, there was an increase in HIV cases in parts of the state, as well as significant reductions in HIV testing and reporting of diagnoses, and decreases in the number of persons accessing PrEP.[2] According to the Center for Disease Control and Prevention (CDC), from 2021 to 2022, there was a global uptick of 5% in cases of HIV.[3] Through a series of disastrous executive orders, the Trump administration has effectively acted to upend decades of progress in combating HIV/AIDS, not only throughout the U.S. but across the globe via the suspension of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the dismantling of the U.S. Department of Aid (USAID).

Now more than ever, we need strong collaboration from the Department of Social Services (DSS) in advocating for the protection of HIV/AIDS Services Administration (HASA) recipients. In the city, HASA has served thousands of people with cases in December 2024 totaling 42,437.[4] The federal government has threatened to freeze federal financial assistance

[1] https://health.ny.gov/diseases/aids/ending_the_epidemic/docs/ete_beyond_2020_report.pdf
[2] Ibid.
[3] https://www.cdc.gov/hiv-data/nhss/hiv-diagnoses-deaths-prevalence.html
[4] https://www.nyc.gov/assets/hra/downloads/pdf/facts/hasa/hasa_facts.pdf

across the board[5], a decision now blocked by a United States District Judge[6]. This decision places a restraining order on the U.S. Office of Management and Budget (OMB) to stop them from reissuing the President's policy to freeze funds[7]. But this decision is a temporary stopgap to a grave threat.

We implore our city's officials on the state and federal level to push back on these disastrous cuts, which have already begun to impact small clinics and research funding in scientific institutions, and undertake wise financial and policy decisions where it concerns prioritizing our neighbors living with HIV/AIDs. Funding from the federal government is no longer a guarantee but as a populous urban center, we know our city is incredibly vulnerable to health epidemics. Even more unthinkable, the Medicaid and Medicare programs have now become the subjects of efforts to cut federal spending, which further imperils the health of New Yorkers and many across the country. Medicaid is the largest source of insurance coverage for people with HIV in the United States[8]. We cannot afford to lose one, let alone both and yet we face the unenviable task of preparing for such scenarios.

My office hopes to be a partner in these efforts however we can. Thank you.

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[5] https://thehill.com/policy/healthcare/5111210-trump-freeze-medicaid-access/

[6] www.nbcnews.com/politics/donald-trump/trump-administration-rescinds-order-attempting-freeze-federal-aid-spen-rcna189852

[7] www.reuters.com/legal/us-judge-extends-pause-trumps-plan-freeze-federal-grants-loans-2025-02-03/

[8] https://www.kff.org/hivaids/issue-brief/medicaid-and-people-with-hiv/#:~:text=Medicaid%20is%20the%20largest%20source,outpatient%20care%2C%20and%20preventive%20services.

the Network
Supportive Housing Network of NY

Testimony to the Committee on General Welfare
HASA Oversight Hearing
Wednesday, February 12, 2025
Submitted on behalf of the Supportive Housing Network of NY

Good morning, Chair Ayala and members of the General Welfare and Health Committees. My name is Tierra Labrada, and I serve as the Policy Director for the Supportive Housing Network of New York. We are a membership organization representing supportive housing providers throughout the state. Collectively, our members operate more than 62,000 supportive housing units, approximately 5,500 of which are contracted by HASA to provide housing and voluntary support services for people living with HIV/AIDS.

HASA has been a valued partner, working closely with us to address challenges and make improvements. However, there are issues that cannot be addressed without larger systemic change, the most urgent being the persistent vacancies in HASA-contracted units.

Challenges in the Referral Process

For years, our members have reported that HASA's referral process does need yield sufficient connections with interested prospective tenants, leaving many supportive housing buildings operating with significant vacancies. HASA providers should receive at least 3 referrals per vacancy, to account for no-shows or clients declining an offer to move in. However, it is becoming more and more challenging to meet this standard. One provider reported to us that in December 2024, they only received 45% of the referrals they were expecting. Of their 22 vacancies (all single-room occupancy, or SRO), they were only able to move in 2 tenants. Due to their low occupancy rate, this provider recently lost a significant federal grant, putting their entire program at risk.

Feedback from housing providers and from HASA reveals that clients simply do not want to move from their transitional housing units.

HASA's transitional housing program does not require clients to pay rent and imposes no time limits on their stay. This is an admirable model for a medically vulnerable population, but the unintended consequence is clients staying in transitional housing indefinitely, rather than moving into permanent housing where they are required to contribute 30% of their limited income toward rent. This is especially the case when the apartment is in an older SRO building or another shared model, which, according to providers, makes up a significant portion of the vacancies. Clients are making rational choices, but the system is not set up to achieve our shared goal of ending homelessness.

The Lack of Data Transparency

Another challenge is the lack of data on HASA units. While approximately 1,400 HASA contracted supportive housing units are included in the Coordinated Assessment and Placement System CAPS (NY/NY III and NYC 15/15 units), over 4,000 are not. As a result, they are not included in the Local Law 3 report, which City Council legislated in order to track supportive housing referrals and placements. Without a comprehensive picture that includes all HASA supportive housing, the City cannot accurately

assess referral effectiveness, track no-shows, or determine when a mismatch occurs between eligible clients and the population requirements for supportive housing vacancies.

The Network urges integrating all HASA units into CAPS. The approximately 1,400 HASA units that are already in CAPS prove that it can be done without compromising privacy or health data.

The Cost of Inaction

This is not just a housing issue—it is a fiscal and moral failure. Right now, hundreds of units sit vacant while providers lose revenue, the City incurs unnecessary costs, and thousands of people experiencing homelessness wait for housing that remains inaccessible. The City is effectively paying twice: once to house HASA clients in transitional housing and again to contract for permanent units that remain unoccupied. This is an inefficient use of City funds and an unacceptable outcome for New Yorkers languishing on the street or in shelter.

Proposed Solutions

There are several solutions this City can consider to rectify this crisis:

1. Allow providers to transfer units to DOHMH: Some providers may wish to relinquish their HASA contracts. The City should facilitate the seamless transfer of these units, and the funding required to operate them, to the Department of Health and Mental Hygiene (DOHMH), where they would serve a broader population.
2. Enable the prioritization of HASA clients for HASA contracted units, while allowing a broader population to be served after attempts to fill the unit have been unsuccessful.
3. Invest in converting SROs to studio apartments: Studio units are more attractive to prospective tenants and would better align with their housing needs.
4. Cap tenant contributions in supportive housing: The Department of Homeless Services (DHS) caps rent contributions for tenants moving into SROs at $50 per month, with the City covering the remainder. HASA should adopt this model to encourage more clients to move into supportive housing.

We are happy to answer any questions you may have.

Thank you for your time and consideration.

Contact: tlabrada@shnny.org

Lantern
ORGANIZATION

February 12, 2025

My name is Dan Kent and I am President/CEO of Lantern Organization, a nonprofit developer and operator of permanent supportive housing and low income housing. Lantern opened our first permanent supportive housing for formerly homeless people living with HIV/AIDS in 1998. Since then, we have opened 340 units in partnership with HASA.

It is extremely challenging to develop permanent supportive housing. The worst opposition we ever faced was when we developed supportive housing for people living with HIV/AIDS in the 1990s. We know how hard it is to create permanent supportive housing, and we know how much it is needed in New York City.

In recent years we have struggled to fill vacancies for our HASA units. At first, we struggled to fill our SRO units. Now we even struggle to fill our studios. At this moment we have 62 vacant HASA units.

This is not because of a lack of effort from our hard-working partners at HASA. On average, HASA sends us 56 referrals every month. This is less than the average of 82 per month we are entitled to, yet still a significant number. Despite having 56 referrals we only have 2 move-ins on average, each month.

Our staff and HASA staff work diligently to follow up with the individuals referred to us: helping them collect paperwork, visit our units, and complete the application process. We stage units beautifully and offer welcome kits with bedding, cookware, toiletries, and artwork. We tell applicants about the wraparound support services, free food programs, and recreational activities we offer at each building. Despite all this effort, 24 out of 25 individuals referred to us either reject the unit or don't show up to the apartment tour. With only 1 in 25 referrals accepting a unit, no amount of hard work from HASA staff and our team will suffice. Policy changes are needed to fix this issue.

This issue is unique to our HASA units. For all other permanent supportive housing units, we maintain an occupancy rate of over 95%. For HASA units, we have an 81% occupancy rate.

Last month, we received notification from the NYC CoC that because of these prolonged vacancies we have lost our $691,000 rental subsidy contract for 39 units of permanent supportive housing. We are at risk of losing the permanent supportive housing that we fought so hard to create.

We have beautiful apartments that sit empty while New Yorkers sleep out in the freezing cold, on our subways, and in our overcrowded shelter system. The financial cost of these vacancies is unsustainable. The human cost of leaving these apartments empty during a homelessness crisis is unconscionable.

Thank you for your consideration. Please let us know how we can help solve this issue.

Regards,

Dan Kent

President/CEO

Testimony before the New York City Council Joint Hearing of the Committees on Health and General Welfare

February 12, 2025

Jasmine Cummings
Vice President of Programs
Project Renewal

Project Renewal's mission is to end the cycle of homelessness by empowering individuals and families to renew their lives with health, homes, and jobs.

www.projectrenewal.org

Good Afternoon Chairs Ayala and Schulman; Members of the Committees. Thank you for the opportunity to provide testimony this morning.

My name is Jasmine Cummings, and I am the Vice President of Programs at Project Renewal, a nonprofit that provides innovative solutions to end homelessness by empowering individuals with health, homes, and jobs. For over 55 years, Project Renewal has worked in partnership with the city to provide a spectrum of housing services, as well as health and jobs programs, to New Yorkers experiencing homelessness—including those living with HIV/AIDS through the HASA program.

I am here to testify today regarding the challenges and opportunities in ensuring that HASA housing is both accessible and sustainable for those who need it most. Project Renewal operates two residential buildings with HASA units:

- Bedford Green House in Bedford Park, Bronx – a newly-constructed supportive housing development with 116 units, 25 of which are designated for HASA clients.
- Geffner House in Midtown Manhattan – a 307-unit supportive housing building with 40 units designated for HASA clients.

One of the most pressing issues we face is the prolonged vacancy of HASA units. Our team is committed to filling vacancies as quickly as possible, yet it can take months to fill vacant HASA units due to the slow referral process. When referrals are made, only 10-20% of prospective tenants attend interviews, and many ultimately decline available units. One contributing factor appears to be that some individuals are already residing in temporary HASA placements that they may prefer over permanent housing, reducing their incentive to transition into our units. Additionally, those who are interested can struggle to procure adequate documentation, delaying the process further.

These delays put our housing developments at risk. For buildings financed through the Low-Income Housing Tax Credit (LIHTC) program, prolonged vacancies have resulted in non-compliance notices from regulatory agencies such as NYC Housing Development Corporation (HDC), threatening tax credit recapture and potential financial penalties. Ensuring a more efficient referral and placement system is critical to stabilizing HASA housing.

While we remain committed to providing stable housing and services, we recognize that HASA tenants, like all tenants, must be supported in maintaining safe and respectful communities. Unfortunately, the current system for addressing behavioral and safety concerns is cumbersome and ineffective. Under existing guidelines, providers must conduct multiple meetings with HASA caseworkers before taking any formal action in response to a tenant's conduct. These meetings are often difficult to schedule, and tenants frequently fail to attend.

As a result, incidents persist, disrupting the quality of life for all residents and, in some cases, posing risks to building staff. Unfortunately, HASA tenants represent an outsized

share of resident incidents. In one extreme case, a disruption resulted in $900,000 in property damage and the displacement of dozens of residents.

We must ensure that all tenants receive the services and accountability necessary to maintain safe and stable housing for themselves and their neighbors.

To improve HASA housing outcomes, we urge the City Council and relevant agencies to:

1. **Streamline the Referral and Placement Process** – Implement stronger coordination between HASA and housing providers to ensure timely referrals and improve attendance at interviews.
2. **Improve Documentation Support** – Offer additional assistance to HASA clients to help them compile necessary documents for housing eligibility.
3. **Reevaluate the Temporary Housing Model** – Assess whether existing temporary HASA placements are unintentionally discouraging clients from transitioning into permanent supportive housing.
4. **Reform the Accountability Process** – Modify the requirement for multiple caseworker meetings before taking action on serious lease violations to allow for more effective responses to safety and behavioral concerns.
5. **Enhance Support Services** – Invest in wrap-around services to ensure HASA tenants receive the mental health, substance use, and medical support necessary to maintain stable housing.

Project Renewal remains committed to working with the City Council, HASA, and our community partners to improve housing stability for all New Yorkers living with HIV/AIDS. We appreciate your time and consideration and look forward to collaborating on meaningful solutions.

Thank you for the opportunity to testify. I welcome any questions you may have.

February 12, 2025

Dear Members of the New York City Council,

My name is Terri Wilder, and I serve as the HIV/Aging Policy Advocate at SAGE, the country's oldest and largest non-profit organization dedicated to improving the lives of LGBTQ+ older people. On behalf of SAGE, I am submitting this written testimony as it pertains to the HIV/AIDS Services Administration (HASA).

I appreciate the opportunity to share concerns we are hearing from LGBTQ+ elders living with HIV—individuals we work with through our SAGEPositive program—many of whom rely on HASA services for their health, housing, and stability.

I have outlined some of the challenges our clients in the SAGEPositive program face:

First, **HASA must develop communication protocols to ensure continuity of care**. When a case manager leaves, clients are often left in limbo for months without knowing who will take over their cases. To prevent this disruption, HASA should establish a formal transition process so that no client is left without support during staff changes. Additionally, communication issues are widespread. Calls frequently go unanswered, sent to voicemail, or lost due to unassigned phone extensions. Clients and SAGEPositive staff are often forced to call back repeatedly, with no guarantee of a response. The Intake Service Unit Line (718-557-1399), intended to assist both our staff and clients, has also proven unreliable. On two separate occasions, our staff experienced excessively long wait times—once for over an hour and another for more than two hours—simply to follow up on an application for admission to the HASA program. Such delays hinder access to critical services and must be addressed.

Second, **communication barriers in general must be addressed**. Email cannot be the only method of communication with clients. Many older people are not comfortable using email, and some do not have access to it at all. HASA must offer multiple communication options—such as phone calls and US postal mailed notices—and document a client's preferred method of communication at intake.

Third, **income adjustments from Social Security cost-of-living increases should not disqualify people from services**. A slight increase in benefits should not lead to someone losing their HASA eligibility. This needs urgent attention.

Fourth, **safe and affordable housing must be a priority**. We have heard reports of mold in apartments worsening clients' health, landlords ignoring concerns, and caseworkers providing inadequate responses—such as telling someone to "just get an air purifier." Mold

is a serious health hazard and must be properly remediated. There also needs to be stronger oversight of landlords who receive HASA funds to ensure tenants are not facing retaliation when reporting unsafe conditions. Another housing-related issue: **lack of heat in apartments**. One client was told by their landlord that if they reported their landlord for failing to provide heat, they could be evicted. That is unacceptable. There must be a protocol for addressing landlord neglect—especially when those landlords are receiving HASA funds. Calling 311 has been the standard thus far but clients fear retaliation and need more oversight and intervention from HASA staff.

Additionally, **rent increases are pushing people out of stable housing**. We have seen cases where a client's rent increased by $700 in just two years after HASA began working with a landlord. HASA must have stronger mechanisms to prevent excessive rent hikes that threaten housing security.

Fifth, **outreach to older people is inadequate**. Many older people living with HIV do not even know about HASA or how to access its services, particularly those who are isolated or do not use the internet. HASA must have a proactive outreach plan to ensure that all eligible individuals—especially older people—know what support is available. We have learned of people who could have benefited from this program years ago but were unaware and unnecessarily suffered because of not being connected.

Sixth, **the HASA application process is too complex**. We had a client whose medical provider filled out the necessary forms, but the paperwork did not move forward after many months because there was nothing on the form directing the provider where to send the document once completed. Clear instructions must be provided to both clients and providers to ensure timely processing of forms.

Seven, **HASA workers must be prepared to meet the increasing needs of an aging HIV community**. As people with HIV age, they require more support and time with their caseworker. If caseworker caseloads continue to increase, will they have the capacity to provide the attention and assistance that older people need?

Finally, while we **support the Chair Schulman's efforts** to update the language in Ad Code 21-126, 21-127, and 21-128 to ensure services are available to all individuals with HIV, we strongly recommend a small but critical revision:

Instead of saying **"every person with HIV infection,"** we urge the use of **"every person with HIV."**

The phrase **"HIV infection" is stigmatizing**—communities and organizations across the globe, as well as the **NIAID HIV Language Guide**, have called for its removal. Words

matter, and we must ensure that our policies reflect dignity and respect for the people they serve.

Conclusion

HASA is a critical program, but improvements are necessary to ensure that older people with HIV receive the housing, case management, and support they need to age with dignity and stability.

Thank you in advance for your consideration,

Terri L Wilder, MSW

HIV/Aging Policy Advocate

SAGE

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FACT SHEET: GROSS INCOME AND VA DISABILITY COMPENSATION

Last revised: Feb. 3, 2025

VA Disability Compensation is Tax-Exempt and Excluded from Gross Income Calculations

Veterans receiving disability compensation from the U.S. Department of Veterans Affairs (VA) should be aware that these benefits are not included in the Internal Revenue Service's (IRS) definition of gross income. This exclusion has significant implications for individuals applying for public assistance programs, including CityFHEPS housing vouchers in New York City.

Key Points:

- **VA Disability Compensation is Tax-Exempt:** The IRS explicitly states that VA disability benefits are not considered taxable income. (Source: IRS Publication 501, "Dependents, Standard Deduction, and Filing Information," available at: https://www.irs.gov/publications/p501#en_US_2024_publink1000220691, viewed Feb. 3, 2025).

- **VA Compensation is Not Considered Gross Income:** Since VA disability compensation is tax-exempt, it is excluded from gross income calculations for programs that determine eligibility based on taxable income.

- **CityFHEPS Income Eligibility Considerations:** In order to be eligible for the CityFHEPS rental assistance program, an applicant's gross income must be at or below 200% of the Federal Poverty Level. (Source: City of New York, https://www.nyc.gov/assets/hra/downloads/pdf/cityfheps-documents/dss-7r-e.pdf, viewed Feb. 3, 2025).

- **VA Disability Compensation Should Not Count Against CityFHEPS Applicants:** Because CityFHEPS eligibility is based on gross income, and gross income does not include tax-exempt compensation, VA disability payments should not be considered in determining eligibility.

Conclusion

Veterans applying for CityFHEPS or similar programs should ensure that their VA disability compensation is properly excluded from gross income calculations. If you encounter discrepancies in how your income is assessed, consider providing relevant IRS and program guidelines to clarify your eligibility. For more, consult official IRS publications or the City of New York's Human Resources Administration.

Ready Willing & Able | The Doe Fund
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Written Testimony for the New York City Council
Committee on General Welfare
February 12, 2025

Dear Members of the New York City Council,

On behalf of The Doe Fund, thank you for the opportunity to submit testimony. As one of New York City's largest nonprofit developers of permanent affordable and supportive housing, with over 1,200 units in operation and 700 more in development, we are proud partners in your efforts to address the housing crisis.

Alongside our fellow members of the Supportive Housing Network of New York, we stand in support of Council Member Schulman's proposal to remove critical barriers to housing for individuals living with HIV. These reforms to the HIV/AIDS Services Administration (HASA), including removing the "chronically homeless" categorization as eligibility criteria, would significantly expand the pool of eligible individuals and allow us to fulfill our mission more effectively. It would also ensure that individuals living with HIV are eligible for the full range of benefits as those with an AIDS diagnosis — codifying a reform HASA already made to supportive housing services in 2016.

The Doe Fund has provided permanent supportive housing to people living with HIV/AIDS for nearly 30 years. However, under the current eligibility criteria, we have faced significant obstacles in filling our HASA units even as the City faces record homelessness. The overly restrictive definitions have left many of our residences with prolonged vacancies, leading to significant downstream consequences. Not only does it mean fewer people overcoming homelessness and getting the care they need, but also reduced rental collections that in turn lead to a reduced ability for us to invest in our buildings' infrastructure and maintenance, and as a result, a lower quality of life for tenants.

We work diligently to ensure that every available unit is occupied as quickly as possible. However, even when we do receive referrals, several challenges arise. Many potential tenants referred to us are not actually qualified for our units, while others never follow up on their referral. In some cases, referred individuals have refused as many as four or five different units because they're not yet comfortable with paying rent, even with subsidies. This costs our housing placements team precious time that should have been spent on individuals fully committed to transitioning into permanent housing.

Ready Willing & Able | The Doe Fund
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www.doe.org

Currently, 23% of our 453 HASA-earmarked units remain vacant, with the length of vacancies ranging from three months to, in some cases, *three years*. Over the past twelve months, we have received 1,582 HASA referrals, but just 68 of those have resulted in successful move-ins. These numbers underscore the urgent need for reform. HASA broadening its eligibility criteria and ensuring that its referrals are truly ready beforehand means we could more quickly match available units to those in need, reduce our vacancies, and better serve New Yorkers experiencing homelessness.

We've seen firsthand how the stability provided by supportive housing transforms lives. Since 2013, Alex has been living in our A Better Place residence, which The Doe Fund opened in 1996 for formerly homeless people living with HIV. Through his case manager, Alex was connected to healthcare services that led to a life-altering hip replacement, which gave him the confidence to start working again. His case manager then connected him to computer classes to help him apply for employment and occupational training programs to better prepare him for reentering the workforce.

For Alex and the hundreds of others living with HIV who are now thriving in our supportive housing, we strongly urge the City Council to adopt these necessary changes. Thank you for your time.

Sincerely,

Felipe Vargas
Senior Vice President of Programs
The Doe Fund

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Testimony of

The Legal Aid Society, HIV/AIDS Representation Project

on

Oversight – HASA Administration
Committee on General Welfare and Committee on Health

February 12, 2025

The Legal Aid Society (LAS) welcomes this opportunity to testify before the New York City Council's Committees on General Welfare and Health regarding oversight of the HIV/AIDS Services Administration (HASA).

The Legal Aid Society's HIV/AIDS Representation Project (H/ARP) staff routinely advocate for clients receiving HASA benefits and work with other advocates at LAS to ensure clients can access the HASA benefits to which they are legally entitled. H/ARP attorneys provide civil legal services to people living with HIV citywide and our largest practice area consists of HASA benefits advocacy. Additionally, H/ARP has a Client Advisory Board that meets quarterly to discuss legal issues impacting their life, with HASA and HASA-related services often as the focal point.

As highlighted in our testimony, we believe there are a few areas where the Committees may be best suited to exercise their oversight and find solutions to the issues persistently challenging clients in accessing HASA benefits.

Social Security Administration Cost-of-Living-Adjustments and HASA Budgeting

The Social Security Administration (SSA) makes annual Cost-of-Living-Adjustments (COLAs) to SSA-administered benefits including retirement, disability, and Supplemental Security Income (SSI).

However, New York State and HASA have not updated their cash grant benefit amounts for decades. Specifically, HASA budgets are based in part on the standard New York State Public Assistance "Food and Other" grant, which is $183.10 per month for a household of one. Additionally, each HIV+ individual in a HASA household is entitled to a Nutrition and Transportation grant in the amount of $193.74. Thus, for a household consisting of one HIV+ adult with no outside income, HASA would issue the approved rent amount (*i.e.* client's actual lease rent), as well as $376 in cash per month.

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HASA uses these same cash grant amounts in determining eligibility for HASA clients with income from SSA. First, HASA calculates the household's Standard of Need (SON). For a household of one HIV+ adult, the SON is the approved rent amount plus $376.84. Second, HASA compares the SON to the client's SSA income. Individuals are only eligible for HASA benefits if their income is less than their SON.

If a person's SSA income exceeds their SON by even one dollar, their HASA benefits will be discontinued. That person—who was paying 30% of their SSA income towards rent due to HASA's 30% rent cap[1]—would suddenly be responsible for their full rent.

To illustrate, imagine that two clients (A & B) are both receiving $1,250 per month in SSA disability benefits.

- Client A has a rent of $850. Client A's SON is $1,226.84 ($850 + $376.84). Because his income of $1,250 exceeds his SON of $1,226.84, he is not entitled to any financial benefits from HASA. He will need to pay his full rent of $850 and will have only $400 left to cover utilities and all his other expenses.

- Client B has a rent of $2,400. Client B's SON is $2,776.84 ($2,400 + $376.84). Because her income of $1,250 is less than her SON of $2,776.84, she is eligible for HASA financial assistance. Client B will pay just 30% of her SSA income ($375) towards the rent, and HASA will pay the remainder. Client B will have $875 left to cover utilities and all her other expenses.

Even though both clients receive the same amount of SSA income, and both clients have rent amounts that are under the HASA rent guidelines,[2] only one client receives HASA financial assistance. Clients A and B are left with vastly different amounts of money and financial security. Notably, due to the yearly COLA increases, it is likely that Client A was receiving HASA financial assistance for years before his SSA benefit increased and made him ineligible. Thus, he will experience a sudden and marked reduction in his income and financial stability under the HASA SON rules. Moreover, Client A is removed from financial assistance even though his rent is well below the HASA rent guidelines.

This has a disproportionate effect on New Yorkers who are long-term tenants of rent-stabilized units, who are living with HIV, and who are legally disabled and/or elderly. Their incomes have grown faster than their rents. As long as those individuals remain eligible for HASA benefits, they will continue to pay 30% of their SSA benefits towards rent. However, as soon as an SSA COLA pushes their income over the eligibility threshold, they will lose all HASA financial assistance and must suddenly start paying the majority of their income towards rent.

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[1] *See* NYS Social Services Law § 131-a (14); Rules of the City of New York, 68 RCNY § 5-02.
[2] The HASA rent guidelines are available on the "HASA FAQ" website and recently have been updated yearly.

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As a result, there is a perverse incentive for people to move into more expensive apartments in order to qualify for HASA financial assistance and maintain financial stability. HASA recipients in higher-rent apartments remain eligible, while long-term HASA recipients in low-rent apartments become ineligible.

Possible Solutions

LAS would encourage the Committees to consider various solutions to the SSA COLA issue:

- First, proposed state legislation could increase the basic cash grants for all Public Assistance recipients statewide. A broad coalition of advocates, including LAS and community members from around the state, is working to increase the basic cash grants for individuals and families for the first time in over a decade. Notably, the Governor's Child Poverty Reduction Advisory Council (CPRAC) recommended a 100 percent increase in the basic cash grant, but the Governor has not acted. Coalition members are looking for state legislative leaders to put increases in the State House budget to pressure the Governor. Any support from the Council is welcomed.

- Second, HASA could increase the $193.74 Nutrition and Transportation grant.

- Both of these options would (1) directly increase the amount of cash that a HASA client receives if they have no outside income, and (2) increase a HASA client's SON so that a portion of recipients who have SSA income would become eligible for HASA benefits again.

- Third, HASA and City Council should consider other measures which might improve the SON calculation and ensure similar outcomes for clients with similar incomes. For instance, HASA could consider changing its budget calculations so that a client's SON is based off the HASA rent guidelines instead of a client's actual rent. This would ensure that almost all clients with rents within the guidelines would remain eligible. This would also make HASA function more like CityFHEPS and other rental voucher programs, and it would ensure that all HIV+ New Yorkers on fixed incomes receive equal treatment. It would also avoid the current policy which results in HIV+ elderly and disabled long-term rent-stabilized and rent-controlled tenants being left in a financially worse-off position.

<u>Staffing Shortages and Accessing Services at HASA</u>

Persistent staffing and caseworker shortages at HASA mean that many clients are unable to access their caseworkers. Many LAS clients do not have an assigned caseworker, meaning that the unique services and supports that HASA is mandated to provide are simply unavailable to

them.[3] Caseworkers are supposed to conduct regular home visits, but this often does not occur. Some clients report visits that are unscheduled and unannounced. Clients report caseworkers who are hostile, unreachable by phone, and do not have a working voicemail. Clients then must travel to their HASA center to access services from whatever staff is available that day. This often results in delays, inconsistent results, and additional burdens on clients to obtain benefits and support. These challenges are particularly burdensome for clients with disabilities and limited mobility. When no caseworker is assigned, clients are also often left uninformed about changes to their budgets or benefits. Clients routinely do not receive notifications to which they are legally entitled.

During the testimony on February 12, 2025, HASA representatives referred to the "Service Line" and dedicated "Service Line" staff. The term "Service Line" refers to a HASA center located at 400 8th Avenue and a telephone line for HASA applicants and recipients. Previously, clients could call the dedicated HASA phone number—the Service Line—to access services or to enroll. Based on past client and advocate experiences, the telephone Service Line was an effective resource for clients. However, the dedicated Service Line phone number was discontinued and the "Service Line" was rolled into HRA's OneNumber on January 30, 2023. Clients have consistently reported long wait times on OneNumber and are often unable to speak with anyone after waiting on hold. These issues have been confirmed by our staff, who have tried unsuccessfully to help clients access HASA staff via the OneNumber. Clients are now effectively required to make in-person visits to HASA centers to enroll, re-enroll, or otherwise access services where effective telephone services previously existed. Again, this particularly burdens HASA's elderly and disabled client base.

(testimony continued on next page)

[3] HASA and the benefits & services it provides are mandated by law. *See* NYC Admin. Code §§ 21-126, 21-127, 21-128 (sometimes referred to as "Local Law 49"). This includes intensive case management, medically appropriate housing, the Nutrition & Transportation Supplement, and the right to a receipt.

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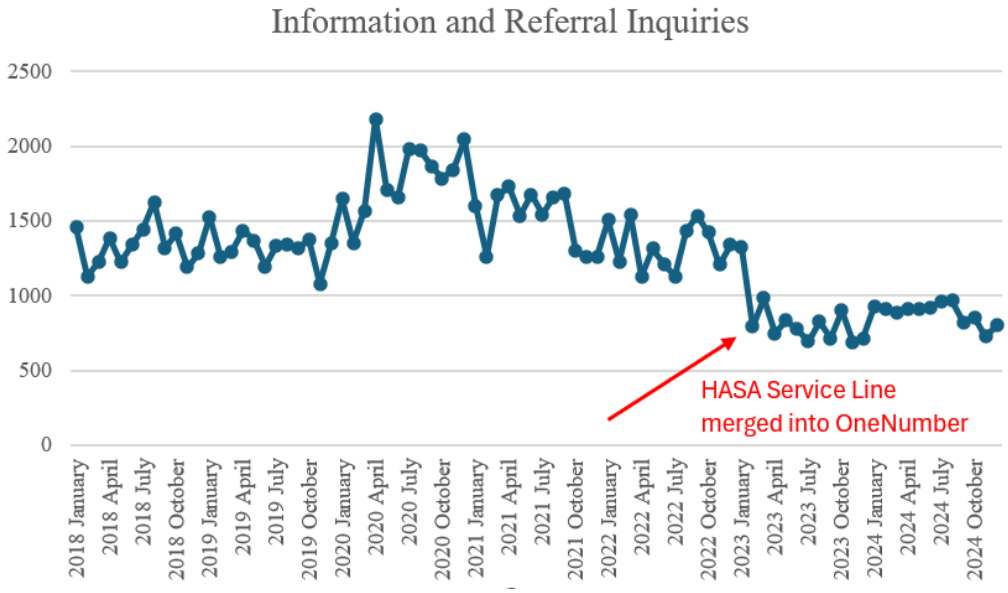
Service Line Data[4]



Possible Solutions

LAS would encourage the Committees to work with HASA to improve these issues by:

- Reducing client to caseworker ratios as legally required by the court order in *Henrietta D.* and NYC Administrative Code § 21-127.
- Restore the HASA Service Line dedicated telephone line.

Case-By-Case-Financial Assessments (CBCFAs)

HASA has a unique process, known as a Case-By-Case-Financial Assessment (CBCFA),[5] to process grant requests for clients who are at risk of eviction due to falling behind on their rent or in need of other one-time assistance.

[4] The data in this chart was pulled from the "HASA Facts" Excel spreadsheet that is publicly available at the NYC Open Data website here: https://data.cityofnewyork.us/Social-Services/HASA-Facts/wjvv-6yxq/about_data. This is a "Monthly HIV/AIDS Services Administration Report" that was last updated on January 30, 2025.
[5] *See* HASA Procedure #1812-07-R, dated 12/20/2018.

To submit a CBCFA request, a HASA client must complete and sign a form called a W-137A form. HASA must process these requests within 30 days. HASA reports high levels of compliance with this 30-day timeframe.[6] However, often clients will not be provided with W-137As to sign until they have submitted all necessary documentation, and often caseworkers will not assist clients in obtaining the necessary documentation despite their duty to assist. Clients report being told to sign the W-137A form but to leave it undated, possibly to allow HASA staff to insert a date that would ensure the appearance of compliance with the 30-day timeframe. Practically speaking, advocates and clients must prepare for potentially lengthy CBCFA processing times, even when a client is at imminent risk of eviction and has court-mandated payment deadlines.

Thus, HASA clients who are in housing court must apply for a CBCFA through their caseworker to receive a rental arrears grant. This will generally require a face-to-face meeting with their caseworker to submit the request and to sign the HASA-required documentation.

Notably, other HRA recipients or individuals applying for "one-shot deals" through HRA do not have to have in-person meetings with HRA and can rely on advocates to advance the process.

While the right to a caseworker is a unique asset of HASA and is a crucial part of ensuring clients receive benefits and services, in practice the caseworker system results in delays, disparate results, and requirements that are unworkable in the context of housing court eviction proceedings.

Advocates must plan on CBCFAs taking months to process, which creates difficulties in the legal proceedings and needlessly puts clients at risk of eviction and at the whims of housing court judges and landlords. These delays not only often violate HASA's 30-day processing requirement, but they also violate HASA procedures which require expedited 48-hour processing for "emergency CBCFAs."[7] HASA procedures state that all rent arrears requests should be treated as an emergency if the client (1) is in eviction proceedings, and (2) has a current court stipulation or OSC. However, H/ARP's experience is that requests that could be classified as "emergency CBCFAs" will take weeks, if not months, to process.

Non-HASA clients have a very different experience. Clients who receive non-HASA Public Assistance and those without ongoing Public Assistance cases will have their requests for rental arrears assistance routed through HRA's Rental Assistance Unit (RAU). RAU was designed to be responsive to the practicalities of housing court and has made marked improvements over the past decade. For advocates used to working with RAU to secure rental arrears for client, working with HASA can be a rude awakening. With RAU, the process can be advocate led and usually

[6] *See, e.g.*, HASA Quarterly Performance Report for FY 25.1 (July-Sept. 2024), which is publicly available on the NYC Government Publications Portal website at the following link: https://a860-gpp.nyc.gov/concern/nyc_government_publications/st74cv02b?locale=en.
[7] *See* HASA Procedure #1812-07-R, dated 12/20/2018, at p17.

takes days or weeks to complete. With HASA, clients often have to visit their center multiple times and the process routinely takes weeks or months to complete.

Effectively, clients enrolled in HASA are at a disadvantage relative to their non-HASA peers. H/ARP regularly advises other LAS advocates working with HASA clients to request CBCFAs. We must warn them to expect a slow and uncertain process that is quite different from their experience working with RAU.

Possible Solutions

LAS would encourage the Committees and HASA to consider a centralized RAU model with staff that are attuned to the realities of housing court and the burdens placed on clients by the current CBCFA process.

Conclusion

We thank the Committees for the opportunity to testify about the state of HASA, and for the Council's dedication to ensuring New Yorkers living with HIV/AIDS receive the services they need and to which they are legally entitled.

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Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 2/12/25

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Name: Jacqueline Dudley, DC

Address: _____

I represent: DSS

Address: _____

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Date: 2/12/25

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Name: John Rojas, Chief Special Services officer

Address: _____

I represent: DSS - HRA

Address: _____

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Name: Sarah Braunstein, Assistant Commissioner

Address: of the Bureau of Hepatitis, HIV & STI

I represent: NYC Health

Address: _____

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Name: Joshua Elmaire

Address: 2090 Adam Clayton Powell Jr Blvd, 3rd Fl, NY, NY 10027

I represent: The Legal Aid Society

Address: _____

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Name: Armen H. Merjian

Address: [redacted], BKn 11225

I represent: Housing Works, Inc

Address: 81 Willoughby St, 5th Fl, BKn NY 11201

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Name: David Leyva

Address: [redacted]

I represent: Myself as a Person w/ HIV/Interim Commissioner AIDS

Address: 214 W 29th St. 9th Floor New York 10010

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Name: John Boyle

Address: 317 Lenox Ave, 10th fl New York, NY

I represent: Neighborhood Defender Service of Harlem

Address: Same

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Date: _____

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Name: _____

Address: [redacted]

I represent: _____

Address: _____

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Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

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Name: _____

Address: _____

I represent: _____

Address: _____

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