

Narrative Responses to the Performance Management Review (PMR) Findings

The Performance Management Review conducted by the Department of Housing and Community Development (DHCD) for the 2024 LHA fiscal year resulted in the following ratings. Criteria which received a 'Corrective Action' rating show both a reason for the rating and a response by the LHA. The reason indicates Boston Housing Authority's understanding of why they received the rating, while the responses describe their goals and the means by which they will meet or improve upon the performance-based assessment standards established by DHCD in the PMR. When the PMR rating is 'Operational Guidance', the LHA may have responded, but was not required to.

Category: Management

Criterion: Occupancy Rate - the percentage of units that are occupied on monthly report.

Rating: No Findings

Criterion: Tenant Accounts Receivable (TAR) - the percentage of uncollected rent and related charges owed by tenants to the local housing authority (LHA), out of the total amount of rent and related costs charged to tenants.

Rating: Corrective Action

Reason: BHA received a rating of corrective action in Tenant Accounts Receivable (TAR) of the Executive Office of Housing and Livable Communities (EOHLC) Performance Management Review for the Fiscal Year Ending 3/31/2024.

Response: Improving Tenant Accounts Receivable is one of the BHA's top priorities for calendar year 2025, and the Authority is focused on providing property management staff with additional tools and training to assist with rent collection and navigating the legal process, as well as evaluating and streamlining lease enforcement procedures.

Criterion: Certifications and Reporting Submissions - timely submission of statements and certifications

Rating: No Findings

Criterion: Completion of mandatory online board member training

Rating: Not Applicable

Criterion: Annual Plan Submitted - Annual Plan (AP) submitted on time

Rating: No Findings

Criterion: Staff completed relevant certifications or trainings

Rating: No Findings

Category: Financial

Criterion: Adjusted Net Income - a measure of overspending or underspending.

Rating: Corrective Action

Reason: BHA received a rating of corrective action in Financial: Adjusted Net Income of the Executive Office of Housing and Livable Communities (EOHLC) Performance Management Review for the Fiscal Year Ending 3/31/2024.

Response: BHA is working with EOHLC to get our budgets approved in a more timely fashion. Budget approval is the first step to address overages by line item. Additionally, BHA and EOHLC are conducting monthly meetings to identify areas of concern and address budget changes.

Criterion: Current Operating Reserve as a percentage of total maximum reserve level.

Rating: Operational Guidance

Category: Capital Planning

Criterion: Timely spending of capital funds awarded under the Formula Funding program

Rating: No Findings

Category: CHAMP

Criterion: Paper applications are available, received and entered into CHAMP

Rating: Corrective Action

Reason: BHA received a rating of corrective action in CHAMP of the Executive Office of Housing and Livable Communities (EOHLC) Performance Management Review for the Fiscal Year Ending 3/31/2024.

Response: BHA acknowledge that the date and time were not easily visible on our paper applications. We understand the importance of accurate documentation and have taken immediate steps to address this concern. To correct this issue, we have replaced all ribbon components in the time stamps and ordered new time stamps to ensure proper functionality. Additionally, we have instructed all staff to consistently place time stamps in a clearly visible area for better accessibility.

BHA acknowledge that incomplete application were not processed, as per the protocol. Moving forward, BHA will ensure that any incomplete applications are entered and uploaded to the CHAMP database for tracking purposes.

Criterion: Vacancies are recorded correctly and occupied using CHAMP

Rating: Corrective Action

Reason: BHA received a rating of corrective action in CHAMP of the Executive Office of Housing and Livable Communities (EOHLC) Performance Management Review for the Fiscal Year Ending 3/31/2024.

Response: In post PMR meetings with the state, EOHLC has provided BHA with guidance on correcting the vacancy reporting issue, and directed BHA staff to specific CHAMP reports that contain the client information necessary for vacancy reporting compliance in advance of the next PMR. Staff expect significant improvement this fiscal year in this area for next PMR.

Category: Facility Management - Inspection Standards and Practices

Criterion: 100% of units inspected during FYE under review

Rating: Corrective Action

Reason: BHA received a rating of corrective action in Facility Management - Inspection Standards and Practices of the Executive Office of Housing and Livable Communities (EOHLC) Performance Management Review for the Fiscal Year Ending 3/31/2024.

Response: BHA staff will meet with EOHLC staff on the facility management portion of the PMR during the month of January for additional guidance and discussion on this portion of the PMR. BHA is continuing to work toward improving the facility management delivery and performance, while working with our software vendor to continue enhancing capability to monitor progress city-wide, as well as at the portfolio and property level. BHA has set a goal in its Five-Year Plan to ensure 100% of public housing units are annually inspected by professionally trained BHA inspectors. The responsibility of inspections has been moved off site management staff and is now performed by a dedicated team of housing inspectors. Ten percent (10%) of units are inspected each month leaving two months of the fiscal year for any clean up of units with access issues or that had to be rescheduled.

Criterion: Unit inspection reports create, track, and report work orders for inspection repairs, and inspection WOs completed within 30 days or add to DM / CIP

Rating: Corrective Action

Reason: BHA received a rating of corrective action in Facility Management - Inspection Standards and Practices of the Executive Office of Housing and Livable Communities (EOHLC) Performance Management Review for the Fiscal Year Ending 3/31/2024.

Response: To continue efforts geared toward increasing efficiency of maintenance delivery, improving customer service, and maximizing the capabilities of the work order software and other technological resources to better communicate with resident customers, eliminate duplicate work orders and unnecessary data entry so that maintenance staff can be more productive, and administrative staff can focus more on customer service and less time on data entry and updates. BHA has improved inspection reports incorporating guidance from EOHLC. Staff anticipate implementing a new inspection module as soon as it is available from our software vendor which will allow BHA to auto create work orders that result from inspections.

Criterion: Unit inspection reports accurately reflect necessary repairs

Rating: Corrective Action

Reason: BHA received a rating of corrective action in Facility Management - Inspection Standards and Practices of the Executive Office of Housing and Livable Communities (EOHLC) Performance Management Review for the Fiscal Year Ending 3/31/2024.

Response: BHA continues to make procedural and technological changes to increase accuracy and efficiency in addressing maintenance work requests. We are actively engaged with Emphasys, our software vendor, to make upgrades and implement improvements to the system, wherever possible. This includes the implementation of Work Order Touch, which is a new phone-based application that will allow the BHA to move away from a paper-driven work order process, to an app that can be accessed by maintenance staff to receive work order assignments on their phones, and close out the work requests as each job is completed, with no need for the added steps of printing paper and data entry. This new procedure is currently being rolled out to each property in the portfolio. BHA staff expect dedicated housing inspectors will produce more accurate and consistent inspections.

Category: Facility Management - Vacancy Turnover Standards and Practices

Criterion: Work orders created for every vacancy and completed within 30 days (or waiver requested)

Rating: Corrective Action

Reason: BHA received a rating of corrective action in Facility Management - Vacancy Turnover Standards and Practices of the Executive Office of Housing and Livable Communities (EOHLC) Performance Management Review for the Fiscal Year Ending 3/31/2024.

Response: BHA took advantage of a system feature that auto creates work orders for unit turnover upon entry of a move out in Elite. BHA staff will meet with EOHLC staff on the maintenance portion of the PMR during January for additional guidance. Staff from BHA and EOHLC will meet regularly to discuss the status of vacancies. BHA continues to make procedural and technological changes to increase efficiency in addressing turnover work orders.

Criterion: Vacancy turnover work orders accurately reflect necessary repairs

Rating: Corrective Action

Reason: BHA received a rating of corrective action in Facility Management - Vacancy Turnover Standards and Practices of the Executive Office of Housing and Livable Communities (EOHLC) Performance Management Review for the Fiscal Year Ending 3/31/2024.

Response: BHA took advantage of a system feature that auto creates work orders for unit turnover upon entry of a move out in Elite. BHA staff will meet with EOHLC staff on the maintenance portion of the PMR during the month of January for additional guidance and discussion on this portion of the PMR. Use of dedicated housing inspectors will create more uniformity in vacancy turnover work performed and tracked across the portfolio.

Category: Facility Management - Preventive Maintenance Standards and Practices

Criterion: LHA Preventive Maintenance Plan accurately reflects all necessary work to maximize life of LHA components

Rating: No Findings

Category: Facility Management - Work Order Types and Systems

Criterion: All emergency work orders are created, tracked, reported and completed within 48 hours

Rating: No Findings

Criterion: All requested work orders are created, tracked, reported and completed within 14 days or added to DM/CIP

Rating: No Findings

Explanation of PMR Criteria Ratings

CRITERION	DESCRIPTION
Management	
Occupancy Rate	<p>The rating is calculated using the following formula: (Total Number of Occupied units on Monthly Report divided by (Total Number of Units Minus Units that Received a Waiver Minus Number of Units Vacant less than 30 days on Monthly Report)</p> <ul style="list-style-type: none"> • “No Findings” : Occupancy Rate is at or above 98% • Operational Guidance: Occupancy rate is at 95% up to 97.9% • Corrective Action: Adjusted occupancy rate is less than 95%
Tenant Accounts Receivable (TAR)	<p>This criterion calculates the percentage of uncollected rent and related charges owed by starting with the amount reported by the LHA, as uncollected balances for the TAR (Account 1122 from the Balance Sheet) minus Normal Repayment Agreements* divided by Shelter (Tenant) Rent (account 3110 from the Operating Statement)</p> <ul style="list-style-type: none"> • “No Findings” : At or below 2% • “Operational Guidance” : More than 2% , but less than 5% • “Corrective Action” : 5% or more
Certifications and Reporting Submissions	<p>Housing authorities are required to submit 4 quarterly vacancy certifications by end of the month following quarter end; 4 quarterly operating statements and 4 Tenant Accounts Receivable (TAR) reports within 60 days of quarter end.</p> <ul style="list-style-type: none"> • “No Findings” : At least 11 of the required 12 reports were submitted and at least 9 were submitted on time. • “Operational Guidance” : Less than 11 of the required 12 reports were submitted and/or less than 9 were submitted on time.
Board Member Training	<p>Percentage of board members that have completed the mandatory online board member training.</p> <ul style="list-style-type: none"> • “No Findings” : 80% or more completed training • “Operational Guidance” : 60-79.9% completed training • “Corrective Action” : <60 % completed training
Staff Certifications and Training	<p>Each LHA must have at least one staff member complete a relevant certification or training During the fiscal year. The number of required trainings varies by LHA size.</p> <ul style="list-style-type: none"> • No Findings: LHAs completed the required number of trainings Corrective Action: LHAs have not completed any trainings
Annual Plan (AP) Submitted	<p>Housing authorities are required to submit an annual plan every year.</p> <ul style="list-style-type: none"> • “No Findings” =Submitted on time • “Operational Guidance” =Up to 45 days late • “Corrective Action” =More than 45 days late

CRITERION	DESCRIPTION
CHAMP	
Paper applications	<p>Paper applications are available, received and entered into CHAMP</p> <ul style="list-style-type: none"> • No Findings: Paper applications are available; And paper applications are date and time stamped correctly; And 90% of new paper applications are entered into CHAMP within 15 calendar days of date/time stamp; And 2% or less of new paper applications are entered more than 30 days after date/time stamp • Operational Guidance: Paper applications are available; And paper applications are date and time stamped and entered correctly; And 75% - 89% of new paper applications are entered into CHAMP within 15 calendar days; And 3% - 5% of new paper applications are entered more than 30 days after date/time stamp <p>Corrective Action: Paper applications are not available; Or the LHA has failed to date and time stamp paper applications and/or failed to enter them correctly; Or Less than 75% of new paper applications are entered into CHAMP within 15 calendar days of date/time stamp; Or more than 5% of new paper applications are entered more than 30 days after date/time stamp</p>
Vacancies occupied using CHAMP	<p>Vacancies are recorded correctly and occupied using CHAMP</p> <ul style="list-style-type: none"> • No Findings: All vacancies during the fiscal year are recorded in DHCD's Housing Applications Vacancy System within 30 days; And the housed Applicant ID and Pull List ID match between DHCD's Housing Applications Vacancy System and CHAMP for unit occupied during the fiscal year, excluding administrative transfers; And 25% or less of occupied units have data entry errors • Operational Guidance: All vacancies during the fiscal year are recorded in DHCD's Housing Applications Vacancy System, all vacancies are not recorded within 30 days; Or the Housed Applicant ID and Pull List ID match between DHCD's Housing Applications Vacancy System and CHAMP for units occupied during the fiscal year, excluding administrative transfers; And greater than 25% of occupied units have data entry errors • Corrective Action: All vacancies during the fiscal year are not recorded in DHCD's Housing Applications Vacancy System; Or the Housed Applicant ID and Pull List ID do not match (or data is missing) between DHCD's Housing Applications Vacancy System and CHAMP for units occupied during the fiscal year, excluding administrative transfers

CRITERION	DESCRIPTION
Financial	
Adjusted Net Income	<p>The Adjusted Net Income criterion calculation starts with an LHA’s Net Income and subtracts Depreciation, GASB 45 (Retirement Costs), GASB 68 (Retirement Costs), Extraordinary Maintenance (maintenance expense outside of routine/ordinary expenses), and Equipment Purchases – Non Capitalized. This Adjusted Net Income amount is then divided by the Total Expenses of the LHA. If this Adjusted Net Income amount is positive, it means underspending and if it is negative it means overspending.</p> <p>Underspending Rating:</p> <ul style="list-style-type: none"> • “No Findings” : 0 to 9.9% • “Operational Guidance”: 10 to 14.9% • “Corrective Action”: 15% or higher <p>Overspending Rating:</p> <ul style="list-style-type: none"> • “No Findings” : 0 to -4.9% • “Operational Guidance”: -5% to -9.9% • “Corrective Action”: -10% or below
Operating Reserves	<p>Current Operating Reserve as a percentage of total maximum reserve level. Appropriate reserve level is buffer against any unforeseen events or expenditures.</p> <ul style="list-style-type: none"> • “No Findings” :35%+ of maximum operating reserve • “Operational Guidance”: 20% to 34.9% of maximum operating reserve • “Corrective Action”: <20% of maximum operating reserve
Capital Planning	
Capital Spending	<p>Under the Formula Funding Program (FF), authorities receive undesignated funds to spend on projects in their Capital Improvement Plan. They are rated on the percentage of available funds they have spent over a three-year period</p> <ul style="list-style-type: none"> • “No Findings” = at least 80% • “Operational Guidance” = At least 50% • “Corrective Action” = Less than 50%

CRITERION	DESCRIPTION
Health & Safety	
Health & safety violations	DHCD has observed conditions at the LHA's developments and reported health and safety violations. The LHA has certified the number of corrected violations in each category.
Facility Management – Inspection Standards and Practices	
100% Unit Inspections	All units inspected at LHA during FY under review <ul style="list-style-type: none"> • No Findings: 100% of units inspected Corrective Action: Less than 100% of units inspected
LHA Inspections Reports/Work Orders	Unit inspection reports create, track, and report work orders for inspection repairs, and inspection WOs completed within 30 days or add to DM/CIP <ul style="list-style-type: none"> • No Findings: All inspection work orders/lease violations are created, tracked, and reported; And non-health and safety work orders for inspection repairs/lease violations are completed within 30 days or added to DM/CIP; And health and safety work orders for inspection repairs/lease violations are addressed within 48 hours • Operational Guidance: All health and safety inspection work orders/lease violations are created, tracked, reported and completed within 48 hours; And LHA fail to create, track, or report no more than 1 or 2 (based on LHA size) non-EHS (exigent health and safety) deficiencies; Or LHA failed to complete any non-EHS work orders/lease violations appropriately • Corrective Action: Any EHS work orders/lease violations not created, tracked, reported, or completed; Or 1 of the following: LHA failed to create, track or report a) More than 1 non-EHS deficiency (small LHA); b) More than 2 non-EHS deficiencies (Medium/Large)
Accuracy of LHA Inspections	Unit inspection reports accurately reflect necessary repairs <ul style="list-style-type: none"> • No Findings: c.667 unit has less than 2 EHS deficiencies and c.200/705 unit has less than 3 EHS deficiencies • Operational Guidance: c.667 unit has 2 EHS deficiencies or c.200/705 has 3 EHS deficiencies Corrective Action: c.667 has equal to or greater than 3 EHS deficiencies or c.200/705 unit has equal to or greater than 4 EHS deficiencies
Facility Management – Vacancy Turnover Standards and Practices	

CRITERION	DESCRIPTION
Vacancy Turnover Work Orders	<p>Work orders created for every vacancy and completed within 30 days (or waiver requested)</p> <ul style="list-style-type: none"> • No Findings: Vacancy work orders are created, tracked and reported for every unit and reflect all work in unit; And Vacancy work orders are Maintenance Ready in <=30 days for c.667 units or <=45 days for c.200/705 units or have approved waiver • Operational Guidance: Vacancy work orders are created, tracked and reported for every unit; And work orders do not reflect all work completed in unit; Or vacancy work orders are Maintenance Ready in 31-45 days for c.667 and 46-60 days for c.200/705 and no approved waiver <p>Corrective Action: Vacancy work orders are not created, tracked and reported for every unit; Or vacancy work orders are Maintenance Ready in >45 days for c.667 and >60 days for c.200/705 and have no approved waiver</p>
Accuracy and Standard of Vacancy Turnovers	<p>Vacancy turnover work orders accurately reflect necessary repairs</p> <ul style="list-style-type: none"> • No Findings: c.667 unit less than 2 EHS deficiencies and c.200/705 less than 3 EHS deficiencies • Operational Guidance: c.667 2 EHS deficiencies or c.200/705 3 EHS deficiencies <p>Corrective Action: c.667 equal to or greater than 3 EHS deficiencies or c.200/705 equal to or greater than 4 EHS deficiencies</p>
Facility Management – Preventative Maintenance Standards and Practices	
LHA Preventative Maintenance Schedule Accuracy and Implementation of Preventative Schedules	<p>LHA preventative maintenance schedule accurately reflects all necessary work to maximize the life of LHA components</p> <ul style="list-style-type: none"> • No Findings: c.667 unit less than 2 EHS deficiencies and c.200/705 less than 3 EHS deficiencies • Operational Guidance: c.667 2 EHS deficiencies or c.200/705 3 EHS deficiencies <p>Corrective Action: c.667 equal to or greater than 3 EHS deficiencies or c.200/705 equal to or greater than 4 EHS deficiencies</p>
Work Order Types and Systems	
Emergency Work Orders	<p>All emergency work orders are created, tracked, reported and completed within 48 hours</p> <ul style="list-style-type: none"> • No Findings: All emergency work orders under review are created, tracked, reported and completed within 48 hours • Operational Guidance: All emergency work orders completed within 48 hours; Less than 100% but greater than or equal to 80% of work orders under review are correctly created, tracked and reported administratively

CRITERION	DESCRIPTION
	<ul style="list-style-type: none"> • Corrective Action: Not all emergency work orders are completed within 48 hours; Or less than 80% of work orders under review are correctly created, tracked and reported administratively
Requested Work Orders	<p>All requested work orders are created, tracked, reported and completed within 14 days or added to DM/CIP</p> <ul style="list-style-type: none"> • No Findings: All requested work orders under review are created, tracked, and reported; All work is complete within 14 days or added to DM/CIP • Operational Guidance: All requested work orders completed within 14 days or added to DM/CIP; And less than 100% of work orders under review are correctly created, tracked and reported <p>Corrective Action: Not all requested work orders are completed within 14 days or added to DM/CIP</p>