



Erie City & County Continuum of Care (PA-605) Monitoring Policy and Procedures for Sub-recipients

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Overview

Erie County Department of Human Services (ECDHS) is the Lead Organization for the Erie City & County Continuum of Care (CoC). Within its Lead Organization role, ECDHS is the designated grantee for all HUD CoC grants. DHS formally accepts the HUD award, enters into contract with HUD and manages the distribution of funding to sub-recipients. As such, DHS conducts the programmatic and fiscal HUD sub-recipient monitoring. DHS monitors sub-recipients to determine compliance with programmatic and fiscal standards, as determined by HUD and the CoC. DHS works with sub-recipients to ensure compliance and presents finding from monitoring reviews to the CoC to inform rankings and the development of future evaluation tools and performance standards. The CoC and DHS's policy is to contract with high-performing agencies that meet or exceed HUD, the CoC, and the County programmatic and fiscal standards and to work with agencies to ensure their performance meets or exceeds programmatic and fiscal standards.

Programmatic Monitoring Plan

ECDHS staff conducts monitoring visits at each sub-recipient's site at least annually, and more often as needed. During the visits, monitors conduct their review in accordance with the Program Monitoring Tool (Appendix A). Sub-recipients may see the evaluation tool template upon their request at any time. Using the tool, monitors ensure that sub-recipients are compliant with HUD, the CoC and Erie County contracting requirements. Through the tool, monitors ensure that sub-recipients are:

- Complying with data collection and reporting requirements around
 - Employee records—Including ensuring that all staff positions have written job descriptions, staff have appropriate clearances and records are stored properly
 - Data Collection—Including timeliness of submission to HMIS, compliance with HMIS standards and cross-checking client files with HMIS records
- Referring clients to supportive services
 - Housing options
 - Job training
 - Employment Assistance
 - Education
 - Family Support
 - Healthcare
 - Other specialized services
- Review client files to ensure that sub-recipient is confirming that clients are housed in units that comply with HUD Housing Quality Standards including:
 - Room standards (i.e. foundation is not cracked, door locks are in proper working order)
 - Health and Safety (i.e. smoke detectors are present on every floor, exits marked are non-obstructed)
 - Windows (i.e. all bedrooms have at least 1 fully functional window)
 - Kitchen (i.e. kitchen sink has running hot and cold water)
 - Bathroom (i.e. bathroom toilet is in working condition)
- Keeping proper client files that detail:
 - Date of client acceptance into program
 - Information about children, income, disability and program fee

- Category of homelessness
- Statement of confidentiality
- Program agreement in compliance with HUD regulations and signed by consumer
- Verification of homelessness upon entrance to program
- Service plans with action steps, measurable short/long term goals, and goals that incorporate children and family unit in addition to heads of households
- Addressing deficiencies from previous visits

Programmatic performance is based on the sub-recipient's compliance with the items detailed in the monitoring tool and with the performance standards. Sub-recipients are engaged throughout the monitoring process, and results are additionally shared with the CoC Ranking and Scoring Committee, who take it under consideration when determining rankings for renewal applications.

Fiscal Monitoring Plan

All sub-recipients have their audit report submitted to ECDHS annually to fulfill the requirement to receive Federal funding. Audit reports are also collected from sub-recipients to ensure that they are in compliance with the new Uniform Guidance. As part of the annual fiscal monitoring plan, ECDHS Fiscal staff conducts a risk assessment to determine whether a sub-recipient internal audit is required. If it is deemed necessary, ECDHS contracts with an outside auditor to conduct the audit. DHS staff reviews and approves each invoice for accuracy prior to submission for reimbursement and monitors sub-recipients for compliance with HUD fiscal regulations. Each month, all sub-recipients submit detailed invoices to ECDHS staff that monitor for review of compliance with HUD eligibility rules as detailed in the HEARTH Act. A fiscal monitoring tool is used which compares amounts approved to the Grant Award. The amount requested by the sub-recipient is compared with the HUD approved budget line items in the Grant Agreement or Grant Amendment (if applicable). Any issues with invoices must be resolved before an invoice is approved for payment.

DHS shares the results of reviews with the Erie County CoC Ranking and Scoring Committee who take it under consideration when determining rankings for renewal and new project applications.

Monitoring and the Annual Review and Ranking

As part of the CoC's commitment to data-driven, performance oriented and person-centered decision making, the annual review, ranking and reallocation process is centered on a performance based evaluation tool that utilizes data from multiple system sources, including HMIS and Coordinated Entry. While the utilization of these performance standards is important during the annual ranking and reallocation process, the standards are also incorporated into the ongoing oversight of each program throughout the year. The metrics have been integrated into the monitoring processes, ensuring that each project has multiple points at which performance is reviewed. Additionally, by building the metrics into monitoring, the CoC is afforded the opportunity to identify the need for technical assistance and administer that assistance throughout the year. In addition to the coordination of performance targeting, monitoring results are utilized by the Home Team during planning decisions, such as ranking projects for the annual application, determining appropriate reallocation of funds, and revising standards.

Non-Compliant Plan of Action

To prevent sub-recipients from falling out of compliance, ECDHS offers preventive technical assistance to sub-recipients that reach out to DHS for support, when DHS or the CoC determines that a sub-recipient is operating at a performance level that borders on non-compliance and could benefit from Technical Assistance. If the monitor still finds that sub-recipients are not in compliance with standards listed above despite DHS's preventative technical assistance, they follow the subsequent procedures for bringing non-compliant sub-recipients into compliance:

- 1.) Monitor sends a formal letter to the sub-recipient that notifies them of the area(s) of non-compliance, makes recommendations for improvement, and requests submission of a corrective action plan within 30 days. Monitor advises sub-recipients that they are available to consult with via phone calls, emails, and/or meetings as needed to determine appropriate steps in corrective actions plans. Re-visits to programs may be required as part of the corrective action plan.
- 2.) The sub-recipient drafts a corrective action plan and sends it to the monitor by the designated date, along with other information requested by the monitor.
- 3.) Monitor reviews the corrective action plan (and additional documentation where applicable) and either approves it or returns the corrective plan to the sub-recipient for revisions along with a description of why the plan was not approved. If the plan is returned, the monitor will provide a new date for sub-recipient submission of changes to the plan.

If the sub-recipient either submits an unsatisfactory corrective action plan or does not respond to request for a corrective action plan within 30 days, they are considered "High-Risk." **To ensure that High-Risk sub-recipients receive proper oversight and monitoring:**

- 1.) The monitor provides technical assistance to the sub-recipient to ensure that the corrective action plan is completed and appropriate. Technical assistance, which can include but is not limited to, may provide: consultation on best practice, administration of HMIS, referrals to training opportunities for professional development, and/or reviews of program performance with data analysis.
- 2.) The sub-recipient is placed on a 90-day probationary period, during which the monitor may recommend one on one peer support with a sub-recipient who is in compliance, if applicable.
- 3.) After 90 days, if a sub-recipient is still under-performing, DHS informs the Home Team of the ongoing performance issue and the Home Team and ECDHS recommends a course of action, which may include actions up to and including a recommendation for reallocation.

Attachment A: Programmatic Monitoring Tool

—begins on next page—

**ERIE CITY & COUNTY CONTINUUM OF CARE PROGRAM GRANT MANAGEMENT
SUB-RECIPIENT MONITORING CHECKLIST**

Monitoring staff:		Date of visit:	
Agency:		Program name:	
Agency staff consulted:		Grant total:	
Contract number:		Housing First? Yes/No	
Program type:	<input type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> Other		
Scattered site? Yes/No		Actual units:	
Number of chronic beds/units:		Bed utilization for current quarter:	
Program serves:	<input type="checkbox"/> Individuals <input type="checkbox"/> Families <input type="checkbox"/> Both individuals and families <input type="checkbox"/> Single women w/ children <input type="checkbox"/> Single males w/ children <input type="checkbox"/> Couples w/out children		
CoC Program Grant funds used for:	<input type="checkbox"/> Rental Assistance <input type="checkbox"/> Leasing <input type="checkbox"/> Operations <input type="checkbox"/> Admin <input type="checkbox"/> Supportive Services		
Subpopulation(s) served:			

PART 1: AGENCY ADMINISTRATIVE PERFORMANCE				/10
1. Is the program operating at or near capacity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/4
2. Do all staff have written job descriptions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/2
3. Are all client files kept and maintained in a locked/secured fashion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/2
4. Do staff members have appropriate criminal record clearances (Acts 33 and 34 clearances for programs which serve children and elderly populations)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/2
Comments:				
PART 2: HMIS COMPLIANCE				/20
1. Is the program entering data into HMIS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/4
2. Is the program entering data in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/4
3. Is the program entering required information such as client race and ethnicity, current income, change of income, employment (secured and maintained), and access to public benefits (insurance, SNAP, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/4

4. Is the program entering enrollment dates and move-in dates in a consistent and timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/4
5. Are staff reviewing their HUD APR reports within 30 days prior to the APR due date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/4
Comments:				

PART 3: PROGRAM MONITORING				/50
INTAKE/ELIGIBILITY				
1. Is there a completed intake form for the client? Specify the type (i.e., HMIS intake form, agency intake form, participant application, etc.).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/2
2. Is there a copy of ID (i.e., State-issued ID, driver's license, Social Security card, Birth Certificate)? This is not required for entrance to HUD programs, but should be documented if presented.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/1
3. Is the program participant coming from a target population identified and approved in the application (i.e., chronically homeless, youth, substance abuse, mental health, DV, veteran)? If yes, is there documentation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/2
4. Is there documentation of homelessness prior to program entry (third party, self-certification)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/2
Comments:				
CHRONIC HOMELESSNESS (Decrease 1 point per question if absent from a chronically homeless client's file.)				
5. Did the client receive chronic homeless priority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

6. If so, does the client have at least 9 of the 12 months verified by third party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
7. If third party certification is not present, is there sufficient self-certification documenting 12 months of homelessness (no more than 25% of participants)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
8. Does the participant file contain verification of disability (verification from a professional who is licensed to diagnose and treat the condition, OR disability verified by the SS Administration in the form of a VA disability check or an SSDI check/letter)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Comments:				
PROGRAM AGREEMENTS				
9. Does the file contain a Program Agreement that is signed by client and staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/2
10. Does the Program Agreement contain the following documents signed and dated by client and staff? <ul style="list-style-type: none"> ▪ Program guidelines ▪ Release of information ▪ Confidentiality form ▪ HMIS privacy statement ▪ Mandated reporter notification (required for children) ▪ Occupancy fee/rent Agreement ▪ Copy of lease (for Rapid Re-Housing) ▪ Rights and responsibilities outline ▪ Termination/appeal process 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/9

Comments:				
OCCUPANCY FEES/RENT/INCOME				
11. If the client reports income, does the file contain an initial occupancy fee/rental calculation worksheet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/2
12. For programs other than RRH, are occupancy fees/rents capped at 30%?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/4
13. If the client reports income, is their proof of income in the file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/2
14. Did the client maintain or increase income from all sources?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/2
15. Did the client gain or maintain non-cash benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/2
16. Did the client gain or maintain health insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/2
17. Did the client gain or maintain employment during the program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/2
18. Does the file contain documents demonstrating income recertification at least annually or anytime household income changes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/2
19. If the client is leaseholder, does the file include a copy of the signed lease by the client and landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/1

20. Is documentation of rent reasonableness present in the file, and do rents not exceed Fair Market Rent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/1
Comments:				
GOALS AND PROGRESS				
21. Does the file contain a service or goal plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/2
22. Are housing and service goals and plans tenant-driven? Do program agreements lay out a collaborative process in defining goals? Do client and staff sign service plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/2
23. Do progress notes document at least once a month visits between staff and clients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/2
24. Is a Housing First/low barrier concept being utilized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/2
25. Is the program making appropriate referrals to outside sources (i.e., job training, educations, supportive services, housing options)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/4
Comments:				

PART 4: OVERALL PROGRAM PERFORMANCE				/10
RAPID RE-HOUSING				
1. Did the client come directly from the street or from shelter, or was fleeing DV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/4
2. Did the client move into housing within 30 days of pulled referral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/Bonus (+1)
3. Did the client complete RRH rental assistance within 9 months from program entry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/Bonus (+1)
4. Was the client reassessed at least once annually to determine continued need?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/4
5. Did the client exit from RRH to a Permanent Housing destination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/2
Comments:				
PERMANENT SUPPORTIVE HOUSING				
1. Did the client move into a permanent housing unit between 30 and 60 days of program enrollment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/4
2. Did the (adult) client maintain or increase his/her total income (from all sources) by the end of the operating year or project exit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/2

3. Did the (adult) client maintain or gain at least one mainstream (non-cash) benefit during the program year (i.e., WIC, food stamps, TANF child care, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/2
4. Did the client remain in PSH or exit to a permanent housing destination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/2
Comments:				
PART 5: HABITABILITY STANDARDS				/10
1. General Room Standards: Is there documentation of the sub-recipient ensuring that the foundation is not cracked and that door locks are in proper working order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/2
2. General Health and Safety: Is there documentation of the sub-recipient ensuring that smoke detectors are present on every floor, that adequate heat is provided in the building, and that exits marked are non-obstructed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/2
3. Windows: Is there documentation of the sub-recipient ensuring that all bedrooms have at least 1 fully functioning window?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/2
4. Kitchen: Is there documentation of the sub-recipient ensuring that the kitchen sink has running hot and cold water, has 1 working permanent light fixture, and that stove burners and the oven work properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/2
5. Bathroom: Is there documentation of the sub-recipient ensuring that the bathroom has at least 1 working permanent light fixture, has running hot and cold water, and has a toilet in working condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	/2

OVERALL SCORING RUBRIC	
Part 1: Agency Administrative Performance	/10
Part 2: HMIS Compliance	/20
Part 3: Program Monitoring	/50
Part 4: Overall Program Performance	/10
Part 5: Habitability Standards	/10
TOTAL	/100
FOLLOW UP NOTES/TA	