Memorandum

To: Community Shelter Board Partner Agencies

CC: Lianna Barbu; Kirstin Jones

From: CSB Grants & Compliance Department

Date: 2/28/24

Re: Program Review & Certification 2024 Updates

The updates to the 2024 Program Review & Certification (PR&C) Monitoring Guide, Internal Control Questionnaire (ICQ), and Standards are described below. Please review this document in tandem with the 2024 Standards. VAWA and NSPIRE updates will be communicated as they are finalized by HUD.

Please note, CSB pulls data not earlier than 1 week prior to PR&C visits. Data that is missing at the time of the data pull will be considered non-compliant. Data entered after the data pull will not be reviewed.

Monitoring Guide Updates

- Partner agencies will be notified of a specific date(s) for the PR&C versus a choice of two dates.
- Terminology has been updated from "client files" to "client records" to better reflect the different electronic client record types.
- "Service provision" changed to "program review" to align with the standards groupings.
- Compliance versus treatment or determination was clarified.
- Partner Agencies must complete a new ICQ each year.
- Updated "entry date" to "program start date".

Administrative Process
CSB reserves the right to **decrease** record selection size below the stated maximum, based on prior year agency performance or overall number of client records selected for the partner agency.

Fiscal, Personnel, Governance and Other Compliance
Agencies that were found fully compliant two years in a row are **exempt** from the typical PR&C requirements for the third fiscal year. CSB will review requirements specific to CoC- and ESG-funded programs via HMIS and will contact the agency with any

questions or concerns. CSB will specify in the agency-specific emails if this applies to your agency.

Exhibit 1 – Selected Data Elements
- ⟨ The table was updated with new source documents and review process.
- ⟨ Notes were added to each data element to show the source documentation that will be reviewed.
- ⟨ Race data element was removed.
- ⟨ Project move-in, engagement date, disability type, and interim assessment were added for applicable program types.

Exhibit 2 – Determining Findings and Actions
- ⟨ Shelter habitability inspection was added.

Internal Control Questionnaire Updates

This is required to be completed annually, not just updated each year.

Three questions were added:
- ⟨ How does the agency ensure that costs are invoiced on a reimbursement basis only?
- ⟨ When working on infrastructure projects, does the agency follow the Buy America Preference (BAP) for iron, steel, manufactured products, and construction materials?
- ⟨ What is the agency's cash flow like? Are there times during the fiscal year that cash flow is tight or that a line of credit needs to be accessed?

Standards Updates

A1: Removed requirement for person with lived experience on Board to review agency's program plan annually.

D2: Clarified that equipment purchase over $5,000 must follow the agency's own procedures prior to purchase. Added invoice approval requirement and requirement for costs to be invoiced after payment.

D3: Added guideline for agency reconciliation of final ICR with the provisional rate and appropriate invoice adjustments, if applicable.

D6: Added note about following Buy America Preference (BAP).

E2: Added Housing First Assessment. Empowering Partners to exit for client non-engagement if properly documented. Guidelines about when initial housing process discussion should occur once a client enters shelter and service restrictions for client repeated refusal to participate in a rehousing plan if all engagement attempts have been exhausted and are documented.

E4: Homelessness can be self-certified for up to 3 months for Permanent Supportive Housing, to be used to determine the duration of homelessness.

<u>E6</u>: Added RRH service needs assessment.

<u>E14</u>: Added guideline to include accessing SNAP benefits.

<u>F3</u>: Clarified that the program ensures clients understand their rights and grievance policy.

<u>F4</u>: Includes termination and eviction of housing and/or services at program exit and facilitation of housing problem solving, including linkage to the appropriate resources. PSH clients who leave their unit may continue to be served in PSH as a unit is identified.

<u>F6</u>: Clarified that partners must be able to provide examples of agencies working to place children in public school, early childhood programs such as Head Start and/or other authorized programs.

<u>F8</u>: Updated that clients are given the opportunity to be involved in program maintenance.

<u>G1</u>: Added IHSPs utilize SMART goal format (specific, measurable, attainable, realistic, time-bound).

<u>G2</u>: Added guidelines for client engagement.
For all programs, if a client misses a scheduled appointment, timely follow-up is documented, and attempts to re-engage the client are documented.

For shelter and TH, all engagement attempts are documented.

- If a client is difficult to engage or not available, case notes demonstrate the attempts and/or coordination to engage the client.
- At least two of the monthly shelter client engagements must be face-to-face.
- No client shall receive an exit notice for refusal to engage in a housing plan without documentation of attempts.

For PSH, clients that are not in need of services must still complete an annual assessment.

<u>G4</u>: Added guidelines for optional CARR Team, Outreach, Shelters, TH, RRH and joint TH-RRH staff completing SSNA if referring a client to the USHS pool.

Added a new guideline for a HP Prevention Prioritization Tool. This will be reviewed but not monitored in 2024 once the tool is being developed.

<u>H1</u>: Added a monitoring method for clients denied program admission to have client correspondence uploaded in HMIS.

<u>H2</u>: Clarified HOME program lease requirements.

<u>H4</u>: Added the RRH annual income requirement for CoC-funded households to the standard.

<u>H8</u>: Policy review is the system emergency transfer plan.

<u>J2/J4/J6/J7/J8/J9/J11/J12/J17/J18</u>: NSPIRE inspection added as required by 10/1/24.

<u>K1</u>: Added to guideline that if 95% of DCA applications are not accurate, there will be mandatory training for Program Supervisors.

<u>M7</u>: Changed the quality assurance plan monitoring method to policy review.

<u>M24/M28/M29</u>: Removed PKI and extranets for secure connections from the standard and noted as automatic compliance.

<u>M30</u>: Removed standard which stated that the agency stores all HMIS data in a binary format.