

# Monitoring Issues

HPRP Presentation for  
DCA Sub-grantees  
July 2010

# If You Learn Nothing Else, Learn This:

Create clear “paper trail” in case  
file –documenting the decisions  
made fully

- Yes
- See form
- Client to bring in next time
- Called to confirm
- Blank

# Program Progress

- ✓ All agencies are monitored against numbers of households and against the monies drawn for reimbursements
- ✓ Contract extensions can be granted to agencies hitting monthly spending and program targets

# Eligibility

- ✓ If you make eligibility forms easy to read, straightforward, comprehensive and correct, you will make monitoring visits much easier
- ✓ Most households have numerous forms, and evidence to show their eligibility. Put them all in the same section of the file
- ✓ Please review the DCA Eligibility Form

# Assessments

- ✓ An assessment must be able to determine what HPRP assistance is needed by the household
- ✓ Barriers to Housing assessments must also be completed

# 50% AMI

- ✓ Mark the figures that you are using as part of the calculations
- ✓ Either show the calculation or print the relevant page from your software
- ✓ The AMI for each county changed a few weeks ago. Please ensure that you use the updated version for your re-certification
- ✓ You must record the AMI for the household's county on the form

# “But For”

Each household must show why they cannot:

- ✓ Stay with family / friends until their situation improves
- ✓ Earn more money to pay their rent / bills
- ✓ Use any other means to escape their situation

# Stable Housing Outcome

- ✓ How will this household improve their situation?
- ✓ What can your case management do to further their goals?
- ✓ What makes them a good candidate for HPRP?
- ✓ It is OK to take reasonable risks on households provided that you document your reasoning
- ✓ This is a subjective decision that should always be open to argument from both sides

# HPRP Eligibility Form

## HPRP Household Eligibility Form

All HPRP households **MUST** be certified as eligible before they are accepted into the program. Households may not receive any services until eligibility has been established.

Date of Application Into Program: \_\_\_\_\_ Case manager: \_\_\_\_\_

**Please list the member(s) of this Household:**

### Adult(s):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### Children (Under 18):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### STATUS

Please check the household's current housing status AND attach the appropriate documentation:

- |  |                    |
|--|--------------------|
| <input type="checkbox"/> Literally Homeless (LH)                                   | Documentation List |
| <input type="checkbox"/> Imminently losing housing (ILH)                           | 1. _____           |
| <input type="checkbox"/> Unstably <u>Housed</u> and at risk of losing housing (UH) | 2. _____           |
|  | 3. _____           |

### INCOME

Please check the household's current income status AND attach the appropriate documentation:

- |   |                    |
|---|--------------------|
| <input type="checkbox"/> Household Income at or below 50% AMI | Documentation List |
| <input type="checkbox"/> Household Income above 50% AMI       | 1. _____           |
|   | 2. _____           |
|   | 3. _____           |
|   | 4. _____           |

Households with an income that exceeds 50% are no longer eligible to receive ANY HPRP SERVICES. They should be exited out of the program.

### RESOURCES

For clients who are receiving on going HPRP financial assistance, staff must document their inability to pay for the item. Will they be homeless BUT FOR the HPRP assistance? (example: bank/saving statements, medical bills, etc).

- |   |                    |
|---|--------------------|
| <input type="checkbox"/> Household HAS NO other housing options, financial resources, or support networks identified. | Documentation List |
| <input type="checkbox"/> Household HAS other housing options, financial resources, or support networks identified.    | 1. _____           |
|   | 2. _____           |
|   | 3. _____           |

Household agrees to work on the following goals to ensure a stable housing outcome:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Date Enrolled in HMIS:

STAFF CERTIFICATION: (please check one)

- Household Eligible  
 Household Ineligible

If ineligible, please attach the list of community based agencies household was referred to for further support.

HPRP STAFF:

HPRP SUPERVISOR:

DATE: \_\_\_\_\_

Documentation proving the statements made on this form **MUST** be attached. Simply filling in this form does not make the household eligible.

# Eligibility Summary

Filling in the DCA HPRP Eligibility form comprehensively and accurately will ensure that you fulfill the eligibility requirements for each household

# Rent Reasonableness

- ✓ Rent Reasonableness must be certified for EVERY household, both Prevention and Re-Housing
- ✓ If you cannot find 2 comparable\* rents, you need to consider re-housing the household
- ✓ You must fill in the form in its entirety, and clearly show that you have checked the rents. Any differences should be noted by your agency and explained
- ✓ All rent reasonableness forms must be authorized by a Program Manager / Senior staff member

\*The reasonableness in relation to rents being charged for comparable unassisted non-luxury units, taking into account the location, size, type, quality, amenities, management, and maintenance of each unit; and (2) The rent should not be in excess of rents currently being charged by the same owner for comparable unassisted units. This comparison can include rents actually charged and rents for advertised units

# Re-Certification

- ✓ If the household is recertified, you must repeat the Eligibility process in its ENTIRETY
- ✓ Each household must be recertified before any monies can be given once the previous 90 days is up

# HPRP Recertification Form

## HPRP Household Recertification Form

HPRP households must be recertified every 90 days. At the end of each review the case manager must attach the new evidence to this form with a decision on whether the household can be reenrolled in the program. It is not acceptable to reattach the evidence from previous eligibility decisions.

Date of Entry Into Program: \_\_\_\_\_ Case manager: \_\_\_\_\_

Number of Months (Including Arrears) Household has Received Assistance: \_\_\_\_\_

Date of Re-Certification Determination: \_\_\_\_\_

**Please list the member(s) of this Household:**

**Adult(s):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Children (Under 18):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### STATUS

Please update the household's current housing status AND attach the appropriate documentation:

- |  |                    |
|--|--------------------|
| <input type="checkbox"/> Literally Homeless (LH)                                   | Documentation List |
| <input type="checkbox"/> Imminently losing housing (ILH)                           | 1. _____           |
| <input type="checkbox"/> Unstably <u>Housed</u> and at risk of losing housing (UH) | 2. _____           |
|  | 3. _____           |

### INCOME

Please update the household's current income status AND attach the appropriate documentation:

- |   |                    |
|---|--------------------|
| <input type="checkbox"/> Household Income at or below 50% AMI | Documentation List |
| <input type="checkbox"/> Household Income above 50% AMI       | 1. _____           |
|   | 2. _____           |
|   | 3. _____           |
|   | 4. _____           |

Households with an income that exceeds 50% are no longer eligible to receive ANY HPRP SERVICES. They should be exited out of the program.

### RESOURCES

For clients who are receiving on going HPRP financial assistance, staff must document their inability to pay for the item BUT FOR the HPRP assistance? (example: bank/saving statements, medical bills, etc).

- |   |                    |
|---|--------------------|
| <input type="checkbox"/> Household HAS NO other housing options, financial resources, or support networks identified. | Documentation List |
| <input type="checkbox"/> Household HAS other housing options, financial resources, or support networks identified.    | 1. _____           |
|   | 2. _____           |
|   | 3. _____           |

Household agrees to work on the following goals to ensure a stable housing outcome:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**STAFF CERTIFICATION: (please check one)**

- Household Eligible  
 Household Ineligible

If ineligible, please list community based agencies, household can access for further support.

HPRP STAFF: \_\_\_\_\_

HPRP SUPERVISOR: \_\_\_\_\_

DATE: \_\_\_\_\_

Documentation proving the statements made on this form MUST be attached. Simply filling in this form does not make the household eligible.

# Recertification Summary

Filling in the DCA HPRP Recertification form comprehensively and accurately will ensure that you fulfill the recertification requirements for each household

# Policies & Procedures

- ✓ Your policies and procedures are the framework from which your program should begin
- ✓ The more comprehensive the better
- ✓ Your procedures should reflect the “culture” of your organization

# HMIS Monitoring

- ✓ Client files examined for supporting documentation will also be examined for accurate and updated data in HMIS. (recent case management service, income entered, etc.)
- ✓ Data exports are also run to ensure overall clean data
- ✓ Data monitoring questionnaire-processes

# Common HMIS Monitoring Issues

- ✓ Lack of recent case management service.
- ✓ Double enrollments
- ✓ Financial service dates recorded incorrectly. (Begin and end dates for services) i.e., rent assistance service for 6-1-10 through 7-31-10
- ✓ Current client status and goals not updated.

# Common Financial Monitoring Issues

- ✓ Agency did not have a written financial management policies and procedures protocol for HPRP program
- ✓ Fringe benefits were not being broken down and distributed based on how their organization distributes employees' time. In other words, they lumped the fringe benefits in with expenses for salaries

# Fraud

- ✓ Nepotism
- ✓ Bribery
- ✓ Finders Fees
- ✓ Employing users as staff
  
- ✓ Don't Do It!