

Monitoring Guide for Sub-recipients Program Review & Certification

This Monitoring Guide for Sub-recipients applies to all CSB-funded partner agencies and agencies not funded by CSB but participating in the local Homeless Management Information System (HMIS). If partner agencies receive federal funds through CSB and they sub-grant such funding, the sub-recipient is also subject to this Monitoring Guide. In this case, the sub-recipient partner agency is responsible for monitoring the sub-sub-recipient at least annually to make sure that the sub-sub-recipient meets program requirements and is also responsible for reporting the findings to CSB, as part of CSB's annual partner agency monitoring. This requirement is not applicable to contractors acquired through regular procurement processes. It only applies to sub-sub-recipients. Partner agencies are to include CSB in the selection process for sub-recipients that will provide services to clients. CSB recommends considering only service providers that have the ability to bill Medicaid for eligible services.

Administrative Process (Preparation)

Two months before the scheduled month for review, the CSB Grants Administrator will e-mail the partner agency to schedule a specific date for the first Program Review & Certification (PR&C). CSB and the agency will work together to schedule the review. If necessary, the review may be scheduled during the following month (for example, if the scheduled month of review is June and a conflict arises, the review may be pushed back into July).

Partner agencies can make a one-time request for up to a two-week delay in the review in emergency situations only. Requests will be approved at CSB's discretion.

The Grants Administrator will e-mail partner agencies the programs and timeframe being reviewed. Partner Agency Standards are available on CSB's website [here](#). If there are any new requirements, not previously communicated, the requirement will not be applicable for that year's review and the items will be marked as such on the standard.

No earlier than one week prior to the review, the CSB Database Administrator or CSB Data Analyst will compile client records, shelter bed lists, and HMIS user lists for the upcoming review. The Grants Administrator will send a list of client files and financial transactions to be reviewed to the partner agency by 1:00 PM one business day prior to the review.

Administrative Process (Site Visit)

All applicable Tier 1 standards will be reviewed by CSB staff reviewers annually. Tier 2 standards will be reviewed by CSB every 4 years. Self-certification of Tier 2 (when not reviewed by CSB) and Tier 3 standards is expected prior to or at the time of the review. Areas of non-compliance will be noted. CSB staff reserves the right to end the review if the agency is not prepared, client files are not available, agency staff are not available, and/or it is evident the files are non-compliant.

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- < Tier 1 standards are reviewed annually.
- < Tier 2 standards are reviewed every four years (self-certified all other years).
- < Tier 3 standards are self-certified by the Agency.

CSB reserves the right to review any Tier 1, Tier 2, or Tier 3 standards at our discretion. For standards that require CSB to review agency policies, the partner agency can send those policies to CSB before the scheduled review or during the review (whichever the partner agency prefers).

Data Treatment Guidance

The reviewer(s) will, as needed, be granted HMIS user access to look up files. The reviewer will obtain this permission from the HMIS Database Administrator.

Overview

HMIS Records review will consist of the following:

1. Comparison of HMIS data to Agency client files
2. Comparison of Agency bed list to HMIS Program Roster (shelter only)

1. Comparison of HMIS data to Agency client files

The review will be conducted on a sample of files. **A minimum of 95% of the data elements from the sampled files must match HMIS data to achieve compliance.**

Data for the files will be extracted, selected, and compiled by the Data Analyst or Database Administrator responsible for pulling PR&C data. The data will be retrieved from the HMIS database and organized into an Excel table. The reviewer(s) will compare the HMIS data to the agency file to determine compliance.

1. Client files will be selected based on when last year's review ended and when this year's review is scheduled. The start date of the timeframe will be the day after the prior year's timeframe end date. The end date of the timeframe will be the last day of the second month prior to the review month. Example timeframes are in the below table. The record retention period starts at the time of the grant close out letter.

2020 Review Timeframe	2021 Review Date	2021 Review Timeframe
4/1/19-4/30/20	May	5/1/20-3/31/21
7/1/19-6/30/20	September	7/1/20-7/31/21

2. File reviews must consist of a minimum of 10 files. If a program does not have the minimum number of 10 files, all files will be reviewed.
3. The maximum number of files reviewed for emergency shelter programs is 10% of the annual unduplicated number served or 40 files for single adult

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programs and 30 files for family programs, whichever is lesser. The maximum number of files reviewed for all other programs is 10% of the annual unduplicated number served or 40 files, whichever is lesser, but not less than the 10 files noted in item 2 above.

4. Selected files will generally include at least 25% but no more than 50% closed (exited) files. If a program does not have the minimum number of 25% exited files, all exited files will be reviewed. For PSH/long-term programs, around 50% of un-exited clients will be those who entered during the review timeframe.
5. If the partner agency sends CSB evidence of quarterly client file reviews that meet the requirements of this Monitoring Guide for Sub-recipients for 10% of the clients served each quarter or 30 files, whichever is greater, CSB will select up to 50% of the files to be reviewed from the partner agency client file review lists. The signed evidence of client file reviews can be sent to CSB a month prior to the annual review or along with the quarterly Quality Assurance reports. Evidence of file reviews will not be accepted after one month prior to the annual review.
6. CSB reserves the right to increase file selection size above the stated maximum or adjust the mix of exited/un-exited files selected, based on prior year agency performance.

All files will be reviewed for the following elements:

- < Signed Client Acknowledgement for Electronic Data Collection/Consent form.
- < List of HMIS data elements, attached as Exhibit 1
- < Exit or annual review data, including date of exit from program and other data elements related to exit/annual reviews, as applicable.

CSB will summarize any file discrepancies in comparison to the HMIS data on the review form.

2. Comparison of Agency bed list to HMIS Program Roster (shelter only)

The reviewer will compare agency daily client shelter services provided (i.e., bed list, sign in sheet, or other daily record) to the HMIS Program Roster. The CSB Data Analyst or Database Administrator responsible for pulling PR&C data will provide 5 Program Roster reports from the review period. The reviewer will compare only the list of persons (not measure compliance based on all data elements related to the person).

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Service Provision Guidance

Using the sample of files compiled for the data accuracy review, CSB reviewers will conduct a separate file review to determine compliance with standards related to program operations, client rights, services planning, housing, and facilities. The CSB reviewer will review each selected client's file to ensure (1) client eligibility, (2) adherence to the Housing First model, (3) compliance with regulations, as applicable, and (4) the program's ability to meet outcomes as specified in the program's Program Outcome Plan. CSB has the right to randomly inspect CoC-funded units. CSB will not reimburse partner agencies for any unit that fails inspection until inspection is passed.

The reviewer will focus on program outcomes rather than methodologies. Areas of concern and/or possible non-compliance gleaned from the review of the client files will be tracked using a program-specific review tool. Each separate instance of possible non-compliance will be noted on the review tool, identified by client ID number and correlating standard.

Fiscal, Personnel, and Governance Guidance

The reviewer will consider under this section any fiscal and other areas not reviewed under the previous sections, specifically the A and D Standards. Areas of concern and/or possible non-compliance gleaned from the review will be noted on the appropriate standard in the PR&C binder and on the exit interview form.

A. Risk Assessment

CSB staff will conduct a risk assessment by reviewing organizational indicators, prior year audit reports, the agency's internal controls, previously submitted invoices, and results from prior year monitoring to assess level of risk. Enhanced risk partner agencies will be subject to increased monitoring and may be subject to the conditions specified in the Columbus and Franklin County Continuum of Care (OH-503) Policy and Procedures for Determining and Monitoring Enhanced risk Partner Agencies.

Partner agencies with the following characteristics will be deemed as having an enhanced risk:

- ⟨ Independent auditors' reports containing:
 - A modified opinion or going-concern findings on the audited financial statements
 - Findings of deficiencies or material weaknesses in internal control
 - Findings of non-compliance with 2 CFR 200
 - Management letter comments having a direct impact on the grant(s) being monitored
 - Other significant audit findings
- ⟨ A history of failing to fully expend federal funds (if applicable)

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- < Recurring invoice/disbursement journal errors on invoices submitted to CSB
- < High staff turnover in key fiscal positions
- < Prior PR&C findings in the fiscal area
- < Uncorrected monitoring issues, reversals, or non-response to monitoring selection requests

To be removed from the enhanced risk category, a partner agency must demonstrate the following improvements, depending on the area of concern:

- < Clean audit opinions on financial statements, internal controls, and federal 2 CFR 200 audit
- < Steady spend down of federal funds
- < No significant invoice errors for 6-12 months, at CSB's discretion
- < For high staff turnover, an acceptable transition plan and consistent implementation of that plan
- < Compliant PR&C report in the fiscal area

B. Initial Evaluation of Internal Controls

CSB staff will conduct an evaluation of the partner agency's financial internal controls to determine if the controls required by the grant(s) being monitored are in place. The initial evaluation will be more extensive, and will only need to be updated on subsequent PR&C reviews, unless there are significant changes in internal controls, significant staff turnover, or other risk factors. As part of the initial evaluation process, each partner agency will provide the following information:

- < A completed Internal Controls Questionnaire provided by CSB
- < A copy of the accounting manual or other policies and procedural manuals including, at a minimum, the following policies and procedures:
 - Procurement
 - Property and Equipment
 - Travel expense reimbursement
 - Accounts payable/invoice processing
 - Personnel and timekeeping
 - Direct and Indirect Cost allocation plan
- < The organization's chart of accounts
- < The organizational chart

The Internal Controls Questionnaire must be completed by agencies and returned to CSB one week prior to the agency's PR&C review. CSB staff will review the material and during the PR&C conduct an interview with the appropriate fiscal staff focusing on the control areas significant to or required for the grant(s) being monitored.

Any areas of noncompliance will be noted in the PR&C report and the partner agency will be asked to address the areas of concern. CSB will monitor implementation and effectiveness of the updated procedures in subsequent PR&C reviews or monthly

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invoice monitoring. If significant deficiencies remain, the partner agency may be deemed to be an enhanced risk.

C. PR&C Annual Reviews

During the annual PR&C evaluation process, CSB will obtain updates to internal controls from the prior year and, if necessary, test certain controls, review PR&C fiscal standards, follow up on items found non-compliant in the prior year's PR&C, review findings from current year invoice monitoring, discuss issues raised during the external audit, and assess risk. If in-kind services are provided, CSB will check for in-kind match source documentation, eligibility of use, and the tracking method during the PR&C review.

For federally funded programs, the annual PR&C evaluation process will also include a full payroll review for up to 3 employees for a pay period (not to exceed 10% of employees for the pay period). For each reviewed employee, CSB will verify employment status, confirm pay rates, calculate hours worked according to the time reporting system, and check the transactions posted in the payroll ledger accounts against the total payroll expenses submitted to CSB for the period.

For CSB funding awards that do not include federal funding, CSB staff will select up to 10 but not less than 5 transactions for testing (if applicable, at least two payroll).

D. Submission, Processing, and Monitoring of Reimbursement Requests for Grants including Federal Funding

Submission of Invoices

Partner agencies will fully complete the invoice form and disbursements journal. The disbursements journal will list each disbursement separately. Each disbursement line item will list the date, transaction type (check number, ACH, etc.), payee name (or job title for payroll), a short but clear description of the item, and the dollar amount under the correct budget line item. Descriptions must be detailed enough to show the type of expense (e.g., 'office supplies' rather than 'supplies'). For CoC programs, rental assistance and leasing line item descriptions must include the client HMIS number. CSB will communicate any discrepancies between leasing and rental assistance client lists and HMIS client lists when reviewing monthly invoices. Program income descriptions must detail how program income was spent.

Partner agencies must have documentation for all items listed on the disbursements journal and be willing to submit the documentation to CSB in a timely manner, if requested. Any partner agency that is not willing or able to provide documentation should not include the expense on the disbursement journal.

Matching expenses are to be listed in the same manner as expenses being submitted for reimbursement. If an expense is not allowable for reimbursement, it is not allowable as match. Matching expenses must follow the same rules for documentation and allowability as expenses to be reimbursed.

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Processing and Payment of Invoices

CSB staff will conduct an initial review of invoices to verify mathematical accuracy, budget/program categories, consistency with prior invoices, and allowable costs, per applicable regulations. Items listed on the disbursements journal will be reviewed to ensure the expense is consistent with the Columbus and Franklin County Homeless Crisis Response System Policies and Procedures. If any expense requires further explanation, CSB will contact the partner agency. If the expense is unallowable, the partner agency will be asked to remove the expense and resubmit the invoice. If no problems are detected, the invoice will be processed for payment in accordance with the ACH procedures established by CSB.

For CoC- and ESG-funded programs, CSB will request supporting documentation (such as approved invoices, canceled checks, timesheets, payroll records, etc.). Upon review, CSB staff may have follow up questions and may request additional documentation. If significant areas of noncompliance are detected, CSB will suspend payment for the program until an acceptable solution has been reached and has been implemented. Additional testing will be done on prior submitted invoices if significant noncompliance is identified. CSB will select at least 10% of the annual transactions (inclusive of match) during standard monitoring. Where applicable, at least two weeks of payroll/timesheets will be selected every three months. Targeted selection of certain items is based on the type or size of the costs.

E. Additional testing for partner agencies deemed an enhanced risk

If a partner agency has been deemed to be an enhanced risk because of recurring invoice errors or significant issues raised during the external audit that impact CSB grant funding, CSB will select a higher volume of transactions for monthly testing, increasing the amount to at least 20% of all transactions. If no or few errors or problems are detected during the invoice testing for 6 to 12 months, at CSB's discretion, CSB may rescind the enhanced risk designation.

If a partner agency has been deemed an enhanced risk due to failure to fully expend available federal funds, CSB will monitor monthly spending to ensure it is within 10% of the monthly prorated amount.

Partner agencies deemed an enhanced risk because of findings identified during the prior year's PR&C, external audit, or due to high staff turnover will be evaluated during the next year's PR&C to determine if the enhanced risk designation can be removed.

Administrative Process (Determining Compliance)

Data Treatment Compliance

A minimum of 95% of all the reviewed data elements per program must match the data entered into HMIS, excluding entry and exit dates which must be 100%

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accurate. For annual reviews, each individual sub-assessment record will be counted as incorrect if the data element is not entered into HMIS within a 30-day window on either side of the client's anniversary of program entry. Agencies should correct all errors identified by the reviewer(s) even when the 95% compliance is achieved. The corrections will not be reviewed by CSB staff and will not affect subsequent reports.

Agencies that fall below 90% HMIS accuracy will not be provided specific data relating to HMIS errors and may have to schedule a second PR&C review. CSB may request a Quality Improvement (QI) Plan as well.

Agencies that fall between 90%-94% HMIS accuracy will be given an opportunity to review data with a CSB reviewer and clarify any errors during the initial review. If the rating does not reach 95%, CSB may schedule a second review and may request additional information.

For comparison of Agency bed list to HMIS Program Roster, 100% of sampled days must have 100% of clients entered in the HMIS Program Roster to achieve compliance.

CSB will not provide agencies with copies of CSB review sheets. CSB will report on errors (if any) discovered during the review and this information will be shared with partner agencies.

If an agency fails to achieve compliance, the agency may appeal the decision and/or remedy the problem. A follow-up review may occur and the reviewer will repeat the steps described above. The agency must demonstrate that 100% of files previously found to be non-compliant have been corrected to the fullest extent possible. If information is not available to achieve 100% compliance, the agency will demonstrate steps taken to ensure the errors will not be made again. In addition, a new sample of files must also meet the 95% standard. The new sample of files will be the same number of initial client files representing new admissions since the time of the previous review(s) or for the initial evaluated period, at CSB's discretion.

If the agency requires a second file review, the agency may need to recertify all persons on the HMIS users list through additional training sessions conducted by CSB staff or CSB recorded trainings. Additional trainings and recertification should occur prior to the second file review, if possible, and must be completed before the final PR&C report will be issued.

If the agency requires a third file review, the agency may be required to develop a comprehensive QI Plan, in addition to the third review and other corrective actions noted above. The QI Plan will detail new policies and procedures the agency will adopt to ensure present and future compliance with CSB standards. The QI Plan must be approved by CSB. Any agency with a final status of non-compliant will enter into a conditional contract amendment with CSB for the remainder of the current fiscal year. Specific conditions will be determined by the areas of concern leading to the non-compliant status. Failure to comply with conditional contracting may lead to

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loss of funding and/or other penalties as determined by CSB. The agency will be considered ineligible for any merit incentive payments paid during the fiscal year.

If the agency is found non-compliant, the agency may be required to reimburse CSB for the full cost of HMIS licensing for the fiscal year. Conditional contract language incorporated as a result of non-compliance will be carried over into the next fiscal year.

Service Provision (and Other) Compliance

Upon completion of the review of the selected files and standards, the CSB reviewer will discuss any areas of concern with agency staff. Full compliance with standards E through J is determined by HUD requirements, CSB requirements, and historical patterns. For HUD requirements – including rent reasonableness calculations, client rent calculations, and inspections – 100% of the program files must be compliant because non-compliance with federal standards results in a finding for the Continuum of Care and can result in repayment of federal funds and reduced chances of receiving future federal funding.

- ⟨ If there is a minor typo/edit on a client rent calculation, the partner agency will be found compliant on the condition that the partner agency correct the error and communicate to staff the importance of the accuracy of the rent calculations. CSB Grants Department will review the corrected rent calculation.
- ⟨ If there are numerous mistakes and/or an obvious consistency in the type of errors, the partner agency will be found non-compliant and must review and correct all files. CSB will conduct a second review. During the second review, both the first set of files reviewed and a new set of files must be 100% accurate.

For CSB programmatic requirements, 95% of the files must be compliant. Areas of concern noted on the program review tool may not warrant a status of non-compliance. CSB may request additional information.

Agencies found non-compliant for any issue may be held to no more than three separate reviews to achieve compliance. If the agency is found non-compliant due to a service-related issue(s) after the first review, the agency, represented by any staff members directly responsible for the service-related issue(s), may be required to attend a technical assistance (TA) meeting. If the non-compliance can be corrected, a follow-up review will be scheduled following the TA meeting to ensure that all services are being provided in a manner compliant with CSB standards. The agency must demonstrate that 100% of files previously found to be non-compliant have been corrected to meet HUD and/or CSB programmatic requirements of 100% and 95% compliance respectively. The new sample of files will be the same number of initial client files representing new admissions since the time of the previous review(s) or for the initial evaluated period, at CSB's discretion.

If, after the second review, the agency is still found to be non-compliant, the agency will, at its own expense, schedule and attend CSB-directed or third-party-led TA prior to any third and final review from CSB, if applicable. Any third-party-led TA must be

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approved by CSB prior to the event. Any agency with a final status of non-compliant will enter into a conditional contract amendment with CSB for the remainder of the fiscal year. Specific conditions will be determined by the areas of concern leading to the non-compliant status and developed by CSB. Failure to comply with conditional contracting may lead to loss of funding and/or other penalties as determined by CSB. The agency will be considered ineligible for any merit incentive payments paid during the fiscal year.

If the agency is found to be non-compliant, the agency will be issued a non-compliant status for the current fiscal year. Conditional contract language incorporated as a result of non-compliance will be carried over into the next fiscal year.

Fiscal, Personnel, Governance, and Other Compliance

After the review of Standards A and D, the CSB reviewer will discuss any areas of concern with agency staff. Full compliance with any standards reviewed under this section is determined at the discretion of the CSB review team. CSB may request additional information.

Agencies found non-compliant under this section may be held to no more than three separate reviews to achieve compliance. However, at the discretion of CSB staff, non-compliance and/or termination of funding for the year may be determined after the first review, dependent on the severity of the non-compliance.

In case of non-compliance, CSB may choose to require the partner agency to enter into a QI Plan with CSB. The QI Plan is tailored to the partner agency and focused on the steps required for compliance. The partner agency will have a conditional contract with CSB that will focus on the steps needed for compliance and continued funding. The QI Plan will consist of monitoring reviews by CSB staff and/or an improvement plan and regular reports and meetings between CSB and the partner agency. CSB may request additional external, specialized fiscal oversight on a case-by-case basis.

Compliant with Conditions Status

Agencies may receive a status of “compliant with conditions” based on individual, extenuating circumstances relating to compliance issues. Compliance with conditions requires a resolution similar to any determination of non-compliance, usually involving development of a QI Plan, and/or regular file reviews, training, form updates, or reports specific to the area(s) of concern. Agencies determined to be “compliant with conditions” will remain eligible for merit incentive funding.

Compliant Status

In addition to any merit incentive funding, agencies found fully compliant upon the initial site visit are eligible to receive a staff appreciation bonus of up to \$500 to be used at the discretion of the agency.

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Appeals Process

The agency must notify CSB if they wish to appeal the PR&C findings via email within two weeks of issuance of the PR&C Final Report. Each item in the report that the agency is appealing must be listed and a complete, detailed explanation given as to why the agency believes the finding is incorrect. CSB will review the appeal and if it is determined that the PR&C report is incorrect, a new report will be issued. If it is determined that the explanation does not change the findings, the agency will be notified.

As directed by the Continuum of Care, this document was created by CSB, the CoC Unified Funding Agency and Collaborative Applicant.

It was last reviewed and approved by the CoC Board on January 5, 2022.

Attachments:

- < Addendum 1 – updated 1/6/21
- < Exhibit 1 – Selected Data Elements updated 1/5/22
- < Exhibit 2 – Determining Findings and Conditional Contracts updated 1/14/20

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Addendum 1 Rental Assistance and Leasing Programs Jointly Operated by CSB and Partner Agencies

Monthly and Quarterly Reviews

CSB Grants Department will communicate any discrepancies between the Rental Assistance client lists and HMIS client lists when reviewing monthly invoices. CSB's Housing Department will work with partner agencies to resolve any discrepancies.

CSB Grants Department will review 5 Housing Department client files per program per quarter, for a total of 20 files per quarter, for compliance, including:

- < Annual FMR and rent reasonableness forms
- < Lease (TRA programs)
- < Annual client income verification
- < Annual HUD HQS inspection form
- < Annual client rent calculation form

Annual Reviews

CSB Grants Department will review a selection of CSB Housing Department client files to ensure that they include:

- < Annual FMR and rent reasonableness forms
- < Lease (TRA programs)
- < Annual client income recertification
- < Annual HUD HQS inspection form
- < Annual client rent calculation form

Master leases for SRA programs will be reviewed during the lessee's PR&C review. Rent reasonableness and HQS inspections must be 100% accurate because non-compliance results in a finding for the Continuum of Care and can result in repayment of federal funds and reduced chances of receiving future federal funding. If 100% accuracy is not met, CSB will be found non-compliant and will be required to have a second review. During the second review, both the first set of files reviewed and a new set of files must be 100% accurate.

Rent calculations must be 100% accurate because non-compliance results in a finding for the Continuum of Care and can result in repayment of federal funds and reduced chances of receiving future federal funding.

- < If there is a minor typo/edit on one calculation, CSB will be found compliant with conditions, the condition being that CSB must correct the error and communicate to staff the importance of the accuracy of the rent calculations. CSB Grants Department will review the corrected rent calculation.
- < If there are numerous mistakes and/or an obvious consistency in the type of errors, CSB will be found non-compliant and must review and correct all files. CSB Grants Department will conduct a second review. During the second review, both the first set of files reviewed and a new set of files must be 100% accurate.

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Homelessness at Enrollment

Partner agencies are responsible for having appropriate documentation of homelessness in client files. Non-compliance can result in a finding for the Continuum of Care and can result in repayment of federal funds and reduced chances of receiving future federal funding. Appropriate documentation is defined in Standard E3.

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Exhibit 1- Selected Data Elements

The focus of the review is to check HMIS data accuracy using client's source documents – ID, birth certificate (BC), social security card (SSC), income or zero income documentation (INC), disability certificate (DC) or social security income/social security disability income letter (SSI/SSDI). Missing source documentation will be handled on a case-by-case basis. If documentation is required, such as for program eligibility, data related to the missing documentation will be counted as incorrect. In other cases where the accuracy of the data cannot be confirmed, it will not be considered for compliance purposes.

Data Element	Required For ¹	CPOA	Emergency Shelters	VAEH	PSH/TH	Prevention	Outreach	RRH	SSVF	PATH	VASH	RHY	Check Notes
First/Last Name	All		X	X	X	X	X	X	X	X	X	X	Any - ID/BC/SSC/SSI/SSDI
Last 4 digit SSN	All		X	X	X	X	X	X	X	X	X	X	Any - SSC/SSI/SSDI
Date of Birth	All		X	X	X	X	X	X	X	X	X	X	Any - ID/BC
Race	All		X	X	X	X	X	X	X	X	X	X	BC
Gender	All		X	X	X	X	X	X	X	X	X	X	Any - ID/BC
Pregnancy Status	All Adults		X	X	X	X	X	X	X	X	X	X	Program eligibility
Pregnancy Due Date	Pregnant Adults		X	X	X	X	X	X	X	X	X	X	If above marked "yes"
Prior Living Situation	HoH and adults		X	X	X	X	X	X	X	X	X	X	Program eligibility
Relationship to HoH	All		X	X	X	X	X	X	X	X	X	X	Reasonableness based on household composition
Household composition	All		X	X	X	X	X	X	X	X	X	X	Household members against HMIS custom client acknowledgement fields and/or source docs
Project Start Date	All		X	X	X	X	X	X	X	X	X	X	Reasonableness based on enrollment documents
Project Exit Date	All		X	X	X	X	X	X	X	X	X	X	Reasonableness based on exit documents
Project Move-in Date	All				X			X	X		X		PSH and RRH only, based on lease. For PSH should match start date.
Engagement Date	All						X			X			Based on client form or case notes
Destination	All		X	X	X	X	X	X	X	X	X	X	Reasonableness based on case notes and other exit documentation
Employed?	HoH and adults				X	X		X	X				INC
Income from Any Source (Yes/No)	HoH and adults				X	X		X	X				INC/SSI/SSDI
Income Amount and Sources at Entry and Exit	HoH and adults				X	X		X	X				INC/SSI/SSDI
Disabling Condition (Yes/No)	All				X								DC
Disability Type at Entry	All				X								DC
Interim Assessment (Income)	HoH and adults				X			X	X				INC/SSI/SSDI
Annual Review Date	All				X			X	X		X		Within 30 days of enrollment date

¹ HoH = Head of Household (Adult in the household with the primary income). It also refers to Single Adults and Unaccompanied Youth for the purposes of this chart unless "in families" is specified.

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Exhibit 2 – Determining Findings and Actions

Finding(s)	Required Action(s) (Guidelines)
<p>Data does not meet standards and the agency cannot correct errors because the clients are no longer in the program (data acknowledgements, client verification, bed lists, entry/exit dates);</p> <p>Client files do not meet standards because of missing or unsigned documentation and the agency cannot correct errors because the clients are no longer in the program or missed the due date (e.g., missing file, annual review, case notes, inspections, HAST);</p> <p>Service provision does not meet standards and the agency cannot correct errors because the clients are no longer in the program (e.g., documentation of homelessness, IHSP, assessments, income, acknowledgements, prioritization, retention plan)</p>	<p>Year 1: Compliant w/conditions: Agency must submit a Quality Improvement Plan and CSB may request training, form updates, or reports.</p> <p>Year 2: Compliant w/conditions: Agency must provide files for review until CSB is satisfied that the steps outlined in the Quality Improvement Plan are being implemented.</p> <p>Year 3: Non-compliant: In addition to Year 2 requirements, agency will conduct a monthly internal audit and submit to CSB file review checklists and internal audit sheets signed by the agency's management for 10 files each month.</p>
<p>Agency does not meet a standard requiring additional data or information from participants who are still active in the program (data acknowledgement, documentation of homelessness, IHSP, inspections, income)</p>	<p>Year 1: Compliant w/conditions: Agency must make necessary corrections.</p> <p>Year 2: Compliant w/conditions: Agency must make necessary corrections, submit a Quality Improvement Plan, and provide files for review until CSB is satisfied that the steps outlined in the Plan are being implemented.</p> <p>Year 3: Non-compliant: In addition to Year 2 requirements, agency will conduct a monthly internal audit with file review checklists and internal audit sheets signed by the agency's management for 10 files each month.</p>
<p>Agency does not submit required documentation or there is a discrepancy in the documentation (e.g., income verification, FMR/RR form, retention plans, inspections, receipts, USHS file, lease, policy, board minutes, multiple log-on, appeals)</p>	<p>Year 1: Compliant w/conditions: Agency must submit required documentation. The Agency may have to repay federal funds and provide communication or training to staff.</p> <p>Year 2: Compliant w/conditions: Agency must make necessary corrections, submit a Quality Improvement Plan, and provide files for review until CSB is satisfied that the steps outlined in the Plan are being implemented.</p>

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	Year 3: Non-compliant: In addition to Year 2 requirements, agency will conduct a monthly internal audit with file review checklists and internal audit sheets signed by the agency's management for 10 files each month.
Agency serves ineligible households based on the program type (e.g., homeless or imminent risk verification, income, FMR/RR, inspections)	Year 1: Non-compliant: Agency must submit documentation showing eligibility of all new clients and agency must agree to enter into Technical Assistance meetings and provide files for review until CSB is satisfied. The Agency may have to repay federal funds and provide communication or training to staff.
Agency does not have sufficient policies and/or procedures in place as required by the standards	Year 1: Compliant w/conditions: Agency must provide required policies and/or procedures. If not provided, Agency will be Non-compliant.
Costs cannot be tracked by project; Costs charged, including match, are not supported by proper documentation, approved or reported in the correct period; Costs and match are not charged to appropriate funding source; Timesheets do not track time by program and non-program time	Year 1: Compliant w/conditions: Agency to provide updated chart of accounts, timesheets, or revise policies and procedures. The Agency may have to repay federal funds. Year 2: Compliant w/conditions: In addition to Year 1 requirements, agency will submit a Quality Improvement Plan which may include monitoring, regular reports, and meetings. The Agency's monthly disbursements monitoring will increase from 10% to 20%. Year 3: Non-compliant: Agency will be considered enhanced-risk and Agency must enter into a conditional contract amendment with CSB for the remainder of the current fiscal year and next fiscal year, if applicable. Disbursement monitoring increases from 10% to 20%. CSB may request additional external, specialized fiscal oversight on a case-by-case basis.
Agency cannot document adequate insurance or does not have employee notices displayed properly	Year 1: Compliant w/conditions: Provide proof of insurance and place employee notices properly. Year 2: Compliant w/conditions: In addition to Year 1 requirements, agency will submit a Quality Improvement Plan. Year 3: Non-compliant: In addition to Year 2 requirements, agency to explain how the steps outlined in the Quality Improvement Plan will be implemented.
Agency with a final status of non-compliant; Agency has a "low"-performing program; Agency is in breach of Master Provider Agreement, Funded Partnership Agreements, HMIS Agency Agreement.	Agency must enter into a conditional contract amendment with CSB for the remainder of the current fiscal year and next fiscal year, if applicable.