**Housing/Home Improvement (H/HI) Monitoring Tool**

Service standards:<https://files.nc.gov/ncdhhs/documents/files/Housing_HomeImprovement_0.pdf>

**General Guidance**

* This programmatic monitoring tool outlines the steps for reviewing H/HI services funded by Home and Community Care Block Grant (HCCBG) and/or the American Rescue Plan Act (ARPA).
* H/HI services no longer have to be monitored on an annual basis (Administrative Letter 21-03). In general, H/HI will be monitored at least once every three yearsor as needed based on annual risk assessments like other HCCBG services.
* The following H/HI service codes are tracked and reported in ARMS.

|  |  |
| --- | --- |
| **SERVICE CODE** | **DESCRIPTION** |
| 140 | HCCBG Housing & Home Improvement |
| 942 | ARPA Housing & Home Improvement  |
| 947 | ARPA Housing Information & Assistance  |

**Program Guidance for Monitoring HCCBG code 140 and ARPA code 942:**

* Budgeting, reporting, and tracking requirements are the same for HCCBG code 140 and ARPA code 942. Both are reimbursed as non-unit services, and both require the reporting of project costs for each client in ARMS based on required S/R/W codes.
	+ H/HI project costs will be reviewed by comparing reimbursements in ARMS to the Client Financial and Service Activity Worksheets for projects selected for the sample client record review as well as back-up documentation for those expenditures.
	+ The S/R/W codes represent specific categories of work for individual client projects, including security enhancements (S/R/W 141), minor home repairs (S/R/W 142), mobility and accessibility improvements (S/R/W 143), basic household furnishings/ appliances (S/R/W 144), and waiver requests (S/R/W 145).
	+ When selecting a sample for client record review and verification, the monitor is encouraged to select projects from across the S/R/W codes. At the monitor’s option, a sample may be taken for each H/HI funding source separately, if appropriate, or the sample may be split across both H/HI funding sources (proportional, if possible).
* ARMS reports such as the ZGA-542 Units of Service Verification report may be used to look at total H/HI project costs by client, patterns of reporting project costs, use of S/R/W codes to report by required categories, and costs reported under the S/R/W waiver code, etc.
* H/HI project expenditure caps were modified during SFY 2023. The expenditure allowance for H/HI projects was raised to $7,000 per household per year by the issuance of Administrative Letter No. 23-01 on Jan. 13, 2023. Monitors can use a project’s completion date to judge which expenditure cap applies to project files reviewed during monitoring.
	+ The following guidance applies to the Client Waiver Request form, which is used to request waiver approval for projects when (1) a needed client service is not listed as allowable in the H/HI service standards; (2) a needed client service is listed as allowable in the H/HI service standards, but the project is expected to exceed the cap on project expenditures per household per year; or (3) both a needed client service is not listed as allowable in the H/HI service standards and it is expected to exceed the expenditure cap per household per year.

Projects completed prior to 1-13-23:

* + HCCBG code 140 S/R/W waiver code 145: $1,500 max per household per year for projects listed as allowable in the service standards.
	+ ARPA code 942 S/R/W waiver code 145: $2,500 max per household per year for projects listed as allowable in the service standards.
	+ An approved waiver is needed for projects that exceeded the cap or for work not listed as allowable in the standards.

Projects completed after 1-13-23:

* + HCCBG code 140 or ARPA code 942: $7,000 max per household per year for projects listed as allowable in the service standards.
	+ Expenditures up to $7,000 should be reported under the S/R/W code appropriate for the type of home improvement completed since a waiver is no longer required.
	+ Expenditures that exceeded the new $7,000 cap and/or expenditures for projects not listed as allowable in the service standards require an approved waiver and should be reported under S/R/W waiver code 145 if approved.
* The Provider Waiver Request for Ramps was used under HCCBG code 140 S/R/W waiver code 145 to counter supply chain problems and the increased cost of materials during the pandemic. An approved waiver of the $1,500 cap up to $2,500 per project applied to the cost of materials, labor, and administrative costs for all ramps completed by the provider during the project year. These waivers allowed during the COVID public health emergency expire 6-30-23 when SFY 2023 HCCBG funding agreements end. After June 30, 2023, providers needing waivers exceeding the new $7,000 expenditure cap must use the Client Waiver Request form to request approval for individual ramp projects.

**Program Guidance for Monitoring ARPA code 947:**

* Housing Information & Assistance is an additional ARPA code, but not a new service. ARPA code 947 allows a H/HI provider to be funded just for housing information services only and not for home improvement projects.
* Allowable expenditures include staffing costs (salaries, payroll taxes, fringe benefits, travel, training, etc.) for housing case management and navigation, oversight of housing programs, and related duties.
* Non-unit costs and number of contacts are reported in ARMS. The number of contacts equals the number of phone calls, emails, and in-person meetings with individuals requesting housing assistance. For each contact, the agency documents the individual’s housing needs and a description of what was provided (information, assistance, referrals, service coordination, and/or other follow-up).
* Complete the following sections of the monitoring tool for review of ARPA code 947 services and expenditures: Part I – A, F, and I for program requirements – and Part III for fiscal verification

**NC DIVISION OF AGING AND ADULT SERVICES**

**HOUSING AND HOME IMPROVEMENT**

**MONITORING TOOL**

H/HI Provider / Agency:

H/HI Provider / Agency Staff Interviewed:

Date of monitoring visit: Click or tap to enter a date.

Program Fiscal Year Reviewed:

Monitor:

# Funded Services:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HCCBG H/HI (140) | Yes [ ]  | No [ ]  | ARPA H/HI (942) | Yes [ ]  | No [ ]  | ARPA Housing I&A (947) | Yes [ ]  | No [ ]  |

The Housing and Home Improvement monitoring tool is divided into three parts:

* Part I: programmatic review of scope of services offered, policies, and procedures, and other administrative requirements
* Part II: project record reviews for a sample of clients
* Part III: fiscal verification of non-unit reimbursements

**PART I: Programmatic Review**

**A. HOUSING**

 **10A NCAC 06E .0301**

**Housing services support independent living by providing information to individuals and families to enable them to obtain housing, retain the housing they have or return to independent housing. The housing information includes: fair housing; foreclosures; grants or loans for home repair; home buying; homelessness prevention; independent housing options and locations; landlord tenant relations; mortgage delinquency and default resolution counseling; predatory lending; reasonable accommodations; reverse mortgage counseling and tenant’s rights and responsibilities.**

* + - This information and referral service is an optional service **when provided as part of HCCBG 140 or ARPA 942, but it is the core service under ARPA 947.**

Provides housing information services as part of H/HI Yes [ ]  No [ ]  N/A [ ]

Provides housing I&A only under ARPA 947 Yes [ ]  No [ ]  N/A [ ]

List services provided:

Comments:

 **B. HOME IMPROVEMENT**

 **10A NCAC 06E .0301**

**Home improvement services identify health and safety issues affecting the home or areas adjacent to the home in which an individual or family lives and provides needed improvements to resolve those issues. Health and safety issues include security enhancement; minor home repairs; mobility and accessibility improvements; and basic household furnishings and home appliance repair, replacement or purchase.**

Service Provider can provide any or all of the following. Requests for areas not listed may be made as a waiver request.

**Security enhancements**:

1. Doorknobs installed with reliable lock/key and or dead lock bolts
2. Windows fitted with reliable locks
3. Emergency response systems installed (not maintained)
4. Smoke/carbon monoxide detectors installed (not maintained)

Provides security enhancements Yes [ ]  No [ ]  N/A [ ]

List services provided:

Comments:

**Minor home repairs**:

1. Repair to primary bathroom sink, shower/tub or commode
2. Repair to kitchen sink
3. Doorways widened
4. Floors repaired
5. Doors/windows repaired or replaced
6. Shingles and roofing felt replaced

Provides minor home repairs Yes [ ]  No [ ]  N/A [ ]

List services provided:

Comments:

**Mobility and accessibility improvements**:

1. Grab bars or handrail installation with solid blocking as needed
2. Thresholds modified
3. Ramps built and installed within or adjacent to the home

Provides mobility and accessibility improvements Yes [ ]  No [ ]  N/A [ ]

List services provided:

Comments:

**Basic household furnishings and home appliance repair, replacement or purchase**:

1. Chair
2. Mattress/box springs
3. Kitchen stove
4. Hot water heater
5. Refrigerator
6. Washing machine
7. Heating or cooling unit

Provides furnishings and appliances Yes [ ]  No [ ]  N/A [ ]

List services provided:

Comments:

**C. PROHIBITED ACTIVITIES**

 **10A NCAC 06E .0402**

1. **Rent; utility bills; food; medicine; security deposits; taxes**
2. **Home improvements negatively affecting the structural integrity of the home**
3. **Duplication of services to the same home during a consecutive three-year period**

Has a policy that prohibits money from being used for rent, utilities, food, medicine, security deposits, taxes.

Yes [ ]  No [ ]

Has a policy that prohibits home improvements which could negatively affect the structural integrity of the home.

Yes [ ]  No [ ]

Has a policy that prohibits duplication of home improvement services to homes during a 3 year-period.

Yes [ ]  No [ ]

Comments:

**D. SERVICE PROVIDER RESPONSIBILITIES**

 **10A NCAC 06E .0401**

**The housing and home improvement service provider shall comply with the following issues:**

**Provides orientation, training or supervision for volunteers assisting with services**

Yes [ ]  No [ ]  N/A [ ]

Review orientation material and note who does training/supervision:

Comments: (e.g., how many volunteers might be used annually and what faith-based or civic groups assist with service provision)

**Maintains client record confidentiality** Yes [ ]  No [ ]

Has written policies and procedures related to confidentiality (HCCBG Procedure Manual Section 6 and Administrative Letter No. 16-11):

Comments:

**Maintains a listing of individuals waiting for services** Yes [ ]  No [ ]  N/A [ ]

Note who submits this information into the ARMS system and note number on waiting list:

Comments:

**E. WAIVER REQUESTS**

 **10A NCAC 06E .0403**

**The service provider agency can request a waiver.**

Has utilized the waiver request option for:

HCCBG H/HI Provider Waiver Request for Ramps Yes [ ]  No [ ]  N/A [ ]

HCCBG and/or ARPA H/HI Client Waiver Request Yes [ ]  No [ ] N/A [ ]

Describe waiver request:

Comments:

**F. CONFLICT OF INTEREST**

 **General Statute § 142-6.1**

**Each private non-profit entity receiving state funds shall file with the AAA a notarized copy of their policy addressing conflicts of interest that may arise involving their employees and the members of their board of directors or other governing body.**

Has conflict of interest policy available for review. Yes [ ]  No [ ]  N/A [ ]

Comments:

**G. ADMINISTRATIVE LETTER Number 15-04 dated July 15, 2015**

**Each client receiving H/HI services must be registered in ARMS, and project expenditures must be reported by client for project reimbursement using required Site/Route/Worker (SRW) codes under HCCBG code 140 and/or ARPA code 942.**

Project expenditures for clients are entered in ARMS using appropriate SRW codes for the category of work:

Yes [ ]  No [ ]  N/A [ ]

Comments:

**H. Exceeding the 20% Cap for Site/Route/Worker (S/R/W) Code 144**

**Total expenditures listed under S/R/W code 144 (basic home furnishings and home appliances) must not exceed 20% of the service provider’s yearly H/HI allocation (excluding heating and air), as prohibited by Administrative Letter number 15-04 dated July 15, 2015.**

Provider has a policy and system in place to prevent S/R/W code 144 expenditures from exceeding 20% of yearly allocation: Yes [ ]  No [ ]  N/A [ ]

Is copy of policy available in AAA file?

Comments:

**I. Housing Information & Assistance for ARPA code 947 (Administrative Letter 22-02**

**Housing Information & Assistance allows a H/HI provider to be funded for housing services only and not funded for home improvement projects. As defined in the NC Administrative Code and HCCBG service standards, housing services support independent living by providing information to individuals and families to enable them to obtain housing, retain the housing they have, or return to independent housing. Housing information includes fair housing, foreclosures, grants or loans for home repair, home buying, homelessness prevention, independent housing options and locations, landlord tenant relations, mortgage delinquency and default resolution counseling, predatory lending, reasonable accommodations, reverse mortgage counseling, and tenant’s rights and responsibilities (10A NCAC 06E .0301, 10A NCAC 06W .0104, and 10A NCAC 71R .0909).**

**This service will support staffing costs (salaries, payroll taxes, fringe benefits, travel, training, etc.) for housing case management and navigation, oversight of housing programs, and related duties. Non-unit costs and number of contacts will be reported in ARMS. The number of contacts equals the number of phone calls, emails, and in-person meetings with individuals requesting housing assistance. For each contact, the agency shall document the individual’s housing needs and a description of information, assistance, as well as any referrals, service coordination, and follow-up provided.**

Has a system in place to track housing I&A contacts and required information: Yes [ ]  No [ ]  N/A [ ]

Reports housing I&A contacts in ARMS: Yes [ ]  No [ ]  N/A [ ]

Comments:

**PART II: Client Record Review and Summary**

**Complete the attached Client Record Review Worksheet and then summarize below.**

Total number of clients served YTD:

Number of client files reviewed:

1. Number of clients age 60 and older:
2. Number of client files with no one able and willing to assist:
3. Number of clients living in a county funding housing and home improvement:
4. Number of client files with application appropriately signed and dated:
5. Number of clients whose home needed services:
6. Number of clients or applicants referred to other resources – federal, state and local:
7. Number of clients in rental property with appropriate landlord documentation:
8. Number of client files showing 2 opportunities to contribute to service costs:
9. Number of client files with receipts and project reports showing labor, materials and actual administrative costs:
10. Number of client files or records showing actual project costs not exceeding the applicable cap per household per year:
11. Number of client files with waivers:
12. Number of client files showing services provided:

Comments:

Noted areas requiring technical assistance or areas of non-compliance:

**Client Record Review**

**HCCBG/ARPA Programmatic Monitoring**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | A | B | C | D | E | F | G | H | I | J | K | L |
| List client entered in ARMS. Indicate Yes or No if A-L is included in client file. N/A is option for F, G. Indicate total project costs for J and specific service for L. | Client age 60+ | No one able to make HHI improve-ments | Lived in county funding HHI services | App signed & dated | Home had need for services | Referred to other resources (federal, state, local) | Rental property had landlord document-tation. N/A for home owner | File shows 2 oppor-tunities to contribute | Records receipts total labor materials admin | Indicate total project costs (should not exceed cap if applicable | Utilized a waiver | List specific service code, S/R/W code(s), and services provided to client (e.g., ramp) |
|        | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Y[ ]  N[ ] N/A [ ]  | Y[ ]  N[ ] N/A [ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       | Yes[ ]  No[ ]  |       |
|       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Y[ ]  N[ ] N/A [ ]  | Y[ ]  N[ ] N/A [ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       | Yes[ ]  No[ ]  |       |
|       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Y[ ]  N[ ] N/A [ ]  | Y[ ]  N[ ] N/A [ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       | Yes[ ]  No[ ]  |       |
|       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Y[ ]  N[ ] N/A [ ]  | Y[ ]  N[ ] N/A [ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       | Yes[ ]  No[ ]  |       |
|       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Y[ ]  N[ ] N/A [ ]  | Y[ ]  N[ ] N/A [ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       | Yes[ ]  No[ ]  |       |
|       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Y[ ]  N[ ] N/A [ ]  | Y[ ]  N[ ] N/A [ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       | Yes[ ]  No[ ]  |       |
|       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Y[ ]  N[ ] N/A [ ]  | Y[ ]  N[ ] N/A [ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       | Yes[ ]  No[ ]  |       |
|       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Y[ ]  N[ ] N/A [ ]  | Y[ ]  N[ ] N/A [ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       | Yes[ ]  No[ ]  |       |
|       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Y[ ]  N[ ] N/A [ ]  | Y[ ]  N[ ] N/A [ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       | Yes[ ]  No[ ]  |       |
|       | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  | Y[ ]  N[ ] N/A [ ]  | Y[ ]  N[ ] N/A [ ]  | Yes[ ]  No[ ]  | Yes[ ]  No[ ]  |       | Yes[ ]  No[ ]  |       |

|  |  |
| --- | --- |
| A Yes signifies that clients served were age 60 and older | To be in compliance, all blocks should be answered yes, except n/a is acceptable in block F and G. No is acceptable in K. Block J should indicate total. Block L should indicate service code, S/R/W code, and specific services provided.  |
|  No signifies that age exceptions were made |
| 10A NCAC 06E .0303 Record documentation observed:       |
|  |
| B Yes signifies that clients served had no one able and willing to perform the services requested |
|  No signifies that no documentation was available |
| 10A NCAC 06E .0303 Record documentation observed:       |
|  |
| C Yes signifies that clients served lived within the county funding housing and home improvement |
|  No signifies that clients lived outside the county |
| 10A NCAC 06E .0303 Record documentation observed:       |
|  |
| D Yes signifies applications for services were signed & dated by the applicant on his/her own behalf or by an adult acting on behalf of a disabled adult as defined in § 108A-101(d). |
|  No signifies applications were signed by other persons or were not available for review. |
| 10A NCAC 06E .0303 Record documentation observed:       |
|  |
| E Yes signifies the substantiated need for housing and home improvement services |
|  No signifies a need for services is not documented. |
| 10A NCAC 06E .0303 Record documentation observed:       |
|  |
| F Yes signifies that more than one agency was responsible for funding services or clients were referred to other federal, state, and local agencies. |
|  No signifies incomplete documentation |
| 10A NCAC 06E .0401 Record documentation observed:       |
|  |
| G Yes indicates applicant lived on rental property and appropriate documentation was in file. |
|  No indicates appropriate documentation was not found. N/A indicates client owned the property. |
| 10A NCAC 06E .0402 Record documentation observed:       |
|  |
| H Yes signifies clients were given opportunities to contribute to the cost of services prior to and following receipt of services. |
|  No signifies there was no documentation to this effect. |
| 10A NCAC 06E .0401 Record documentation observed:       |
|  |
| I Yes signifies clients served had appropriate documentation for labor, materials and actual administrative costs |
|  No signifies records failed to show appropriate documentation. |
| 10A NCAC 06E .0401 Record documentation observed:       |
|  |
| J Total project costs are indicated. Yes signifies actual project cost per client did not exceed caps if applicable per monitoring guidelines |
|  No signifies incomplete documentation or costs exceeded applicable caps. |
| 10A NCAC 06E .0401 Record documentation observed:       |
|  |
| K Yes signifies any clients who used waivers had appropriate documentation |
|  No signifies that there was no documentation to this effect. |
| Record documentation observed:       |
|  |
| L Yes signifies specific service code, S/R/W code, and services provided to client (e.g., ramp) are listed in table on H/HI Monitoring Tool Part II. **Yes ☐**  |
|  No signifies specific service code, S/R/W code, and services provided to client (e.g., ramp) are not listed in table on H/HI Monitoring Tool Part II. **No ☐** |

**PART III: Fiscal Verification**

**Non-Unit Reimbursement of ARPA 947 Housing I&A Services**

**Date:** Click or tap to enter a date.

**Agency:**

**Agency Staff Interviewed:**

**Reviewers:**

1. Select a month of reimbursement in ARMS and review source documentation for expenditures:

Sample month:

Reimbursement amount in ARMS:

|  |  |  |
| --- | --- | --- |
| **Type of Expenses** | **Source Documentation** | **Amount** |
|       |       |       |
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|  |  | **Total =**       |

1. Expenditures are allowable and can be attached to a function of the service. Yes [ ]  No [ ]
2. Reimbursement correlates with actual expenses: Yes [ ]  No [ ]

If not, explain:

Other comments: