**HCCBG HOUSING AND HOME IMPROVEMENT (H/HI) 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 Name:

This 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.**

**Information and referral is an optional H/HI service when funded by HCCBG.**

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

List the types of information and referral 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 providers can provide any of the following. Services not listed may be requested by waiver.

**Security Enhancements**

Provides security enhancements: Yes  No  N/A

Select the services provided:

|  |  |
| --- | --- |
|  | Doorknobs installed with reliable lock/key and/or dead lock bolts |
|  | Windows fitted with reliable locks |
|  | Emergency response systems installed (but not maintained) |
|  | Smoke detectors, radon, carbon monoxide, and other gas detectors installed, but not maintained |
|  | Doorknobs installed with reliable lock/key and/or dead lock bolts |

Comments:

**Minor Home Repairs**

Provides minor home repairs: Yes  No  N/A

Select the services provided:

|  |  |
| --- | --- |
|  | Repair or replacement of primary bathroom sink, shower/tub, or commode (includes faucets for sinks, tubs, and showers) |
|  | Repair or replacement of kitchen sink (includes faucets, sprayers, water lines, drains) |
|  | Doorways widened, frames repaired |
|  | Floors, walls, or ceilings repaired (includes molding) |
|  | Insulation |
|  | Doors or windows repaired or replaced |
|  | Shingles, rain strips, valley, vent and skylight flashing, and roofing felt replaced |
|  | Waterproofing of home foundation to address health and safety needs |
|  | Replace damaged or missing exterior siding |
|  | Electrical work (general repair/improvement or health-related upgrade) |
|  | Plumbing (general repair/improvement) |
|  | Well pump or water main (includes meter, hook-up to public water system, whole-house filter) |
|  | Sump pump installation/repair |

Comments:

**Mobility and Accessibility Improvements**

Provides mobility and accessibility improvements: Yes  No  N/A

Select the services provided:

|  |  |
| --- | --- |
|  | Installation of accessible shower, tub, or commode |
|  | Grab bar or handrail installation with solid blocking as needed |
|  | Thresholds modified |
|  | Ramps built and installed within or adjacent to the home |
|  | Wheelchair lifts and stair lifts |
|  | Repair of a porch or deck to address safe access |
|  | Sidewalk repair |
|  | Installation/repair of interior or exterior steps (includes wood/concrete) or stairs and handrails |

Comments:

**Basic Household Furnishings and Home Appliance Repair, Replacement or Purchase**

Provides furnishings and appliances Yes  No  N/A

Select the services provided:

|  |  |
| --- | --- |
| Furnishings | |
|  | chair |
|  | bed/mattress/box springs |
| Appliances | |
|  | stove |
|  | hot water heater |
|  | refrigerator |
|  | washing machine, clothes dryer |
|  | heating or cooling unit (including whole house systems) |

Comments:

**C. PROHIBITED ACTIVITIES 10A NCAC 06E .0402**

**The following are prohibited:**

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**

**The housing and home improvement service provider shall have appropriate policies for each of the above.**

|  |  |  |
| --- | --- | --- |
| Yes | No | 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. |

Comments:

**D. SERVICE PROVIDER RESPONSIBILITIES 10A NCAC 06E .0401**

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

* **Orientation, Training or Supervision for Volunteers Assisting with Services**

Person providing training/supervision:

Additional training notes:

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

|  |  |  |
| --- | --- | --- |
| Yes ☐ | No ☐ | Provides orientation, training or supervision for volunteers |
| Yes | No | Orientation material has been reviewed and is appropriate |

Comments:

* **Client Record Confidentiality**

|  |  |  |
| --- | --- | --- |
| Yes ☐ | No ☐ | Maintains client record confidentiality |
| Yes | No | Has written policies and procedures related to confidentiality |

Comments:

* **Waiting List**

|  |  |  |
| --- | --- | --- |
| Yes ☐ | No ☐ | Maintains a list of individuals waiting for services |

Number on waiting list:

Person who submits this information into the ARMS system:

Comments:

**E. WAIVER REQUESTS 10A NCAC 06E .0403**

**Service provider can request a waiver to provide services not already approved.**

|  |  |  |
| --- | --- | --- |
| Yes ☐ | No ☐ | Used the waiver request option |
| Yes ☐ | No ☐ | Used the appropriate waiver request form and have supporting documentation |
| Yes ☐ | No ☐ | Approved waivers have appropriate signatures and/or approval notes |

Number of waivers request:       Number of waivers approved:

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.**

Conflict of interest policy is available for review  Yes  No  N/A

Comments:

**G. ADMINISTRATIVE LETTER Number 25-02 dated June 12, 2025**

**Effective no later than the beginning of reporting for SFY 2026, providers must enter the numerical placeholder “1” in ARMS (instead of project costs) to report by SRW code(s) that an individual client received H/HI services in the month in which reimbursements are requested for the client’s home improvements. This change is made to streamline administrative requirements and support consistency in statewide tracking and reporting using the Older Americans Act Performance System (OAAPS). Data entry by client and SRW code is documented in ARMS report ZGA-542.**

|  |  |  |
| --- | --- | --- |
| Yes ☐ | No ☐ | Clients are registered and entered into ARMS |
| Yes ☐ | No ☐ | Services are entered into ARMS using the appropriate SRW codes for each category of work |

Comments:

**H. 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.**

|  |  |  |
| --- | --- | --- |
| Yes ☐ | No ☐ | Has a policy and system in place to prevent SRW code 144 expenditures form exceeding 20% of yearly allocation |
| Yes ☐ | No ☐ | Copy of the policy is available in AAA file |

Describe system used to track code 144 costs**:**

Comments:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Indicate Yes or No if A-K is included in client file. N/A is an option for F, G, J, and K.** | | | | | | | | | | |  |
| **List client entered in ARMS.** | A | B | C | D | E | F | G | H | I | J | K | L |
| Client age 60+ | No one able to make H/HI improvements | Lived in county funding H/HI services | Application signed & dated | Home had need for services | Referred to other resources (federal, state, local) | Renter had landlord approval | File shows two opportunities to contribute | Records receipts total labor materials admin | Total project costs did not exceed cap (if applicable) | Waivers approved | **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 | Y N  N/A | Y N  N/A |  |
|  | Yes No | Yes  No | Yes  No | Yes  No | Yes  No | Y N  N/A | Y N  N/A | Yes  No | Yes  No | Y N  N/A | Y N  N/A |  |
|  | Yes No | Yes  No | Yes  No | Yes  No | Yes  No | Y N  N/A | Y N  N/A | Yes  No | Yes  No | Y N  N/A | Y N  N/A |  |
|  | Yes No | Yes  No | Yes  No | Yes  No | Yes  No | Y N  N/A | Y N  N/A | Yes  No | Yes  No | Y N  N/A | Y N  N/A |  |
|  | Yes No | Yes  No | Yes  No | Yes  No | Yes  No | Y N  N/A | Y N  N/A | Yes  No | Yes  No | Y N  N/A | Y N  N/A |  |
|  | Yes No | Yes  No | Yes  No | Yes  No | Yes  No | Y N  N/A | Y N  N/A | Yes  No | Yes  No | Y N  N/A | Y N  N/A |  |
|  | Yes No | Yes  No | Yes  No | Yes  No | Yes  No | Y N  N/A | Y N  N/A | Yes  No | Yes  No | Y N  N/A | Y N  N/A |  |
|  | Yes No | Yes  No | Yes  No | Yes  No | Yes  No | Y N  N/A | Y N  N/A | Yes  No | Yes  No | Y N  N/A | Y N  N/A |  |
|  | Yes No | Yes  No | Yes  No | Yes  No | Yes  No | Y N  N/A | Y N  N/A | Yes  No | Yes  No | Y N  N/A | Y N  N/A |  |
|  | Yes No | Yes  No | Yes  No | Yes  No | Yes  No | Y N  N/A | Y N  N/A | Yes  No | Yes  No | Y N  N/A | Y N  N/A |  |

|  |  |
| --- | --- |
| A | Yes: clients served were age 60 and older |
|  | No: age exceptions were made |
|  | 10A NCAC 06E .0303 **Documentation observed:** |
| B | Yes: clients served had no one able and willing to perform the services requested |
|  | No: no documentation was available |
|  | 10A NCAC 06E .0303 **Documentation observed:** |
| C | Yes: clients served resided within the county funding housing and home improvement |
|  | No: clients resided outside the funded county |
|  | 10A NCAC 06E .0303 **Documentation observed**: |
| D | Yes: applications were signed & dated by the applicant or by an adult acting on behalf of a disabled adult as defined in § 108A-101(d). |
|  | No: applications were signed by other persons or were not available for review. |
|  | 10A NCAC 06E .0303 **Documentation observed:** |
| E | Yes: there was a substantiated need for housing and home improvement services |
|  | No: the need for services was not documented |
|  | 10A NCAC 06E .0303 **Documentation observed:** |
| F | Yes: 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 **Documentation observed:** |
| G | Yes: applicant lived on rental property and appropriate documentation was in file |
|  | No: appropriate documentation was not found N/A: client owned the property |
|  | 10A NCAC 06E .0402 **Documentation observed**: |
| H | Yes: clients were given opportunities to contribute to the cost of services prior to and following receipt of services |
|  | No: there was no documentation to this effect |
|  | 10A NCAC 06E .0401  **Documentation observed:** |
| I | Yes: clients served had appropriate documentation for labor, materials and actual administrative costs |
|  | No: records failed to show appropriate documentation |
|  | 10A NCAC 06E .0401 **Documentation observed**: |
| J | Yes: actual project cost per client did not exceed caps if applicable |
|  | No: incomplete documentation or costs exceeded applicable caps N/A: caps were not applicable |
|  | 0A NCAC 06E .0401 **Documentation observed:** |
| K | Yes: waivers were used and contained appropriate documentation |
|  | No: waivers were used and appropriate documentation was missing. N/A: no waivers used **Documentation observed:** |

*Copy the Client Record Review Chart as needed for larger client sample.*

Total number of clients served YTD:

Number of client files reviewed:

Comments:

Note areas requiring technical assistance or areas on non-compliance:

**PART III: Fiscal Verification of Non-Unit Reimbursement**

**Select a month of reimbursement in ARMS and review source documentation to verify that reimbursements are allowable and correlate with actual expenses. (E.g. general ledger, expense accounts, vendor invoices.)**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | No |  | Expenses under this budget can be verified as allowable per the H/HI standards |
| Yes | No | N/A | If the agency has collected consumer contributions, the amount on the ZGA 370 YTD matches the provider’s YTD records |

Comments: