Monitoring Guide for Sub-recipients
Program Review & Certification

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 Program Review & Certification (PR&C) site visit. The scheduled month for review can be found in the previous year's final PR&C report. CSB and the agency will work together to schedule the site visit. If necessary, the site visit 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 site visit in emergency situations only. Requests will be approved at CSB management's discretion.

The Grants Administrator will e-mail partner agencies the programs and timeframe being reviewed. Partner Agencies should have CSP data corrections completed at least one week prior to the site visit. Partner Agency Standards are available at http://www.csb.org/providers/monitoring. If there are any new requirements, the requirement will not be applicable for that year's review and the items will be marked as such on the standard.

By one week prior to the site visit, the CSB Operations Administrator or Grants Administrator responsible for pulling PR&C data will compile client records, shelter bed lists, and CSP user lists for the upcoming review. The CSB Operations Administrator or Grants Administrator responsible for pulling PR&C data will provide the reviewer with hard copy data. Grants Administrators will send a list of client files and financial transactions to be reviewed to the Partner Agency by 9:00 AM the day prior to the visit.

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 at the time of the site visit. Areas of non-compliance will be noted. CSB staff reserves the right to end the on-site review and leave 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.

- Tier 1 standards are reviewed annually.
- Tier 2 standards are reviewed every four years (self-certified all other years).
- Tier 3 standards are self-certification standards and 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 site visit or they can be reviewed during the site visit (whichever the Partner Agency prefers).

Data Treatment Guidance

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

Overview

CSP Records review will consist of the following:

1. Comparison of CSP data to Agency client files
2. Comparison of Agency client files to CSP data
3. Comparison of Agency records to CSP user lists
4. Comparison of Agency bed list to CSP bed list and CSP EntryExit records(shelter only)
5. Test data completeness (CPoA only)

The on-site review will be conducted by CSB staff members.

1. **Comparison of CSP 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 CSP data to achieve compliance.**

   Data for the files will be extracted, selected, and compiled by the Operations Administrator or Grants Administrator responsible for pulling PR&C data. The data will be retrieved from the CSP database and organized into an Excel table. The reviewer(s) will compare the CSP 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. Example timeframes are in the below table.

2016 Review Timeframe	2017 Review Date	2017 Review Timeframe
4/1/15-3/30/16	May	4/1/16-3/31/17
7/1/15-6/30/16	August	7/1/16-6/30/17

   2. For a July 2017 on-site review, client files from June 2016 through May 2017 will be reviewed.

   3. 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.

   4. The maximum number of files for emergency shelter programs is 10% of annual unduplicated number served or 40 files for single adult programs

and 30 files for family programs, whichever is lesser. The maximum number of files for all other programs is 50% of annual unduplicated number served or 40 files, whichever is lesser.

5. 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 files will be reviewed. For PSH/long-term programs, clients who entered in the past 12 months should be selected first for un-exited files.

All files will be reviewed for the following elements:

- Signed Client Acknowledgement for Electronic Data Collection/Consent form.
- List of CSP variables, attached as Exhibit 1
- Exit information, including date of exit from program and other data elements related to exit, if applicable (client file is closed, see Exhibit 1).

Any file discrepancies in comparison to the CSP data will be summarized on the review form.

2. Comparison of Agency files to CSP data (Reverse look-up)

A random selection of agency files will be retrieved using the same review period noted above. The reviewer will ensure that all clients are entered into CSP (i.e., it will not measure compliance based on *all data* elements related to the person).

Files for review will be randomly selected (excepting exit status) by the reviewer. Files will be pulled and compared to CSP following the on-site monitoring visit.

1. Files will be selected based on receiving services during the review period.

2. An equivalent number of files to the data accuracy review will be selected for review. If a program does not have an equivalent number of files in addition to the files reviewed for data accuracy, then all files (additional to those reviewed for data accuracy) will be reviewed.

3. The maximum number of files is 10% of annual unduplicated number served or 30 files, whichever is lesser.

4. Selected files will generally include 50% closed (exited) files. If a program does not have the minimum number of 50% exited files, all exited files (additional to those reviewed for data accuracy) will be reviewed.

3. Comparison of Agency records to CSP user lists

The reviewer will compare current list of CSP users, as registered in CSP, to agency documentation of signed user agreements. The CSB Operations Administrator or Grants Administrator responsible for pulling PR&C data will provide the user list to the reviewer.

4. Comparison of Agency bed list to CSP bed list and EntryExit records (shelter only)
   1. The reviewer will compare agency documentation of daily client shelter services provided (i.e., bed list, sign in sheet, or other daily record) to the CSP bed list from CSP. The CSB Operations Administrator or Grants Administrator responsible for pulling PR&C data will provide to the reviewer 5 bed list reports from the review period. The review will compare only the list of persons (not measure compliance based on all data elements related to the person).

   2. The CSB Operations Administrator or Grants Administrator responsible for pulling PR&C data will run a report to check for discrepancies between CSP bed list and EntryExit records for the five days that are selected. If any discrepancies are discovered, they will be noted on the bed list reports for the reviewer to discuss a corrective action plan with the agency. 100% of clients on the bed list on the sampled days must have CSP EntryExit records that match the bed list.

5. Data completeness check in CSP (CPoA only)
   The reviewer will check data completeness in CSP to see if all the required data elements are collected over the phone at phone intake. The review will occur at CSB's office. Mock calls will be conducted throughout the year to ensure phone intake is being performed properly.

Service Provision Guidance

Using the sample of files compiled for the data accuracy review, CSB reviewers from the Grants and Programs and Planning departments will conduct a separate file review to determine compliance with standards related to client eligibility for the program, program operations, client rights, and services planning. The CSB reviewer will review each client's file to ensure (1) client eligibility, (2) adherence to the Housing First model, and (3) the program's ability and willingness to meet outcomes as specified in the program's Program Outcome Plan.

In cases when there are programmatic concerns, CSB reviewers will conduct an additional programmatic review of the files pulled for the reverse look-up.

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.

Due to the large volume of transactions handled by Columbus Metropolitan Housing Authority (CMHA), CSB will identify one client file per Project per quarter, for a total of seven (7) files per quarter for compliance review, and CMHA will provide such files to

CSB within ten (10) days of CMHA's receipt of notice from CSB identifying such client files. The files will be reviewed for the following:

- Annual Rent Reasonableness for TRA programs only
- Copy of lease for TRA programs only
- Annual Income Verification
- Annual HUD inspection form
- Annual Client rent calculation form

Fiscal, Personnel and Governance Guidance

The reviewer will consider under this section any fiscal and other areas not reviewed under the previous sections, specifically sections A-D of the Standards.

Areas of concern and/or possible non-compliance gleaned from the review will be tracked using the review tool; each separate instance of possible non-compliance will be noted on the review tool.

A. Risk Assessment

CSB staff will conduct a risk assessment by reviewing organizational indicators, prior year audit reports, the agency's internal control, previously submitted invoices, and results from prior year monitoring visits to assign a level of risk to the sub-recipient. Enhanced risk sub-recipients will be subject to increased monitoring activity.

Sub-recipients 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 in the Federal A-133 Audit (if applicable)
  - Management letter comments having a direct impact on the grant(s) being monitored
  - Other significant audit findings
- A history of failing to fully expend HUD funds (if applicable)
- 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

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

- Clean audit opinions on financial statements, internal control and federal audit
- Steady spend down of HUD dollars within 10% of the monthly prorated amount

- No significant invoice errors for 6-12 months, at CSB's discretion
- For high staff turnover, an acceptable transition plan and six months of implementation
- Clean PR&C report in the fiscal area

B. Evaluation of Internal Control

CSB staff will conduct an evaluation of the sub-recipient's internal control over financial matters 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 visits, unless there are significant changes in internal control, significant staff turnover, or other risk factors present. As part of the initial evaluation process, each sub-recipient will be asked to provide the following information:

- A completed Internal Control 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
    - Records retention policy
- The organization's chart of accounts
- Timesheet template

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

Any areas of weakness or noncompliance will be noted in the PR&C report and the sub-recipient will be asked to address the areas of concern. CSB will monitor implementation of and the effectiveness of the updated procedures in subsequent PR&C visits or monthly invoice monitoring. If significant deficiencies remain, the sub-recipient may be deemed to be an enhanced risk.

C. PR&C Annual Onsite Visits

During the annual PR&C evaluation process CSB will conduct an internal control interview (more in depth the first year), obtain updates to internal control 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 visit, review findings from current year invoice monitoring, discuss issues raised during the external audit,

and conduct the risk assessment discussed above. If in-kind services are provided, CSB will check for in-kind match source documentation, eligibility of use, and the tracking method while onsite during the PR&C review.

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 HUD and ESG funded programs only. 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). To determine compliance with Federal grant requirements, reimbursement requests for grants that include Federal funds will be monitored as the invoices are received in accordance with the procedures outlined below.

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

Agency Submission of Reimbursement Requests

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 full description of the item, and the dollar amount under the correct budget line item. Short descriptions must be descriptive enough to show what type of expense, such as stating ‘office supplies’ rather than ‘supplies’.

Agencies must have documentation for all items listed on the disbursements journal and be willing to submit the documentation to CSB, if requested. Any agency that is not willing to send CSB the documentation should not include the expense on the disbursement journal. Documentation such as interagency billing is not acceptable.

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.

Processing and payment of Reimbursement Requests

CSB staff will conduct an initial review of requests for reimbursement from Federal funds to verify mathematical accuracy, correctness of budget/program categories, consistency with prior invoices, and allowable costs.

The initial review will include comparison of the items listed on the disbursements journal to the agency’s submitted CoC application budget to ensure the expenses were included in the original budget. Items will also be reviewed to ensure the expense is allowable per the CoC HEARTH regulations for each budget line item.

If any expense requires further explanation, CSB will contact the agency. If the expense is determined to be unallowable, the agency will be asked to remove the expense and resubmit the invoice. If the expense is determined to be an allowable cost but is not detailed on the agency's CoC application budget and does not require a budget amendment, the local HUD Field Office will be informed of the variance.

If no problems are detected, the invoice will be processed for payment in accordance with the ACH procedures established by CSB.

CSB will test transactions included in the reimbursement request by requesting support (such as approved invoices, canceled checks, timesheets, payroll records, etc.) for line items appearing on the disbursement journal as follows:

- 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 based on the type or size of the costs
- Annually will attempt to select at least five transactions in each budget category, including matching funds.

Monitoring of Reimbursement Requests

CSB will determine the items selected for testing within two days of payment of an invoice and will request the documentation to be submitted to CSB within five days. Upon review, CSB staff may have follow up questions and may request additional support. 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.

E. Additional testing for Sub-recipients deemed an enhanced risk

If a sub-recipient 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, then 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, the enhanced risk designation may be rescinded by CSB.

If a sub-recipient has been deemed an enhanced risk due to failure to fully expend available federal funds, then monthly spending will be monitored to ensure it is within 10% of the monthly prorated amount.

Sub-recipients deemed an enhanced risk because of findings identified during prior year's PR&C visit, external audit, or due to high staff turnover will be evaluated during the annual PR&C visit 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 be correct in order to meet CSB standards. 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% CSP accuracy will not be provided specific data relating to CSP errors and must schedule the second PR&C visit. A corrective action plan may be requested as well.

Agencies that fall between 90%-94.45% CSP accuracy will be given an opportunity to clarify any errors during the initial site visit. This will involve reviewing data with a CSB reviewer. If the rating does not reach 95%, a second visit will be scheduled. Additional information may be requested at CSB's discretion.

For comparison of agency files to CSP data (Reverse look-up), 100% of sampled files must be entered into CSP to achieve compliance.

For comparison of Agency bedlist to CSP bedlist and EntryExit records, 100% of sampled days must have 100% of clients entered in the CSP ShelterPoint to achieve compliance.

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

If an agency fails to achieve compliance, the agency may appeal the decisions and/or remedy the problem. A follow-up review will 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 represent ten (10) 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 CSP users list through additional training sessions conducted by CSB staff. 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 will be required to develop a comprehensive quality improvement (QI) plan, in addition to the third visit 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 before the agency can be found compliant. Any agency found non-compliant after two file reviews 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 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 after three file reviews, the agency will be issued a non-compliant status for the current fiscal year. The agency will be required to reimburse CSB for the full cost of CSP 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. The agency will be given access to (and copies of, if requested) the program review tool for a clear understanding of CSB findings. Full compliance with standards E through G is determined by HUD requirements, CSB requirements, and historical patterns found by CSB reviewers during the review. For HUD requirements, 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. For CSB programmatic requirements, 95% of the files must be compliant. Areas of concern noted on the program review tool may not be sufficient to issue a status of non-compliance. Additional information may be requested at CSB’s discretion.

Agencies found non-compliant for any issue will be held to no more than three separate site visits to achieve compliance. If the agency is found non-compliant due to a service-related issue(s) after the first visit, the agency, represented by any staff members directly responsible for the service-related issue(s), will attend a technical assistance (TA) meeting led by CSB. A follow-up site visit will be scheduled following the CSB-led TA meeting to ensure that all services are being provided in a manner compliant with CSB standards.

If, after the follow-up visit, the agency is still found to be non-compliant, the agency shall be required, at its own expense, to schedule and attend CSB-directed third-party-led technical assistance prior to a third and final site visit from CSB. Any third-party-led technical assistance must be approved by CSB prior to the event. Any agency found non-compliant after two site visits 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 and developed by CSB. Failure to comply with conditional contracting may lead to loss of funding and/or other penalties as determined by CSB.

If the agency is found to be non-compliant after three site visits, the agency will be issued a non-compliant status for the current fiscal year. The agency will be required to reimburse CSB for the full cost of CSP licensing for the year. Conditional contract language incorporated as a result of non-compliance will be carried over into the next fiscal year.

If an agency requires a third site visit for any reason or compliance is not achieved after two site visits, the agency is ineligible to receive merit incentive funding for the current fiscal year, regardless of the eventual compliance status and/or program evaluation rating.

Fiscal, Personnel, Governance (and Other) Compliance

After the review of the fiscal and other standards not covered above, specifically sections A through D of the Standards, 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. Additional information may be requested at CSB's discretion.

Agencies found non-compliant under this section will be held to no more than three separate site visits 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 site visit, dependent on the severity of the non-compliance.

In case of non-compliance, CSB may choose to require the recipient to enter into a Quality Improvement Intervention (QII) with CSB. The QII is tailored to the recipient and focused on the steps required for compliance. The recipient will have a conditional contract with CSB that will focus on the steps needed for compliance and continued funding. Intervention will consist of monthly or quarterly monitoring visits by CSB staff and/or an improvement plan and regular reports and meetings between CSB and the grantee. Additional external, specialized fiscal oversight may be requested on a case by case basis.

Compliant with Conditions Status

Agencies may be awarded the status of "compliant with conditions" based upon individual, extenuating circumstances relating to compliance issues. Compliance with conditions requires a resolution similar to any determination of non-compliance, usually involving a development of a corrective action plan and a follow-up site visit specific to the area(s) of concern. Agencies determined to be "compliant with conditions" will see their compliance status reflected on the program evaluation, but will remain eligible for merit incentive funding.

Compliant Status

In addition to any merit incentive funding received, 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.

Appeals Process

The agency must notify CSB if they wish to appeal the PR&C findings via email or letter 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 management 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 Rebuilding Lives Funder Collaborative (RLFC), this document was created by CSB, the CoC Unified Funding Agency.

It was last reviewed and approved by the RLFC Board on April 20, 2017.

Attachments:

- Addendum 1 – updated 1/16/17
- Exhibit 1 – Selected Data Elements updated 1/16/17
- Exhibit 2 – Determining Findings and Conditional Contracts updated 1/16/17

Monitoring Guide for Sub-recipients
Program Review & Certification

Addendum 1 (updated 1/16/17)

Rent Reasonableness Guidelines

- Review of Rental Assistance projects operated in conjunction with Columbus Metropolitan Housing Authority (CMHA).
    - CMHA is responsible for rent reasonableness for Tenant-Based Rental Assistance (TRA) programs.
    - Partner agencies are responsible for rent reasonableness for Sponsor-Based Rental Assistance (SRA) programs.
    - CSB will review CMHA's files to ensure the following items are included:
        - Copy of lease for TRA programs
        - Annual income recertification
        - Annual Rent Reasonableness for TRA programs
        - Annual HUD inspection form
        - Annual Client rent calculation form

- Rent reasonableness is required to be 100% accurate. If 100% accuracy is not met, the agency will be found non-compliant and will be required to have a second site visit. During the second visit, both the first set of files reviewed and a new set of files must be 100% accurate.

Rent Calculation Guidelines

- Rent calculations must be 100% accurate.

- If there is a minor typo/edit on one calculation, the agency will be found compliant with conditions, the condition being that the agency must correct the error and give its staff a memo impressing on them the importance of the accuracy of the rent calculations. Both the corrected rent calculation document and the memo to agency staff must be submitted to CSB.

- If numerous mistakes and/or an obvious consistency in the type of errors are found, the agency will be found non-compliant and must review and correct all files. CSB will conduct a second site visit. During the second visit, both the first set of files reviewed and a new set of files must be 100% accurate.

Homelessness at Entry Guidelines

- Partner agencies are responsible for having the appropriate documentation in the client files.

- Appropriate documentation is:
    - CSP printout showing the client is in shelter or transitional housing.
    - Documentation from a domestic violence shelter.
    - Documentation from an approved outreach program.

Exhibit 1- Selected Data Elements

Data Element	Required For[1]	CPOA	Emergency Shelters[2]	VAEH	PSH/ SPC/ TH	Prevention	Outreach	DH/R RP	SSVF	PATH	VASH	RHY
First/Last Name	All	X	X	X	X	X	X	X	X	X	X	X
Last 4 digit SSN	All	X	X	X	X	X	X	X	X	X	X	X
Data Acknowledgement Form (Data element in CSP for CPOA)	All	X	X	X	X	X	X	X	X	X	X	X
Date of Birth	All	X	X	X	X	X	X	X	X	X	X	X
Race	All	X	X	X	X	X	X	X	X	X	X	X
Ethnicity	All	X	X	X	X	X	X	X	X	X	X	X
Gender	All	X	X	X	X	X	X	X	X	X	X	X
Veteran Status	All adults	X	X	X	X	X	X	X	X	X	X	X
Living Situation – Type of Residence	HoH and adults	X	X	X	X	X	X	X	X	X	X	X
General Area Location of Previous Residence	HoH	X	X	X	X		X	X				
Zip Code of Last Permanent Address	All adults & unaccompanied youth	X	X	X	X	X	X	X		X	X	
Relationship to HoH	All	X	X	X	X	X	X	X	X		X	
Project Entry Date	All	X	X	X	X	X	X	X	X	X	X	X
Project Exit Date	All	X	X	X	X	X	X	X	X	X	X	X
Destination	All	X	X	X	X	X	X	X	X	X	X	X
Income Amount and Sources at Entry (and at Exit for shelters)	HoH and adults	X	X		X	X	X	X	X	X	X	
Source of Non-Cash Benefit at Entry (and at Exit for shelters)	HoH and adults	X	X		X	X	X	X	X	X	X	
Health Insurance (Yes record only)	All	X	X		X	X	X	X	X	X		X
Interim Assessment (Cash/Noncash Benefits)	HoH and adults	X			X						X	
Disabling Condition	All	X	X	X	X	X	X	X	X	X	X	X
Disability Type (Yes record only)	All	X	X		X		X	X		X		X

[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.

[2] The reviewer will assess the accuracy of the entry data elements by ensuring client confirmation of the correctness of CPOA intake documents, via client signature or otherwise. If there is a discrepancy, agencies must show a proof of data correction request to CPOA or updated data provided and/or signed off by clients at program entry.

Exhibit 2
Determining Findings and Conditional Contracts - Guidelines

PR&C Findings	Reasons for Finding(s)	Required Action(s)
Compliant with Conditions	1. Data does not meet standards and the agency cannot correct errors because the clients are no longer in the program;	1. **Year 1:** Agency must enter into Technical Assistance meetings and bring files for review until CSB is satisfied; **Year 2:** In addition to Year 1 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, randomly selected by the agency, to demonstrate that the steps outlined in the Quality Improvement plan are being implemented until CSB is satisfied. **Year 3:** Non-compliant.
	2. 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;	2. **Year 1:** Agency must submit a Quality Improvement plan and bring files for review until CSB is satisfied; **Year 2:** In addition to Year 1 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, randomly selected by agency, to demonstrate that the steps outlined in the Quality Improvement plan are being implemented until CSB is satisfied. **Year 3:** Non-compliant.

	3. Service provision does not meet standards and the agency cannot correct errors because the clients are no longer in the program.	3. Agency must submit documentation (homeless status verification, IHSP documentation, annual assessments, tenant selection plans, etc.) as required by CSB. **Year 1:** Agency must submit a Quality Improvement plan and bring files for review until CSB is satisfied; **Year 2:** In addition to Year 1 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, randomly selected by agency, to demonstrate that the steps outlined in the Quality Improvement plan are being implemented until CSB is satisfied. **Year 3:** Non-compliant.
Non-Compliant	1. Agency does not meet a standard that is not dependent on acquiring additional data or information from participants who are no longer in the program;	1. Agency must make necessary corrections;
	2. Agency serves ineligible households based on the program type;	2. Agency must submit documentation showing eligibility of all new clients and agency must agree to enter into Technical Assistance meetings and bring files for review until CSB is satisfied; The Agency may have to repay federal funds;

	3. Agency does not submit required documentation;	3. Agency must submit required documentation; The Agency may have to repay federal funds;
	4. Agency does not have sufficient policies and/or procedures in place as required by the standards;	4. Agency must provide required policies and/or procedures;
	5. Costs cannot be tracked by project;	5. Provide updated chart of accounts or demonstrate procedures for tracking costs; The Agency may have to repay federal funds;
	6. Costs charged are not supported by proper documentation, approved or reported in the correct period;	6. Policies and procedures should be reviewed by the Agency to prevent future non-compliance; The Agency may have to repay federal funds;
	7. Costs and match are not charged to appropriate funding source;	7. Policies and procedures should be reviewed by the Agency to prevent future non-compliance; The Agency may have to repay federal funds;
	8. Timesheets do not track time by program and non-program time;	8. Provide updated timesheet template to CSB; The Agency may have to repay federal funds;
	9. Timesheets are not approved by supervisors;	9. Policies and procedures should be reviewed by the Agency to prevent future non-compliance; The Agency may have to repay federal funds;
	10. Agency cannot document adequate insurance or does not have employee notices displayed properly;	10. Provide proof of insurance and place employee notices properly;
	11. Prior year recommendation not addressed.	11. Perform prior year recommended actions.
	12. Agency does not meet DCA completeness and accuracy percentages after using new application for 1 year.	12. Case worker, supervisor, and supervisor's supervisor required to sign all DCA applications prior to submitting applications and attend DCA re-training.

Conditional Contract	1. Agency is found non-compliant after two file reviews as related to data treatment compliance and/or service provision compliance and must submit ongoing documentation as requested by CSB;	Agency must enter into conditional contract amendment with CSB for the remainder of the current fiscal year and next fiscal year, if applicable.
	2. Agency is entered into a Quality Improvement Plan and must submit ongoing documentation as requested by CSB;	
	3. Agency is in breach of Master Provider Agreement, CSB Funded Partnership Agreement, CSP Agency Agreement, HUD CoC Funded Partnership Agreement, or HUD CoC Rental Assistance Service Agreement.	