

ARIZONA BALANCE OF STATE CONTINUUM OF CARE AZBOSCOC Sub-Recipient Training

June 27, 2023 2:30 pm - 4:00 pm

TOPIC	OUTCOME/NOTES	
Welcome and Introductions	Camie Rasband (CCCS)	Helen Sanchez (CPSA)
	Candee Stanton (Independent Contractor)	Lucia Wilson (Achieve)
	Carole Benedict (US Vets)	Melissa Swain (ADOH)
	Chris Moller (CCCS)	Michelle Alberti (ANL)
	Connie Howell (ADOH)	Sarah Rendon (CCCS)
	Cristina Benitez (ADOH)	Shannon Haines(ADOH)
	David Bridge (ADOH)	Terrance Watkins (CPSA)
	areas identified by the audit. There will be more de updated Housing Manual. There will also be addit overview of the major changes.	number of findings. Today's topics are focused on three or four key etailed information coming soon, included updated policies and an ional specific trainings on the different areas. Today's meeting is an olicies and procedures that cover the standard policies, but it's also an olicies in place for their agency.
 Review of Contractual Requirements Subrecipient Internal Controls Homelessness Status and Record Keeping Eligibility Policies and Procedures 	Regular audits are being resumed; ADOH will be t	arily suspended (desk monitoring was still being conducted). aking a tiered approach- agencies with lower risk (less turnover, frequently, possibly every other year, and agencies with higher risk
 Emergency Transfer Annual Income Verification Audit Review as part of monitoring Risk Assessment-Non Compliance Lease Revisions Rent Calculations Benefit Analysis Match Changes Lead Based Paint Requirements 	Eligibility: HUD has four categories of homelessness, but only two are allowed under PSH programs- it is imperative that documentation for each client is obtained per 24 CFR §578.103 & §576.500(b). Question: Self-certification is only allowed under Imminent Risk? Answer: Self-certification is allowed in the other categories, but it's the lowest allowed means of documentation and only a certain percentage of all clients can use this as the sole means of certification and there must be documentation of the efforts to get other levels of eligibility determination.	

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	Question: Can entry into HMIS be used for documentation for when the client enters the system and/or can the CE process be used as third-party documentation?
	Answer: An intake worker can only document what's in front of them, so they are taking the person's word that they are homeless- even though it's in HMIS, it's barely above self-certification because it hasn't been verified through other means. If the outreach worker has documented seeing the person homeless (with dates) it would be a higher level of verification. The intake itself doesn't qualify as verification (it's adequate for getting them into a shelter but not a PSH program).
	Question: Can other homeless individuals "testify" to the homelessness status of others, if there are no other witnesses, as long as they include in their letter their contact information, name, etc.?
	Answer: ADOH will confirm this is allowable, but there would still be the condition of documenting the time-frame they are attesting to, and the intake or outreach worker would also have to document why no other verification has been possible.
	HUD does allow housing first with documentation collection over the following days, but it does contain risk that a person will be found to be ineligible after they have already been housed. This may need to be discussed at future policy meetings.
	For those fleeing DV, a statement is allowable from the head of household attesting they are fleeing DV, they have no other residence to go to, and they lack resources to house themselves. It's important to not put them further at risk, so the verification standards are lower than for those not fleeing DV.
	Prioritization: We need to have clear standards of prioritization- the standards may be modified in the future as the CE policies are reviewed and updated. Prioritization is based on: • Chronic status
	 Longest Homeless History (length of time homeless) Acuity (currently being measured through the VI-SPDAT)
	ADOH is working on opening up HMIS referrals instead of only printed out or phone call referrals, so referrals can be made directly through the CE process. In order to make this happen, there needs to be policies in place to manage and track the electronic referrals. A policy will be brought to the CE committee at one of the next meetings, so there will be more information at a later date.

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	Income/Rent Determination and Verification: During the HUD audit it was realized that several files did not contain documentation of income used for rent determination. Even zero income requires documentation in the file. Please see section 3 : Verification from the HUD Occupancy Handbook.	
	The income verification must match what the rent determination is being set at; a more user-friendly worksheet is being developed.	
	Question: Does RRH follow the same 30% of the household's monthly adjusted income method as PSH? Is a stepped approach using 25%, 50%, 75% still acceptable?	
	Answer: RRH can follow the same method, but income is required to increase over the length of the stay (e.g. if zero income at the start, income by the client needs to be added/increased as they go along, either by getting a job or by receiving other assistance such as SSI/SSDI). The goal of RRH is to get them to be independent of being subsidized through a tiered length of stay. The minimum contribution by the client is 30% of their income goes to housing as soon as they have income. ADOH will confirm the policy before it's finalized.	
	Emergency Transfer Policy (related to VAWA): ADOH will be developing a new policy with Emergency Transfer Policy protocols, working with the CE system and LCEHs to make sure they are all aligned. Survivors of DV are to be accommodated if they need an emergency transfer due to their abuser learning their location, depending on their individual situation: • Abuser can be forced out and the rest of the family can stay in unit if safe; if they are not the eligible party (the abuser is), they can stay through the end of the lease • In a Leasing or Project Based program: can request emergency transfer to next available unit if it's deemed safe • TBRA: can go back in CE for next available CE unit they are eligible for (they maintain household eligibility from prior housing placement)	
	 Requirements according to 24 CFR §5.205(e): Reasonably believes there is a threat of imminent harm or further violence if the abuser remains within the same dwelling unit with the survivors; or The sexual assault occurred on the premises during the 90-calendar-day period preceding the date of the request for transfer; Can request client provide documentation of DV (HUD Form 5382) within 90 days of the event. 	

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	Notices and Record Keeping:	
	All leases must include VAWA language/amendment	
	 Must maintain record of signed acknowledgment of VAWA rights (see <u>HUD Form 5380</u>) 	
	Transfer plan must be publicly available	
	Must keep records of all emergency transfers	
	Must provide coordination of other DV assets and resources to survivors	
	Must maintain confidentiality of transfer location	
	Question: In TBRA situations where the agency is not the landlord, how do we mandate that the VAWA	
	language be included in the lease?	
	Answer: When the client brings you the lease packet from the landlord for their file, you can add the VAWA amendment to it and have them sign the form.	
	Question: What is the policy for emergency transfers between providers (i.e. transferring to a different county or even a different CoC such as MAG or Pima)? How do we align when their policies are out of our control?	
	Answer: This will need further discussion at the CE committee level to develop a policy/protocols for these situations.	
	Leases/Sub-Contracts:	
	Sample leases and sub-leases will be sent for use as templates- landlords most likely have their own lease templates, which is fine as long as all required information is included. The initial lease must be a minimum of 1 year, and must be renewable. The original master lease must be kept on file (there was an instance where the renewals were found but the original master lease had been lost). All adults should be on the lease, and the lease must be updated as changes in occupants occurs (marriage, divorce, death, etc.). Rents using 100% CoC funds cannot exceed FMR; other non-CoC funds can be used to bridge the gap if rents exceed FMR. IF nothing can be found within FMR, a new tool is being developed to document this through a Rent Reasonableness Certification-this, including back-up comps, must be approved by the ADOH Contract Specialist. FMRs are published annually in the Federal Register, usually in October.	
	 Eligible Expenses/Record Keeping: Sub-recipients are responsible that all expenses are eligible (see <u>24 CFR §578.39 through §578.63</u> and <u>2 CFR §200</u>) and all documentation is included and up-to-date Expenses must be matched to appropriate activities (i.e., leasing, administration) 	

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	 Contract Specialists have the right to deny all or part of an RFP if proper documentation is not included; they may request resubmission or provide a partial payment Must make efforts to utilize funds in a timely basis Must maintain records for up to five (5) years for audit or review upon request This year, indirect costs will be included in the NOFO for inclusion CoC funds must have 25% match in most cases 	
	Lead-Based Paint:	
	All participant files should, at a minimum, contain:	
	Lead- Based Paint Disclosure with Acknowledgement of receipt of pamphlet "Protect Your Family from	
	<u>Lead in Your Home</u> ".	
	 Lead Safe Housing Screening Exemption <u>form</u> 	
	 Visual Assessment Documentation (<u>see training</u> from HUD) 	
	Tracking Households with Occupants under 6 years of age	
	HQS inspections do not replace lead-based paint inspections; both are required and must be signed and dated to be valid.	
2022 Renewal Contract Status Update	Not discussed	
2023 NOFO update	Not discussed	
Anticipated Date of Release		
• Status of final renewal project scoring matrix		
ADJOURN		

List of <u>Acronyms</u>