

**South Texas Development Council
HOPWA Site Visit/Desktop Program Review
Date(s) of Site Review:**

Administrative Agency (AA)	
AA Location	
HOPWA Provider	
Provider Location	
Period of Contract	
Contract Number	
Name of Contact/Title	
Regional HIV Coordinator	
DSHS Services Consultant	
AA Staff Present	
Program Staff Present	
Date(s) of Last Review	
Estimated Time-Frame for Next Review	

Indicate if program has met identified requirements using the following ratings:

M=Meets Expectation
 NM=Not Met

NI=Needs Improvement
 NE= Not Evaluated

PM=Partially Met
 NA=Not Applicable

A. Administration/Project and Quarterly Reporting		
1.		The current RFP/RFA is on file.
2.		The current application/proposal is on file.
3.		The correct budget, objectives, and work plan is on file.
4.		The current HOPWA contract is signed and on file.
5.		The project reports are completed and submitted accurately and on time. (This also includes completing the narrative sections and verification that numbers submitted match where indicated) Dates Received: <i>1st Quarter</i> – <i>2nd Quarter</i> – <i>3rd Quarter</i> – <i>4th Quarter</i> –
6.		The appropriate correspondence (i.e., HOPWA program changes and reallocations) from STDC is on file.
7.		There is evidence of thorough training on the HOPWA program for all relevant staff and documentation demonstrates that personnel training include extensive review of the current DSHS HOPWA Manual and the HUD HOPWA Grant Oversight Resource Guide. Need dates of the HOPWA Trainings attended.
8.		Project Sponsor has successfully completed the required HOPWA Financial Training. List names reported below and check against HUD’s financial training certification list. To check for passing scores, click on this link: http://www.hudhre.info/index.cfm?do=viewHopwaFinancialTraining . Check the box to the left of the staff name once training completion confirmed. <input type="checkbox"/> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8.
9.		Past findings from monitoring or audits have been satisfactorily resolved (if applicable) Upon completion of the overall HOPWA core and chart review.

Observations:

Recommendations:

Requirements:

B. Fiscal						
	1.	The budget expenditures are on target. Period reviewed:				
		Project Sponsor(s)	Grant Amount	Spent	% Spent	Under /Over Spent Funds
	a.					
	b.					
	c.					
	d.					
	2.	The current Financial Status Report (FSR/269A) form is on file.				
	3.	<p>The Project Sponsor submits the HOPWA Program Reports that includes expenditure reporting for the following:</p> <ul style="list-style-type: none"> • Emergency Assistance (STRMU) • Rental Assistance (TBRA) • Permanent Housing Placement (PHP) – if applicable • Administrative • Supportive Services 				
	4.	The final FSR from previous contract year indicates expenditures were on track.				
	5.	Billing is on time and accurate.				
	6.	HOPWA Project Sponsor(s) are within the 7% administrative cost cap.				
	7.	Project Sponsor has a plan to address overspending/lapsing of funds by Provider(s).				
	8.	The Project Sponsor has complied with the budget-screening tool to negotiate budgets with the AA.				
	9.	<p>Project Sponsor assures that expenditures reported in the HOPWA Project Reports include # of households assisted (if applicable) for the following:</p> <ul style="list-style-type: none"> • Supportive Services • Emergency Assistance (STRMU) • Rental Assistance (TBRA) • Project Sponsor(s) Administrative cost (not to exceed 7% of the allocation) • Project Sponsor(s) non-administrative operating cost (ex: HOPWA case manager salary, fringe, local travel, smoke alarms) • Permanent Housing Placement (PHP) – if applicable 				

Observations:

Recommendations:

Requirements:

C. Planning and Evaluation

Time frame evaluated:

		Program Objectives are on target or were met for the time frame evaluated. <i>Yearly Goals Performance</i>
1.		<i>TBRA</i> <i>STRMU</i> <i>Supportive Services</i> <i>PHP</i>
2.		There is evidence that Project Sponsor(s) share/promote HOPWA program assistance and eligibility information within the HSDA. Describe.
3.		There is documentation that the AA and Project Sponsor(s) collaborate to develop emergency assistance caps (STRMU) caps (including utilities) as needed. (Standards Of Care)
4.		The Project Sponsor regularly conducts needs assessments and collaborates with local entities. Describe.
5.		The Project Sponsor(s) has implemented their Quality Assurance/Quality Management/Quality Improvement Plan. <ul style="list-style-type: none"> • HOPWA is included in the Project Sponsor's QA/QM/QI Plan. There is evidence that the Project Sponsor has implemented their QA/QM/QI Plan. • Is there evidence that client file reviews were conducted by a staff member in a supervisory position.

Observations:

Recommendations:

Requirements:

D. Policies and Procedures

The Project Sponsor has written policies and procedures addressing the following:

1.	<p>The Project Sponsor's confidentiality policy includes particular care to assure confidentiality. The Project Sponsor follows its policy by ensuring that correspondence, envelopes and checks to landlords, utilities, etc., do not reveal the client is receiving assistance due to HIV/AIDS. The policy is comprehensive: explains what constitutes protected health information (PHI) and a breach, designates staff member responsible for privacy and security, and lists steps and mitigation in case of a breach or refers to the privacy/security/breach policy.</p>
2.	<p>The Project Sponsor has a written policy to address the documentation of local demand for housing needs beyond their current capacity using waiting lists. Instructions for such documentation through the use of two separate waiting lists: one for clients needing TBRA, and one for clients needing STRMU.</p> <ul style="list-style-type: none"> • A plan outlining the Project Sponsor's response to such demands. • A policy to prioritize clients on HOPWA wait list, and that the waitlists are for TBRA and STRMU and that STRMU is itemized by the categories of assistance below. <p>The Project Sponsors have wait lists (even if there are no clients currently on them), they are updated every three (3) months indicating the number of clients on the waiting list by housing assistance category, and have the date clients were added and removed. Confirm there are separate wait lists for clients needing TBRA and/or STRMU assistance, using the following criteria:</p> <p>TBRA - number of clients who:</p> <ol style="list-style-type: none"> a) Are HIV-Positive; b) Are Income Eligible (as defined in the DSHS HOPWA Manual located at http://www.dshs.state.tx.us/hivstd/hopwa/files/HOPWA_Program_Manual.doc); and c) Are unable to receive rental assistance due to insufficient HOPWA funds. <p>STRMU - number of clients who:</p> <ol style="list-style-type: none"> a) Are HIV-Positive; b) Are Income Eligible (as defined in the DSHS HOPWA Manual located at http://www.dshs.state.tx.us/hivstd/hopwa/files/HOPWA_Program_Manual.doc); c) Are the owner or named occupant on the lease/rental agreement/utility bill; d) Already in housing and have a short-term emergency situation that may put the client at risk of becoming homeless; and e) Are unable to receive emergency assistance due to insufficient HOPWA funds. <p>Clients on the STRMU wait list should be under one of three categories: assistance with rental costs, mortgage payments, and/or utility costs</p>
3.	<p>The Project Sponsor has developed a written grace-period local policy approved by STDC to address the provision of assistance to survivors and remaining household members of clients who enter incarceration, drug treatment, long term/hospice care, or who have had a life event (death) including the following criteria:</p> <ul style="list-style-type: none"> • The grace period cannot exceed 12 months for long term rental assistance or 147 days in a 52 week period for emergency assistance.
4.	<p>The Project Sponsor has a policy (and follows it) requiring all HOPWA clients to apply for Housing Choice Voucher (HCV) Program and renew this application every 90 days or as required by the Housing Choice Voucher (HCV) Program and also requires clients to apply to other affordable housing programs, if applicable.</p>
5.	<p>There is documentation that the Project Sponsor(s) has established a liaison with the local Housing Choice Voucher (HCV) Program and public housing authorities.</p>
6.	<p>There is documentation that the Project Sponsor clearly states to clients that failure to accept Housing Choice Voucher (HCV) Program or other affordable housing programs when offered without justification will result in termination of HOPWA assistance.</p>

7.	Project Sponsor has procedure and system to track HOPWA clients' applying for and renewing applications for the Housing Choice Voucher (HCV) Program and other affordable housing programs.
8.	There is a procedure and system to track the actual number of clients transitioning to Housing Choice Voucher (HCV) Program or other types of housing in the contract year.
9.	Project Sponsor has developed (and STDC has approved) a local policy to address client terminations from the HOPWA program that meets HUD's requirements. At a minimum, the policy should address: <ul style="list-style-type: none"> a. Reasons clients can and/or will be terminated from the program along with formal termination steps/procedures b. Termination Form for client's file to be completed correctly each time client leaves the program. c. Serving the participant with a written notice containing a clear statement of the reasons for termination and if client was terminated for violating program requirements or conditions of occupancy d. Permitting the participant to have a review of the decision, in which the participant is given the opportunity to confront opposing witnesses, present written objections, and be represented by their own counsel, before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and e. Providing prompt written notification of the final decision to the participant
10.	Project Sponsor complies with the Fair Housing Act and other applicable regulations and has an approved anti-discrimination policy that specifically prohibits discrimination based on sexual orientation or gender identity.

Observations:

Recommendations:

Requirements:

E. Evidence	
1.	All project staff members are familiar with the performance measures submitted.
2.	The Project Sponsor shares/promotes HOPWA program assistance and eligibility information within the HSDA (i.e., outreach plan has been implemented).
3.	The Project Sponsor files IRS Form 1099 for rental assistance payments to individuals and partnerships for each IRS-defined "person" who has paid at least \$600 in rents, if applicable.
4.	The Project Sponsor has issued a W-9 form to all property owners as part of the process of preparing to issue rental assistance payments.
5.	The HOPWA waiting lists have been updated at least every three months, indicating the date persons were added or removed.
6.	Each Case Manager providing HOPWA services has obtained and is using the local Utility Allowance Schedule from the Public Housing Authority.
7.	Each Case Manager providing HOPWA services has the latest Income Table for use in establishing low-income eligibility.
8.	Each Case Manager providing HOPWA services uses the latest Fair Market Rental table to establish rental assistance allowances.
9.	Case Managers work closely with the client and the local housing authority to assure that the client's needs/requests are met.
10.	The Project Sponsor has developed and maintains a 21-week tracking sheet for clients receiving STRMU assistance.
11.	The Project Sponsor has a policy/procedure that identifies the process and frequency of internal

		and desktop HOPWA file reviews. Discussed with Lizette will look into a Policy and Procedure.
	12.	The Project Sponsor has an AA-approved grievance policy/procedure.
	13.	Client grievances have been filed, includes follow-up and outcomes, and reporting to the Administrative Agency (AA) (if applicable), in compliance with the grievance policy.

Observations:

Recommendations:

Requirements: