

Congregate Housing Services Program Grantee Review

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502-0485
(exp. 4/30/2018)

Note: In the case of a grantee with multiple project sites, a separate on-site review and review form must be completed for **each project site.**

| | | |
|---|-------------------------|--|
| Grantee (Provide full name and address) | | Name and address of Project (If different) |
| Phone Number (include area code) | | Phone Number (include area code) |
| Grant Number | Effective Date of Grant | Reviewer(s) |
| State/Area Office | FmHA State office | Date of Review (s) |

A. Persons contacted for review (list additional persons in Item K Remarks on last page)

| Name | Relationship to CHSP |
|------|----------------------|
| | |
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B. Participants

| 1. How many are authorized per the grant agreement? | 2. How many long-term participants have been in the CHSP for past 12 months? | | | 3. How many temporarily disabled have been in the CHSP for past 12 months? | | | |
|---|--|--|----------------------|--|--------------------------------|---------------------------|----------|
| | Number of Females | Number of Males | White (Non-Hispanic) | Black (Non-Hispanic) | American Indian Alaskan Native | Asian or Pacific Islander | Hispanic |
| 4. How many applications have been received in past 12 months? | | | | | | | |
| 5. How many accepted? | | | | | | | |
| 6. How many rejected? | | | | | | | |
| 7. How many on waiting list? | | | | | | | |
| 8. How many participants have been terminated from the CHSP by the PAC? | 9. How many voluntarily? | 10a. Have any appeals been filed against the CHSP? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | 10b. If Yes, how many? | | |

| | |
|--|--|
| Basis for appeals listed in item 10b: (what kind of appeals) | Outcome of appeals listed in item 10b: |
| | |

| | |
|---|---|
| 11. How many long-term participants have been in the CHSP since beginning of program? | 12. How many temporarily disabled have been in the CHSP since beginning of the program? |
| 13. Are participatory agreements, signed by the program participants, in place and renegotiated annually? (Participatory agreements govern the utilization of supportive services and payment of supportive service fees.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| C. Services Under CHSP 1. Service | Number of Units per Participant per Month | No. of Participants | Agency Provided or Subcontracted | Annual % | | |
|--------------------------------------|---|---------------------|----------------------------------|----------|--------------|------|
| | | | | HUD | Other Agency | Fees |
| Case Management | hours | | | | | |
| Meals | meals | | | | | |
| Housekeeping Aid | hours | | | | | |
| Personal Assistance | hours | | | | | |
| Transportation | one-way trips | | | | | |
| Other | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

2. a. Check which meal(s) are being provided each day: Breakfast Lunch Dinner

| | | | |
|--------------------------|--|--|--|
| Served Hot? | | | |
| Served in Group Setting? | | | |
| Seven days a week? | | | |

3. Are special menus provided as necessary for meeting the dietary needs arising from health conditions and/or religious and ethnic backgrounds?

Yes No If Yes, please identify:

Diabetic Low Salt Low Fat

Kosher Other:

If No, why not?

2. b. If no meals are served in a group setting, why not?

4. Has grantee filed in project records the annual certification, prepared and signed by a registered dietitian, stating that meals meet a minimum of one-third of the minimum daily dietary allowances as established by the Food and Nutrition Board of the National Academy of Sciences-National Research Council, or local standards?

Yes No If not, when will it be submitted?

5. Are menus posted in locations conspicuous to the participants? Yes No How often are menus changed?

Do program participants have any input in the development of the menus? Yes No Describe.

6. Does the program have approval as a retail food store under Section 9 of the Food Stamp Act of 1977? Yes No

If so, is grantee accepting food stamp coupons as payment for meal services? Yes No If not, why not?

If not, did the grantee request such approval as required by the statute and grant document? Yes No If not, why not?

7. Is grantee requesting and using agricultural commodities made available without charge by the Secretary of Agriculture: Yes No

If not, did the grantee request such approval as required by the statute and grant document? Yes No If not, why not?

8. Are services being provided to participants in compliance with the grant document? Yes No If not, why not?

D. Staff

| 1. Activities | F/Time | P/Time | Positions | Comments |
|---------------------|--------|--------|-----------|----------|
| Case Management | | | | |
| Meals | | | | |
| Personal Assistance | | | | |
| Housekeeping | | | | |
| Transportation | | | | |
| Other | | | | |
| | | | | |
| | | | | |
| | | | | |
| Administrative | | | | |

2. Are there any staff vacancies? Yes No If so, which positions?

3. Is a written job description on file for each position? Yes No If not, explain.

4. Are there positions in place consistent with the approved budget? Yes No If not, why not?

5. Based on your observations, is the staffing appropriate for the program? Yes No Is the staff adequately trained? Yes No
Comment on any "No" response.

E. Service Coordinator

1. Based on your observations, is the Service Coordinator performing the duties cited in Section 700.220 or 1944.257 of the CHSP Common Rule, e.g. case management and referral services, community service provider linkage to program participants, PAC paperwork, implementation of case plans developed by PAC, maintaining individual case files, training other management staff, etc.? Yes No

Is a copy of the Service Coordinator's job description on file? Yes No

Is an updated directory of providers for use by program staff and participants available and easily accessible to them? Yes No

If not, is one planned? Yes No

When will it be in place?

2. If the Service Coordinator is under contract with a third-party agency, is a copy of the current contract on file containing: beginning and ending dates of the contract; number and responsibilities of staff hired; rates of pay/costs of services to be provided; location and an agreement to provide HUD access to the files? Yes No

3. If the Service Coordinator is shared by more than one grantee, is there a signed agreement on file between/among owners? Yes No
Does it conform to grant agreement? Yes No If not, why not:

4. Is the Service Coordinator trained subject to Section 700.220(b) or 1944.257(b) of the Common Rule? Yes No
If not, why not and when will the training be completed?

F. Fees

1. Are the fees for meals and other services those that were approved in the grant document? Yes No

If not, describe what changes were made to the fees, and what the reasons for the changes were. Has a request for approval of the revised fees been submitted to the GTR and approved by the Desk Officer? Yes No If not, this must be done.

2. Are fees collected successfully? Yes No If not, why not?

3. Are any program participants paying more than 20% of their adjusted incomes for meals and other services? Yes No
If so, what arrangements will be made for (1) refunds and (2) budget adjustments if needed?

4*. Are the fees being collected for meals and other services sufficient to provide at least 10% of the cost of the CHSP? Yes No
If not, what does the grantee propose to do to meet this requirement?

5*. Are the utilized meals fees at least 10% of income or cost of service, if less? Yes No If not, why not?

What changes are needed to bring the fees into compliance with Section 700.240(d) or 1944.262(d) of the Common Rule?

* These items apply only to grants awarded in 1993 or thereafter.

6. Are correct fee amounts clearly stated in participatory agreements? Yes No

7. Have fees been established for non-CHSP participants residing in the project and non-residents? Yes No N/A
If yes, are the fees in an amount equal to the cost of providing the services? Yes No N/A
If not, are any non-participants or non-residents partaking of CHSP services on any basis? Yes No N/A
(Note: If non-participants or non-residents are taking services at less than cost to CHSP, the project must end this practice immediately.)

8. Are fees being charged to CHSP participants for meals provided by an Older American Act Program? Yes No If yes, explain.
(This is prohibited per Section 700.240(c) or 1944.262(c) of the Common Rule.)

G. Professional Assessment Committee (PAC)

1. How many members are on the PAC? _____

Are these the same persons as approved in the grant document? Yes No

If not, were resumes and commitment letters submitted to HUD for approval? Yes No

If not, make sure the grantee understands the need to make an immediate submission to HUD.

2. Are current PAC operating procedures in writing and in place? Yes No If not, explain, including recommendation(s) to rectify.

Are current PAC procedures in conformance with the CHSP Common Rule at Section 700.225 or 1944.258? Yes No

If not, explain, including recommendation(s) to rectify.

3. Do the eligibility criteria used by the PAC address the Activities of Daily Living per Section 700.105 or 1944.252? Yes No

4. Does the PAC appear to be practicing nondiscrimination in selection of CHSP participants with respect to race, religion, color, sex, national origin, familial status or type of handicap? Yes No

5. Are minutes kept of the PAC meetings? Yes No If not, are the PAC meetings documented? Yes No

6. Are all PAC meetings attended by at least three PAC members, including at least one qualified medical or other health professional and social services professional? Yes No If not, explain.

7. Is complete confidentiality of information maintained in compliance with the Privacy Act of 1974? Yes No

H. Case Files

1. Does the grantee maintain individual files on accepted and rejected CHSP applicants? Yes No
If not, how does the grantee maintain a record of CHSP applicants and participants?

2. Are the files kept in a secure place? Yes No If not, where are the files kept?

3. Who has access to the files?

| 4. Are the following items kept in each CHSP participant file? (Check one) | Yes | No | If not, how does grantee plan to rectify? |
|--|-----|----|---|
| Participant's Application to CHSP | | | |
| Race, Ethnicity, and Gender information | | | |
| Fee Scale Computation | | | |
| Current, Signed Participatory Agreement | | | |
| Service Plan | | | |
| Date of Entry to CHSP | | | |
| PAC Assessment/Reassessments | | | |
| Service coordinator's notes on monitoring of services received | | | |
| Notes on all meetings with client/family | | | |
| Info related to any reports of human or civil rights abuse, any type of adult abuse, including followup, case resolution, or status, as appropriate. | | | |
| Date of termination from CHSP | | | |
| Appeals | | | |

I. Community Involvement

1. Is the owner/grantee maintaining a relationship with the Area Agency/State or local agency serving the elderly?
If not, why not? Yes No
2. Is the owner/grantee maintaining a relationship with the local agency serving the disabled?
If not, why not? Yes No

J. Financial Management

1. Is the grantee's books, records, and accounts for the CHSP independent from other sets of records and accounts?
If not, grantee must be directed to set up separate books immediately. Yes No

| 2. Is the grantee maintaining the following accounting records and other materials relative to CHSP? | Yes | No | If not, how does grantee plan to rectify? |
|---|-----|----|---|
| Financial Statements | | | |
| Trial Balance | | | |
| General Ledger | | | |
| General Journal | | | |
| Cost Ledgers | | | |
| Payroll Distribution Ledger | | | |
| Employee Timecards showing actual time spent on CHSP | | | |
| Cancelled Checks | | | |
| Invoices to Support Payments to Subcontractors | | | |
| Personnel Folders of CHSP Employees | | | |
| Summary Schedule of Total Costs by Cost Category | | | |
| Agreements, e.g. subcontractors | | | |
| Personnel policies, including pay rate schedules, etc. | | | |
| ADP and CHSP Equipment Inventory | | | |
| Depreciation Policies and Basis | | | |
| Copy of current Assistance Award (1044), grant document and attachments and all amendments thereto | | | |
| All requests for advance or reimbursement, HUD-90198 | | | |
| Participant fee and match information to support the SF-269 | | | |
| All financial status reports, SF-269 | | | |
| Documentation of Indirect Costs | | | |
| Procurement records showing all procurements made with CHSP funds, and documentation of the history of the placement, administration, and closeout of the procurement | | | |

3. Do grantee financial records conform to Federal requirements and identify adequately the source and application of CHSP funds? Yes No
4. Are the financial records supported by documentation? Yes No If not, what is the grantee doing to provide proper documentation?

5. Has the grantee established controls over and accountability for all CHSP funds and property? Yes No
If not, how do they propose to rectify the situation?

6. Does the grantee maintain time sheets for all CHSP staff showing actual time spent on the CHSP? Yes No

7. Are the grantee's financial reports, form HUD-90198 and SF-269, to HUD up to date? Yes No

- 8a. Are sufficient matching funds available to meet program requirements? Yes No

- 8b. Matching funds (other than participant fees) must meet the percentage of the total supportive service cost stated in the grant document.
If not, how does the grantee propose to meet and maintain the required percentage?

- 8c. If the grantee cannot meet this percentage, it must submit to HUD a request to have an adjustment made to decrease the Federal grant share accordingly.
Has this been done? Yes No N/A If not, when will they submit it?

K. Remarks.

- Based upon your review of the records, is the program being carried out in a nondiscriminatory manner, in compliance with the civil rights requirements applicable to this program?
- Provide any comments, observations or recommendations not covered in any other section. Also, provide complete responses to other questions and your general observation on the overall performance of the grantee. (add additional pages as necessary)

I certify that the grantee is operating the CHSP in compliance with HUD/FmHA requirements.

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|---|------|
| GTR (or Reviewer) (name, signature, and title) | Date |
| Reviewed: Chief Loan Management or Assisted Housing/Indian Housing Management or FmHA Management (name and title) | Date |