

Completing a LIHEAP Model Plan with Compliance in Mind

Division of Energy Assistance (DEA)

Office of Community Services (OCS)

Administration for Children & Families (ACF)

U.S. Department of Health and Human Services (HHS)



ADMINISTRATION FOR
CHILDREN & FAMILIES

Agenda

- Overview
- Complete versus Compliant
- Group Activity: LIHEAP Model Plan Sections
- Questions and Answers



Overview

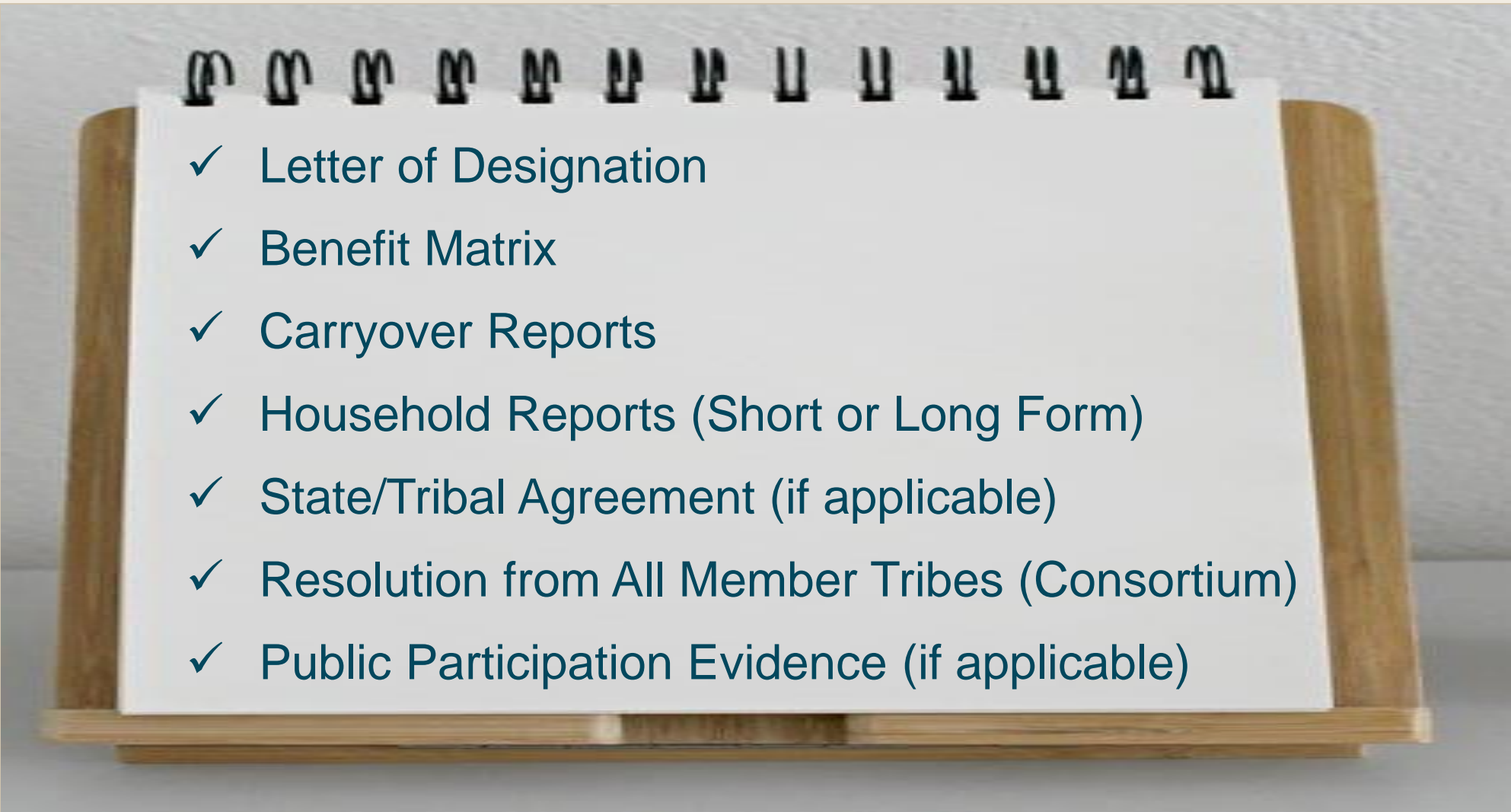
This section provides an overview of the purpose and importance of your Model Plan.

Your Model Plan

- Foundation used to make decisions as you manage your LIHEAP plan
- Addresses each part of the LIHEAP Lifecycle



Complete versus Compliant

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- A wooden spiral-bound notepad is shown, held open by two wooden blocks. The notepad has a white sheet of paper with a list of seven items, each preceded by a checkmark. The spiral binding is visible at the top.
- ✓ Letter of Designation
 - ✓ Benefit Matrix
 - ✓ Carryover Reports
 - ✓ Household Reports (Short or Long Form)
 - ✓ State/Tribal Agreement (if applicable)
 - ✓ Resolution from All Member Tribes (Consortium)
 - ✓ Public Participation Evidence (if applicable)

LIHEAP Model Plan Sections

This section provides a group discussion about how grantees develop various sections of their Model Plans.



Group Activity (10 minutes)

- In groups, review the assigned section and determine whether it is complete and/or compliant.
- Share your challenges and/or personal process for ensuring compliance in the section.
- Have someone from each group take notes using the Discussion Handout.

Tables	Section
1-4	Program Components (Assurance 1)
5-8	Weatherization (Assurance 2)
9-12	Energy Suppliers (Assurance 7)
13-16	Program, Fiscal Monitoring, and Audit
17-20	Program Integrity

Report Back Activity (10 minutes)

Program Components (Assurance 1)

- Was your assigned section complete?
- Was your assigned section compliant?



Not Complete

- Crisis must go to March 15.

Program Components, 2605(a), 2605(b)(1) - Assurance 1, 2605(c)(1)(C)			
1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)		Dates of Operation	
		Start Date	End Date
<input checked="" type="checkbox"/>	Heating assistance	10/01/2018	09/30/2019
<input checked="" type="checkbox"/>	Cooling assistance	10/01/2018	09/30/2019
<input checked="" type="checkbox"/>	Crisis assistance	10/01/2018	02/15/2019
<input type="checkbox"/>	Weatherization assistance		
Provide further explanation for the dates of operation, if necessary			

Not Compliant

- 2% is not a reasonable amount for Crisis.

Estimated Funding Allocation, 2604(C), 2605(k)(1), 2605(b)(9), 2605(b)(16) - Assurances 9 and 16	
1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.	Percentage (%)
Heating assistance	30.00%
Cooling assistance	50.00%
Crisis assistance	2.00%
Weatherization assistance	0.00%
Carryover to the following federal fiscal year	0.00%
Administrative and planning costs	0.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	0.00%
Used to develop and implement leveraging activities	0.00%
TOTAL	100.00%

Not Compliant

- Categorical Eligibility is not adequately explained.

1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?

When determining eligibility [grantee name] does not take into account the source of funds, only the amount. We do have priority in eligibility for crisis situations. Also, most needy using the HHS poverty guideline in helping us determine the most vulnerable populations we serve.

Not Compliant

- The grantee answered “no” to 1.7a. This grantee does not actually do nominal benefits, so they should not answer 1.7d.

1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d.	
1.7b Amount of Nominal Assistance: \$0.00	
1.7c Frequency of Assistance	
<input type="checkbox"/>	Once Per Year
<input type="checkbox"/>	Once every five years
<input type="checkbox"/>	Other - Describe:
1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?	
Determination of Eligibility - Countable Income	

Not Complete

- Grantees are not allowed to count these as forms of income in determining eligibility.

<input type="checkbox"/>	Social Security Administration (SSA) benefits		
	<input type="checkbox"/> Including MediCare deduction	<input checked="" type="checkbox"/>	Excluding MediCare deduction
<input type="checkbox"/>	Supplemental Security Income (SSI)		
<input checked="" type="checkbox"/>	Retirement / pension benefits		
<input type="checkbox"/>	General Assistance benefits		
<input checked="" type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits		
<input checked="" type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) benefits		
<input type="checkbox"/>	Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits		

Section 1 Discussion

Program Components (Assurance 1)

- How would you suggest improving your assigned section?
- What do you put into your own policies to enhance this section of your Model Plan?

Report Back Activity (10 minutes)

Weatherization (Assurance 2)

- Was your assigned section complete?
- Was your assigned section compliant?



Not Compliant

- When using all LIHEAP Rules, it is a maximum of 150% of the FPL.

Eligibility, 2605(c)(1)(A), 2605(b)(2) - Assurance 2			
5.1 Designate the income eligibility threshold used for the Weatherization component			
Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	200.00%
5.2 Do you enter into an interagency agreement to have another government agency administer a WEATHERIZATION component? <input checked="" type="radio"/> Yes <input type="radio"/> No			
5.3 If yes, name the agency.			
5.4 Is there a separate monitoring protocol for weatherization? <input type="radio"/> Yes <input checked="" type="radio"/> No			
WEATHERIZATION - Types of Rules			
5.5 Under what rules do you administer LIHEAP weatherization? (Check only one.)			
<input checked="" type="checkbox"/> Entirely under LIHEAP (not DOE) rules			
<input type="checkbox"/> Entirely under DOE WAP (not LIHEAP) rules			

Not Compliant

- When Yes is selected, there must be an agency name in 5.3.

Eligibility, 2605(c)(1)(A), 2605(b)(2) - Assurance 2			
5.1 Designate the income eligibility threshold used for the Weatherization component			
Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	200.00%
5.2 Do you enter into an interagency agreement to have another government agency administer a WEATHERIZATION component? <input checked="" type="radio"/> Yes <input type="radio"/> No			
5.3 If yes, name the agency.			
5.4 Is there a separate monitoring protocol for weatherization? <input type="radio"/> Yes <input checked="" type="radio"/> No			
WEATHERIZATION - Types of Rules			
5.5 Under what rules do you administer LIHEAP weatherization? (Check only one.)			
<input checked="" type="checkbox"/> Entirely under LIHEAP (not DOE) rules			
<input type="checkbox"/> Entirely under DOE WAP (not LIHEAP) rules			

Not Compliant

- When “Other” is checked, a description is required.

<input type="checkbox"/>	Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.)
<input type="checkbox"/>	Income Threshold
<input type="checkbox"/>	Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.
<input type="checkbox"/>	Weatherization measures are not subject to DOE Savings to Investment Ratio (SIR) standards.
<input checked="" type="checkbox"/>	Other - Describe:

Not Compliant

- When “Yes” is selected for renter policies, there needs to be an explanation in this part.

5.7 Do you have additional/differing eligibility policies for :	
Renters	<input checked="" type="radio"/> Yes <input type="radio"/> No
Renters living in subsidized housing?	<input checked="" type="radio"/> Yes <input type="radio"/> No
5.8 Do you give priority in eligibility to:	
Elderly?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Disabled?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Young Children?	<input checked="" type="radio"/> Yes <input type="radio"/> No
House holds with high energy burdens?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<p>If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.</p> <p>Dwellings which do not meet the criteria for weatherization assistance will be given the option to receive other types of energy assistance e.g. cooling or heating assistance.</p> <p>Priority will be given to households who meet the following criteria Elderly/Disabled (60 years old and older) receiving disability income, Elderly (60 years old and older), Disabled receiving disability income, and families with young children in the household (6 years old and younger).</p>	

Not Compliant

- If the response is “Yes” to 5.9, you must indicate an amount in 5.10

Benefit Levels	
5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household?	<input checked="" type="radio"/> Yes <input type="radio"/> No
5.10 If yes, what is the maximum?	
Types of Assistance, 2605(c)(1), (B) & (D)	
5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)	

Not Complete

- Roof replacement is an unallowable measure.

Types of Assistance, 2605(c)(1), (B) & (D)	
5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)	
<input type="checkbox"/> Weatherization needs assessments/audits	<input checked="" type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input type="checkbox"/> Major appliance Repairs
<input checked="" type="checkbox"/> Storm windows	<input type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/ repairs	<input checked="" type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input checked="" type="checkbox"/> Cooling system modifications/ repairs	<input type="checkbox"/> Water Heater
<input type="checkbox"/> Water conservation measures	<input checked="" type="checkbox"/> Cooling system replacement
<input type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> Other - Describe: wood/coal or pellet stove, cost effective energy related minor home repairs, HVAC, roof replacement

Section 5 Discussion

Weatherization (Assurance 2)

- How would you suggest improving your assigned section?
- What do you put into your own policies to enhance this section of your Model Plan?

Report Back Activity (10 minutes)

Energy Suppliers (Assurance 7)

- Was your assigned section complete?
- Was your assigned section compliant?



Not Compliant

- Grantees must inform clients with information about their benefit amounts either at intake, once eligibility is determined, or in writing at a later time.

9.1 Do you make payments directly to home energy suppliers?	
Heating	<input checked="" type="radio"/> Yes <input type="radio"/> No
Cooling	<input checked="" type="radio"/> Yes <input type="radio"/> No
Crisis	<input checked="" type="radio"/> Yes <input type="radio"/> No
Are there exceptions?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If yes, Describe.	
9.2 How do you notify the client of the amount of assistance paid?	
Clients are made aware of their energy assistance benefit amount when they receive their regularly scheduled energy bill. The vendors include the benefit amount from our office that was paid on behalf of the clients	

Opportunity for Improvement

- Vendor Agreements are strongly encouraged.

9.2 How do you notify the client of the amount of assistance paid?

Clients are made aware of their energy assistance benefit amount when they receive their regularly scheduled energy bill. The vendors include the benefit amount from our office that was paid on behalf of the clients

9.3 How do you assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment?

A bill of payment notice is required at intake and the bill indicates the total bill. At intake, the client will qualify based on income eligibility, vulnerable population status and energy source. We have an agreement with [name] - see attached. We will continue to work towards written agreements with other vendors this program year. When necessary, we have available for clients sign a release of information form that allows us to enquire only about their energy bill.

Not Compliant

- Vendors must be informed of their responsibilities based on Assurance 7.

9.4 How do you assure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHEAP assistance?

This has never been an issue with our LIHEAP Program. If such a complaint is recieved we will intervene, with the clients permission, with the energy provider. The Tribe will work with each vendor this year to clarify eached roles in assurances. We provide at intake and make available a client rights information form.

Section 9 Discussion

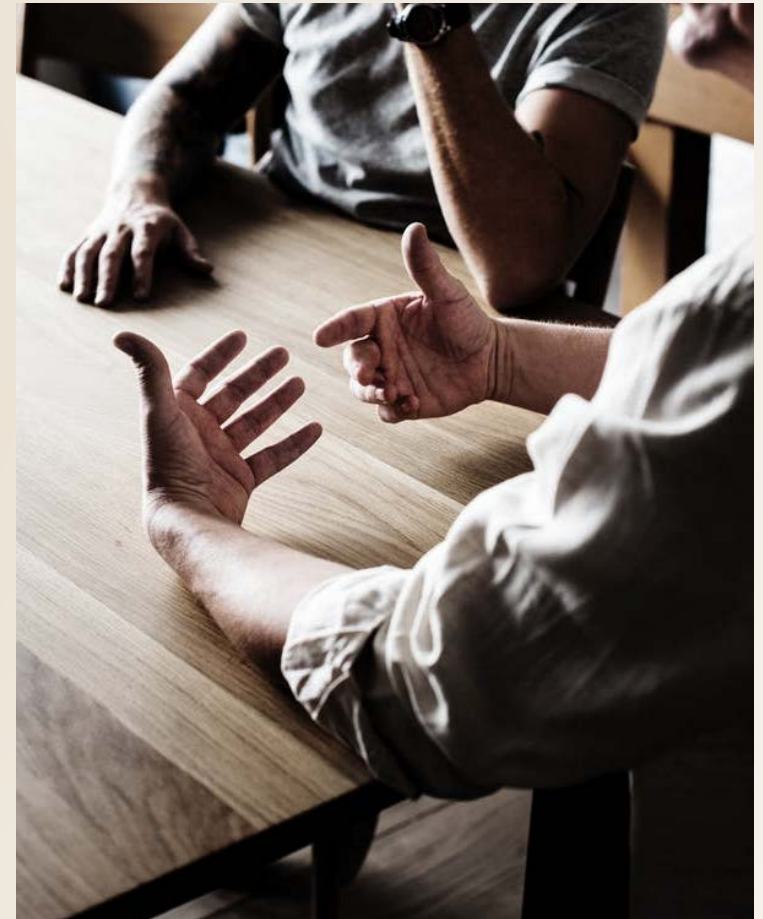
Energy Suppliers (Assurance 7)

- How would you suggest improving your assigned section?
- What do you put into your own policies to enhance this section of your Model Plan?

Report Back Activity (10 minutes)

Program, Fiscal Monitoring, and Audit

- Was your assigned section complete?
- Was your assigned section compliant?



Complete and Compliant

- Provide a detailed description of accounting and tracking.

Section 10: Program, Fiscal Monitoring, and Audit, 2605(b)(10)

10.1. How do you ensure good fiscal accounting and tracking of LIHEAP funds?

[name] maintains fiscal controls and accounting practices in accordance with the [name] Accounting System. Our financial management system maintains financial data and accounting records supported by source documentation for all federal funds administered. [name] internal control structure conforms to state and federal procedures. See below for additional information. We thoroughly track subgrantee awards to ensure that funds are obligated within the allowable contractual period and we track subgrantee obligations and expenditures quarterly to ensure all funds are obligated and spent timely. We track obligations made by the state weatherization agency. We track vendor refunds made to LIHEAP. We also track our own obligation of funds to ensure at least 90% is obligated during the current fiscal year. We ensure separation of funding line items by component (heating, cooling, crisis, weatherization, Assurance 16 activities, administrative) and by federal fiscal year. The [name] Financial Manual establishes the framework and procedures for budgeting, reporting, internal controls, cost allocations, and accountability as described in the cost principles applicable to the grant. [name] Finance conducts monthly reconciliation of funds and expenditures to ensure accuracy and reliability for data reporting. All LIHEAP expenditures are tracked and monitored using the financial software. In addition to program and fiscal compliance monitoring, the [name] is required to have an independent, single A-133 audit once per year. The Auditor Reviews the LIHEAP's compliance process.

Not Compliant

- The grantee marked no finding but did have a finding.

10.3. Describe any audit findings rising to the level of material weakness or reportable condition cited in the A-133 audits, Grantee monitoring assessments, inspector general reviews, or other government agency reviews of the LIHEAP agency from the most recently audited fiscal year.				
No Findings <input type="checkbox"/>				
Finding	Type	Brief Summary	Resolved?	Action Taken
1	other	It was found [name] misinterpreted the period of performance and obligated federal funds outside the period of performance.	Yes	procedure/policy changes

Not Compliant

- Not enough mechanisms for monitoring are checked.

Local Administering Agencies / District Offices:

☐

On - site evaluation

☐

Annual program review

☐

Monitoring through central database

☐

Desk reviews

☒

Client File Testing / Sampling

☐

Other program review mechanisms are in place. Describe:

Complete and Compliant

- Explains the process and includes a copy of the assessment tool they use.

10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.

[name] will conduct a combination of in-house and on-site compliance monitoring. In general, [name] monitoring schedule runs from March 1 - October 31.

Please refer to [name] Monitoring Scope for details on the monitoring protocols that will be implemented in Federal Fiscal Year 2019. See attached monitoring risk assessment tool.

Section 10 Discussion

Program, Fiscal Monitoring, and Audit

- How would you suggest improving your assigned section?
- What do you put into your own policies to enhance this section of your Model Plan?

Report Back Activity (10 minutes)

Program Integrity

- Was your assigned section complete?
- Was your assigned section compliant?



Not Complete

- When “Other” is checked, a description is required.

17.1 Fraud Reporting Mechanisms	
a. Describe all mechanisms available to the public for reporting cases of suspected waste, fraud, and abuse. Select all that apply.	
<input type="checkbox"/>	Online Fraud Reporting
<input type="checkbox"/>	Dedicated Fraud Reporting Hotline
<input type="checkbox"/>	Report directly to local agency/district office or Grantee office
<input type="checkbox"/>	Report to State Inspector General or Attorney General
<input type="checkbox"/>	Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse
<input checked="" type="checkbox"/>	Other - Describe:

Not Compliant

- Documentation is required.

17.2. Identification Documentation Requirements						
a. Indicate which of the following forms of identification are required or requested to be collected from LIHEAP applicants or their household members.						
Type of Identification Collected	Collected from Whom?					
	Applicant Only		All Adults in Household		All Household Members	
Social Security Card is photocopied and retained	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required
	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested
Social Security Number (Without actual Card)	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required
	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested
Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required
	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested
Other	<input type="checkbox"/> Applicant Only Required	<input type="checkbox"/> Applicant Only Requested	<input type="checkbox"/> All Adults in Household Required	<input type="checkbox"/> All Adults in Household Requested	<input type="checkbox"/> All Household Members Required	<input type="checkbox"/> All Household Members Requested
1 income verification for anyone in the home (18 years or older)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not Compliant

- Verification is required.

17.4. Citizenship/Legal Residency Verification	
What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.	
<input type="checkbox"/>	Clients sign an attestation of citizenship or legal residency
<input type="checkbox"/>	Client's submission of Social Security cards is accepted as proof of legal residency
<input type="checkbox"/>	Noncitizens must provide documentation of immigration status
<input type="checkbox"/>	Citizens must provide a copy of their birth certificate, naturalization papers, or passport
<input type="checkbox"/>	Noncitizens are verified through the SAVE system
<input type="checkbox"/>	Tribal members are verified through Tribal enrollment records/Tribal ID card
<input type="checkbox"/>	Other - Describe:

Opportunity for Improvement

- Identify other ways clients are supporting themselves.

17.5. Income Verification	
What methods does your agency utilize to verify household income? Select all that apply.	
<input checked="" type="checkbox"/>	Require documentation of income for all adult household members
<input checked="" type="checkbox"/>	Pay stubs
<input checked="" type="checkbox"/>	Social Security award letters
<input type="checkbox"/>	Bank statements
<input type="checkbox"/>	Tax statements
<input checked="" type="checkbox"/>	Zero-income statements
<input checked="" type="checkbox"/>	Unemployment Insurance letters
<input type="checkbox"/>	Other - Describe:

Opportunity for Improvement

- Ensure as many safeguards are in place as possible to protect client information.

17.6. Protection of Privacy and Confidentiality	
Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.	
<input type="checkbox"/>	Policy in place prohibiting release of information without written consent
<input type="checkbox"/>	Grantee LIHEAP database includes privacy/confidentiality safeguards
<input checked="" type="checkbox"/>	Employee training on confidentiality for:
<input checked="" type="checkbox"/>	Grantee employees
<input type="checkbox"/>	Local agencies/district offices
<input type="checkbox"/>	Employees must sign confidentiality agreement
<input type="checkbox"/>	Grantee employees
<input type="checkbox"/>	Local agencies/district offices
<input checked="" type="checkbox"/>	Physical files are stored in a secure location
<input type="checkbox"/>	Other - Describe:

Section 17 Discussion

Program Integrity

- How would you suggest improving your assigned section?
- What do you put into your own policies to enhance this section of your Model Plan?



Conclusion

This section summarizes key points from the session.

Summary

- Think about your Model Plan year-round.
- Your Model Plan must be an up-to-date, accurate reflection of how your LIHEAP plan actually operates.
- Do not include facets of the program that you will not administer.
- You can modify your Model Plan at any point in the federal fiscal year (FFY).

Resources

- **LIHEAP Web Site**
<https://www.acf.hhs.gov/ocs/programs/liheap>
- **LIHEAP Plans and Program Integrity Assessments**
<https://www.acf.hhs.gov/ocs/resource/model-plan-and-program-integrity-assessment-application-for-liheap>
- **Examples of LIHEAP Grantees' Policies and Plans**
<https://liheapch.acf.hhs.gov>
- **LIHEAP Grantee Resources**
<https://www.acf.hhs.gov/ocs/resource/grantee-resources>

LIHEAP Liaisons

- <https://www.acf.hhs.gov/ocs/resource/division-of-energy-assistance-federal-staff>

Region	Liaison	Phone	States
1 – Boston	Patrice West	202-401-5999	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
2 – New York	Josephine Rago-Adia	202-401-4710	New Jersey, New York, Puerto Rico, Virgin Islands
3 – Philadelphia	Kate Thomas	202-690-5737	Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia
4 – Atlanta	Josephine Rago-Adia	202-401-4710	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee
5 – Chicago	Patrice West	202-401-5999	Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin
6 – Dallas	Kate Thomas	202-690-5737	Arkansas, Louisiana, New Mexico, Oklahoma, Texas
7 – Kansas City	Vikki Pretlow	202-205-9901	Iowa, Kansas, Missouri, Nebraska
8 – Denver	Vikki Pretlow	202-205-9901	Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming
9 – San Francisco	Josephine Rago-Adia	202-401-4710	Arizona, California, Hawaii, Nevada, Guam, Northern Mariana Islands, American Samoa
10 – Seattle	Patrice West	202-401-5999	Alaska, Idaho, Oregon, Washington

Questions?

