
ATTENTION OF:
All Louisiana Low Income Home Energy
Assistance Program (LIHEAP) Providers

Memorandum: LA LIHEAP 07

ISSUED: February 9, 2023

SUBJECT: Louisiana LIHEAP Subgrantee Monitoring Instrument

The Louisiana LIHEAP Service Delivery Guide, Subgrantee Agreement, and annual LIHEAP Model Plan cover Louisiana expectations for Subgrantee local administration and program delivery of the LIHEAP to Louisiana citizens.

This memorandum here by gives notice of a full update to the Louisiana LIHEAP Subgrantee Monitoring Instrument by which all Subgrantees will be reviewed for compliance with federal and state LIHEAP statutes, regulations, and notices.

Rating Categories include:

- Service Delivery
- Client Eligibility and Benefit Determination
- Administrative Operations
- Management Policies and Procedures
- Fiscal Standards

As the Grantee for the State of Louisiana, LHC will conduct annual monitorings of all Subgrantees under the LIHEAP program. For additional information regarding the monitoring process, please refer to the **Louisiana LIHEAP Service Delivery Guide, Chapter 8**.

If you have any questions regarding the information in this Memorandum, please contact Lauren Holmes, Program Administrator at lhartley@lhc.la.gov.



Effective February 9, 2023

Document Checklist for Annual Agency Monitoring
Low Income Energy Assistance Program

Program Year:	FY2021	Date:	
Provider/Contractor:	ABC Community Action Agency		
Address:	12345 Main St.	Mailing Address:	12345 Main St.
City:	Lafayette	State:	LA
Zip:	71234		
Name of Executive Director:	Jane Joe		
Contact Person:	John Smith	Position:	LIHEAP Coordinator
Email Address:	jsmitabccaa.org		

Documentation Requirements	Yes, No, N/A	Remarks
1. Copies of outreach material for LIHEAP including, but not limited to, newspapers advertisements documentation of radio and/or television Public Service Announcements, flyers, brochures or other documents utilized to publicize the low income home energy assistance program that is available for citizens in the service delivery area of the agency. Does the agency have copies of outreach material on file for review?		
2. A written description of your agencies intake procedures that detail how the agency handles applicants from their first inquiry to the completion of the application process. Does the agency have a copy of the written description of the agency intake procedures on hand for review?		
3. Copies of the client education material that is made available to, or distributed to eligible applicants. Does the agency have client education material on hand for review? Does the agency utilize an educational video for clients waiting to be serviced?		
4. Documentation of staff training for LIHEAP intake staff employees. Does the agency have documentation on staff training and attendance?		
5. Organizational Chart for Agency. Does the agency have a copy of its organizational chart available for review?		
6. Copies of the written policies utilized by the agency that verify compliance with mandatory program guidelines. (The following may be covered by your agency Policy and Procedure Manual, and if so the manual should be available for review). a.) Prohibition of discrimination in both service delivery and staff employment. b.) Compliance with Americans with Disability Act (ADA). c.) Prohibition of indoor smoking in facilities used by children under the age of 18 d.) Compliance with Federal Minimum Wage Law. e.) Confidentiality Policy regarding client information. f.) Record Retention Policy of the Agency (the policy should include the number of years that records are retained and the method used to destroy the records after the retention period). g.) The agency policy for handling internal grievances and appeals by applicants and staff.		
7. Copy of LIHEAP Manual		
8. LIHEAP Fraud Notification Poster		
9. Equipment Inventory List		
10. General Ledger for LIHEAP		
11. Copy of latest fiscal audit		DATE ANTICIPATED:

Signature of Agency Representative

Date

Signature of LHC Monitor

Date

Management Review Questionnaire
 Low Income Energy Assistance Program

Program Year:		FY2021			Date:		
Provider/Contractor:		ABC Community Action Agency					
Address:		12345 Main St.			Mailing Address:		12345 Main St.
City:	Lafayette	State:	LA	Zip:	71234		
Name of Executive Director:		Jane Joe					
Contact Person		John Smith			Position:		LIHEAP Coordinator
Email Address:		jsmitabccaa.org					
Part A: Service Delivery							
1. Customer Service		Yes, No, N/A		Remarks			
a. Is there a sufficient number of well-trained intake staff?							
b. Is there enough in-take staff to accept applications during the lunch period?							
c. Does the agency's intake procedures allow for walk-ins, intermittent crisis appointments and special consideration for LIHEAP priority groups (i.e. elderly/disabled)?							
d. Are intake procedures adjusted for customer needs? (i.e. clients with special needs)							
e. Does the agency have a referral option for customers needing emergency assistance after-hours, weekends and/or holidays? (i.e. 211, findhelp.org)							
f. If the agency serves multiple parishes, do they have representation in each? (Office hours, drop box, etc.)							
g. Does your agency assess customer satisfaction?							
2. Outreach		Yes, No, N/A		Remarks			
a. Is outreach conducted annually, at least twice a year?							
b. If the agency serves multiple parishes, do they conduct outreach in each?							
c. Do outreach activities effectively target potential applicants throughout the entire service area(s)?							
d. Does the outreach material contain required information? (Eligibility, When and Where to apply)							
3. Application Process		Yes, No, N/A		Remarks			
a. Are intake procedures written?							
b. Are 10% of the applications taken, "first time applicants"?							
c. Does the agency have a waiting list?							
d. Are applications accepted by appointments?							
e. Are there provisions for cancelled, missed or late arrival for appointments?							
f. Does the agency make special arrangements for homebound and disabled persons to apply for assistance? (applicants not able to come in)							
g. Are applicants notified of the eligibility decision?							
h. Are applicants with incomplete application notified in writing regarding the necessary documentation needed to complete their application along with the submission deadline date?							
i. Are applicants notified of the right to appeal?							
j. Are applicants provided information regarding how to appeal or request a fair hearing?							
k. Are applicants provided Energy Conservation education during the application process?							
B. Client Eligibility and Benefit Determination							
4. Eligibility Determination		Yes, No, N/A		Remarks			
a. Is the agency using the current income poverty guidelines to determine eligibility?							
b. Are the correct forms of Proof of Identity, SSN, and Citizenship being collected?							
c. If a manual application is utilized, does the agency complete the Income Determination Worksheet to calculate all earned and unearned income?							
d. Is earned income verified and properly documented?							
e. If the applicant receives a utility allowance and is not eligible for waiver of that allowance, does the agency complete the Utility Allowance Worksheet, prior to calculating the benefit amount?							
f. Does the agency establish applicant's vulnerability (responsibility) and maintain documentation of that vulnerability?							
g. If a manual application is utilized, does the agency ensure that an applicant has not received a benefit in the current season for Heating or Cooling, past 12 months for Crisis?							
h. If a manual application is utilized, are applicants in the targeted groups identified and benefits calculated to receive the additional \$100.00 payment?							
i. Are applications completed accurately and signed by the applicant and worker?							
j. If the LES system is down, does the agency have a system to avoid duplication?							
5. Income Verification		Yes, No, N/A		Remarks			
a. Is monthly income verified for all household members?							
b. Is household income calculated correctly?							
6. Energy Cost		Yes, No, N/A		Remarks			
a. Do applicants provide bills for one-month energy cost incurred within the last 30 days?							
b. Are energy costs correctly determined for Heating/Cooling benefit(s)?							
c. Does the agency establish the applicant's responsibility for the energy cost?							
7. Benefit Payment Calculation		Yes, No, N/A		Remarks			

a. Are benefit payments calculated correctly?												
b. Do households with a priority member receive an additional \$100.00?												
8. Delivery of Benefit	Yes, No, N/A	Remarks										
a. Are Requests for Payment submitted to LHC before Tuesday of the week following the week expenditures were committed?												
b. Is the Notice of Benefit from the software being provided at the time of application or emailed/mailed timely?												
9. Crisis Assistance Program	Yes, No, N/A	Remarks										
a. Does the agency determine eligibility according to the criteria established for crisis assistance?												
b. Does the agency have required documentation of crisis? (i.e. Disconnect/Shut-Off Notice/Other Documentaion from Utility Vendor)												
c. Are responses to all requests for assistance met within the timelines?												
d. Does the agency make pledges?												
e. Were crisis payments correct and not above the maximum benefit amount?												
f. If the Amount to Resolve the Crisis exceeded the maximum allowable benefit, was there documentation to show that the crisis was resolved by other sources?												
g. If any Crisis Equipment Repair/Replacement benefits were processed, did the agency have the proper documentation and pay the correct benefit amount?												
h. If any Disaster Relief (In- Kind) benefits were processed, did the agency have the proper documentation and pay the correct benefit amount?												
i. If any past due balances were included in the crisis assistance benefit payment, did the agency have approval from LHC?												
Part C: Administrative Operations												
10. Financial Management	Yes, No, N/A	Remarks										
a. Does the agency commission an annual independent audit of its operations?												
b. Does the agency have a cost allocation plan for all funds received by their agency?												
11. LIHEAP Contract Documentation Submission	Yes, No, N/A	Remarks										
a. Does the agency submit their LIHEAP contract timely?												
b. Does the agency submit a Cost Allocation Plan and annual LIHEAP budget?												
c. Does the agency submit an Assurance 16 (Client Education) Annual Proposal?												
d. Does the agency have all required insurance coverages at appropriate coverage amounts?												
e. Did the agency start the Heating and/or Cooling Seasons timely? If not, was the reason justified?												
12. Audit Policy	Yes, No, N/A	Remarks										
a. Has the agency completed a timely independent audit? (Indicate date completed)												
b. Are there any unresolved findings?												
c. Has a copy of the audit been submitted to LHC?												
13. Reporting	Yes, No, N/A	Remarks										
a. Has the Louisiana Energy Software (LES) been implemented properly?												
b. Do all staff have a current Rules of Behavior signed on site?												
c. Are user ID's kept confidential and secured?												
d. Are Requests for Payments submitted to LHC on a weekly basis for client assistance payments?												
e. Are Requests for Reimbursements submitted to LHC on a monthly basis for administrative, program support and client education?												
f. Is electronic reporting completed timely? (Weekly & Monthly invoice requests)												
g. Is the final close-out report (LIHEAP Closeout Checklist) submitted within thirty (30) calendar days after the expiration of the program year?												
h. Is the Client Education closeout report (Assurance 16 (Client Education) Household Tracking Report) showing all Client Education activities submitted annually by August 15th?												
14. Record keeping	Yes, No, N/A	Remarks										
a. Are LIHEAP administrative files kept for six years?												
b. Are LIHEAP accounting files kept for six years?												
c. Are LIHEAP client files kept for six years?												
15. Client File Setup and Organization of Documents	Yes, No, N/A	Remarks										
Selection of Files												
The LHC Monitor will select a sample of client files. The number of the sample will be based upon the Minimum File Sample chart below.												
<table border="1"> <thead> <tr> <th>Number of Clients Served</th> <th>Minimum File Sample</th> </tr> </thead> <tbody> <tr> <td>100 or fewer</td> <td>5 files plus 1 for each 10 clients over 50</td> </tr> <tr> <td>101-1000</td> <td>10 files plus 1 for each 50 clients or part of 50 over 100</td> </tr> <tr> <td>1001-2500</td> <td>20 files plus 1 for each 250 clients or part of 150 over 1000</td> </tr> <tr> <td>Over 2500</td> <td>25 files plus 1 for each 400 clients or part of 200 over 2,500</td> </tr> </tbody> </table>			Number of Clients Served	Minimum File Sample	100 or fewer	5 files plus 1 for each 10 clients over 50	101-1000	10 files plus 1 for each 50 clients or part of 50 over 100	1001-2500	20 files plus 1 for each 250 clients or part of 150 over 1000	Over 2500	25 files plus 1 for each 400 clients or part of 200 over 2,500
Number of Clients Served	Minimum File Sample											
100 or fewer	5 files plus 1 for each 10 clients over 50											
101-1000	10 files plus 1 for each 50 clients or part of 50 over 100											
1001-2500	20 files plus 1 for each 250 clients or part of 150 over 1000											
Over 2500	25 files plus 1 for each 400 clients or part of 200 over 2,500											
a. Are applicants' records organized, properly maintained, and secured in a confidential manner to ensure protection of Personally Identifiable Information (PII)? (Electronic and/or Hardcopy files)												
b. Do eligible client files contain all the required forms and documentation?												
c. Do ineligible client files contain all the required forms?												
16. Inventory Control	Yes, No, N/A	Remarks										

a. Does the agency maintain a LIHEAP inventory log of equipment and supplies over \$100?		
b. Does the inventory log contain all the required information? (brand/manufacturer/serial number/location)		
c. Does the agency have all required documentation regarding any transfers of equipment/supplies?		
17. Federal and State Compliance	Yes, No, N/A	Remarks
a. Does the agency have a written policy to prohibit discrimination in service delivery?		
b. Does the agency have a written policy to prohibit discrimination in employment?		
c. Does the agency have a written policy to comply with ADA (Americans with Disability Act)?		
d. Does agency have a written policy to prohibit indoor smoking in facilities used by children under the age of 18?		
e. Does the agency have a written policy for Internal Grievances and Appeals?		
f. Does the agency have a written policy to comply with the Minimum Wage Law?		
g. Does the agency have a written policy to comply with confidentiality laws?		
h. Does the agency have a written policy to prohibit use of program funds for political support/purposes?		
i. Is the agency presently debarred, suspended or declared ineligible from any federal departments?		
j. Does the agency have a written policy for record maintenance and destruction?		
k. Does the agency maintain adequate and appropriate insurances?		
l. Are facilities and equipment maintained appropriately to deliver services?		
m. Does the agency provide in-house training sessions?		
n. Does the agency hold staff meetings and disseminate program materials to appropriate staff?		
o. Does the agency have a Personnel Policy and Procedures, which is accessible or distributed to staff?		
p. Does the agency have a Limited English Proficiency (LEP) Plan indicating how they will assist non-English speaking applicants?		
D. Management Policies and Procedures		
18. Staffing and Training	Yes, No, N/A	Remarks
a. Is the number of trained staff appropriate for service delivery?		
b. Does the agency provide formal training for staff?		
c. Does the agency have a system to keep staff informed?		
19. Performance Measures / Production Benchmarks	Yes, No, N/A	Remarks
a. Has agency expended Heating and Cooling funds as specified in the contract program schedule?		
b. Has agency expended Crisis funds as specified in the contract program schedule?		
c. Has agency expended or Administrative/Program Support/Client Education (Assurance 16) funds as specified in the contract program schedule?		
20. Policy and Procedure	Yes, No, N/A	Remarks
a. Do in-take workers refer to policy manual in their day-to-day activities?		
b. Is there a policy manual available on site for staff use?		
c. Does the agency maintain a file with all current program memoranda?		
d. Does the agency have Internal Grievance Procedures for their customers?		
e. Does the agency have policy and procedures for processing applications from employees and their relatives?		
21. On-Site Office	Yes, No, N/A	Remarks
a. Are EEO and Minimum Wage Posters displayed?		
b. Are office hours and phone number posted?		
c. Are office hours convenient for prospective applicants?		
d. Are handouts or brochures regarding energy programs available to interested persons?		

Part E: Fiscal Standards		
22. Cost Allocation of Expenses	Yes, No, N/A	Remarks
a. Does the agency submit reimbursement requests for eligible LIHEAP expenses according to their accepted Cost Allocation Plan?		
b. Does the Cost Allocation Plan appropriately allocate Administrative expenses over all programs to ensure to ensure the agency does not exceed the allocated amount to ensure the state does not exceed 10% ?		
23. Budget Revisions	Yes, No, N/A	Remarks
a. Does the agency review their contract allocations and submit budget revision requests to ensure they meet performance benchmark requirements?		
24. Request for Reimbursement Invoice Submission	Yes, No, N/A	Remarks
a. Does the agency submit monthly request for reimbursement invoices timely?		
b. Do the source documents support reimbursement requests?		
c. Does the agency request and receive written pre-approval of expenses over \$5,000?		
d. Does the agency's general ledger balance with the Requests for Reimbursements?		
e. Does the agency owe money back to the program due to payment for an ineligible activity or expense?		

Signature of Person Completing Form

Date



Monitoring Summary Report
Low Income Energy Assistance Program

Program Year:	FY2021	Date of Report:	
Provider/Contractor:	ABC Community Action Agency		
Address:	12345 Main St.	Mailing Address:	12345 Main St.
City:	Lafayette	State:	LA
Zip:	71234		
Name of Executive Director:	Jane Joe		
Contact Person:	John Smith	Position:	LIHEAP Coordinator
Email Address:	jsmitabccaa.org		

For each item reviewed:

- Exceeds Standards** : No noted issues, or a few minor problems contractor can correct
- Meets Standards** : Problems contractor can correct
- Below Standards** : Immediate action required by agency
- Unacceptable** : Major issues to be resolved

For each applicable category, assess the overall performance by checking the appropriate column. Indicate A (Acceptable) or C (Corrective Action Required). Include a Target Completion Date (TCD) for all corrective action items.

A. Service Delivery:	A	C	TCD	Enter a score between 1 and 100 for the Service Delivery Rating. <u>82</u> is 15% of the overall score. This category is rated Meets Standards
1. Customer Service				
2. Outreach				
3. Application Process				
B. Client Eligibility and Benefit Determination:	A	C	TCD	Enter a score between 1 and 100 for the Client Eligibility and Benefit Determination Rating. <u>64</u> is 25% of the overall score. This category is rated Below Standards
4. Eligibility Determination				
5. Income Verification				
6. Energy Cost				
7. Benefit Payment Calculation				
8. Delivery of Benefits				
9. Crisis Assistance Program				
C. Administrative Operations:	A	C	TCD	Enter a score between 1 and 100 for the Administrative Operations Rating. <u>77</u> is 15% of the overall score. This category is rated Below Standards
10. Financial Management				
11. LIHEAP Contract Documentation Submission				
12. Audit Policy				
13. Reporting				
14. Record keeping				
15. Client File Setup/Organization				
16. Inventory Control				
17. Federal and State Compliance				
D. Management Policies and Procedures:	A	C	TCD	Enter a score between 1 and 100 for the Management Policies and Procedures Rating. <u>73</u> is 20% of the overall score. This category is rated Meets Standards
18. Staffing and Training				
19. Performance Measures / Production Benchmarks				
20. Policy and Procedures				
21. On-Site Office				
E. Fiscal Standards:	A	C	TCD	Enter a score between 1 and 100 for the Fiscal Standards Rating. <u>63</u> is 25% of the overall score. This category is rated Below Standards
22. Cost Allocation of Expenses				
23. Budget Revisions				
24. Request for Reimbursement Invoice Submissions				

F. Overall Rating: Exceeds Standards Meets Standards Below Standards Unacceptable 73 Overall Score.

LIHEAP Monitor Certification: I certify the rating indicated above, along with associated supplements (if applicable), represents a true and accurate assessment of the provider's compliance with the LIHEAP policy and the delivery of services. The assessment and resulting ratings are based on documented findings and/or information.

Report Prepared By:	Approved By:
Signature of Person Preparing Report	Signature of Person Approving Report
Date	Date

Item No.	Client Name/Description of Finding	Corrective Action Y/N
	Condition: Reference: Corrective Action:	

LHC RATING MATRIX FOR ANNUAL LIHEAP MONITORING

Category	Performance Indicator	Performance Indicator Value	Percentage of Overall Rating	Calculated Points
Service Delivery	Meets Standards	82	15%	13
Client Eligibility and Benefit Determination	Below Standards	64	25%	17
Administrative Operations	Meets Standards	77	15%	12
Management Policies and Procedures	Meets Standards	73	20%	15
Fiscal Standards	Below Standards	63	25%	16
Totals			100%	73
Overall Rating				73

Performance Indicator	Performance Indicator Value
Exceeds Standards	85 – 100
Meets Standards	70 - 84
Below Standards	55 - 69
Unsatisfactory	<=54

SECTION	# OF QUESTIONS	# ANSWERED "NO"	SCORE
Service Delivery	22	4	82
Client Eligibility and Benefit Determination	28	10	64
Administrative Operations	43	10	77
Management Policies and Procedures	15	4	73
Fiscal Standards	8	3	63
TOTAL	116		