

ALLEGHENY COUNTY
DEPARTMENT OF HUMAN SERVICES



CONTRACT MANUAL

COMMUNITY SERVICES BLOCK GRANT (CSBG)

Updated July 2020

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COMMUNITY SERVICES BLOCK GRANT (CSBG)

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CHAPTER 1: INTRODUCTION

Community Services Block Grant (CSBG) is a federal formula block grant administered by the Federal Department of Health and Human Services, Administration for Children and Families, Office of Community Services. CSBG is administered in Pennsylvania by the Department of Community and Economic Development. CSBG funds are provided to eligible entities to provide a full range of services and activities that have a measurable and significant impact on the causes of poverty in the community. CSBG supports low-income families and individuals to move towards stability and economic security and supports initiatives to address needs in communities that will improve community conditions and economic opportunities. Eligible entities that receive CSBG funds from the Department of Community and Economic Development are organizations which are designated as a Community Action Agency (CAA), a Community Action Program or a Limited Purpose Agency. In Allegheny County outside of the City of Pittsburgh, Allegheny County Department of Human Services is designated as the CAA. In the City of Pittsburgh, Pittsburgh Community Services, Inc. is designated as the CAA.

The amount of CSBG funds provided to Allegheny County Department of Human Services annually is based on the amount of CSBG funds approved in the federal budget, the amount of CSBG funds allocated to Pennsylvania, and a formula that determines the amount of CSBG funds awarded to a CAA based on population, poverty and unemployment data.

CSBG Contract Manual contains information regarding requirements that must be met by CONTRACTOR(S) [hereinafter referred to as SERVICE PROVIDER(S)] that receive CSBG funds from Allegheny County Department of Human Services. Any questions that service providers may have about CSBG Contract Manual or CSBG are to contact the Allegheny County Department of Human Services, Office of Community Services.

CHAPTER 2: GENERAL REQUIREMENTS

SERVICE PROVIDER who receives CSBG funds from DHS shall adhere to the contract requirements contained in the AGREEMENT between COUNTY and SERVICE PROVIDER, DHS General Requirements Contract Specifications Manual, CSBG Contract Manual, and to other documents that pertain to current contractors all of which are posted on the DHS website, including those identified in Exhibit D of the AGREEMENT.

1) GLOSSARY OF TERMS

The following terms within the Contract Manual have the following definitions:

- A. COUNTY refers to the County of Allegheny.
- B. DHS refers to the Allegheny County Department of Human Services.
- C. OCS refers to the Office of Community Services, a program office of DHS.
- D. SERVICE PROVIDER refers to the agency contracted to provide services under the agreement with DHS.
- E. DCED refers to the Pennsylvania Department of Community and Economic Development.
- F. CSBG refers to the Community Services Block Grant.
- G. WORKSTATEMENT refers to the scope of work to be performed by the service provider.
- H. SERVICE PROFILE refers to the service template contained in the Contract Manual for CSBG that is completed by the service provider and is approved by OCS.
- I. AGREEMENT refers to the contract established between the COUNTY and the SERVICE PROVIDER in which the services to be provided are defined.

2) GENERAL PROVISIONS

SERVICE PROVIDER ensures that it will abide by the terms and conditions as stipulated in the AGREEMENT between COUNTY and SERVICE PROVIDER, ensures that services will be provided only to individuals and families who meet the eligibility criteria established under the CSBG as specified in the CSBG Contract Manual, or ensures that a community initiative will align with the scope of work as defined in the WORKSTATEMENT.

3) MANDATED REPORTERS

SERVICE PROVIDER shall be familiar with and adhere to the requirements contained in Chapter 63, Child Protective Services Law.

4) PURCHASE OF EQUIPMENT

Any furnishings and equipment purchased by SERVICE PROVIDER with CSBG funds provided hereunder for use in the performance of this AGREEMENT shall be pre-approved by COUNTY, shall be the property of COUNTY, and at the request of COUNTY shall be delivered to COUNTY upon the termination or conclusion of this AGREEMENT.

- A. SERVICE PROVIDER shall maintain and administer in accordance with sound business practice a program for the maintenance, repair, protection, preservation and insurance of all furnishings and equipment belonging to COUNTY and used by SERVICE PROVIDER in the performance of this Agreement.
- B. An up-to-date inventory of furnishings and equipment purchased during present and previous fiscal years must be maintained by SERVICE PROVIDER.
- C. Any furnishings and equipment belonging to COUNTY and used by SERVICE PROVIDER in the performance of this Agreement, unless otherwise provided herein or approved in writing by the COUNTY, shall be used only in the performance of this Contract.
- D. In the event that SERVICE PROVIDER is indemnified, reimbursed or otherwise compensated for any loss or destruction of, or damage to, any furnishings or equipment belonging to COUNTY and used by SERVICE PROVIDER in the performance of this AGREEMENT, it shall use the proceeds to repair, renovate or replace COUNTY property involved, or shall credit such proceeds against the cost of the work covered by the contract or shall otherwise reimburse COUNTY as directed.

CHAPTER 3: CSBG PROGRAM REQUIREMENTS

a. Service Profile

SERVICE PROVIDER shall complete and submit a SERVICE PROFILE to OCS in a Word document for the period of time covered by the AGREEMENT. The SERVICE PROFILE shall include the information listed in the designated template by inserting information after each numbered item. There is a SERVICE PROFILE template for services to individuals and families and a SERVICE PROFILE template for a community initiative. SERVICE PROFILE templates are located in the Appendix to this manual. SERVICE PROFILE shall be updated and submitted to OCS during the period of the AGREEMENT should there be changes.

CHAPTER 3: CSBG PROGRAM REQUIREMENTS

b. Workstatement

WORKSTATEMENT is a description of the scope of work to be performed by the SERVICE PROVIDER for the services purchased by the COUNTY. WORKSTATEMENT is prepared by the COUNTY. WORKSTATEMENT is reviewed by the SERVICE PROVIDER during the contracting process. If the SERVICE PROVIDER has any questions or concerns about WORKSTATEMENT, SERVICE PROVIDER is responsible to bring this information to the attention of the COUNTY (OCS is the 1st point of contact). COUNTY will address any questions or concerns raised by the SERVICE PROVIDER. WORKSTATEMENT shall not change during the period of the AGREEMENT unless COUNTY and SERVICE PROVIDER agree to the change in a written amendment to the AGREEMENT.

WORKSTATEMENT sections include name of SERVICE PROVIDER, name of DHS Office associated with SERVICE PROVIDER, name of service, description of service, responsibility of SERVICE PROVIDER relative to the delivery of the contract service, other information as determined by COUNTY.

CHAPTER 3: CSBG PROGRAM REQUIREMENTS

c. Contract Funding, Payment Method, Budget, Invoices

DHS will inform the SERVICE PROVIDER of the contract funding award for services purchased by the COUNTY under the AGREEMENT. The contract funding award represents the amount of funding the COUNTY has agreed to provide to the SERVICE PROVIDER for services funded under the AGREEMENT.

The payment method for the disbursement of funding by the COUNTY to the SERVICE PROVIDER is determined by the COUNTY. Current payment methods include program funding and capped fee for service funding. Program funding is a payment method in which expenditures incurred by the SERVICE PROVIDER consistent with the approved budget are invoiced by the SERVICE PROVIDER per DHS policy and paid to the SERVICE PROVIDER by the COUNTY. Capped fee for service funding is a payment method in which total funding awarded is capped with fees paid to the SERVICE PROVIDER based upon a fee structure which is mutually agreeable between the SERVICE PROVIDER and DHS.

SERVICE PROVIDER who receives a program funding award from the COUNTY is required to establish a budget for the service that is mutually agreeable between SERVICE PROVIDER and DHS. The budget is submitted by SERVICE PROVIDER to DHS in the Master Provider Enterprise Repository, Program Funded module. DHS is responsible to review and approve the budget. DHS is responsible to notify SERVICE PROVIDER if the budget is not approved, the reason for non-approval, and changes that are required. The budget must be approved by DHS before any payments can be made to SERVICE PROVIDER. SERVICE PROVIDER is responsible to request of OCS approval of a modification to an approved budget. Budget modifications that are approved by OCS are prepared in the Master Provider Enterprise Repository, Program Funded module.

SERVICE PROVIDER who receives either a program funding award or a capped fee for service funding award is responsible to invoice DHS monthly following DHS policy and procedures. Monthly invoicing for a program funding award is through the Master Provider Enterprise Repository, Fiscal Enterprise. Monthly invoicing for capped fee for service funding award is through an invoicing process defined by DHS. Monthly invoices are reviewed and approved by OCS before remitted to DHS Fiscal Office for payment processing.

CHAPTER 3: CSBG PROGRAM REQUIREMENTS

d. Acknowledgement of Funding

Under the agreement the COUNTY has with DCED relative to CSBG funding, DCED requires that the following statement be added to publications issued by COUNTY or SERVICE PROVIDER regarding services or projects which are funded by CSBG:

This (project or service) is funded in whole or in part under the Community Services Block Grant (CSBG) from the Federal Department of Health and Human Services under the administration of the Commonwealth of Pennsylvania, Department of Community and Economic Development. Allegheny County Department of Human Services is the local agency which makes the CSBG funding award.

CHAPTER 3: CSBG PROGRAM REQUIREMENTS

e. Eligibility for Services

SERVICE PROVIDER who receives CSBG funding to provide services to individuals and families to achieve stability and economic security is required to determine eligibility for services at the referral stage of the intake process prior to enrollment. Eligibility for services is based on eligible family unit income being within the allowable Federal Poverty Level (FPL), age 18 years of age and above, and residence in Allegheny County outside the City of Pittsburgh.

CSBG income eligibility requires that a person's income in relation to their family size does not exceed 200% of the FPL. Income eligibility determination is based on total eligible family income for the 30-day period immediately preceding the date of application for services. As the FPL is based on annual income, the income for the past immediate 30 days is multiplied by 12. FPL is published annually by Health and Human Services (HHS). SERVICE PROVIDER is required to use the annually determined FPL for determination of CSBG income eligibility. Income that applies towards eligibility includes salaries, wages, dividends, interest, Social Security retirement benefits, unemployment compensation, cash receipts of family members and others residing in the home. Income that does not apply towards eligibility includes Temporary Assistance for Needy Families (TANF), General Assistance (GA) benefits, Social Security Disability Insurance (SSDI) payments, Supplemental Security Income (SSI) and training program stipends, Social Security survivor benefits, CARES Act Economic Relief Funds, income tax refunds, income from unrelated persons in the home such as foster child, income from emancipated minors in the home, salary or wages from children under 18 years of age in the home.

Documentation of income from persons served includes salary or wage statements, W-2 forms, telephone statement, signed statement, or document from County Assistance Office or Social Security Administration which documents income and income type, self-declaration statement signed by the person who receives services. When a self-declaration is used, a reason is documented in the case file as to why the self-declaration is used, and the length of time the self-declaration covers is 90 days, at which point a redetermination of eligibility is required, which can be an additional self-declaration when appropriate.

The redetermination of income eligibility after the initial determination of eligibility is to be completed annually every 365 days. However, should a life event occur which the SERVICE PROVIDER is made aware of such as marriage, birth of child, change in family composition, change in employment status, to name a few, a redetermination of eligibility is required at that time. A redetermination of eligibility is also required if there is a lapse of 60 or more days between the determination of eligibility and the start of a person's participation in a program or service.

When persons no longer meet eligibility criteria, SERVICE PROVIDER has up to 30 days to transition the person from services. The transition process includes the completion of case note(s), referrals when appropriate, completed service closure and case file checklists, and a closure letter, all of which are uploaded in the client's electronic case record in DHS Synergy information technology application by SERVICE PROVIDER. The completion of service closure and case file checklists and closure letter do not apply to individual/family supports/emergency assistance and workforce development services. Workforce development services does not use Synergy information technology application, therefore case file information will be stored in a different platform used by workforce development services.

As CSBG funds are used to support the DHS Self-Sufficiency Program (includes self-sufficiency services, employment training services, and employment assistance services), individual/family supports/emergency assistance, and workforce development services, SERVICE PROVIDER shall adhere to CSBG income eligibility requirements for persons served. OCS requires SERVICE PROVIDER to secure income documentation and household size information to determine income eligibility. SERVICE PROVIDER is required to use DHS's Synergy information technology application which has an eligibility calculator to determine income eligibility. The eligibility calculator also uses Allegheny County residency outside City of Pittsburgh and the age of 18 or older as additional eligibility criteria. Synergy information technology application is not used for workforce development services. Accordingly, workforce development services shall determine eligibility for services by use of an income and household size grid based on 200% FPL, residency in Allegheny County outside City of Pittsburgh, age 18 or older for persons to receive services, and unemployed or underemployed status.

SERVICE PROVIDER who receives CSBG funds to implement a community initiative is not required to determine eligibility for services at the individual and family level as described in this section of the CONTRACT MANUAL. A community initiative is a project or program that is designed to have a positive and measurable impact in a defined community or among a target population relative to a community need that is a cause or condition of poverty. The impact of the community initiative is measured and reported on under the terms of the community initiative as agreed upon by OCS and the SERVICE PROVIDER.

CHAPTER 3: CSBG PROGRAM REQUIREMENTS

f. Self-Sufficiency Services

Self-sufficiency services assists eligible persons to achieve stability and economic security through work with a SERVICE PROVIDER's case manager and/or service coordinator or other comparable direct services positions. Self-sufficiency services is defined by a scope of work and description which is in the contract WORKSTATEMENT for this service. SERVICE PROVIDER who is funded by DHS to provide self-sufficiency services must adhere to the scope of work and responsibilities associated with this service as described in the contract WORKSTATEMENT.

SERVICE PROVIDER is responsible to assess each referral for self-sufficiency services to determine if the person referred meets eligibility requirements and is agreeable to work with SERVICE PROVIDER towards achieving stability and economic security through goals and action steps identified in an individualized service plan. If a person does not meet eligibility requirements or is not agreeable to working on identified goals and action steps, SERVICE PROVIDER shall identify where possible other services and resources the person may qualify for and assist in linking the person to these other services and resources. SERVICE PROVIDER is to transition a person from referral status to either an open case status or close the referral within 60 days from the date of referral.

SERVICE PROVIDER is responsible to complete an intake interview(s) and initial and periodic assessments of each person enrolled in self-sufficiency services. The assessment instrument and process completed by SERVICE PROVIDER is the Adult Needs and Strengths Assessment (ANSA). SERVICE PROVIDER's direct services and supervisory staff who provide and supervise self-sufficiency services are required to be certified and to maintain certification in the ANSA. ANSA certification is managed by DHS. The ANSA is to be completed for each person enrolled in self-sufficiency services within 30-45 days from date of enrollment in services. The ANSA is used by SERVICE PROVIDER to help inform the development of the service plan. Strengths and needs identified in the ANSA are to be imported by SERVICE PROVIDER into the service plan. The ANSA is to be updated no less than every 6 months from the date of the most recent ANSA.

The development of the initial service plan is to be completed within 60 days from date of enrollment by SERVICE PROVIDER and the person enrolled in self-sufficiency services. The service plan is to be formally accepted by the person enrolled in self-sufficiency services which includes a confirmation of same in DHS Synergy information technology application and a signature by the person of service plan acceptance. The direct services staff person of SERVICE PROVIDER is required to place their signature on the accepted service plan. The service plan is to include goals the person enrolled in self-sufficiency services wants to achieve, referrals made when applicable, action steps to be taken to achieve the goals, and timeline relative to goals and action steps. The service plan is to be updated no less than every 6 months from the date of the most recent service plan. The service plan is considered a living document and the cornerstone of self-sufficiency services. A service plan reflects what the individual enrolled in self-sufficiency services wants to achieve to reach the overall community action goal of stability and economic security.

SERVICE PROVIDER is responsible to have a minimum of two contacts per month with persons enrolled in self-sufficiency services, one of which must be face to face. Contacts that are not face to face can be by telephone call, e-mail, virtual, or text message. Building and maintaining a professional and supportive working relationship with a person who receives self-sufficiency services is an important determinant of service retention and success. Due to coronavirus pandemic beginning mid-March 2020 in Allegheny County, the requirement for minimum one face to face contact per month is waived. If face to face contact once per month minimum is not able to be maintained during the pandemic, contact shall be by another means to ensure that minimum two contacts per month occurs. SERVICE PROVIDER is encouraged to substitute face to face contact when not able to be maintained with a virtual contact through video means whenever possible. This is another means to build and maintain a supportive, professional relationship.

SERVICE PROVIDER is responsible to document services a person receives, referrals a person receives for other services, and outcome indicators a person is working towards and has achieved. Refer to Section M of the manual for detailed information regarding outcome indicators.

SERVICE PROVIDER is responsible to document all contacts and attempted contacts with the person enrolled in self-sufficiency services and to document information regarding closure from self-sufficiency services which shall include case contact(s) note(s), service and case closure checklists, and service closure letter.

g. Employment Training Services

Employment training services assists unemployed or underemployed persons who are low-income to acquire specific skills needed in employment settings and other skills needed to obtain and maintain employment. SERVICE PROVIDER is responsible to adhere to the scope of work and responsibilities associated with this service as described in the contract WORKSTATEMENT.

SERVICE PROVIDER is responsible to assess each person referred for employment training services to determine if the person meets eligibility requirements and possesses necessary basic skills. If a person does not meet eligibility requirements or possesses the skills needed to enroll in this service, SERVICE PROVIDER shall identify where possible other services and resources the person may qualify for and assist in linking the person to these other services and resources. SERVICE PROVIDER is to transition a person from referral status to either an open case status or to closure of the referral within 60 days from the date of referral.

SERVICE PROVIDER is responsible to establish a learning skills plan and transcript for each person enrolled in services and to document program attendance and progress towards the achievement of skills and competencies. SERVICE PROVIDER is responsible to monitor program attendance, participation, and progress, and to meet with persons who are not meeting expected program standards to address areas of concern.

SERVICE PROVIDER is responsible to document services a person receives from the SERVICE PROVIDER and from other community resources when applicable and outcome indicators a person is working towards and has achieved.

SERVICE PROVIDER is responsible to document all contacts and attempted contacts with the person enrolled in this service and to document information regarding closure from this service including case contact note(s), service plan and case closure checklists, and case closure letter.

h. Employment Assistance Services

Employment assistance services assists unemployed or underemployed persons who are low-income to acquire and maintain employment. SERVICE PROVIDER is responsible to adhere to the scope of work and responsibilities associated with this service as described in the contract WORKSTATEMENT.

SERVICE PROVIDER is responsible to meet with and assess the eligibility and interest of each person referred for this service. Persons who meet the eligibility requirements receive information about the service from SERVICE PROVIDER in order to make an informed choice about enrollment in the service. If a person does not meet eligibility requirements or elects to not enroll in this service, SERVICE PROVIDER shall identify where possible other services and resources the person may qualify for and assist in linking the person to these other services and resources. SERVICE PROVIDER is to transition a person from referral status to either an open case status or to closure within 60 days from the date of referral.

SERVICE PROVIDER is responsible to develop a service plan with each person enrolled in services that includes short term and long-term career goals and any barriers to the achievement of these goals. Each person enrolled in this service works on the completion of a job readiness service curriculum at their own pace. SERVICE PROVIDER and the person enrolled in this service track the benchmarks the person achieves as they progress through the job readiness curriculum.

SERVICE PROVIDER will offer services to persons that assist them with achieving their service plan goals including workshops, assistance with resume, assistance with addressing financial concerns, assistance with how to handle a criminal background with a prospective employer, job search skills, interview skills and mock interviews, attending employer presentations, and supporting persons for up to 90 days following securing employment.

SERVICE PROVIDER is responsible to document services a person receives from SERVICE PROVIDER and from other community resources when applicable and outcome indicators a person is working towards and has achieved.

SERVICE PROVIDER is responsible to document all contacts and attempted contacts with the person enrolled in this service and to document information regarding case closure from this service which includes case contact(s) case notes, service plan and case closure checklists, and case closure letter.

i. Individual/Family Supports/Emergency Assistance

Individual/family supports/emergency assistance services assist eligible persons to meet basic and urgent needs which persons are not able to meet on their own due to loss of income, reduced income, or insufficient income. Individual/family supports/emergency assistance services are defined by a scope of work and description which is in the contract WORKSTATEMENT for this service. SERVICE PROVIDER who is funded by DHS to provide individual/family supports/emergency assistance services must adhere to the scope of work and responsibilities associated with this service as described in the contract WORKSTATEMENT.

SERVICE PROVIDER is responsible to document in Synergy information technology application referrals for individual/family supports/emergency assistance services (identified as basic needs in Synergy). Referrals which are accepted move to active client status in Synergy. Documentation of the need for these services includes completed application for assistance, referral information, demographic information, eligibility documentation, case note(s), and 3rd party documents such as bills and/or notices which describe(s) the basic and urgent needs eligible persons have which they are not able to meet on their own. Documentation also includes a review of household savings, income and expenses for the most recent 30-day period to assess the financial status of the individual/family. The decision to provide individual/family supports/emergency assistance services is documented in Synergy information technology application and is communicated to the person requesting assistance as supported by a case note. Individual/family supports/emergency assistance services does not include the provision of cash or checks to the person requesting assistance although providing vendor gift cards to address specific needs is permitted. Individual/family supports/emergency assistance services usually involves transactions with 3rd parties on behalf of the person requesting assistance, to include but not be limited to payments for housing, utilities, food, transportation, loans, appliances, child care, medical, dental, other. SERVICE PROVIDER is responsible to assist eligible persons in accessing public and other benefit programs to meet basic and urgent needs which persons are not able to meet on their own. This ensures that CSBG funds are not used when other sources of support are available or CSBG funds are used in combination with other funds to meet basic and urgent needs. Documentation in case note(s) is required when other sources of assistance to meet basic and urgent needs are reviewed and considered.

SERVICE PROVIDER is responsible to document services a person receives, referrals a person receives for other services, and outcome indicators a person is working towards and has achieved. Refer to Section M of the manual for detailed information regarding outcome indicators.

SERVICE PROVIDER is responsible to document all contacts and attempted contacts with the person and to document information regarding closure which shall include case contact(s) note(s).

j. Employment and Training/Workforce Development Services

Employment and training/workforce development services assists eligible persons who are unemployed or underemployed as a result of coronavirus pandemic to obtain and retain employment, and may include eligible persons enrollment in job training programs which results in recognized certification or credential and subsequent employment. Employment and training/workforce development services are defined by a scope of work and description which is in the contract WORKSTATEMENT for this service. SERVICE PROVIDER who is funded by DHS to provide this service shall adhere to the scope of work and responsibilities associated with this service as described in the contract WORKSTATEMENT.

SERVICE PROVIDER is responsible to determine eligibility for services, assess eligible persons work history, job interests, and qualifications, develop an employment goal plan with the person, maintain contact with the person to assess progress and assist with overcoming barriers to obtaining and retaining employment, assist eligible persons with enrollment in job training programs when applicable, and provide services which support the persons achievement of employment goals including but not limited to coaching, supported employment, job search assistance, resume development, interview skills training, job readiness training, career workshops, job referrals, other services.

SERVICE PROVIDER is responsible to document services a person receives, referrals a person receives for other services, and outcome indicators a person is working towards and has achieved. Refer to Section M of the manual for detailed information regarding outcome indicators.

SERVICE PROVIDER is responsible to document all contacts and attempted contacts with the person and to document information regarding closure which shall include case contact(s) note(s).

k. Community Initiatives

A community initiative is any project, program, or activity that has a clearly defined purpose to create measurable change in a community where households with low-income live and work. A community initiative is supported by the community needs assessment completed every three years by DHS. SERVICE PROVIDER of a community initiative is responsible to adhere to the scope of work and responsibilities associated with the community initiative as described in the contract WORKSTATEMENT.

Some examples of the types of communities impacted by a community initiative can be a geographic region, school district, service area, specific community, or target population.

A community initiative that is supported by DHS has information that is documented in the SERVICE PROFILE which includes the name of the community initiative, period of time the community initiative is active, problem the community initiative will address, goal of the community initiative, community action domain(s) of the community initiative, overall

expected outcome, identified community, partnership type, list of partners, strategies, and measurable and reportable outcomes.

A community initiative must have a methodology to measure change and impact of the community initiative that meets the reporting requirements of CSBG.

CHAPTER 3: CSBG PROGRAM REQUIREMENTS

I. Tangible Aid and Assistance

SERVICE PROVIDER who provides self-sufficiency services, employment training services, employment assistance services, individual/family supports/emergency assistance services, and/or employment and training/workforce development services is permitted to use CSBG funds allocated under the AGREEMENT for tangible aid and assistance for eligible individuals for the purpose of removing barriers to achieve service plan goals and/or to meet basic and urgent needs that eligible individuals are not able to meet on their own. The standards to be adhered to by SERVICE PROVIDER when CSBG funds are used for tangible aid and assistance includes:

1. SERVICE PROVIDER must have client expenses line item in the approved AGREEMENT budget.
2. Client expenses for eligible individuals is capped at \$1,000.00 per eligible individual. SERVICE PROVIDER is responsible to assist eligible individual's linkage to other public benefits or resources available to meet basic and urgent needs when applicable prior to use of CSBG funds. CSBG funds are able to be used with other sources of funds when applicable.
3. SERVICE PROVIDER must document in client file in Synergy information technology application the barrier(s) or need(s) the tangible aid or assistance is intended to address. Documentation is to be included in contact(s) note(s) and document folder. The document folder shall be used for uploaded copy of a receipt(s) or other record that supports the expense relative to tangible aid or assistance. When Synergy information technology application is not used by SERVICE PROVIDER with approval by COUNTY, SERVICE PROVIDER is responsible to maintain documentation of tangible aid and assistance rendered to eligible individuals.
4. Examples of tangible aid or assistance include but are not limited to rental assistance, mortgage assistance, food, child care, GED test fees, employment examination fees, transportation, utility payment, vehicle repair, automobile insurance, interview clothing, work clothing, PA ID card, driver license fees, background checks, etc. Tangible aid or assistance requires the approval of SERVICE PROVIDER program management staff. A contact note in the Synergy client file which documents program management staff approval is required.

CHAPTER 3: CSBG PROGRAM REQUIREMENTS

m. Results-Oriented Management and Accountability (ROMA)

Results-Oriented Management and Accountability (ROMA) is the performance management and accountability model for services funded by CSBG. ROMA is a measurement and performance framework used by CSBG grantees to maintain accountability and management oversight. ROMA is a performance-based initiative designed to preserve the anti-poverty focus of CSBG and to promote greater effectiveness at the state and local level for grantees receiving CSBG funds. The passage of the Government and Performance Results Act of 1993 led to the development of ROMA. ROMA incorporates the use of outcomes and results into the management and operation of CSBG grantees. The federal Health and Human Services Department describes core elements of ROMA that includes a focus on client/community/organization change, an understanding of the interdependence of clients, communities, and programs in that client improvements reinforce community improvements, an understanding that CSBG does not succeed as an individual program, and the emphasis upon partnerships and the leveraging of other resources.

CSBG Organizational Standards requires that SERVICE PROVIDER who receives CSBG funds be trained in ROMA every two years by a certified ROMA trainer. OCS will oversee and provide ROMA training for SERVICE PROVIDER. As there are limited ROMA trainings offered by OCS, SERVICE PROVIDER shall ensure that core direct service and supervisory staff participate in ROMA training to ensure compliance with CSBG Organizational Standards.

CHAPTER 3: CSBG PROGRAM REQUIREMENTS

n. Information Technology Application

SERVICE PROVIDER who provides self-sufficiency services, employment training services, employment assistance services, and individual/family supports/emergency assistance services (referred to as basic needs in Synergy) to eligible individuals as defined by OCS shall use the information technology application designated by DHS to document information regarding individuals and households who receive services funded by CSBG. This information technology application is known as Synergy.

Synergy is the information technology application used by DHS and SERVICE PROVIDER to document and retain information that is used by DHS to meet CSBG quarterly and annual reporting requirements. Synergy functions as an electronic client management information system. Synergy is accessible through a secure web-link to designated DHS staff and SERVICE PROVIDER staff with their computer devices.

SERVICE PROVIDER is required to meet minimum computer specifications defined by DHS in order to use Synergy in an optimal manner. Information regarding minimum computer specifications is available on the DHS web-site <https://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Data-processing-Systems.aspx>

SERVICE PROVIDER staff members are required to have individual user accounts. SERVICE PROVIDER shall submit a user account form referred to as an ISAR to DHS to request a new user account for each person who uses Synergy. DHS has a site the SERVICE PROVIDER accesses to complete an ISAR request on-line. This has replaced the ISAR from submission to the DHS Service Desk. The link to information regarding ISAR is here <https://s3.amazonaws.com/dhs-application-support/index.htm> After selecting this link, select the Applications Access then select the Online ISAR link to complete and submit the ISAR request. SERVICE PROVIDER is responsible to adhere to the DHS User Account Policy, link to policy <https://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Data-processing-Systems.aspx> SERVICE PROVIDER staff members who use Synergy are trained by DHS in the use of Synergy. SERVICE PROVIDER is responsible to contact OCS when a staff member needs a user account and when a staff member needs trained in Synergy. SERVICE PROVIDER is responsible to contact OCS when a staff member no longer needs access to SYNERGY so that the user account for that staff member is deactivated.

SERVICE PROVIDER is responsible to use SYNERGY to document information required to be collected for eligible individuals in real-time. Real-time is defined as inputting information and documentation into SYNERGY within 5 business days of securing required information and documentation. SERVICE PROVIDER is responsible to update any information they become aware of regarding the individual who is receiving services and their household in real-time.

SERVICE PROVIDER is responsible to document information in Synergy in the following screens: referral information, case summary, household information, sexual orientation and gender identify expression, contact information, demographics, eligibility, document folder, case involvement, supports, contacts, assessments, service plans, recommendations, outcome indicators, services, supervisor log. Documentation requirements in Synergy for individual/family supports/emergency assistance will follow guidelines established by COUNTY which the SERVICE PROVIDER is informed of and trained. The screens and information fields within the screens comprise the electronic case record. The electronic case record in Synergy is the officially recognized record for each person served by SERVICE PROVIDER and is subject to monitoring and audit reviews by DHS and DCED.

When the Adult Needs and Strengths Assessment (ANSA) is used by SERVICE PROVIDER to inform the development of the service plan, SERVICE PROVIDER is responsible to download the identified strengths and needs from the ANSA into the service plan through the function that supports this in Synergy.

SERVICE PROVIDER is responsible to conduct internal file reviews as this process ensures quality service and data in Synergy. Data in Synergy is used by DHS to meet CSBG report requirements. Internal file reviews are enhanced by use of the Case File Checklist and Case Closure Checklist. All internal file reviews are to be documented by the SERVICE PROVIDER in the supervisor log in Synergy. SERVICE PROVIDER is responsible to complete and document an internal file review for each case file at 60 days from enrollment and quarterly thereafter. Quarterly reviews are to be completed and documented in the Supervisor Log no later than 10 days after the end of each calendar year quarter. The last month of each calendar year quarter includes March, June, September, December. Internal file reviews are most effective when completed jointly by the direct service staff and supervisor.

SERVICE PROVIDER is responsible to secure and upload documents specific to an individual and household who receives services to the document folder in Synergy. Critical documents include eligibility information, identity information, income and benefit information, information when applicable that supports the achievement of outcome indicators, and other information as determined appropriate by the SERVICE PROVIDER or OCS. Both the Case File Checklist, Case Closure Checklist, and case closure letter are uploaded by SERVICE PROVIDER to the document folder at case closure. The case closure letter is a letter that informs the individual who has received services of the closure of their case with the SERVICE PROVIDER and any referrals or recommendations for the individual who has received services.

When a re-determination of eligibility is completed by SERVICE PROVIDER in Synergy and the individual who has received services is determined to no longer be eligible, SERVICE PROVIDER has up to 30 days to transition the individual from services and end services. In addition to the documents identified to be uploaded to the document folder at case closure, the SERVICE PROVIDER is responsible to enter information into contacts regarding eligibility and case closure.

SERVICE PROVIDER is responsible to stay abreast of changes to SYNERGY and to use Synergy consistent with changes. Changes to Synergy are communicated to SERVICE

PROVIDER by DHS.

SERVICE PROVIDER is responsible to notify DHS and OCS in real time should there be any issues with the use of Synergy.

CHAPTER 3: CSBG PROGRAM REQUIREMENTS

o. National Performance Indicators (NPI's)

Organizations that receive CSBG funds to support services to income eligible individuals and families under Goal 1 (Individuals and Families with Low Income are Stable and Achieve Economic Security) of the National Community Action Theory of Change are required to use National Performance Indicators (NPI's) that are clustered under six domains which includes Employment; Education and Cognitive Development; Income, Infrastructure and Asset Building; Housing; Health Social/Behavioral Development; and Civic Engagement and Community Involvement. NPI's are part of the measurement system for assessing the impact of services on individuals and families. NPI's available to select from are in the Synergy information technology application used by DHS and SERVICE PROVIDER. DHS has established two statuses for NPI's, working towards and achieved. SERVICE PROVIDER is responsible to select NPI's that are applicable to individuals and families they work with whose service plan goals are congruent with selected NPI's. SERVICE PROVIDER is responsible to select the status working towards and the effective date for each NPI that is applicable and to select the status achieved and the effective date for each NPI that is applicable. If the status working towards is selected and the status achieved is not obtained, the working towards status shall remain as the last status in the client case record. Each of the six domains and the NPI's that SERVICE PROVIDER selects from and reports on are identified here. Guidance is also provided regarding the intent of selected NPI's.

Employment NPI's

NPI 1b – The number of unemployed adults who obtained employment up to a living wage.

NPI 1c – The number of unemployed adults who obtained and retained employment for 90 days up to a living wage.

NPI 1e – The number of unemployed adults who obtained employment with a living wage or higher.

NPI 1f – The number of unemployed adults who obtained and retained employment for 90 days with a living wage or higher.

NPI 1h – The number of employed adults in a career advancement program who entered or transitioned into a position that provided increased income and/or benefits.

NPI 1z.1 – The number of underemployed adults who obtained employment up to a living wage.

NPI 1z.2 – The number of underemployed adults who obtained employment at living wage or higher.

Guidance regarding living wage – The determination of living wage employment is the responsibility of SERVICE PROVIDER. This determination is made by SERVICE PROVIDER and the individual who receives services through use of a household budget in which wages from employment and other income sources (when applicable) for a period of no less than one month are calculated and compared to typical monthly household

expenses. When income from employment and other income sources equals or is greater than typical monthly household expenses, resulting in a break even or cash surplus, employment is considered living wage. When income from employment and other income sources is less than typical monthly household expenses, resulting in a deficit, employment is considered less than (up to) living wage. Living wage as defined for employment and training/workforce development services is defined by SERVICE PROVIDER with agreement by COUNTY.

Guidance regarding reporting on employment retention for 90 days when eligible household income exceeds 200% Federal Poverty Levels - SERVICE PROVIDER is responsible to report on NPI employment retention at 90 days. When an individual a SERVICE PROVIDER has worked with secures employment that moves them above 200% of FPL, SERVICE PROVIDER is responsible to work with the individual for up to 30 days to transition them from services while keeping the case in an active status in Synergy information technology application in order to report out on 90 day employment retention. SERVICE PROVIDER is responsible to discuss tracking 90-day employment retention with the individual who received services and to secure their agreement to inform the SERVICE PROVIDER of achievement or not of the 90-day employment retention measure. For individuals whose income exceeds 200% of Federal Poverty Level and their case file in Synergy information technology application has remained open to track 90 day employment retention, the SERVICE PROVIDER has 3 business days following the 90 day employment retention measure to close the case in Synergy information technology application.

Guidance regarding employed adults in a career advancement program who entered or transitioned into a position that provided increased income and/or benefits – Activities an individual may be engaged in that qualify for this outcome indicator includes but is not limited to a program that provided continuing or vocational education, a program that provided job referral or employment placement assistance, a program that provided employment counseling/coaching, on the job training, starting a micro-business.

Education and Cognitive Development NPI's

NPI 2f – The number of adults who demonstrated improved basic education.

NPI 2g – The number of adults who obtained high school diploma and/or obtained equivalency certificate or diploma.

NPI 2h – The number of adults who obtained a recognized credential, certificate, or degree related to the achievement of educational or vocational skills.

NPI 2i – The number of adults who obtained an associate degree.

NPI 2j – The number of adults who obtained a bachelor's degree.

Guidance regarding adults who demonstrated improved basic education – Basic education includes the basic skills adults need, such as reading, writing, Math, English language proficiency, and problem solving, to be productive workers and citizens. This can also include basic education needed as a prerequisite to obtain additional education. An example of an activity that supports the selection of this outcome indicator is an adult who attended a reading, writing or other basic skills class who demonstrated improved knowledge.

Guidance regarding adults who obtained a recognized credential, certificate, or degree related to achievement of educational or vocational skills – An example of an activity that supports the selection of this outcome indicator is an adult in a case management or coaching program or a skills training program who earned a certificate as part of their preparation for seeking employment.

Income, Infrastructure, and Asset Building NPI's

NPI 3a – Number of individuals who achieved and maintained capacity to meet basic needs for 90 days.

NPI 3c – Number of individuals who opened a savings account or IDA (Individual Development Account)

NPI 3d – Number of individuals who increased their savings.

NPI 3e – Number of individuals who used their savings to purchase an asset.

NPI 3e1 – Of the above, the number of individuals who purchased a home.

NPI 3f – Number of individuals who improved their credit scores.

NPI 3h – Number of individuals who report improved financial well-being.

NPI 3z.1 – Number of individuals who obtained one or more public benefits.

NPI 3z.2 – Number of individuals who improved stability and economic security through receipt of individual/family supports/emergency assistance to meet basic/urgent needs.

Guidance on individuals who achieved and maintained capacity to meet basic needs for 90 days – SERVICE PROVIDER that selects this outcome indicator to work towards achieving with the agreement of the individual who receives services must provide one or more activities that helps the individual to manage household income and resources, maintain a budget, use financial services in the community, provide financial coaching and guidance. While many individuals need to be able to meet basic needs as a condition of stability, to select this outcome indicator requires a role the SERVICE PROVIDER plays towards meeting this outcome indicator.

Guidance on individuals who increased their savings – This outcome indicator applies to individuals who did not have savings account at enrollment or individuals who did have a savings account at enrollment.

Guidance on individuals who used their savings to purchase an asset – This outcome indicator may apply to various situations such as the use of savings to purchase a vehicle or new appliance(s) for the home. Another example could be the use of savings to purchase savings bonds for a child for their future higher education.

Guidance on number of individuals who used their savings to purchase a home – This outcome indicator may qualify when savings was used to meet down payment requirements for a home purchase.

Guidance on number of individuals who improved their credit scores – For use of this outcome indicator, SERVICE PROVIDER is required to secure more than one credit score for a person they are working with so that an improvement in the score can be demonstrated.

Guidance on number of individuals who report improved financial well-being – For the use of this outcome indicator, SERVICE PROVIDER is required to have individuals they are working with complete more than one financial well-being scale from the Consumer Financial Protection Bureau which demonstrates improvement in an individual's financial well-being.

Housing NPI's

NPI 4a – Number of households experiencing homelessness who obtained safe temporary shelter.

NPI 4b – Number of households who obtained safe and affordable housing.

NPI 4c – Number of households who maintained safe and affordable housing for 90 days.

NPI 4e – Number of households who avoided eviction.

NPI 4f – Number of households who avoided foreclosure.

NPI 4g – Number of households who experienced improved health and safety due to improvements in the home (e.g. reduction or elimination of lead, radon, carbon dioxide, fire hazards, electrical issues, etc.)

NPI 4h – Number of households with improved energy efficiency and/or energy burden reduction in their homes.

Guidance on households experiencing homelessness who obtained safe temporary shelter – SERVICE PROVIDER is responsible to use the US Housing and Urban Development (HUD) definition of homelessness. SERVICE PROVIDER who selects this outcome indicator for an individual they are working with must be able to document in the Synergy information technology application case file that the individual was homeless and that through the efforts of the SERVICE PROVIDER the individual obtained safe temporary shelter.

Guidance on households who obtained safe and affordable housing – SERVICE PROVIDER who selects this outcome indicator for an individual they are working with must be able to document in the Synergy information technology application case file that the individual obtained housing that is considered safe by community standards and that the housing is affordable defined as housing that consumes no more than 30% of household income. A household who has or obtains a subsidized housing voucher which enables them to afford housing also qualifies.

Guidance on households who experienced health and safety improvements in the home or who improved energy efficiency and or energy burden reduction in their homes – SERVICE PROVIDER who selects either of these outcome indicators for an individual they are working with must be able to document in the Synergy information technology application that the household received weatherization assistance for the designated weatherization assistance program that serves residents of Allegheny County or the household received assistance from another resource.

Health and Social/Behavioral Development NPI's

NPI 5b – Number of individuals who demonstrated improved physical health and well-

being.

NPI 5c – Number of individuals who demonstrated improved mental and behavioral health and well-being.

NPI 5d – Number of individuals who improved skills related to the adult role of parents/caregivers.

NPI 5f – Number of seniors (65 years of age or older) who maintained an independent living situation.

NPI 5z.1- Number of disabled adults who maintained an independent living situation.

Guidance on individuals who demonstrate improved physical health and well-being or improved mental and behavioral health and well-being – SERVICE PROVIDER who selects this outcome indicator for an individual they are working with must have a health need (physical or mental/behavioral) and health improvement goal identified in the service plan and must be able to document in the Synergy information technology application case file improvements made by the individual. Improvements made are to be documented by case contact notes, updated assessments, and information provided by the individual they are working with.

Guidance on individuals who improved skills related to adult role of parents/caregivers – SERVICE PROVIDER who selects this outcome indicator for an individual they are working with must have some means to document improved skills through the individual's participation in a program that builds these skills. A certificate of completion of a program or a pre and post measure of skills may satisfy this requirement.

Civic Engagement and Community Involvement NPI's

NPI 6a – Number of community action program participants who increased skills, knowledge, and abilities to enable them to work with community action to improve conditions in the community.

NPI 6a.1 – Of the above, number of community action program participants who improved their leadership skills.

NPI 6a.2 – Of the above, number of community action program participants who improved their social networks.

NPI 6a.3 – Of the above, number of community action program participants who gained other skills, knowledge and abilities to enhance their ability to engage.

Guidance regarding NPI 6a - program participants who increased skills, knowledge, and abilities to enable them to work with community action to improve conditions in community – An example of an activity that supports the selection of this outcome indicator includes persons who participated in a program or service which increased their skills, knowledge and abilities and worked with community action through engagement with SERVICE PROVIDER to improve conditions in the community.

Guidance regarding NPI's 6a.1, 6a.2, 6a.3 – The selection of any of these outcome indicators by SERVICE PROVIDER signifies a person participated in a program or service which improved their leadership skills, improved their social networks, or who improved their ability to engage.

CHAPTER 3: CSBG PROGRAM REQUIREMENTS

p. Information Regarding Program Forms for Eligible Individuals

SERVICE PROVIDER shall use program forms listed here when applicable for eligible individuals who receive services. Program forms are located in the Appendix of this manual. SERVICE PROVIDER shall upload completed program forms to the document folder in the client record in Synergy information technology application.

Self-Declaration of Income at or Below 200% Federal Poverty Level

SERVICE PROVIDER shall use the Self-Declaration of Income Form for Individual and Household Income at or Below 200% Federal Poverty Level as documentation of income eligibility when income eligibility documentation is not available or when there is no household income. The form is located in the Appendix to this manual. SERVICE PROVIDER is required to use the form with a person who receives services who either has no income documentation or has no income. This form upon completion is required to be uploaded to the case file document folder in Synergy. SERVICE PROVIDER shall follow guidance in Section e. Eligibility for Services section of this manual when using this form.

SERVICE PROVIDER is responsible to explain the use of the form to the person who receives services and to inform the person who receives services of the income that applies and the income that does not apply towards eligibility. When the form is used by SERVICE PROVIDER, SERVICE PROVIDER is responsible to enter a note in contacts case file in Synergy regarding the use of the form.

SERVICE PROVIDER shall contact OCS regarding any questions concerning use of this form.

Synergy DHS SSP CM and E&T Case File Review Checklists

SERVICE PROVIDER shall complete either the CM or E&T case file review checklists for each eligible individual who receives services. These forms are to be maintained and updated by SERVICE PROVIDER during the duration of services and uploaded to document folder in client file in Synergy information technology application at case closure. These forms are located in the Appendix to this manual.

Synergy DHS SSP CM and E&T Case Closure Checklists

SERVICE PROVIDER shall complete either the CM or E&T case closure checklists for each eligible individual who receives services. These forms are to be uploaded to document folder in client file in Synergy information technology application at case closure. These forms are located in the Appendix to this manual.

Synergy Enrollment Confirmation and Release of Information Form

SERVICE PROVIDER shall complete with eligible individuals the enrollment confirmation and release of information form and upload this form to the document folder in Synergy information technology application. This form is located in the Appendix to this manual.

CHAPTER 3: CSBG PROGRAM REQUIREMENTS

q. Reporting Requirements

SERVICE PROVIDER is required to provide reports that contain information needed by DHS that is not documented in Synergy information technology application. DHS shall inform SERVICE PROVIDER of the information that is needed and when the information is needed. DHS will provide SERVICE PROVIDER with report templates when possible.

Reporting requirements to be met by SERVICE PROVIDER assist DHS with meeting CSBG report requirements.

The Appendix to this manual contains the Section B report template. This is a cumulative quarterly report to be submitted by SERVICE PROVIDER by the 15th of the month following the end of each quarter to OCS. Data from this report is used to meet CSBG report requirements.

CHAPTER 3: CSBG PROGRAM REQUIREMENTS

r. Monitoring

SERVICE PROVIDER is subject to annual or more frequent monitoring when indicated by DHS to ensure SERVICE PROVIDER is providing services that are consistent with the AGREEMENT between the COUNTY and SERVICE PROVIDER and to ensure SERVICE PROVIDER compliance with the requirements of the AGREEMENT and the CSBG Contract Manual. Monitoring is completed by OCS and may involve other offices within DHS and the COUNTY.

Monitoring of SERVICE PROVIDER whose services are funded by CSBG is completed by staff in OCS. OCS staff utilize a program monitoring report tool which SERVICE PROVIDER has access to so that SERVICE PROVIDER has an understanding of the scope and content of monitoring. A copy of the program monitoring report tool is located in the Appendix to this manual. The program monitoring tools may be used when needed as determined by OCS.

Program monitoring is typically planned for in advance with SERVICE PROVIDER. A formal monitoring letter is issued to SERVICE PROVIDER by OCS. Program monitoring of services provided to individuals and families whose service records are documented in the Synergy information technology application are monitored remotely by OCS through review of the service records in Synergy. Administrative data that is subject to monitoring is handled remotely through OCS's access to administrative files and records. This process enables OCS to conduct monitoring in an efficient manner without unnecessary imposition upon SERVICE PROVIDER.

Program monitoring results documented by OCS in the program monitoring report tool and the program monitoring de-brief report form are shared with SERVICE PROVIDER during a monitoring de-brief meeting. Findings from program monitoring that result in recommendations or corrective actions are shared with SERVICE PROVIDER by OCS. Findings that result in recommendations or corrective actions require a written response from SERVICE PROVIDER.

OCS uses the Integrated Monitoring Tool (IMT) to manage information storage and communication with SERVICE PROVIDER regarding monitoring. DHS and OCS staff along with designated staff of SERVICE PROVIDER have access to the IMT. SERVICE PROVIDER is required to use the IMT per the policy and guidelines established by DHS.

CHAPTER 4: APPENDIX

- a. Service Profile Template – Services for Individuals and Families
- b. Service Profile Template – Community Initiative
- c. Program Form - Self-Declaration of Income Form
- d. Program Form – Case File Review Checklists
- e. Program Form – Case Closure Checklists
- f. Program Form – Enrollment Confirmation and Release of Information Form
- g. Reporting Requirements – Section B Report
- h. Program Monitoring Report Tool

Service Profile Template – Services for Individuals and Families

SERVICE PROVIDER shall submit a SERVICE PROFILE to OCS in a Word document for the period of time covered by the AGREEMENT. The SERVICE PROFILE shall include the information listed herein. The SERVICE PROFILE shall be updated and submitted to OCS during the period of the AGREEMENT should there be changes.

1. Name of Service Provider, address, telephone number, web address.
2. List the service or services that are funded under the agreement. Service or services listed are identified in MPER.
3. Name of program (if applicable). List NA if not applicable.
4. Name and contact information (telephone number and e-mail) for agency director, service/program director, and fiscal person.
5. List address where service is located. If service is provided at more than one address, list applicable addresses. If there is a service person specific to an address, list their name and e-mail.
6. Identify days and hours of operation of service. Identify days throughout the year that services will not be provided.
7. Identify communities where clients reside that utilize service. If service is available to residents of Allegheny County regardless of community of residence this information is to be included.
8. Identify funding source and funding amount for service. Include funding provided by other sources when applicable.
9. Identify the number of persons (unduplicated) to be served by service.
10. Describe the target population to be served.
11. List direct service positions that are supported under DHS funding. Include position title, minimum qualifications by position, position status as either full-time or part-time. Include the number of work hours per week that are expected for full-time positions. Include the number of work hours per week that are budgeted for part-time positions.
12. List supervisor and/or management positions that are supported under DHS funding. Include position title, minimum qualifications by position, position status as either full-time or part-time.
13. Include information regarding staff training and development for direct service positions under DHS funding.
14. List referral sources to your service and provide a description of your outreach strategies for recruitment of participants.
15. Provide a description of the service. Information shall include at a minimum overall goal of service, intake process, service delivery, and service closure.
16. Review your program's outcome indicators working towards and achieved for the current calendar year and complete the contractor outcomes workbook for the period of this AGREEMENT (new calendar year). Submit the contractor outcomes workbook with the SERVICE PROFILE.

Service Profile Template - Community Initiative

SERVICE PROVIDER shall submit a SERVICE PROFILE to OCS in a Word document for the period of time covered by the AGREEMENT. The SERVICE PROFILE shall include the information listed herein. The SERVICE PROFILE shall be updated and submitted to OCS during the period of the AGREEMENT should there be changes.

1. Name of service provider, address, telephone number, web address.
2. Identify the name of the community initiative that is funded under the agreement.
3. Name and contact information (telephone number and e-mail) for agency director, service/program director, and fiscal person.
4. List address where community initiative is located. If community initiative is provided at more than one address, list applicable addresses. If there is a contact person specific to the community initiative, list their name and e-mail.
5. If the community initiative entails direct services, identify days and hours of operation. Identify days throughout the year that services will not be provided.
6. Identify community or communities that are the focus of the community initiative.
7. Identify CSBG funding amount in support of community initiative. If there is other funding that supports the community initiative, include other funding source(s) and amount(s).
8. Describe the purpose of the community initiative and the targeted outcomes to be achieved during the period of the AGREEMENT. The actual results of outcomes that are targeted to be achieved during the period of the AGREEMENT shall be reported on at intervals agreed upon by the SERVICE PROVIDER and COUNTY.
9. List any staff positions that are involved with the community initiative that are supported with CSBG funding.
10. List partners to the SERVICE PROVIDER who are involved with the community initiative and the role of each partner.

**ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES
OFFICE OF COMMUNITY SERVICES
ONE SMITHFIELD STREET, SECOND FLOOR
PITTSBURGH, PA 15222**

**Self-Declaration of Income Form for Individual and Household with No Income or
With Income at or Under 200% FPL**

The individual to receive services is to select one of the following:

I, _____, attest that the sum of my household eligible income for persons 18 years of age or older for the 30-day period prior to my enrollment date did not exceed 200% of Federal Poverty Level. The organization I have applied for services with informed me of the 200% Federal Poverty Level threshold for my household size and informed me of what constitutes eligible income. I am attesting to this due to not having income documentation available.

I, _____, attest that the household I reside in had no income for the 30-day period prior to my enrollment date. During this time, my household supported itself in these ways:

If I selected either one of the above as a part of my eligibility determination, a redetermination of eligibility is required within 90 days. Before 90 days, if my household had eligible income for the 30-day period prior to my enrollment date, I will secure income documentation if possible.

Name of Individual to Receive Services: _____

Name(s) of Other Household Members: _____

Total Number of Persons in Household: _____

Dates of 30-day Period Prior to My Enrollment: _____

Signature of Individual to Receive Services: _____

Date of Signature of This Form: _____

Form updated 1/2/20

Enter Agency Name Here



Synergy: DHS SSP Case Management Case File Review Checklist

| SELF SUFFICIENCY PROGRAM | | | |
|--------------------------|--|--|--------------------------|
| Client Name | | | |
| Synergy Case ID | | | |
| Assigned Worker | | | |
| Open Case Date | | | |
| Case Status | | | |
| Review Date | reviewed) | File Reviewer: (include initials and date) | |
| CM CHECKLIST | COMMENTS | FILE REVIEWER | COMMENTS |
| <input type="checkbox"/> | Recertification Status Due Date: | Pending: Completed: | <input type="checkbox"/> |
| <input type="checkbox"/> | Household Income 30 days from Enrollment Date for every household member 18 years or older <ul style="list-style-type: none"> ➤ Upload Income Proof ➤ Start Dates, End Dates, and Location Completed Please note: As household members reach their 18 th birthday their income must be documented and included in the income eligibility determination. As individuals join or leave the household, the case must be updated to reflect the addition or reduction in household income. | Household Members: Enrollment Income: | <input type="checkbox"/> |
| <input type="checkbox"/> | Confirmation of Income Documentation Use Zero or 200% FPL Form (30 days) at ninety-day increments for any household member. <ul style="list-style-type: none"> ➤ Upload to Docs Folder ➤ Case Note reference | Zero or 200% Form Update Due Date: _____ | <input type="checkbox"/> |

| | | | | |
|--------------------------|--|--|--------------------------|--|
| <input type="checkbox"/> | Eligibility Screen: must reflect initial household income and changes to household income. | ELIGIBLE? Y or N Any New Income? Income Proof Obtained? | <input type="checkbox"/> | |
| <input type="checkbox"/> | CSBG Synergy Confirmation & Release Form ➤ Must be signed and dated upon enrollment ➤ Upload to Docs Folder | Initial Date: Re-Certification Date: | <input type="checkbox"/> | |
| <input type="checkbox"/> | Non-Cash Benefits ➤ Review for updates ➤ Upload Documentation | Include Types: | <input type="checkbox"/> | |
| <input type="checkbox"/> | Current Resume ➤ Upload to Docs Folder | Original: (date or year) Updated: (date or year) | <input type="checkbox"/> | |
| <input type="checkbox"/> | ANSA ➤ Initial completed within 45 days of case open date ➤ ANSA Re-Assessments due every 6 months | Current Status: Assessment Date: Re-Assessment Date: | <input type="checkbox"/> | |
| <input type="checkbox"/> | Current Case Plan ➤ Initial case plan completed within 60 days of case open date ➤ Case Plan Signature Uploaded ➤ Case Plan Updates no less than every 6 months | Client Case Plan Acceptance Date: Most Recent Update Date: | <input type="checkbox"/> | |
| <input type="checkbox"/> | Financial Well Being Documents ➤ CFPB Financial Well Being Questionnaire ➤ CFPB Financial Well Being Score ➤ Current Budget ➤ Credit Report ➤ Upload all to Docs Folder | FWB Initial Score: FWB Re-assessment Score: Last Budget Review: Credit Items: | <input type="checkbox"/> | |
| <input type="checkbox"/> | Contact/Case Notes (frequency and duration) | | <input type="checkbox"/> | |
| <input type="checkbox"/> | Child Support Resources ➤ Provided if applicable ➤ Case Note reference | | <input type="checkbox"/> | |
| <input type="checkbox"/> | Working Status ➤ Review Quarterly for Updates | 1 st : 2 nd : 3 rd : 4 th : | <input type="checkbox"/> | |
| <input type="checkbox"/> | COPOS Updates Please note: applicable indicators are manually generated as they are determined and documentation of achieved status occurs when indicators are accomplished | 1 st : 2 nd : 3 rd : 4 th : | <input type="checkbox"/> | |

| | | | | |
|--------------------------|---|--|--------------------------|-----------------|
| <input type="checkbox"/> | Service Summary Updates *Please note referral items in case contacts to ensure quality services reporting. | 1 st : 2 nd : 3 rd : 4 th : | <input type="checkbox"/> | |
| <input type="checkbox"/> | Closed Cases <ul style="list-style-type: none"> ➤ Final Case Note ➤ Copy of Service Closure Letter mailed to last known address ➤ Closure Letter Uploaded to Docs Folder ➤ Case Closure Checklist Completed and Uploaded | Transition Plan Status: | <input type="checkbox"/> | |
| OTHER | | COMMENTS | FILE REVIEWER | COMMENTS |
| <input type="checkbox"/> | Agency Release of Information (signed & dated) - Upload in Docs Folder | | <input type="checkbox"/> | |
| <input type="checkbox"/> | Other – (Defined by Agency) | | <input type="checkbox"/> | |

Enter Agency Name Here



Synergy: DHS SSP Employment and Training Case File Review Checklist

| SELF SUFFICIENCY PROGRAM | | | |
|--------------------------|--|---|--------------------------|
| Client Name | | | |
| Synergy Case ID | | | |
| Assigned Worker | | | |
| Open Case Date | | | |
| Case Status | | | |
| Review Date | File Reviewer: (include initials and date reviewed) | | |
| WORKER CHECKLIST | COMMENTS | FILE REVIEWER | COMMENTS |
| <input type="checkbox"/> | Recertification Status Due Date: | Pending: Completed: | <input type="checkbox"/> |
| <input type="checkbox"/> | Household Income 30 days from Enrollment Date for every household member 18 years or older <ul style="list-style-type: none"> ➤ Upload Income Proof ➤ Start Dates, End Dates, and Location Completed Please note: As household members reach their 18 th birthday their income must be documented and included in the income eligibility determination. As individuals join or leave the household, the case must be updated to reflect the addition or reduction in household income. | Household Members: Enrollment Income: | <input type="checkbox"/> |
| <input type="checkbox"/> | Confirmation of Income Documentation Use Zero or 200% FPL Form (30 days) at ninety-day increments for any household member. <ul style="list-style-type: none"> ➤ Upload to Docs Folder ➤ Case Note reference | Zero or 200% Form Update Due Date: _____ | <input type="checkbox"/> |
| <input type="checkbox"/> | Eligibility Screen: must reflect initial household income and changes to household income. | ELIGIBLE? Y or N Any New Income? Income Proof Obtained? | <input type="checkbox"/> |

| | | | | |
|--------------------------|---|--|--------------------------|--|
| <input type="checkbox"/> | CSBG Synergy Confirmation & Release Form <ul style="list-style-type: none"> ➤ Must be signed and dated upon enrollment ➤ Upload to Docs Folder | Initial Date: <input type="checkbox"/> Re-Certification Date: | <input type="checkbox"/> | |
| <input type="checkbox"/> | Non-Cash Benefits <ul style="list-style-type: none"> ➤ Review for updates ➤ Upload Documentation | Include Types: | <input type="checkbox"/> | |
| <input type="checkbox"/> | Current Resume <ul style="list-style-type: none"> ➤ Upload to Docs Folder | Original: (date or year) Updated: (date or year) | <input type="checkbox"/> | |
| <input type="checkbox"/> | Job Seeker Plan <ul style="list-style-type: none"> ➤ Review for updates completed | Career Link Account Created: (Y or N) (Date) Benefits Screening: (Y or N) (Date) | <input type="checkbox"/> | |
| <input type="checkbox"/> | MOST Student Transcript <ul style="list-style-type: none"> ➤ Review for updates completed | | <input type="checkbox"/> | |
| <input type="checkbox"/> | Financial Well Being Documents <ul style="list-style-type: none"> ➤ CFPB Financial Well Being Questionnaire ➤ CFPB Financial Well Being Score ➤ Current Budget ➤ Credit Report ➤ Upload all to Docs Folder | FWB Initial Score: FWB Re-assessment Score: Last Budget Review: Credit Items: | <input type="checkbox"/> | |
| <input type="checkbox"/> | Contact/Case Notes (frequency and duration) | | <input type="checkbox"/> | |
| <input type="checkbox"/> | Child Support Resources <ul style="list-style-type: none"> ➤ Provided if applicable ➤ Case Note reference | | <input type="checkbox"/> | |
| <input type="checkbox"/> | Working Status <ul style="list-style-type: none"> ➤ Review Quarterly for Updates | 1 st : 2 nd : 3 rd : 4 th : | <input type="checkbox"/> | |
| <input type="checkbox"/> | COPOS Updates Please note: applicable indicators are manually generated as they are determined and documentation of achieved status occurs when indicators are accomplished | 1 st : 2 nd : 3 rd : 4 th : | <input type="checkbox"/> | |
| <input type="checkbox"/> | Service Summary Updates *Please note referral items in case contacts to ensure quality services reporting. | 1 st : 2 nd : 3 rd : 4 th : | <input type="checkbox"/> | |

| | | | | |
|--------------------------|---|-------------------------|--------------------------|--|
| <input type="checkbox"/> | Closed Cases <ul style="list-style-type: none"> ➤ Final Case Note ➤ Copy of Service Closure Letter mailed to last known address ➤ Closure Letter Uploaded to Docs Folder ➤ Case Closure Checklist Completed and Uploaded | Transition Plan Status: | <input type="checkbox"/> | |
| Other | COMMENTS | FILE REVIEWER | COMMENTS | |
| <input type="checkbox"/> | Agency Release of Information (signed & dated) - Upload in Docs Folder | | <input type="checkbox"/> | |
| <input type="checkbox"/> | Other – (Defined by Agency) | | <input type="checkbox"/> | |



SSP CM SYNERGY CASE CLOSURE CHECKLIST

CLIENT NAME: _____

- Confirm that current household Income is recorded on the Demographics (Income Tab) Screen and all income proof uploaded to the Documents Folder.

Comments _____

- Confirm the Working Status has been updated.

Comments _____

- Confirm that the Case Plan and Action Steps are updated to the best of your Agency's knowledge.

Comments _____

- Confirm that the status of all COPOS Indicators are current.

Comments _____

- Confirm that all Services have been updated.

Comments _____

- Confirm a Closure Case Note has been completed detailing reasons for closure.

Comments _____

- Confirm the Case Closure Letter has been mailed and uploaded to the Documents Folder.

Comments _____

Direct Service Staff: _____ Date: _____

Internal File Review Member: _____ Date: _____



SSP E&T SYNERGY CASE CLOSURE CHECKLIST

CLIENT NAME: _____

- Confirm that current household Income is recorded on the Demographics (Income Tab) Screen and all income proof uploaded to the Documents Folder.

Comments _____

- Confirm the Working Status has been updated.

Comments _____

- Confirm that the Job Seeker Plan or the Student Transcript is updated to the best of your Agency's knowledge.

Comments _____

- Confirm that the status of all COPOS Indicators are current.

Comments _____

- Confirm that all Services have been updated.

Comments _____

- Confirm a Closure Case Note has been completed detailing reasons for closure.

Comments _____

- Confirm the Case Closure Letter has been mailed and uploaded to the Documents Folder.

Comments _____

Direct Service Staff: _____ **Date:** _____

Internal File Review Member: _____ **Date:** _____



Community Services Block Grant Synergy Confirmation & Release Form

Community Services Block Grant Participant Enrollment Confirmation

By signing below, I certify that the information provided to _____ is true to the best of my knowledge. I allow release of this information for the expressed purpose of determining program eligibility. I understand that this information will be held in strict confidence.

Applicant Signature _____ Date _____
Interviewer Signature _____ Date _____

Community Services Block Grant Participant Release of Information

By signing below, I authorize _____ to share income documentation, ANSA assessments, service plans and case notes in the provision of service or streamline cross service enrollment with other providers in the Community Services Block Grant network. I understand that this information will be held in strict confidence.

Applicant Signature _____ Date _____
Interviewer Signature _____ Date _____

Section B: CSBG Eligible Entity

Capacity Building

Name of

Agency:

B. Hours of Agency Capacity Building

(Training, Planning, Assessment)

| | <u>Total</u> January - March | <u>Total</u> January - June | <u>Total</u> January - September | <u>Total</u> January - December |
|--|------------------------------------|-----------------------------------|--|---------------------------------------|
|--|------------------------------------|-----------------------------------|--|---------------------------------------|

1). Hours of Board Members in Capacity Building Activities

2). Hours of Agency Staff in Capacity Building Activities

C. Volunteer Hours of Agency Capacity

Building (Program Support, Service Delivery, Fundraising):

1. Total Number of Volunteer Hours Donated to the Agency
 a. Of the Above, the Total Number of Volunteer Hours Donated by Individuals with Low Incomes

D. The Number of Staff Who Hold Certifications That Increase Agency Capacity to Achieve Family and Community Outcomes, As Measured by One or More of the Following:

1. Number of Nationally Certified ROMA Trainers
2. Number of Nationally Certified Implementers
3. Number of Certified Community Action Professionals (CCAP)
4. Number of Staff with a Child Development Certification
5. Number of Staff with a Family Development Certification
6. Number of Pathways Reviewers
7. Number of Staff with Home Energy Professional Certifications
 - a. Number of Energy Auditors
 - b. Number of Retrofit Installer Technicians
 - c. Number of Crew Leaders
 - d. Number of Quality Control Inspectors
8. Number of LEED Risk Certified Assessors

| | <u>Total</u> | <u>Total</u> | <u>Total</u> | <u>Total</u> |
|--|--------------|--------------|--------------|--------------|
|--|--------------|--------------|--------------|--------------|

| | January – March | January – June | January – September | January – December |
|--|--------------------|-------------------|------------------------|-----------------------|
| 9. Number of Building Performance Institute Certified Professionals | | | | |
| 10. Number of Classroom Assessments Scoring Systems (CLASS) Certified Professionals | | | | |
| 11. Number of Certified Housing Quality Standards (HQS) Inspectors | | | | |
| 12. Number of American Institute of Certified Planners (AICP) | | | | |
| 13. Other (Please Specify Others Below: Additional Indicator Additional Indicator | | | | |
| E. Unduplicated Number of Organizations, both Public and Private, that the CSBG Eligible Entity Actively Works with to Expand Resources and Opportunities In-order to Achieve Family and Community Outcomes | | | | |
| 1. Non-Profit | | | | |
| 2. Faith Based | | | | |
| 3. Local Government | | | | |
| 4. State Government | | | | |
| 5. Federal Government | | | | |
| 6. For-Profit Business or Corporation | | | | |
| 7. Consortiums/Collaborations | | | | |
| 8. School Districts | | | | |
| 9. Institutions of Post-Secondary Education/Training | | | | |
| 10. Financial/Banking Institutions | | | | |
| 11. Health Service Organizations | | | | |
| 12. Statewide Associations | | | | |
| TOTAL | | | | |

**ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES
OFFICE OF COMMUNITY SERVICES
PROGRAM MONITORING REPORT**

| |
|--|
| Program monitor: |
| Service provider: |
| Address: |
| Telephone: |
| Contact person: |
| Location of on-site visit: |
| Contract allocation: |
| Date of current visit: |
| Arrival: Departure: |
| Previous visits this contract period (dates): |
| Outstanding issues or corrective action plan matters from previous monitoring if applicable (describe). |

| | | | | |
|-------------------------|---|-------------------------------------|-----------------------------------|--------------------------------|
| Type of service: | <input type="checkbox"/> Self-sufficiency | <input type="checkbox"/> Employment | <input type="checkbox"/> Training | <input type="checkbox"/> Other |
| Funding source: | <input type="checkbox"/> CSBG | <input type="checkbox"/> HSBG | <input type="checkbox"/> Other | |

| PRE-MONITORING CHECKLIST | | | |
|--|--------------------------|--------------------------|-----------------|
| MONITOR TASKS | YES | NO | COMMENTS |
| Did the service provider receive a monitoring letter at least two weeks before the scheduled visit that describes the scope of the monitoring? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Was the letter uploaded into IMT? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Did this monitoring visit get re-scheduled due to scheduling conflict of the service provider or DHS? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Did the service provider receive a copy of the monitoring tool? | <input type="checkbox"/> | <input type="checkbox"/> | |

| ADMINISTRATION | | | |
|--|--------------------------|--------------------------|-----------------|
| | YES | NO | COMMENTS |
| Is there an approved budget for the funded service? (Does not apply to service funded by a fee or rate) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Have there been any budget modifications during the contract period? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the service provider submitting program invoices by the 10 th of the month for the previous billable month? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is there a current Service Profile for the service provider and contracted service? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Does the service provider have a denial of services policy? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Does the service provider have a client grievance policy? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Does the service provider have a protocol to determine eligibility and re-eligibility for services? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Does the service provider have arrangements in place for communication with participants with limited English proficiency? Provide brief description of arrangements | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the service provider familiar with and adhere to DHS Standards of Practice? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Does the service provider comply with the requirements of the Master Provider Enterprise Repository (MPER)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Does the service provider have a disaster recovery business plan? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are any contract funds use to purchase assets? If so, has the service provider followed the asset purchase policy in the DHS General Contracts specification manual? | <input type="checkbox"/> | <input type="checkbox"/> | |

Have any unusual incidents occurred as defined in the DHS General Contracts Specifications Manual during this contract period? YES NO

If yes, have these incidents been reported to DHS per requirements stated in the manual? YES NO
Provide a brief description of the incident (s) including date, action taken, and date(s) reported to DHS

| SERVICE DELIVERY | | | |
|--|---|--|---|
| SERVICE | PLANNED Number of Persons to be Served (Per Service Profile) | Number of Persons SERVED YEAR-TO-DATE | PERCENTAGE ACHIEVED Year-To-Date |
| Self-sufficiency | | | |
| Employment | | | |
| Training | | | |
| Other | | | |
| How does service provider recruit potential participants? | | | |
| <input type="checkbox"/> Referrals | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Social Media | <input type="checkbox"/> Brochures/Flyers <input type="checkbox"/> Other: |
| Comments: | | | |
| Do marketing materials have SSP Logo, DHS & DCED funding statement? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Comments: | | | |
| If service provider is not on track to achieve service targets, what action is being taken to increase service participation? | | | |
| Has the service provider experienced any problems in the operation of the program? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Comments |

| ENVIRONMENTAL ASSESSMENT (<i>cleanliness, safety, accessibility and suitability of facility</i>) | Yes | No | Comments |
|---|--------------------------|--------------------------|----------|
| Overall, does the environment enable a safe and clean service delivery? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Does the facility have enough space and resources to fulfill service delivery? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the facility accessible for persons with disabilities including building access and restrooms? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Does the service provider own the facility and therefore have control over environmental issues? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Additional Comments pertaining to the environment: | | | |

STAFF & PERSONNEL

Number of staff positions funded through the allocation:

Number of positions that are filled:

Have there been any vacancies of staff positions this contract period? If so, describe the reason for the vacancies and if the vacancies were filled how long it took. If there are positions vacant at the time of the monitoring, identify the positions that are vacant and describe what is being done to fill them.

Have staff been informed of DHS Standards of Practice? YES NO

Have program staff received training or professional development during the contract period?

YES NO

If yes, describe the training. If No, explain:

Have program and management staff received ROMA (Results Oriented Management and Accountability) training?
 YES NO List the staff positions that have received ROMA training and when the training occurred.

List program and management staff who have not received ROMA training.

Identify action plan for program and management staff who have not received ROMA training to receive this training.

| STAFF FUNDED UNDER ALLOCATION | TITLE/POSITION | QUALIFICATIONS (background/credentials) | CASE LOAD # (if applicable) |
|--------------------------------------|-----------------------|---|--|
| | | | |
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|---------------------------------|----|----|----|
| CLIENT FILE REVIEW: | | | |
| Names of Client Files Reviewed: | 1. | 2. | 3. |
| | 4. | 5. | |

| MONITORING CRITERIA: | 1 | 2 | 3 | 4 | 5 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Client File Documentation General | | | | | |
| <ul style="list-style-type: none"> Client file is stored in a secured electronic data system in which client information is protected. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> If client files are not stored in a secured electronic data system, briefly describe how client files are constructed and maintained. | | | | | |
| <ul style="list-style-type: none"> Client file exists for each person who receives services. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Household members if applicable are identified in each client file. | <input type="checkbox"/> |
| Client File Documentation Eligibility | | | | | |
| <ul style="list-style-type: none"> Client files contain an intake form or comparable information that verifies eligible family income does not exceed 200% of Federal Poverty Level or when permitted client meets eligibility through verification of PA Medical Assistance. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Household income documentation is available for review in the client file for every household member 18 years or older for the 30 day period prior to the enrollment date unless verification of eligibility is by PA Medical Assistance. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client file contains confirmation of income documentation after first 90 days for any household member using zero or 200% FPL form. Zero income form or 200% FPL form are available for review in the client file. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client is 18 years of age or older. | <input type="checkbox"/> |

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <ul style="list-style-type: none"> Client eligibility re-determination completed at one year for CSBG or at six months for HSBG. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client household is located in Allegheny County. For services funded under CSBG, client household location must be in Allegheny County outside the City of Pittsburgh | <input type="checkbox"/> |
| Client File Documentation Services | | | | | |
| <ul style="list-style-type: none"> Client file has an assessment of client need for service, including identification of the specific strengths to build on and needs to be addressed (ANSA or other assessment if ANSA is not applicable) | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client confirmation & release form signed, dated and appears in client file. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client file has a service plan that includes client strengths, client needs to be addressed, client goals and action steps, timeline regarding goals and action steps, plan effective date, staff and client signatures. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Service plan has been updated to reflect changes and progress within 6 months from effective date or from most recent change. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client file contains documentation of each client contact including date of contact, type of contact, reason for contact, services provided. Attempted contacts are also documented. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client contacted at least twice a month. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client file contains documentation of services provided or arranged for that assists client with achieving their goals. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client file contains documentation of reportable outcome indicators that the client is working towards and has achieved. | <input type="checkbox"/> |

| | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| • Client file contains a resume when the client has an employment goal. | <input type="checkbox"/> |
| • Service Plan/client file identifies natural supports | <input type="checkbox"/> |
| • Client file contains a household budget that documents typical and recurring income and expenses on a monthly basis so that the client and the provider are able to assess the ability of the client to meet basic needs for 90 days. | <input type="checkbox"/> |
| • Client file contains documentation of completion of the financial well-being scale at initial and subsequent intervals throughout service provision. | <input type="checkbox"/> |
| • Client file contains documentation of client securing their credit report from a recognized credit bureau at service entry and at service exit. | <input type="checkbox"/> |
| • Client file contains completed service plan checklist that is required beginning January 1, 2019. | <input type="checkbox"/> |
| Client File Documentation Closure | | | | | |
| • Copy of Service Closure letter mailed to last known address. | <input type="checkbox"/> |
| • Client file contains completed service plan closure checklist that is required beginning January 1, 2019. | <input type="checkbox"/> |
| • Client file contains final case note with transition plan. | <input type="checkbox"/> |

| | | | |
|---------------------------------|----|-----|----|
| CLIENT FILE REVIEW: | | | |
| Names of Client Files Reviewed: | 6. | 7. | 8. |
| | 9. | 10. | |

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| MONITORING CRITERIA: | 6 | 7 | 8 | 9 | 10 |
| Client File Documentation General | | | | | |
| • Client file is stored in a secured electronic data | <input type="checkbox"/> |

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| system in which client information is protected. | | | | | |
| <ul style="list-style-type: none"> If client files are not stored in a secured electronic data system, briefly describe how client files are constructed and maintained. | | | | | |
| <ul style="list-style-type: none"> Client file exists for each person who receives services. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Household members if applicable are identified in each client file. | <input type="checkbox"/> |
| Client File Documentation Eligibility | | | | | |
| <ul style="list-style-type: none"> Client files contain an intake form or comparable information that verifies eligible family income does not exceed 200% of Federal Poverty Level or when permitted client meets eligibility through verification of PA Medical Assistance. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Household income documentation is available for review in the client file for every household member 18 years or older for the 30 day period prior to the enrollment date unless verification of eligibility is by PA Medical Assistance. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client file contains confirmation of income documentation after first 90 days for any household member using zero or 200% FPL form. Zero income form or 200% FPL form are available for review in the client file. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client is 18 years of age or older. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client eligibility re-determination completed at one year for CSBG or at six months for HSBG. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client household is located in Allegheny County. For services funded under CSBG, client household location must be in Allegheny County outside the City of Pittsburgh | <input type="checkbox"/> |

| Client File Documentation Services | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <ul style="list-style-type: none"> Client file has an assessment of client need for service, including identification of the specific strengths to build on and needs to be addressed (ANSA or other assessment if ANSA is not applicable) | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client confirmation & release form signed, dated and appears in client file. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client file has a service plan that includes client strengths, client needs to be addressed, client goals and action steps, timeline regarding goals and action steps, plan effective date, staff and client signatures. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Service plan has been updated to reflect changes and progress within 6 months from effective date or from most recent change. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client file contains documentation of each client contact including date of contact, type of contact, reason for contact, services provided. Attempted contacts are also documented. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client contacted at least twice a month. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client file contains documentation of services provided or arranged for that assists client with achieving their goals. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client file contains documentation of reportable outcome indicators that the client is working towards and has achieved. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client file contains a resume when the client has an employment goal. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Service Plan/client file identifies natural supports | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client file contains a household budget that documents typical and recurring income and | <input type="checkbox"/> |

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| expenses on a monthly basis so that the client and the provider are able to assess the ability of the client to meet basic needs for 90 days. | | | | | |
| <ul style="list-style-type: none"> Client file contains documentation of completion of the financial well-being scale at initial and subsequent intervals throughout service provision. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client file contains documentation of client securing their credit report from a recognized credit bureau at service entry and at service exit. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client file contains completed service plan checklist that is required beginning January 1, 2019. | <input type="checkbox"/> |

Client File Documentation Closure

| | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <ul style="list-style-type: none"> Copy of Service Closure letter mailed to last known address. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client file contains completed service plan closure checklist that is required beginning January 1, 2019. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client file contains final case note with transition plan. | <input type="checkbox"/> |

CLIENT FILE REVIEW:

| | | | |
|---------------------------------|-----|-----|-----|
| Names of Client Files Reviewed: | 11. | 12. | 13. |
| | 14. | 15. | |

MONITORING CRITERIA:

| | 11 | 12 | 13 | 14 | 15 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Client File Documentation General | | | | | |
| <ul style="list-style-type: none"> Client file is stored in a secured electronic data system in which client information is protected. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> If client files are not stored in a secured electronic data system, briefly describe how client files are constructed and maintained. | | | | | |
| <ul style="list-style-type: none"> Client file exists for each person who receives services. | <input type="checkbox"/> |

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <ul style="list-style-type: none"> Household members if applicable are identified in each client file. | <input type="checkbox"/> |
| Client File Documentation Eligibility | | | | | |
| <ul style="list-style-type: none"> Client files contain an intake form or comparable information that verifies eligible family income does not exceed 200% of Federal Poverty Level or when permitted client meets eligibility through verification of PA Medical Assistance. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Household income documentation is available for review in the client file for every household member 18 years or older for the 30 day period prior to the enrollment date unless verification of eligibility is by PA Medical Assistance. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client file contains confirmation of income documentation after first 90 days for any household member using zero or 200% FPL form. Zero income form or 200% FPL form are available for review in the client file. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client is 18 years of age or older. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client eligibility re-determination completed at one year for CSBG or at six months for HSBG. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client household is located in Allegheny County. For services funded under CSBG, client household location must be in Allegheny County outside the City of Pittsburgh | <input type="checkbox"/> |
| Client File Documentation Services | | | | | |
| <ul style="list-style-type: none"> Client file has an assessment of client need for service, including identification of the specific strengths to build on and needs to be addressed (ANSA or other assessment if ANSA is not applicable) | <input type="checkbox"/> |

| | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <ul style="list-style-type: none"> Client confirmation & release form signed, dated and appears in client file. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client file has a service plan that includes client strengths, client needs to be addressed, client goals and action steps, timeline regarding goals and action steps, plan effective date, staff and client signatures. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Service plan has been updated to reflect changes and progress within 6 months from effective date or from most recent change. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client file contains documentation of each client contact including date of contact, type of contact, reason for contact, services provided. Attempted contacts are also documented. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client contacted at least twice a month. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client file contains documentation of services provided or arranged for that assists client with achieving their goals. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client file contains documentation of reportable outcome indicators that the client is working towards and has achieved. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client file contains a resume when the client has an employment goal. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Service Plan/client file identifies natural supports | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client file contains a household budget that documents typical and recurring income and expenses on a monthly basis so that the client and the provider are able to assess the ability of the client to meet basic needs for 90 days. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client file contains documentation of completion of the financial well-being scale at initial and subsequent | <input type="checkbox"/> |

| | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| intervals throughout service provision. | | | | | |
| <ul style="list-style-type: none"> Client file contains documentation of client securing their credit report from a recognized credit bureau at service entry and at service exit. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client file contains completed service plan checklist that is required beginning January 1, 2019. | <input type="checkbox"/> |
| Client File Documentation Closure | | | | | |
| <ul style="list-style-type: none"> Copy of Service Closure letter mailed to last known address. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client file contains completed service plan closure checklist that is required beginning January 1, 2019. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Client file contains final case note with transition plan. | <input type="checkbox"/> |

| MONITORING DEBRIEF CHECKLIST | | | |
|--|--------------------------|--------------------------|-----------------|
| MONITOR TASKS | YES | NO | COMMENTS |
| Schedule debrief appointment | <input type="checkbox"/> | <input type="checkbox"/> | |
| Review visit with Provider using Exit Interview form | <input type="checkbox"/> | <input type="checkbox"/> | |
| Collect provider signatures for exit interview form | <input type="checkbox"/> | <input type="checkbox"/> | |

| POST-MONITORING CHECKLIST | | | |
|--|--------------------------|--------------------------|-----------------|
| MONITOR TASKS | YES | NO | COMMENTS |
| Did monitor provide a results letter within 30 days of visit | <input type="checkbox"/> | <input type="checkbox"/> | |
| Did monitor refer to monitoring appeal process | <input type="checkbox"/> | <input type="checkbox"/> | |
| Was the letter uploaded into IMT? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |

Monitoring Report has been prepared by: _____ Date: _____

Supervisor review of report: _____ Date: _____

