

CSBG Guidance Manual Webinar

Tuesday, December 3rd, 2019 @ 10:00 AM

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Policy 6: Purchase & Distribution of Gift and Gas Cards; Section 2.4, page 8; Appendix 6, page 40


- Providing gift cards, pre-paid cards, and gas cards is a permissible use of CSBG funds- must meet one or more of the purposes of the CSBG program
- Establish written policies and procedures that:
 - Ensure the security of the items;
 - Address appropriate distribution to clients;
 - Create a line item in the budget specific to these costs
- Programs are required to use a log to inventory and track distribution and use of cards. The log should either be developed by the Grantee or the Grantee may approve one developed by the Sub-grantee. See Policy 6 for log requirements.



Expenditure Reports; Section 2.7, page 10

- Track programs' allowability, reallocation, and monthly expenses of all CSBG funds.
- Grantees must have a tab that tracks their total allocation amount and, if applicable, each Sub-grantee will have their own tab.
 - In cases where Grantees oversee multiple counties, each county will need their own tab in addition to the total allocation tab.
- Line adjustment tab: track the movement of funds and total amount moved
 - Moving more than 20% of funds will require a contractual amendment
 - Approval date required
- Line items provided in the template may be added, removed, or edited to best fit the needs of the Grantee and its Sub-grantees.

Community Action Plan (CAP); Chapter 4.6, pg. 15

- CSBG Act: SEC. 678E. (b)(1)
 - a Community Action Plan is a required component to document and strategize provided services and expected outcomes
 - ROMA framework
 - Mission Statement
 - Community Needs Assessment
 - Service Delivery System
 - Existing Community Resources/Linkages
 - Community Initiatives
 - Data Analysis and Evaluation
 - Completed triennially with CNA, updated annually with application for CSBG funds
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Policy 1: Financial Eligibility and Verification; Section 5.3, page 18; Appendix 1, page 29

- Individuals receiving CSBG funds or services may not have an income that exceeds 125% of the Federal Poverty Level.
- Income Verification:
 - Clients' income and source(s) of income for the past 30 days
 - Short term clients whose cases are closed and then reopened at a later date must have their income verified again at the time of reapplication
 - Income documentation must be in the file of each person served through CSBG funding
- Clients receiving ongoing services must have their income reviewed and verified every 90 days unless on a fixed income (SSI, retirement, etc.)



Policy 1: Financial Eligibility & Verification, cont.

- Clients with no income must sign and date a zero income self-declaration form.
 - If the client is receiving ongoing services, the form will need to be signed and dated monthly if there is no change to income.
- Clients transitioning off of CSBG services due to an income being above 125% of the poverty level are allowed up to 3 months to transition out of the CSBG program/service.



Policy #4: Corrective Action, Termination, or Reduction of Funding; Chapter 2.6, pg.10, Appendix 4, pg. 36

- **Training and Technical Assistance (T/TA):**
 - Including, but not limited to, consultation, discussion, and collaboration with CSP or other credible sources of information to ensure the improvement and/or resolution of the deficiency or deficiencies.
- **Technical Assistance Plan (TAP):**
 - Including, but not limited to, prioritizing the need area(s) pertaining to Organizational Standards and providing targeted support to such needs, utilizing webinars, workshops, and other interventions aimed at correcting the deficiency or deficiencies deemed appropriate by CSP.
- **Corrective Action Plan (CAPL):**
 - Including, but not limited to, addressing findings that were found during either a desk monitoring or on-site monitoring visit conducted by CSP staff and providing targeted support to such needs, utilizing webinars, workshops, and other interventions aimed at moving the Grantee or its Sub-grantees into compliance.
- **Quality Improvement Plan (QIP):**
 - Including, but not limited to, identifying specific actions that will be taken to correct the deficiency or deficiencies within a predetermined and reasonable period of time, as determined by the CSP. A QIP will only be provided if the Grantee were not able to comply with their TAP or CAPL.

Monitoring; Chapter 7, pgs. 22-28

- CSP Monitoring of Grantees
 - Desk monitoring to occur annually
 - On-site visit triennially; or sooner IF
 - Newly designated Grantee
 - Follow-up needed due to risk
 - High risk Sub-grantee
 - Organizational Standards monitoring annually
 - Performance Reports
 - Required quarterly; may be used in desk, on-site, and follow-up monitoring
- Grantee Monitoring of Sub-grantees
 - On-site visit annually
 - Follow-up is needed



Desk Monitoring; Chapter 7, pgs. 22-28

- CSP to conduct desk monitoring of Grantees annually
 - Desk Monitoring Tool will be completed using:
 - Documentation uploaded into CAP60
 - Expenditure Reports
 - Fiscal documents
 - Quarterly Performance Reports
 - Any other documentation or material requested by CSP
 - Formal Desk Monitoring Report
 - Findings
 - CAPL
 - QIP
 - Desk Monitoring used as a premonitoring tool for on-site visits



Monitoring Process, cont.;

Chapter 7, pgs. 22-28

- Program On-Site Monitoring by CSP
 - Grantee will receive advanced notice not less than 30 days prior to visit (notification letter, copies of tools, requested documents)
 - Monitor Grantee/Tripartite Board; any Sub-grantee programs that may be high risk
 - Completion of the Monitoring Tool
 - Follow-up on any questions that were not answered during desk monitoring
 - Exit conference
 - Verbal notification of any deficiencies, recommendations, potential follow-up visits, etc.
 - Final Monitoring Report; and any
 - CAPL
 - QIP, *only if previously issued CAPL remains unresolved*



Monitoring Process, cont.;

Chapter 7, pgs. 22-28

- Program On-Site Monitoring by Grantee for Sub-grantees
 - CSP-developed Monitoring Tool not required, however topics to be covered MUST include:
 - Administration
 - Program
 - Contractual
 - Fiscal controls and client eligibility
 - ROMA
 - Formal report due to CSP and Sub-grantee(s) 60 days after completion of visit
 - Issuance of CAPLs and/or QIPs
 - Follow-up report due 60 days after completion of visit
 - Must have a policy to address monitoring findings and deficiencies; can adopt CSP Policy #4
 - Must notify CSP of CAPLs/QIPs; will be Grantee's responsibility to determine resolution

Organizational Standards Monitoring; Chapter 7, pgs. 22-28

- CSP to monitor Organizational Standards annually
 - CSBG Act: SEC. 676(d), and 678B, in conjunction with Information Memorandum 138, States must establish and collect information on the organizational standards for Grantees
 - CSP has adopted the use of the 50 and 58 COE-developed original Organizational Standards

Activity Conducted	Timeframe	Justification
Upload Period	October 1 – January 31 (following calendar year)	Grantees will be able to upload supporting documentation into CAP60. This will allow Tripartite Boards to meet for those scheduled to conduct business quarterly. Documentation uploaded should be relevant within the last year, or stated otherwise.
CSP Monitor Review	February 1 – March 31	The CSP will review Grantees' supporting documentation to determine if each Organizational Standard has been met.
TAPs issued and resolutions gained	April 1 – May 31	TAPs will be issued to any Grantee who failed to properly meet an Organizational Standard, as determined by the CSP monitor review. TAPs will be expected to be resolved, or a plan for resolution in place on or before May 31.
Final Monitoring Report and report in State Plan	June 1- September 30	The CSP will issue a final Organizational Standards monitoring report to grantees. The results of the final Organizational Standards monitoring report for each grantee will be reported in the State Plan for the following year, and be used to target for compliance for the upcoming fiscal year.

****Organizational Standards Monitoring process will be different than outlined for FFY 2020 to ensure contractual compliance***

Quarterly Performance Reports, Monitoring;

Chapter 7, pgs. 22-28; Appendix 11

- Performance Reports to be completed quarterly by Tripartite Board
 - *Is the program **meeting the contract deliverables** as stated in the contract SOW (i.e. what services are being provided)?*
 - *Are the program's **numbers served** to date **on track with the total projected target number** as listed in the contract SOW and CAP60? If not, please explain why. If numbers served are under projected target rate, is there a plan in place to increase services provided?*
 - *Is the program on track to **spend their allocated funds** as listed in the contract SOW in a timely manner? **If no, why not**, and is there a plan in place to either spend the funds or reallocate such to a new line item or another program or sub-grantee?*
 - *Does the board have **plans to issue any Corrective Action Plans (CAPL) or Quality Improvement Plans (QIP)**?*
 - *Do the programs or Sub-grantees need **any training and technical assistance**, and if so, in what areas? How will programs receive this T/TA?*
 - **If completing for **Quarter 2**, will you need to **complete a contract amendment** (e.g. expenditure reallocation total has exceeded that of 20% of the total allocation amount, scope of work has changed, etc.)?*
- **Completion of Quarterly Performance Reports can assist in meeting Organizational Standards 4.4, 5.9, 9.2, & 9.3**

Report #	Due Date
Quarter 1 Performance Report	January 10
Quarter 2 Performance Report	April 10
Quarter 3 Performance Report	July 10
Quarter 4 Performance Report	October 10, with all other required closeout documents

Organizational Standards; Section 4.2, page 13; Section 7.5, page 25

- FFY2020: In order to maintain contractual compliance, we will follow the schedule in the SOW:
 - Documents uploaded by November 1, 2019 at which point CSP will begin reviewing documentation
 - Initial Review back to Grantees no later than January 15, 2020
 - Grantees below 70%: a TAP will be required to be turned in and approved by CSP by April 1, 2020.
 - Grantees below a 70% by June 15, 2020, a QIP will be administered by CSP
- If a TAP is issued:
 - Grantee will complete their plan and send to CSP for approval
 - The State can provide some examples for how an Organizational Standard can be met

Resources

- CSP website
 - <https://health.wyo.gov/publichealth/rural/wyoming-community-services-program/>
 - Community Action Plan template
 - Quarterly Performance Report template
 - Policies
 - CSP Guidance Manual (most updated versions)
 - News and alerts



Questions?

