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1. ERAP-HSS Program:

A. Program Purpose:

Section 501 of subtitle A of title V of Division N of the Consolidated Appropriations Act of 2021 (the “Act”) makes available $25 billion in federal funds to assist eligible households that are unable to pay rent or utilities due to the COVID-19 pandemic. As defined by the Act, eligible households are renter households that 1) have a household income equal to or less than eighty percent (80%) of area median income, 2) experienced a reduction in income or other financial hardship due, directly or indirectly, to COVID-19, and 3) demonstrate a risk of homelessness or housing instability. Wyoming received the minimum grant amount of $200 million. Ninety percent (90%) of the award, or $180 million, is available for payment of rent, rental arrears, utilities, and utilities arrears, and associated administrative expenses. Ten percent (10%) of the grant award, or $20 million, is available for housing stability services and associated administrative expenses. $1,000,000 has been set aside by the Department of Family Services (DFS) for housing stability services for seniors and individuals with disabilities. The Aging Division is administering the Housing Stability Services (HSS) grant of $1,000,000 to ERAP eligible seniors and individuals with disabilities between publication of these policies and procedures, and September 30, 2022. Potential clients of the HSS program must first, qualify for ERAP, and either be a senior, or an individual with a disability, to qualify for HSS. All funds must be utilized or allocated for this program by September 30, 2022.

The U.S. Treasury defines housing stability services as those services which “enable eligible households to maintain or obtain housing” and recognizes that seniors and individuals with disabilities may require specialized services to support their ability to access and maintain housing. The goals of this grant opportunity are to:

a. Provide eligible households with every chance to successfully age in place in their own homes, or live comfortably with their disability in their own home
b. Support communities to maintain and build capacity to assist eligible households; and,
c. Keep eligible households safely and stably housed.

B. Initial Eligibility & Definitions:

All individuals that apply for HSS will need to apply for the Wyoming ERAP program via DFS before being able to access ERAP-Housing Stability Services. https://dfs.wyo.gov/assistance-programs/home-utilities-energy-assistance/emergency-rental-assistance-program-erap/. Individuals will need to be successful in that application and provide the Aging Division administration with either the printed and scanned email that is sent digitally, or the original
email forwarded to the Aging Division administration. This must be done before other criteria can be met.

Individuals need to be either a senior or disabled to be eligible for HSS. Clients considered senior will be self-declared but will usually range from 55+. Clients are considered disabled if self-declared disabled.

Eligibility will be documented by the Aging Division for referral purposes, and each subrecipient for documentation.

**Client.** Anyone eligible for Housing Stability Services.

**Contractor.** Anyone who provides a service at the direction of the subrecipient (see definition below). They are paid by the subrecipient and are not required to submit reports to the Aging Division.

**Disabled.** The term “disability” means (except when such term is used in the phrase “severe disability”, “developmental disabilities”, “physical or mental disability”, “physical and mental disabilities”, or “physical disabilities”) a disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that results in substantial functional limitations in 1 or more of the following areas of major life activity: (A) self-care, (B) receptive and expressive language, (C) learning, (D) mobility, (E) self-direction, (F) capacity for independent living, (G) economic self-sufficiency, (H) cognitive functioning, and (I) emotional adjustment.¹

**Senior Citizen.** Participants considered senior will be self-declared but will usually range from 55+.

**Subrecipient.** A subrecipient is a company or organization that either provides services to seniors and people with disabilities, or coordinates home modifications. Examples of such organizations would be: Senior Centers, Independent Living Coordinators and Home Building/Modifications. A subrecipient is responsible for reporting services to the Aging Division as advised in this document.

**C. Subrecipient Application Process:**

The Aging Division will set forth the following policies for HSS. These policies shall be implemented immediately by the subrecipient in accordance with the program.

1) The subrecipient applies via the Google Form to document acceptance of the policy and procedures document, providing contact information
   a) Organization name

¹ Older Americans Act 1965, Section 102-104
b) Contact person and contact details  
c) Full business address  
d) Services that will be provided  
e) Agreement with the policies and procedures  
2) The subrecipient signs and accepts the Grant agreement for the duration of the ERAP-HSS program.  
3) The subrecipient will provide monthly itemized reports and invoices for services that will be processed and paid upon satisfactory completion.  
4) The subrecipient will provide data for quarterly reports sent directly to the ERAP-HSS Program Manager Mark Kelly (mark.kelly1@wyo.gov).

D. Client Application Process:

The Aging Division will set forth the following policies for HSS. These policies shall be implemented immediately. This form will be available as a paper copy also which can be mailed out with the correct address to any individual who calls and seeks to apply for HSS directly from the Aging Division.

1) The client seeking assistance needs to complete a successful application via the DFS website for ERAP  
https://dfs.wyo.gov/assistance-programs/home-utilities-energy-assistance/emergency-rental-assistance-program-erap/  
2) The client will then receive a communication from DFS saying they were successful, with an ERAP applicant ID number, and direction to the Aging Division website to start the next step of the process.  
3) The client will proceed to our website and fill out a Google Form.  
4) The Aging Division will then review the individual's request and reach out to already enrolled subrecipients, or seek to enroll the right subrecipients for the services requested.  
5) When all subrecipients are enrolled/alerted, then the individual will be contacted with the information of the subrecipient and that they will be handling the individual's needs, requests and services from here on in.
2. Housing Stability Services:

   A. Non OAA Funds Only:
   
   It is to be noted, clearly and unequivocally, that these funds are completely separate from the Aging Division’s Older American Act funds, and therefore are not reported to ACL nor do they require WellSky Aging & Disability (A&D) entries. You can have the same individuals on OAA programs who are in the ERAP-HSS program, so long as the support is kept separately and that the services are unique and not counted twice across the programs.

   B. Services Offered:
   
   Housing stability services for seniors and persons with disabilities will fall into the following ten (10) service categories, eighteen (18) sub-services. Petitions can be made to the Aging Division for any services related to but not on this list for the Aging Division to discuss with DFS;

   1. Home Modifications - *Home repairs to enable people to age in place or live in place with disabilities. This can include additions or upgrades to a property if they are outside of the landlord’s responsibilities. Additions or upgrades could be subject to prior approval from the ERAP-HSS Program Manager.*
      
      i. Written permission for any home modifications to the rental unit must be obtained from the landlord prior to the modification
      
      ii. Expenses for home modifications shall not exceed $5,000 per household, which includes initial evaluation, final evaluation, Planning and Coordination

   2. Trailer/Mobile Home Repairs - *Necessary repairs to restore the habitability of trailers owned by the client and kept on a rented lot. Additions or upgrades could be subject to prior approval from the ERAP-HSS Program Manager.*
      
      i. The client must own the trailer while renting the lot
      
      ii. Expenses for repairs must not exceed $5,000 per household
      
      iii. Services; Initial Evaluation, Final Evaluation

   3. Homemaking Services -
      
      i. Homemaking, Chores, Cleaning

   4. Personal Care - Skilled Nursing Services
      
      a. Personal Care - Skilled Nursing Services - Registered Nurse (RN)
      
      b. Personal Care - Skilled Nursing Services - Licensed Practical Nurse (LPN)
      
      c. Personal Care - CNA - Certified Nursing Assistant (CNA)

   5. Non-Medical Transportation - *With either Wheelchair or Non-Wheelchair Accessible Vehicles used*

   6. Personal Emergency Response Systems (PERS)
a. PERS - Landline Installation  
b. PERS - Landline Monitoring  
c. PERS - Cellular Installation  
d. PERS - Cellular Monitoring  

7. **Information Technology Hardware** - *Information technology hardware to facilitate telehealth in the home*
   a. Information Technology Hardware - Delivery  
   b. Information Technology Hardware - Quarterly *(optional)*

8. **Independent Living Skills** - *Independent living skills coaching, including money management*
   a. Independent Living Skills - Life Coaching  
   b. Independent Living Skills - Money Management

9. **Hoarding Services** - *Hoarding Services, such as cleaning and mental health counseling, to address hoarding behavior and restore habitability of the property*
   a. Hoarding Services - Cleaning  
   b. Hoarding Services - Mental Health Counseling

10. **Case Management/Quarterly Monitoring** - *Automatically assigned to all relevant sub-recipients. Maximum of $50 can be billed per quarter for either check-ins or initial intake/renewal, per client. Must be associated with existing ERAP clients and you must provide their corresponding ERAP ID. Available on all non project services, Information Technology Hardware - Quarterly not included. Restrictions include: Home Modifications, Trailer/Mobile Home Repair, & Hoarding Services - Cleaning which are restricted to one billing for the initial intake evaluation, and one billing for the final evaluation at $50 per occurrence. Max payout is $100. Further restrictions: Information technology Hardware - Delivery can only have a one off occurrence-instance of Case Management for initial procurement, shipment and delivery of said hardware at $50.*

**C. Home Modifications - Special Procedures:**

Total has a maximum of $5,000 per household, per project, per grant period, on a case by case basis for all labor and repairs (administrative fees are for extra costs)

Home Modifications subrecipients can charge up to 10% of the total cost of the home modification project/invoice as administrative fees. This means if the job for repairs/modifications, labor and materials, cost a total of $4,000, then the following services would be added to the Admin portion of the invoice;  

1. Initial Consultation  
2. **Initial Evaluation and Project Planning**  
3. Project Coordination  
4. **Final Evaluation**
*Two of these are required services and must be requested on the invoice, documented that they were completed, and added to the Client Intake & Evaluation Form for documentation. These two are: Initial Evaluation and Project Planning, Final Evaluation.

Documentation must be added to the Client Intake & Evaluation Form that written permission has been obtained from the landlord that the work to be completed has been talked through with the landlord and then signed off to a satisfactory level with the landlord.

Home modifications are meant to be in collaboration with the client, in conversation rather than dictation, and co-creating a plan of action rather than ordering changes that are not agreed upon by the client. The client will need to sign off that they agree with the initial evaluation and the final evaluation.

**Special Considerations** - When considering additions or upgrades to a rental property, they can be subject to denial if they are part of a landlord's legal responsibility to maintain the property. The tenant can request repairs to the property if they have reasonable cause, supported by evidence, to believe the residential rental unit is not in compliance with the landlord’s duties. Upgrades are only allowed if the client can justify how the home modification or repair will maintain the person’s ability to stay in their home.

*Initial Evaluation and Project Planning, and Final Evaluation, both have a $50 max payout per occurrence under Case Management which is additional above any admin fees you will bill us for.*

*If you are unsure that the requested project is a legitimate Home Modification or Trailer/Mobile Home Repair, please seek prior approval documentation from the ERAP-HSS Program Manager before commencing with the project.*

**D. Trailer/Mobile Home Repairs - Special Procedures:**

Total has a maximum of $5,000 per household, per project, per grant period, on a case by case basis for all labor and repairs (administrative fees are for extra costs)

Trailer/Mobile Home Repairs can charge up to 10% of the total cost of the home modification project/invoice as administrative fees. This means if the job for repairs/modifications, labor and materials, cost a total of $4,000, then the following services would be added to the Admin portion of the invoice;

1. Initial Consultation
2. *Initial Evaluation and Project Planning*
3. Project Coordination
4. *Final Evaluation*
*Two of these are required services and must be requested on the invoice, documented that they were completed, and added to the Client Intake & Evaluation Form for documentation. These two are: Initial Evaluation and Project Planning, Final Evaluation.

Clients will self-declare that they own their homes but rent the lot, and this will be indicated on the Client Intake & Evaluation Form.

Trailer/Mobile Home Repairs are meant to be in collaboration with the client, in conversation rather than dictation, and co-creating a plan of action rather than ordering changes that are not agreed upon by the client. The client will need to sign off that they agree with the initial evaluation and the final evaluation.

**Special Considerations** - Additions or upgrades are only allowed if the client can justify how the home modification or repair will maintain the person’s ability to stay in their home.

Initial Evaluation and Project Planning, and Final Evaluation, both have a $50 max payout per occurrence under Case Management which is additional above any admin fees you will bill us for.

If you are unsure that the requested project is a legitimate Home Modification or Trailer/Mobile Home Repair, please seek prior approval documentation from the ERAP-HSS Program Manager before commencing with the project.

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**E. Hoarding Services - Cleaning ~ Special Procedures:**

Total has a maximum of $5,000 per household, per project, per grant period, on a case by case basis for all labor, removals and dumping waste (administrative fees are for extra costs such as case management and consultation)

Hoarding Services - Cleaning can charge up to 10% of the total cost of the removal per project/invoice as administrative fees. This means if the job for removals, labor and materials needed, cost a total of $4,000, then the following services would be added to the Admin portion of the invoice;

5. Initial Consultation
6. **Initial Evaluation and Project Planning***
7. Project Coordination
8. **Final Evaluation***

*Two of these are required services and must be requested on the invoice, documented that they were completed, and added to the Client Intake & Evaluation Form for documentation. These two are: Initial Evaluation and Project Planning, Final Evaluation.
If the project you are undertaking is looking to exceed the capped amount listed, of $5,000, you will need to seek prior approval from the Aging Division and the Aging Division will advise on next steps for how to proceed with any requested work amounts over $5,000, which may or may not need to wait to the end of the grant period to be approved, and are at the sole discretion of the Aging Division and their granters to approve. Full documentation, evaluations and evidence will need to be submitted at the same time as the estimate/proposal.

Hoarding Services - Cleaning is meant to be in collaboration with the client, in conversation rather than dictation, and co-creating a plan of action rather than ordering changes that are not agreed upon by the client. The client will need to sign off that they agree with the initial evaluation and the final evaluation.

*Initial Evaluation and Project Planning, and Final Evaluation, both have a $50 max payout per occurrence under Case Management which is additional above any admin fees you will bill us for.*

**F. Case Management/Quarterly Monitoring ~ Special Procedures:**

The new Case Management/Quarterly Monitoring service was created during the 11/19/2021 update, also known as Version 5.

*This service will be automatically assigned to all relevant sub-recipients, whether new or pre-existing, if you provide or have provided any one or more of these services. You can bill for it on the newly designed invoice, so long as you are a sub-recipient of one or more of these services. A grant agreement amendment is not necessary to qualify for this service, so long as parameters are met as outlined in this policy document. To become a sub-recipient of one or more of these services that Case Management/Quarterly Monitoring accompanies does require an amendment to the grant agreement between us.*

1. **General Rules for All Other Services**

The service rules that follow are solely for the sub-recipients who are managing one or more of these services:
● Homemaking Services -
  ○ Homemaking, Chores, Cleaning
● Personal Care - Skilled Nursing Services
  ○ Personal Care - Skilled Nursing Services - Registered Nurse (RN)
  ○ Personal Care - Skilled Nursing Services - Licensed Practical Nurse (LPN)
  ○ Personal Care - CNA - Certified Nursing Assistant (CNA)
● Non-Medical Transportation - With either Wheelchair or Non-Wheelchair Accessible Vehicles used
● Personal Emergency Response Systems (PERS)
  ○ PERS - Landline Installation
  ○ PERS - Landline Monitoring
  ○ PERS - Cellular Installation
  ○ PERS - Cellular Monitoring
● Independent Living Skills - Independent living skills coaching, including money management
  ○ Independent Living Skills - Life Coaching
  ○ Independent Living Skills - Money Management
● Hoarding Services - Hoarding Services, such as cleaning and mental health counseling, to address hoarding behavior and restore habitability of the property
  ○ Hoarding Services - Mental Health Counseling

General rules of this section on all of the above:

● There is a maximum of $50 that can be claimed per occurrence, and these occurrences are every 90 days or per quarter. That is, once per client per allowable occurrence.
● For sub-recipients who are managing one or more of these services: *Home Modifications, Trailer/Mobile Home Repair, Information Technology Hardware - Delivery & Quarterly, & Hoarding Services - Cleaning*, different rules apply.
● Each charge for this service must have an accompanying ERAP ID that we can check the service against and keep a tally of the payments for individual clients.
● Evidence must be provided with the invoice detailing the reason for the charge in the description of the invoice, and what was done, sent with the invoice to the ERAP-HSS Program Manager digitally, and also kept physically within the client’s paper file Care Plan Service Plan that you must keep at your facilities.
● This service can only be billed a maximum of 4 times a year (every quarter) regardless of if it is for the initial evaluation, a quarterly 90 day check in or a re-evaluation. This amount/cap is per client. Complete and accurate records must be kept within the Client’s Service Plan document and the Client Intake Form.
● *Can not be used for Information Technology Hardware - Quarterly, there is a separate billing charge for that on the invoice.*
● This service can be used for a one-off one time initial occurrence per client and a one time
billable charge of Information Technology Hardware - Delivery for the procurement of, shipment and delivery of said hardware, but the final hardware must be all inclusive of device and shipping costs. Only one charge allowed for delivery.

2. **Case Management for Large Projects**

**Home Modifications** - Home repairs to enable people to age in place or live in place with disabilities. This can include additions or upgrades to a property if they are outside of the landlord’s responsibilities. Additions or upgrades could be subject to prior approval from the ERAP-HSS Program Manager.

- Written permission for any home modifications to the rental unit must be obtained from the landlord prior to the modification
- Expenses for home modifications shall not exceed $5,000 per household, which includes initial evaluation, final evaluation, Planning and Coordination

**Trailer/Mobile Home Repairs** - Necessary repairs to restore the habitability of trailers owned by the client and kept on a rented lot. Additions or upgrades could be subject to prior approval from the ERAP-HSS Program Manager.

- The client must own the trailer while renting the lot
- Expenses for repairs must not exceed $5,000 per household
- Services; Initial Evaluation, Final Evaluation

**Hoarding Services** - Hoarding Services, such as cleaning and mental health counseling, to address hoarding behavior and restore habitability of the property

- **Hoarding Services** - Cleaning

General rules of this service will now follow:

- There is a maximum of $50 that can be claimed per household, per project, per client, per grant period, for two instances only. That is, once per client per allowable occurrence. There is a cap/maximum of $100 that can be claimed per project managed.
- Occurrence 1= Initial Intake & Evaluation of Project Needs
- Occurrence 2 = Final Evaluation of Project Completed
- This service is **solely** for the sub-recipients who are managing one or more of these services: **Home Modifications, Trailer/Mobile Home Repair & Hoarding Services - Cleaning**. Anything related to IT have their own rules.
- Each charge for this service must have an accompanying ERAP ID that we can check the service against and keep a tally of the payments for individual clients.
- Evidence must be provided with the invoice detailing the reason for the charge, and what was
done, sent with the invoice to the ERAP-HSS Program Manager digitally, and also kept physically within the client’s paper file that you must keep at your facilities.

3. **Case Management for Information Technology Hardware - Delivery**

**Information Technology Hardware - Delivery** *(One off occurrence of Case Management for procuring, shipment and delivery of said hardware is acceptable)*

4. There is a maximum of $50 that can be claimed per household, per project, per client, per grant period, for one instance only. That is, once per client per allowable occurrence. There is a cap/maximum of $50 that can be claimed per project managed.

5. Occurrence 1 = Initial Intake & Evaluation of Project Needs and management for procuring, shipment and delivery of said hardware is acceptable under this new service.

6. Each charge for this service must have an accompanying ERAP ID that we can check the service against and keep a tally of the payments for individual clients.

7. Evidence must be provided with the invoice detailing the reason for the charge, and what was done, sent with the invoice to the ERAP-HSS Program Manager digitally, and also kept physically within the client’s paper file that you must keep at your facilities.

4. **Case Management for Information Technology Hardware - Quarterly**

**Information Technology Hardware - Information technology hardware to facilitate telehealth in the home**

- **Information Technology Hardware - Quarterly** *(optional)*

General rules of this section on all of the above:

- There is a maximum of $50 that can be claimed per occurrence, and these occurrences are every 90 days or per quarter. That is, once per client per allowable occurrence.
- Each charge for this service must have an accompanying ERAP ID that we can check the service against and keep a tally of the payments for individual clients.
- Evidence must be provided with the invoice detailing the reason for the charge in the description of the invoice, and what was done, sent with the invoice to the ERAP-HSS Program Manager digitally, and also kept physically within the client’s paper file that you must keep at your facilities.
Program Manager digitally, and also kept physically within the client’s paper file Care Plan Service Plan that you must keep at your facilities.

- This service can be used for a one-off one time initial occurrence per client and a one time billable charge of Information Technology Hardware - Delivery for the procurement of, shipment and delivery of said hardware, but the final hardware must be all inclusive of device and shipping costs or the difference made up elsewhere. *Only one charge allowed for delivery per client.*
3. Policies and Procedures:

Client Eligibility:
All individuals that apply for HSS will need to apply for the Wyoming ERAP program via DFS before being able to access HSS. Individuals will need to be successful in that application and provide the Aging Division administration with either the printed physical version or scanned email that is sent digitally, or the original email forwarded to the Aging Division administration. This must be done before other criteria can be met.

Individuals who apply for emergency rental assistance or utilities assistance and are successful, do not necessarily need to receive funds for these services. They only need to show proof of successful acceptance to qualify for Housing Stability Services.

Data Protection:
Community-based subrecipients will ensure that the privacy and confidentiality of all client information for clients served using these grant funds will be maintained at all times. All records will be kept secure for a period of at least five (5) years in compliance with federal law at your facility or data storage location. All data and invoices from contractors will be held securely by subrecipients also.

These conditions on data protection and security also apply to the Aging Division.

Subrecipients:
A subrecipient is a company or organization that either provides services to seniors and people with disabilities, or coordinates home modifications. Examples of such organizations would be: Senior Centers, Independent Living Coordinators and Home Building/Modifications. A subrecipient is responsible for reporting services to the Aging Division as advised in this document. Providers, Home Improvement organizations, Cleaning organizations and any other organization that enters into a contract with the Aging Division will be known as subrecipients, and these subrecipients will be the main point of contact with the Aging Division. The subrecipient may hire contractors at will, but must ensure that the product/service they provide meets the requirements of this grant. Any legal questions will be directed towards the subrecipient and not their contractors.

All subrecipients are required to adhere to the policies and procedures outlined in this document and it is the responsibility of the subrecipient to ensure compliance and maintenance with the standards set out by the Aging Division, in coordination with DFS. Subrecipients will be enrolled into the
program using a Google Form to document intent and acceptance with these policies and procedures as a prerequisite for grant money being awarded.

Subrecipients shall document for each client:

I. An eligibility determination from the ERAP program showing the client is eligible for assistance.

II. How the services to be provided will enable eligible households to maintain or obtain housing.

III. Client Intake & Evaluation Form with initial contact for services, containing contact information and verification points for ERAP. This can be done at the same time as the Service Plan at the discretion of the subrecipient. Initial Evaluation and Final Evaluation forms will be included in this document for the Home Modifications and Trailer/Mobile Home Repairs portion of HSS.

IV. Service Plans for all clients. All quarterly reports will be attached to the Client Intake & Evaluation Form and marked on the service plan.

Subrecipients shall report timely for all monthly, quarterly and annual reports as dictated by this document and shall not delay the reporting process. Subrecipients will be aware that reports may be needed outside of these timeframes in accordance with public requests for information, DFS reporting or federal/state auditing.

Subrecipients agree to abide by all federal and state laws and to work in accordance with these laws.

The Aging Division requires that selected subrecipients participate in required monthly calls with DFS to exchange information on observed levels of need, obstacles to assistance, and general performance of the program. The Aging Division will notify those selected subrecipients if they are required to participate or not, and any who are not required will be invited to participate voluntarily.

Subrecipients can contract out for any service (for example, home modifications) so long as the project/service is managed by the subrecipient and they are in charge of quality. The criteria for home modifications or trailer/mobile home repairs must be met (see relevant section in this document).

All subrecipients need to scan and send documentation for each client, that includes the Initial Intake Form, Client Service Plans, and any relevant information needed to support invoices. This keeps a central copy as well as the paper records at your center as accompanying evidence for a profit and loss.
**Contractors:**

A contractor is anyone who provides a service at the direction of the subrecipient (see definition in this document). They are paid by the subrecipient and are not required to submit reports to the Aging Division. Operational logistics and financial questions must go directly to the subrecipients who will communicate with the Aging Division if necessary.

All contractors must be hired on a noncompetitive basis and be there to service the greater good of Wyomingites. All contractors are required to adhere to the policies and procedures outlined in this document and it is the responsibility of the subrecipient to ensure compliance and maintenance with the standards set out by the Aging Division, in coordination with DFS.

All contractors must be fully licensed, fully insured and work under a contract with the sub-recipient for the work to be performed. If additional work is needed for unforeseen construction issues a new contract needs to be signed and updated by the subrecipient and the contractor before work can commence. These high standards are intended to ensure quality work for vulnerable older and/or disabled adults, and to provide an auditable paper trail for the awarding agency.

### Schedule of Allowable Services and Reimbursement Rates 11/19/2021:

<table>
<thead>
<tr>
<th>Sub-Service</th>
<th>Rate</th>
<th>Unit</th>
<th>Service Cap</th>
<th>Aging Division Internal Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Modifications</td>
<td>Variable</td>
<td>1 complete project = 1 unit</td>
<td>Maximum of $5,000 per household, per project, per grant period, on a case by case basis for all labor and repairs (admin is for extra costs)</td>
<td>ERHS: 1-1</td>
</tr>
<tr>
<td>Trailer/Mobile Home Repairs</td>
<td>Variable</td>
<td>1 complete project = 1 unit</td>
<td>Maximum of $5,000 per household, per project, per grant period, on a case by case basis for all labor and repairs (admin is for extra costs)</td>
<td>ERHS: 2-2</td>
</tr>
<tr>
<td>Homemaking Services - Homemaking, Chores, Cleaning</td>
<td>$6.09</td>
<td>15 minutes = 1 unit</td>
<td></td>
<td>ERHS: 3-3</td>
</tr>
<tr>
<td>Personal Care - Skilled Nursing Services Registered Nurse (RN)</td>
<td>$27.42</td>
<td>15 minutes = 1 unit</td>
<td></td>
<td>ERHS: 4-4</td>
</tr>
</tbody>
</table>
- **Personal Care - Skilled Nursing Services**
  - Licensed Practical Nurse (LPN)
  - $19.80
  - 15 minutes = 1 unit
  - ERHS: 4-5

- **Personal Care - CNA**
  - Certified Nursing Assistant (CNA)
  - $10.87
  - 15 minutes = 1 unit
  - ERHS: 4-6

- **Non-Medical Transportation**
  - With either Wheelchair or Non-Wheelchair Accessible Vehicles used
  - $10.40
  - 1 trip (one-way) = 1 unit
  - Limit of $208 per household, per month
  - ERHS: 5-7

- **PERS - Landline Installation**
  - $66.24
  - One installation = 1 unit
  - One installation over client's lifetime unless otherwise warranted by extenuating circumstances
  - ERHS: 6-8

- **PERS - Landline Monitoring**
  - $33.61
  - 1 monthly check = 1 unit
  - One instance per month
  - ERHS: 6-9

- **PERS - Cellular Installation**
  - $66.92
  - One installation = 1 unit
  - One installation over client's lifetime unless otherwise warranted by extenuating circumstances
  - ERHS: 6-10

- **PERS - Cellular Monitoring**
  - $43.82
  - 1 monthly check = 1 unit
  - One instance per month
  - ERHS: 6-11

- **Information Technology Hardware - Delivery**
  - Variable
  - 1 device = 1 unit
  - Maximum of $400 per client per grant award period. All inclusive of purchasing and procuring said device. Can be accompanied with one instance of Case Management for initial procurement, shipment and delivery of said hardware.
  - ERHS: 7-12

- **Information Technology Hardware - Quarterly (optional)**
  - $50.00
  - 1 quarterly check = 1 unit
  - This service cannot be accompanied with Case Management. It is Case Management for IT Hardware, but tracked differently.
  - ERHS: 7-13

- **Independent Living Skills - Life Coaching**
  - $19.69
  - 15 minutes = 1 unit
  - ERHS: 8-14

- **Independent Living Skills - Money Management**
  - $15.22
  - 15 minutes = 1 unit
  - ERHS: 8-15
### Hoarding Services - Cleaning

<table>
<thead>
<tr>
<th>Variable</th>
<th>1 complete project = 1 unit</th>
<th>Maximum of $5,000 per household, per project, per grant period, on a case by case basis for all labor, removals and dumping of waste (admin is for extra costs such as case management) - contact the Aging Division if needs will exceed maximum</th>
</tr>
</thead>
</table>

### Hoarding Services - Mental Health Counseling

| $7.08 | 15 minutes = 1 unit | ERHS: 9-17 |

### Case Management/Quarterly Monitoring

| $50.00 | 1 occurrence per quarter = 1 unit | Automatically assigned to all sub-recipients. Maximum of $50 can be billed per quarter for either check-ins or initial intake/renewal, per client. Must be associated with existing ERAP clients and you must provide their corresponding ERAP ID. Available on all non project services, Information Technology Hardware - Quarterly not included. **Restrictions include:** Home Modifications, Trailer/Mobile Home Repair, & Hoarding Services - Cleaning which are restricted to one billing for the initial intake evaluation, and one billing for the final evaluation at $50 per occurrence. Max $100 payout. **Further restrictions:** Information technology Hardware - Delivery can only have a one off occurrence/instance of Case Management for initial procurement, shipment and delivery of said hardware at $50. |
| ERHS: 10-18 |

### Administrative Fees:

Reasonable fees for goods and services for ERAP-eligible seniors and individuals with disabilities to remain independently in their homes are allowable expenses. Other allowable expenses include direct and indirect administrative costs and shall not exceed ten percent (10%) of the total grant award per person.
Administrative fees will be billed each month with the execution of the service plan items, and will not exceed ten percent (10%) of the monthly total, and must be listed with detailed information on where the cost is going and what is being claimed.

Administrative costs may be claimed by the subrecipients, so long as the total does not exceed 10% of the total reimbursement amount for services rendered.

There is a difference with these three services: Home Modification, Trailer/Mobile Home Repairs & Hoarding Services - Cleaning, can charge up to 10% of the total cost of the home modification project/invoice as administrative fees. This means if the job for repairs/modifications, labor and materials, cost a total of $4,000, then the following services would be added to the Admin portion of the invoice:

1. Initial Consultation
2. Initial Evaluation and Project Planning*
3. Project Coordination
4. Final Evaluation*

* Two of these are required services and must be requested on the invoice, documented that they were completed, and added to the Client Intake & Evaluation Form for documentation. These two are: Initial Evaluation and Project Planning, Final Evaluation.

Reimbursement rates for services have been set by the Aging Division, and shall not exceed the established limits. Please see the relevant P&P section for a list of services and reimbursement rates as they pertain to ERAP-HSS.

**Invoices for Sub-recipients:**

Monthly reports and invoices of services delivered must be emailed to the ERAP-HSS Program Manager Mark Kelly via the Invoice Inbox: wdh-elpayments@wyo.gov by no later than the 15th of every month for the prior service month. This is to ensure timely reporting to DFS for monthly reports which will be recorded one month in arrears. If necessary, a sub-recipient may submit more than one invoice per month.

Each invoice must have a unique identifying Invoice Number that you will create. Be aware that these invoices will stay in WOLFS indefinitely, so avoid generic numbers like “001” as you will never be able to use that again. The advice from the Aging Division is to create a moniker that matches the name of your organization and the program. Take this example: Senior Center Townsville Wyoming in the ERAP program could have their first invoice as “TOWNS-ERAP-HSS-001”. Then we know the sub-recipient, and we know the program. Whatever you pick must be able to continue for the life of the program, so the next invoice would have a number “TOWNS-ERAP-HSS-002” and onwards up that scale. Each invoice needs
an invoice number and an invoice date in order to be processed. Please contact the ERAP-HSS Program Manager for more information if needed.

A ERAP-HSS invoice must be submitted for expenses as listed in the agreement document, which must be signed by all parties before any services or projects are administered. A profit and loss statement for the expenses must be submitted with the invoice along with activity reports and supporting documentation.

Each service offered needs to be entered on a new line/row for each individual ERAP Applicant ID number. For example, if Applicant 001 has **Homemaking Services** for X dollars and **Non-Medical Transportation** for Y dollars, then 001 for X will be one line, and 001 for Y on another. This process enables the Aging Division and DFS to account for the spending per ERAP Applicant ID for Housing Stability Services, for federal reporting purposes.

There is a separate section at the bottom half of the invoice for these four services: Home Modifications, Trailer/Mobile Home Repairs, Information Technology Hardware and Hoarding Services - Cleaning. The invoice has a rate with fields that can be manually updated (so long as you do not exceed the service maximum), whereas the top half of the invoice they cannot be changed.

**Reporting for Sub-recipients:**

Reporting shall include, but not be limited to: the number and type of services provided and the unit cost and total expenditure for all services by subrecipient. Administrative fees with a full breakdown of the units will be added to the comments section of the invoice, and that total added to the total compensation requested.

Quarterly evaluations of your client’s ADL’s and IADL’s should be completed to ensure the care they are receiving is what they need. These should be printed from the Client Intake Form and signed off on the Service Plan as a record on the correct 90th day from initial creation of the Service Plan.

**Amendments/Changes to Agreements:**

Any changes to the currently established grant agreement will need to be followed with a new initial application form that shows intended addition or omission of services. This process will then follow the initial application process where the ERAP-HSS Program Manager will send out the blank agreement with a copy of the new application form for you to sign, return back to the Aging Division, and then we will send out the signed and updated Grant Agreement form back to you. The amended application form and the new Grant Agreement will supersede any previous agreement between your organization and the Aging Division.
4. Forms:

<table>
<thead>
<tr>
<th>Service</th>
<th>Sub-Service</th>
<th>Minimum Forms Needed (Extras can be attached to Intake Form or Service Plan at sub recipient's discretion)</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Modifications</td>
<td>n/a</td>
<td><em>Client Intake Form - Date:</em>________________________________________________________</td>
<td>Once in Grant Period or Change of Status</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Initial Evaluation &amp; Project Planning - Date:</em>_______________________________________________________________________________________________________________________</td>
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<td><em>Client Service Plan - Date:</em>_______________________________________________________________________________________________________________________________________</td>
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<td><em>Letter of Project Approval from the Landlord - Date:</em>_______________________________________________________________________________________________________________________________________</td>
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<td></td>
<td><em>Final Evaluation - Date:</em>_________________________________________________________________________________________________________________________________________</td>
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</tr>
<tr>
<td>Trailer/Mobile Home Repairs</td>
<td>n/a</td>
<td><em>Client Intake Form - Date:</em>_______________________________________________________________________________________________________________________________________</td>
<td></td>
</tr>
<tr>
<td>Housing Services</td>
<td>Cleaning</td>
<td><em>Initial Evaluation &amp; Project Planning - Date:</em>_______________________________________________________________________________________________________________________________________</td>
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<td></td>
<td><em>Client Service Plan - Date:</em>_______________________________________________________________________________________________________________________________________</td>
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<td><em>Final Evaluation - Date:</em>_________________________________________________________________________________________________________________________________________</td>
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<tr>
<td>Personal Care – Skilled</td>
<td>RN / LPN /</td>
<td><em>Client Intake Form - Date:</em>_______________________________________________________________________________________________________________________________________</td>
<td></td>
</tr>
<tr>
<td>Nursing Services</td>
<td>CNA</td>
<td><em>Client Service Plan - Date:</em>_______________________________________________________________________________________________________________________________________</td>
<td></td>
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<td></td>
<td><em>Nursing Assessment Form (Not provided by AGD) - Date:</em>_______________________________________________________________________________________________________________________________________</td>
<td></td>
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<td></td>
<td><em>Nursing Delegation Form (Not provided by AGD) - Date:</em>_______________________________________________________________________________________________________________________________________</td>
<td></td>
</tr>
<tr>
<td>All Other Services</td>
<td></td>
<td><em>Client Intake Form - Date:</em>_______________________________________________________________________________________________________________________________________</td>
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<tr>
<td></td>
<td></td>
<td><em>Client Service Plan - Date:</em>_______________________________________________________________________________________________________________________________________</td>
<td></td>
</tr>
</tbody>
</table>

The Key item to note here is that ALL SERVICES require both an Intake Form and a Client Service Plan to be completed.

Some services have extra forms/documentation needed (not supplied).

Please note down all dates for projects worked on or documents received in the relevance boxes on the Client Service Plan document.

Please scan and send digitally all documents, including 90th day check ins if your service has them.
A. ERAP-HSS Subrecipient Application Form:

**All providers must fill this out to be accepted into the program after checks have been made**

The potential sub-recipient will need to apply via the Google Form on the CLS website - ERAP-HSS section. On this form you will outline main contact person details and the full list of services you will be able to offer. Once completed the ERAP-HSS Program Manager will be in touch for next steps: https://health.wyo.gov/aging/communityliving/emergency-rental-assistance-program-erap-hss/

B. ERAP-HSS Client Application Form:

**All Clients must complete this form**

This form will also be available as a paper copy which can be mailed out with the correct address to any individual who calls and seeks to apply for HSS directly from the Aging Division.

The individual seeking assistance needs to complete a successful application via the DFS website for ERAP. The individual will then receive communication from DFS saying they were successful, with an applicant ID number, and direction to the Aging Division website to start the next step of the process. The individual will proceed to our website and fill out a Google Form. https://health.wyo.gov/aging/communityliving/emergency-rental-assistance-program-erap-hss/

C. ERAP-HSS Client Intake & Evaluation Form:

(This form will be on a separate word document that will be posted alongside the policies & procedures document)

https://health.wyo.gov/aging/communityliving/emergency-rental-assistance-program-erap-hss/

All clients need to have a completed intake completed with an authorized staff member of the organization. Pages 3-5 are only for Home Modifications, Trailer/Mobile Home Repairs or Hoarding Services (HM, T/MHR or HS).

D. ERAP-HSS Client Service Plan Form:

This form will be available on the CLS website - ERAP-HSS section. (This form will be on a separate PDF document that will be posted alongside the policies & procedures document) https://health.wyo.gov/aging/communityliving/emergency-rental-assistance-program-erap-hss/ and will be completed for every client as a record of services that are being provided.
**All Clients must complete this form**

These must be done every 90 days for all services unless they have an n/a listed by their listed name in the care plan service plan. IT Hardware quarterlies are optional, but once on the care plan service plan must be followed through.

All participants must have a Client Service Plan, but for the projects it is just a record of rights and responsibilities that have been read and acknowledged and a record of important forms and the dates they were either acquired or signed.

*Everyone must have a Client Service Plan, and for all non-project services there must be a detailed agreement of the schedule of said services, using the additional boxes if needed. The details include times, days, frequency, total units needed (see relevant section of fess in this P&P)*

<table>
<thead>
<tr>
<th>Service</th>
<th>Sub-Service</th>
<th>Service Plan Details Agreed Upon - Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Modifications</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Trailer/Mobile Home Repairs</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Homemaking Services</td>
<td>Homemaking Services, Homemaking, Chores, Cleaning</td>
<td></td>
</tr>
<tr>
<td>Personal Care – Skilled Nursing Services</td>
<td>Registered Nurse (RN)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Licensed Practical Nurse (LPN)</td>
<td></td>
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<tr>
<td></td>
<td>Personal Care – CNA – Certified Nursing Assistant (CNA)</td>
<td></td>
</tr>
<tr>
<td>Non-Medical Transportation</td>
<td>Non-Medical Transportation, Wheelchair &amp; Non-Wheelchair Accessible Vehicle</td>
<td></td>
</tr>
<tr>
<td>Personal Emergency Response Systems (PERS)</td>
<td>PERS - Landline Installation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PERS - Landline Monitoring</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PERS - Cellular Installation</td>
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<tr>
<td></td>
<td>PERS - Cellular Monitoring</td>
<td></td>
</tr>
<tr>
<td>Information Technology Hardware</td>
<td>Information Technology Hardware – Delivery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Information Technology Hardware – Quarterly (optional)</td>
<td></td>
</tr>
<tr>
<td>Independent Living Skills</td>
<td>Life Coaching</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Money Management</td>
<td></td>
</tr>
<tr>
<td>Hoarding Services</td>
<td>Cleaning (n/a)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mental Health Counseling</td>
<td></td>
</tr>
</tbody>
</table>

Greyed out boxes in the table above from the Client Service Plan are what we refer to as ‘Projects’. These do not require a schedule of service because they are one off events. They are Home Modifications, Trailer/Mobile Home Repairs and Hoarding Services - Cleaning.
### Extra Information/Forms for Specialized Services (Projects) and Dates of Completion

<table>
<thead>
<tr>
<th>Service</th>
<th>Sub-Service</th>
<th>Minimum Forms Needed (Extras can be attached to Intake Form or Service Plan at sub recipient’s discretion)</th>
<th>Frequency</th>
</tr>
</thead>
</table>
| Home Modifications           | n/a         | __ Client Intake Form - Date:________________________  
|                              |             | __ Initial Evaluation & Project Planning - Date:____________  
|                              |             | __ Letter of Project Approval from the Landlord - Date:___  
|                              |             | __ Final Evaluation - Date:____________________________ | Once in Grant Period or Change of Status       |
| Trailer/Mobile Home Repairs  | n/a         | __ Client Intake Form - Date:________________________  
|                              |             | __ Initial Evaluation & Project Planning - Date:____________  
|                              |             | __ Final Evaluation - Date:____________________________ |                                                 |
| Personal Care – Skilled Nursing Services | RN / LPN / CNA | __ Client Service Plan - Date:________________________  
|                              |             | __ Nursing Assessment Form (Not provided by AGD) - Date:____________  
|                              |             | __ Nursing Delegation Form (Not provided by AGD) - Date:____________________________ |                                                 |
| Hoarding Services            | Cleaning    | __ Client Intake Form - Date:________________________  
|                              |             | __ Initial Evaluation & Project Planning - Date:____________  
|                              |             | __ Final Evaluation - Date:____________________________ |                                                 |
| All Other Services           |             | __ Client Intake Form - Date:________________________  
|                              |             | __ Client Service Plan - Date:________________________ | (IT Hardware – Quarterly is optional and needs a service plan if it is chosen) |

*Sub-recipient’s Policy & Procedures Version 6 - 12062021*
5. Miscellaneous Information:

D. ERAP-HSS Website:
It is currently proposed that the web page that will house the subrecipient/subrecipient form and the individual/customer form, and any other ERAP related promotional and informational material will be located at:
https://health.wyo.gov/aging/communityliving/emergency-rental-assistance-program-erap-hss/

E. Contacts:
ERAP-HSS Program Manager - Mark Kelly - mark.kelly1@wyo.gov - 307-777-7988

WDH-CLS Payments Invoice Email - wdh-clspayments@wyo.gov

For a mailed application form for clients only please contact the Aging Division main office - wyaging@wyo.gov - 307-777-7995