

**WYOMING DEPARTMENT OF HEALTH
COMMUNITY SERVICES PROGRAM**



Community Services Program Guidance Manual
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COMMUNITY SERVICES BLOCK GRANT

Chapter 1: Introduction

1.1: CSBG Overview

- a. The Community Services Block Grant (CSBG) is a federal block grant program administered by the Office of Community Services (OCS) under the US Department of Health and Human Services. The Community Services Block Grant (CSBG) is a federally funded grant program created by the Omnibus Reconciliation Act of 1981. In 1998 the Community Services Block Grant (CSBG) was reauthorized through the Community Services Block Grant (CSBG) Act, Community Opportunities, Accountability, and Training and Education Services Act of 1998, also known as the Coats Human Services Reauthorization Act of 1998, which encompasses the most recent federal reauthorization of the Community Services Block Grant (CSBG). Periodically a continuing resolution has to be passed in order to sustain the program. The purpose of the program funds are to alleviate the causes and conditions of poverty in communities by removing the barriers to self- sufficiency.
- b. OCS distributes the CSBG funds to states and local communities, working through a network of over 1,100 entities designated to receive funds, known as CSBG-eligible entities and largely Community Action Agencies (CAAs). These agencies work towards the reduction of poverty, the revitalization of low-income communities, and the empowerment of low- income families and individuals in rural and urban areas to become fully self-sufficient. Funds support a range of services and activities to assist the needs of individuals with low-income, including individuals who are homeless, migrants, and the elderly.

1.2: Wyoming Department of Health, Public Health Division, Community Services Program

- a. The Community Services Block Grant is administered through the Community Services Program under the Wyoming Department of Health, Public Health Division, Rural and Frontier Health Unit, as designated by the Governor of Wyoming, consistent with Section 676(a) of the CSBG Act. The Wyoming Department of Health has been responsible for administering the Community Services Block Grant for over 20 years. The mission of the Community Services Program (CSP) is to provide funding to public and private entities for the provision of services that support individuals/families to become financially self-sufficient, and for community partnerships to work together to address community poverty.
- b. The Wyoming Department of Health (WDH), Public Health Division (PHD) partners with a network of public and private eligible entities that provide programs and services throughout each of the 23 counties.
- c. The Community Services Program enables agencies to provide a range of services designed to assist individuals and families with low-income to achieve self-sufficiency and improve the conditions of the communities in which they live. Agencies conduct Community Needs Assessments every three years, develop an annual Community Action Plan, and funded agencies provide services based on identified local needs.
- d. The mission of the Community Services Program (CSP) is to provide funding to public and private entities for the provision of services that support individuals and families to become financially self-sufficient, and for community partnerships to work together to address community poverty.

1.3: Grantees and Sub-grantees

- a. CSBG funded entities are referred to as eligible entities in the CSBG statute and federal Office of Community Services guidance, but are referred to as Grantees and Sub-grantees within the CSP administration. Throughout the guidance manual, CSBG funded entities will be referred to as a Grantee. Grantees must be private, nonprofit organizations. However, in accordance with the CSBG Act, section 676B(b), if no private, nonprofit organization is identified or determined to be qualified to serve the unserved area, a public organization may be considered. Funds that the Grantee receives can be sub-contracted to non-profit agencies that are addressing poverty issues consistent with the mission of CSBG through their services. When Grantees sub-contract in this manner, those agencies are referred to as Sub-grantees in this guidance manual.
- b. When designating an entity to provide CSBG services, CSP may choose among private non-profit organizations (including faith-based) that are capable of providing services; private non-profit eligible already providing related services; or other entities located in or near the unserved or underserved area.
- c. If no private non-profit organization or eligible entity is identified or determined to be qualified to serve the area, CSP may designate an appropriate political subdivision of the state to serve as an eligible entity.
- d. CSP may designate a new entity if:
 - i. Current eligible entities have gone out of business
 - ii. Current eligible entities do not choose to become designated (or re-designated)
 - iii. CSP has lawfully terminated the eligible entity's CSBG funding
 - iv. A geographic area is not, or ceases to be, served for any other reason
 - v. Eligible entities cannot, or will not, meet the Tripartite Board requirements.

REFER TO APPENDIX 5: CSBG POLICY #5 DESIGNATION AND REDESIGNATION

- e. The Grantees are governed by a uniquely structured tripartite board of directors, comprised of elected public officials, private sector representatives, and low-income representatives. This structure is designed to promote the participation of the entire community in assessing local needs and eliminating the causes and conditions of poverty. Grantees create, coordinate, and deliver an array of comprehensive programs and services to individuals and families with low-income.
- f. The State provides assurance that when CSBG funds are allocated to a Grantee that each board shall be selected by the agency or organization and constituted to assure that (CSBG Act 676B(a) and (b)):
 - i. One-third of the members of the board are elected public officials, holding office on the date of selection, or their representatives, except that if the number of such elected officials reasonably available and willing to serve on the board is less than one-third of the membership of the board, membership on the board of appointive public officials or their representatives may be counted in meeting such one-third requirement;
 - ii. Not fewer than one-third of the members are persons chosen in accordance with democratic selection procedures adequate to assure that these members are representative of low-income individuals and families in the neighborhood served; and
 - iii. The remainder of the members are officials or members of business, industry, labor,

religious, law enforcement, education, or other major groups and interests in the community served.

- g. The State provides assurance that in the case CSBG funds are allocated to a public organization that the board shall be constituted to assure that:
 - i. No fewer than one-third of the members are persons chosen in accordance with democratic selection procedures and adequate to assure that these members:
 - a. Are representative of low-income individuals and families in the neighborhood served;
 - b. Reside in the neighborhood served; and
 - c. Are able to participate actively in the development, planning, implementation, and evaluation of programs funded under this subtitle; or
 - d. Decision making and participation by low-income individuals in the development, planning, implementation, and evaluation of programs funded under this subtitle.
- h. A narrative description concerning how Wyoming will implement Section 676B (a) & (b) of the CSBG Act follows:
 - i. As a requirement for funding, the CSP requires each Grantee allocated CSBG funds to submit a copy of its tripartite board roster at the time their applications are due or when there is a change in board membership. The board structure is examined by the CSP, and a determination is made as to whether it complies with the CSBG Act requirements. Grantees will be required to submit documentation of how low-income individuals are involved in planning and implementing the CSBG program
 - ii. Each Grantee will have an on-site monitoring visit conducted by the State CSP at least every 3 years. During this monitoring visit, the agency board structure is examined. Grantees will conduct annual on-site monitoring visits with each of their Sub-grantees
 - iii. A clause contained in each grant contract stipulates that the local agency shall comply with applicable Federal regulations in the performance of its duties under the contract. This provision includes Section 676B (a) & (b) of the Community Services Block Grant Act.

REFER TO APPENDIX 2: POLICY #2 BOARD SIZE AND COMPOSITION

1.4: Purpose

- a. The CSBG Act only mandates certain aspects of how state CSBG offices will operate in carrying out their defined roles as administrators of CSBG, leaving the authority and flexibility with the State to determine administration of their CSBG programs. This Policy & Procedure defines policies and procedures for the implementation of the Act specific to Tennessee.
- b. The Policy & Procedure Manual:
 - i. Clarifies the federal and state requirements for CSBG;
 - ii. Encourages the efficient use and management of these funds;
 - iii. Updates current policies and procedures to reflect regulations required of all CSBG recipient agencies and their subcontractors funded through CSBG;
 - iv. References both federal and state laws, rules, and regulations which establish the authority of the agency, the CSBG Program, and CAAs; and
 - v. Set the parameters for eligibility and the use of funds.
- c. There are many terms and acronyms that are used across the program. See Appendix 4 for more information.
- d. Note: These policies and procedures may be amended and updated as necessary.

1.5: Application for Funds

- a. Grantees submit to the CSP an annual application for funds. Applications include, but are not limited to, any Sub-grantee applications, a Community Action Plan (CAP) that addresses the identified needs in the most recent Community Needs Assessment (CAN), proposed budget of all programs and the Tripartite Board, Tripartite Board roster, logic model or NPI mapping worksheet (see Appendix 13: NPI Mapping Worksheet), as well as certificates and assurances as prescribed by OCS.
- b. The complete CSBG application for funds, including all elements listed above as submitted to CSP, should be approved by the Tripartite Board prior to submission. Upon receipt of application, CSP staff will review the application and accompanying materials to ensure all required elements have been supplied and verify that the Grantee CAP connects with the identified needs within their community. Incomplete applications will not be considered and no grant award will be issued when required information is absent.

Chapter 2: Funding

2.1: Funding

- a. Federal requirements stipulate that at least 90% of CSBG funds be passed through to the Grantees. Grantees are required to meet state and federal guidelines and provide a range of services designed to assist low-income and homeless individuals achieve self-sufficiency and improve the conditions of the communities in which they live. Nine broad program categories are identified in the CSBG State Plan, and include:
 - i. Employment
 - ii. Education and Cognitive Development
 - iii. Income and Asset Building
 - iv. Housing
 - v. Health and Social/Behavioral Development
 - vi. Civic Engagement and Community Involvement
 - vii. Linkages
 - viii. Agency Capacity Building
 - ix. Other (Emergency Services and Disaster Relief)
- b. Funding for each county every year is determined by a formula using the following variables:
 - i. Low-income population
 - ii. People unemployed
 - iii. SNAP recipients
 - iv. Medicaid recipients
 - v. POWER recipients
 - vi. Department of Family Services enrollment and assistance
 - vii. SSI recipients
 - viii. Poverty ratings
 - ix. Department of Workforce Services statistics
 - x. United States Census Bureau statistics
- c. The CSBG Act requires these funds to be used:
 - i. To provide a range of services and activities having a measurable and potentially major impact on the causes of poverty in the community or those areas of the community where poverty is a particularly acute problem;
 - ii. To provide activities designed to assist low-income participants, including the elderly, poor;

- iii. To provide on an emergency basis such supplies and services, nutritious foods, and related services, as may be necessary to counteract conditions of starvation and malnutrition among the poor;
- iv. To coordinate and establish linkages between governmental and other social services programs to assure the effective delivery of such services to low-income individuals; and
- v. To encourage the use of entities in the private sector or the community in efforts to relieve or remedy poverty conditions in the community.

2.2: Discretionary Funding

- a. Discretionary funds are 5% of each year's total CSBG allocation for the State of Wyoming, and may be used at the CSP's discretion for projects that are consistent with the purpose and mission of CSBG. CSP may award discretionary funds for a wide variety of projects as indicated within the State Plan. Grantees and Sub-grantees are eligible to receive discretionary funding to aid in the completion of a Community Needs Assessment. Grantees and Sub-grantees may apply to receive discretionary funding to offset the costs of trainings and other CSBG-related activities, however the top priority of discretionary funds are used awarded to Grantees needing to complete a Community Needs Assessment. Remaining funds, if any, are given at the CSP's discretion and based on need.

2.3: Limitations on the Use of Funds

- a. Per Section 678F of the CSBG Act, the following uses are not allowable for CSBG funds:
 - i. Purchase or improvement of land or the purchase, construction or permanent improvement (other than low-cost residential weatherization or other energy-related home repairs) of any building or facility. Note: Assistance with a delinquent mortgage or property tax payment is allowable. A permanent improvement to a home, such as installing a different furnace system or making a change to the inside or outside structure of a home, is not allowed. Agencies are encouraged to contact the CSBG contract manager if they are uncertain whether a specific service is allowable;
 - ii. Leasing of space, buildings, and/or other assets not associated with a CSBG purpose or allowable activity; and
 - iii. Political activity such as:
 - A. Any partisan or nonpartisan activity or any political activity associated with a candidate or contending faction or group, in an election for public or party office
 - B. Any activities to provide voters and prospective voters with transportation to the poll or provide similar assistance in connection with an election, or
 - C. Any voter registration activity.

2.4: Purchase and Distribution of Gift and Gas Cards

- a. Providing gift cards, pre-paid cards, and gas cards is a permissible use of CSBG funds, particularly in an emergency/disaster situation, as long as the expenditure can be justified as meeting one or more of the statutory purposes of the CSBG program.
- b. Programs that use grant funds to purchase gift cards, pre-paid cards, gas cards, gift certificates, bus passes, vouchers, and other like items for clients must establish internal controls in the form of written policies and procedures that, at a minimum:
 - i. Ensure the security of the items
 - ii. Address appropriate distribution to clients
 - iii. Create a line item in the budget specific to these costs

- c. Programs are required to use a log to track inventory and distribution and use of the cards, certificates, passes, vouchers. A log template should be developed by the Grantee or the Grantee may approve one developed by the Sub-grantee. The log must contain the following:
 - i. Source of each item (e.g., Wal-Mart, Safeway)
 - ii. Individual serial number or other identifier of each item
 - iii. Denomination (value) of each item
 - iv. Date each item was purchased (if applicable)
 - v. Date issued to client
 - vi. Date item was documented in client's case file
 - vii. Identification of client (name or confidential identifier)
 - viii. Name of case manager
 - ix. Purpose of item or description of products or service to be purchased with item
 - x. The client must sign a receipt that shows the type of card, voucher, certificate, and bus pass. This receipt must be put in the client's file.
- d. The written policies and procedures, as well as the log, must be made available to CSP staff upon request and may be reviewed during desk monitoring and program on-site monitoring visits.

REFER TO APPENDIX 6: CSBG POLICY #6 PURCHASE AND DISTRIBUTION OF GIFT AND GAS CARDS

2.5: Depletion of Funding

- a. When funding is depleted, it is appropriate to deny clients based on lack of funds. The agency will inform the client when the next open application period begins, so the client can check to see if additional funding is available. Agencies shall not deny eligible clients assistance, based on funding, until **all funds are depleted for the contract period.**
- b. A waiting list will be maintained of all CSBG applicants denied due to lack of funds. If additional funds become available during the program year, those CSBG applicants who were denied due to lack of funds will be notified of the change, if there is one.
- c. For further guidance on allowable uses for CSBG funds, public agencies should refer to the Office of Management and Budget's (OMB) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (commonly called "Uniform Guidance"), 2 C.F.R. 200, which provides a framework for grants management.
- d. CSBG funding can be used to develop services within these broad program categories. Each program category includes a number of sub-categories, and it is not required that all sub-categories of the program be included in the service to be provided by the agency. Although these program categories are broad, it is possible that an agency could develop a service that does not fit these broad areas. In this situation, the "Other" program category will be used.

2.6: Termination and Reduction of Funding

- a. For purposes of making a determination with respect to a funding reduction, the term "cause" includes:
 - i. A statewide redistribution of funds provided through a Community Service Block Grant under this subtitle to respond to:
 - A. the results of the most recently available census or other appropriate data;
 - B. the establishment of a new eligible entity;

- C. severe economic dislocation; and
- ii. The failure of an eligible entity to comply with the terms of its agreement to provide services under this subtitle. [678C(a)]
- b. For purposes of making a determination with respect to a termination, the term “cause” includes the material failure of a Grantee to comply with the terms of its agreement and Community Action Plan to provide services under this subtitle.
- c. The CSBG Grantee shall be given notice if funding is to be terminated or if funding is to be reduced below its proportional share.
 - i. A written notice shall be sent to the CSBG Grantee stating the Wyoming Department of Health, Public Health Division intends to terminate its CSBG funding or reduce its funding level below its proportional share twenty (20) days from the date of the notice. The notice shall contain the cause of the termination and time, date, and place of a hearing on the matter to be held not less than ten (10) days from the date of the letter. Just cause for termination will consist of any breach of the CSBG contract by the Grantee.
 - ii. A Division hearing shall be conducted to review the cause of the proposed termination. The panel shall consist of one representative each from the following: Community Services Program staff; WY Attorney General Staff; Public Health Division Administrator or assignee; representative of the Health Department grants management office; Rural and Frontier Health Unit Manager; and the Section Chief for the CSP unit. The panel members shall convene after the hearing and issue its determination to the Department Director within seven (7) days after the hearing.
 - iii. The Department Director will notify the CSP manager of the panel’s determination.
 - iv. The Community Services Program Manager shall notify the Grantee of the Department’s final decision on the case within fourteen (14) days after the hearing.
 - v. A copy of the record of the hearing shall be furnished to the Secretary of Health and Human Services, and no decision to terminate an agency’s CSBG funding shall become effective until a finding by the Secretary of the Department of Health and Human Services Federal DHHS office) confirms the State’s finding of cause.

**REFER TO APPENDIX 1: CSBG POLICY #4 CORRECTIVE ACTION, TERMINATION, OR
REDUCTION OF FUNDING**

2.7: Expenditure Reports

- a. As the fiduciary steward to its programs, Grantees must track their programs’ expenses for allowability, reallocation, and rate of expense monthly. Grantees are required to use the CSBG Monthly Expenditure Report Template in which expenses for all programs listed on the contract Statement of Work will be tracked. Grantees will complete the CSBG Monthly Expenditure Report Template from the previous month detailing year-to-date (YTD) and monthly expenses and submit to CSP for reimbursement on the tenth day of each month. The CSBG Monthly Expenditure Report Template must remain in excel format when completed for reimbursement. A “reimbursement amount” or “cash on hand” amount will need to be provided.
- b. Within the expenditure report, Grantees must report on how all CSBG dollars are spent. The “Tripartite Board” tab should account for all CSBG funds and include money spent by programs or Sub-grantees, and the Tripartite Board. Each program or Sub-grantee will also have their own tab for both the Tripartite Board and the CSP office to track how funds are being spent, if there are overages, etc. Grantees may create a tab in which they track administrative dollars spent by the Tripartite Board. Line items from the provided template may be added, removed, or edited to best fit the needs of the

Grantee and its programs. Grantees who are receiving discretionary funds will need to track those funds in a separate line item in order to be reimbursed from discretionary funds. This line item should be titled "Discretionary".

- c. If the Grantee deems it necessary to transfer funds from one line item to another, they will need to contact the State CSP Manager for approval. Grantees will then need to track the line adjustments in the "Line Adjustments" tab. Tracking the sum of reallocated funds is crucial to maintaining contractual compliance, as moving more than 20% of funds will constitute a contractual amendment.

Chapter 3: Administration

3.1: Non-Discrimination Clause

- a. Title IV of the Federal Civil Rights Act of 1964 [42 U.S.C. 2000d], Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12132), and all regulations related to these Acts address non-discrimination in service delivery to clients. All local offices must ensure that no one, based on race, color, sex, national origin, or handicap, is excluded from participation in, denied the benefits of, or subjected to discrimination under any service or activity for which the federal government provides funding.

3.2: CSBG Act

- a. The CSBG Act requires these funds to be used:
 - i. To provide a range of services and activities having a measurable and potentially major impact on the causes of poverty in the community or those areas of the community where poverty is a particularly acute problem.
 - ii. To provide activities and programs designed to assist participants with low-income, including the elderly, homeless, and migrant populations move towards self-sufficiency.
 - iii. To provide, on an emergency basis, such things as supplies and services, nutritious foods, and related services, as may be necessary to counteract conditions of starvation and malnutrition among the persons experiencing poverty.
 - iv. To coordinate and establish linkages between governmental and other social services programs to maximize service capacity and delivery to individuals with low-income.
 - v. To encourage the use of entities in the private or public sectors in efforts to relieve or remedy poverty conditions in the community.
- b. Regardless of the programs provided to customers, they must be goal directed. Goals should be results-oriented with predetermined measures used to evaluate success. The Three National Goals include:
 - i. Individuals and families with low incomes are stable and achieve economic security.
 - ii. Communities where people with low incomes live are healthy and offer economic opportunity.
 - iii. People with low incomes are engaged and active in building opportunities in their communities

3.3: Documentation and Record Keeping Processes

- b. Programming and client records will be maintained for a minimum of three (3) years after the Wyoming Department of Health has submitted the final Federal Funding Report (FFR) to the Federal Office of Community Services. Client records are kept in a secure location accessible only to pertinent staff. Computer files will be maintained under a secured system overseen by management. Records must be kept longer if there is an on-going on-site audit or programmatic finding that has not been resolved pertaining to the federal fiscal years being audited.

3.4: Confidentiality of Client Information

- a. All CSBG funded agencies should train their employees annually on client confidentiality, code of ethics and conduct, electronic communications, customer relations, and release of information. This information should be contained in an Employee Handbook/Agency Policy Manual.

3.5: Suspension and Debarment

- a. The clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion” must be included in all sub-contracts/agreements that the Grantee enters into. The clause must be written without any modifications, as follows:
 - i. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
 - ii. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

3.6: Conflict of Interest

- a. Grantees shall have a conflict of interest statement signed by all board members and best practice is for employees involved with the CSBG program to also sign a conflict of interest statement.

3.7: Title VI and HIPAA Compliance

- a. The State CSP requirements prohibit discrimination against any person on the grounds of disability, age, race, sex, color, national origin, religion, or any other classification protected by Federal or State constitutional and/or statutory law. No such person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with funds made available under CSBG 678I. A provision in each CSBG contract stipulates this requirement. Monitoring of local agency compliance with all discrimination requirements is done routinely by the State CSP office.

Chapter 4: Reporting

4.1: Performance Management

- a. Excerpt from Information Memorandum # 138, January 26, 2015:

In an effort to help the CSBG Network increase accountability and achieve results, OCS launched several initiatives in 2012. One focused on establishing organizational standards for eligible entities. Under this effort, CSBG Network leaders developed and recommended a set of organizational standards to strengthen the capacity of the more than 1,000 eligible entities providing services across the country.

A second performance management initiative focused on enhancing the CSBG Network's performance and outcomes measurement system for local entities—identified in the CSBG Act as Results Oriented Management Accountability System (ROMA). Finally, a third initiative focused on creating State and Federal-level accountability measures to track and measure organizational performance by State CSBG Lead Agencies and OCS.

These three efforts are complementary and integrated; together they comprise a network-wide accountability and management system for CSBG. Ultimately, using these new and enhanced tools and information, the CSBG Network will make better program decisions and generate stronger results for low-income families and communities.

- b. For more information on IM 138 visit: <https://www.acf.hhs.gov/ocs/resource/csbg-im-138-state-establishment-of-organizational-standards-for-csbg-eligible-entities>

4.2: Organizational Standards

- a. Information Memorandum (IM) 138 provides guidance and describes State and Federal roles and responsibilities for the establishment of organizational standards as a component of a larger performance management and accountability system for CSBG. Consistent with the authority and responsibilities of the CSBG Act established for the Federal office and States, OCS requires States to establish and report on their organizational standards for CSBG eligible entities as part of an enhanced system for accountability and performance management across the CSBG Network.
- b. The Center of Excellence (COE)-developed standards are organized in three thematic groups encompassing nine categories with a total of 58 standards for private, nonprofit Grantees and 50 for public Grantees.
1. Maximum Feasible Participation
 - Consumer Input and Involvement
 - Community Engagement
 - Community Assessment
 2. Vision and Direction
 - Organizational Leadership
 - Board Governance
 - Strategic Planning
 3. Operations and Accountability
 - Human Resource Management
 - Financial Operations and Oversight
 - Data and Analysis
- c. All COE-developed organizational standards work together to characterize an effective and healthy organization. Some standards have direct links to the CSBG Act, such as the standards on the tripartite board structure and the democratic selection process. Some standards link with U.S. Office of Management and Budget (OMB) guidance, such as the standards on allowability of costs audits. As a whole, the standards reflect many of the requirements of the CSBG Act, applicable Federal laws and regulations, good management practices, and the values of Community Action.
- d. The purpose of the organizational standards is to ensure that all eligible entities have appropriate organizational capacity, not only in the critical financial and administrative areas important to all nonprofit and public human service agencies, but also in areas of unique importance for CSBG-funded Grantees and Sub-grantees. To fulfill the promise of the standards, States must provide consistent and high-quality oversight and technical assistance related to organizational standards. In addition, based on information about organizational capacity, States must work with the Grantees to make informed programmatic decisions about how the agency or Sub-grantee(s) can best meet the needs of local low-income families and communities.
- e. Grantees are to upload the most recent required documentation showing that the organizational standards have been met into the State approved database. For those

Grantees below a 70%, a Technical Assistance Plan (TAP) will be required to be turned in and approved by the State office. For those Grantees below a 70% a Quality Improvement Plan will be administered by the State office.

4.3: Results Oriented Management and Accountability

- a. The Results Oriented Management and Accountability (ROMA) framework was initiated in 1994 by a task force of federal, state, and local CSBG Network officials. The ROMA methodology involves practice of a data-driven cycle: assessment, planning, implementation, achievement of results, evaluation, and reassessment, etc. ROMA is required to be integrated into Grantees' and Sub-grantees' management and administrative processes from conducting a Community Needs Assessment, implementing agency-wide strategic plans and Community Action Plans, the carrying out of services and strategies, and reporting and analyzing data. ROMA provides a framework for continuous growth and improvement.
- b. The ROMA framework is guided by three broad antipoverty goals (Theory of Change):
 - i. Individuals and families with low-income are stable and achieve economic security (Goal 1)
 - ii. Communities where people with low-incomes live are healthy and offer economic opportunity (Goal 2)
 - iii. People with low incomes are engaged and active in building opportunities in communities (Goal 3)
- c. An important component of the ROMA framework is the CSBG National Performance Indicators (NPIs), which create a common set of measures to track the CSBG Network's performance with respect to services to low-income individuals, families, and communities. The ROMA and NPI frameworks provide a foundation for targeting of resources based on outcomes and effectiveness of services. For more information on core activities of the State CSP and Grantees and its Sub-grantee(s) for the implementation of ROMA, see IM 49 at: <https://www.acf.hhs.gov/ocs/resource/im-no-49-program-challenges-responsibilities-and-strategies-fy-2001-2003>

REFER TO APPENDICES 7 & 8: CSBG ROMA Cycle

4.4: National Performance Indicators

- f. CSBG Grantees and Sub-grantees are required to address the three National Goals mandated by OCS. In addressing family-level goals, Grantees and Sub-grantees must use the 'Family National Performance Indicators' (FNPI) and/or create performance indicators that are linked to the agencies' programs. When addressing community-level goals, Grantees and Sub-grantees will use 'Community National Performance Indicators' (CNPI) and/or create performance indicators linked to the agencies' programs or involvement in the community-level work.
- g. It is important that outcome measures consider both the overall effectiveness of the program and customer success. Outcome measures involve the agency's mission and are quality oriented. That is, the measures relate to how the agency is doing in providing services and in empowering its customers to make needed changes in their lives. Each goal has a result-oriented list of NPI(s) and outcomes from which the agency can select to measure success. FNPI outcomes are located in the most updated version of the Module 4 Instruction Manual. CNPI outcomes are located in the most updated version of the Module 3 Instruction Manual.

4.5: Community Needs Assessment Planning Implementation

- a. The Community Needs Assessment (CNA) is the first step of the strategic planning process. CNAs must be completed every three (3) years. In order to assess community needs and to assure maximum impact of CSBG funds, eligible entities utilize a variety of methods to solicit information in their service area and the conditions and needs of the customers and communities they serve.
- b. A toolkit to provide guidance for conducting a Community Needs Assessment can be found on the Community Toolbox website:

<https://ctb.ku.edu/en/assessing-community-needs-and-resources>. Community Commons is a nationally recognized resource providing access to over 100 statistical data tables from data sets such as the U.S. Census Bureau, Department of Education, U.S. Department of Labor, and many other sources
<http://www.communitycommons.org/groups/community-action-partnership/>
- c. The purpose of the Community Needs Assessment are as follows:
 - i. Identify community needs and resources
 - ii. Prevent duplication of programs and services
 - iii. Manage programs more effectively
 - iv. Refine or eliminate programs
 - v. Provide justification to the board and others for decisions and action
- d. Category 3: Community Assessment of the Organizational Standards focuses heavily on what should be included in a CNA. Many other Organizational Standards can also be met through a comprehensive CNA.

4.6: Community Action Plan

- a. Each Grantee must engage in a Results Oriented Management and Accountability (ROMA) planning process to determine what services will be provided to meet individual/family and community level needs. This requirement will be met by submitting a Community Action Plan (CAP) prior to each new contract period. The CAP will be completed as a component of the CSBG Annual Application for Funds. The CAP will prioritize the community needs based on the county or service region's most current comprehensive Community Needs Assessment (CNA). This process enables the Grantee and Tripartite Board to develop a plan for meeting the multiple needs of the target priority population as identified by the county or service region's CNA.
- b. The CAP will include these six areas:
 - i. Mission Statement
 - ii. Community Needs Assessment
 - iii. Service Delivery System
 - iv. Existing Community Resources/Linkages
 - v. Community Initiatives
 - vi. Data Analysis and Evaluation
- d. A template of the CAP will be available for Grantees and Tripartite Boards to utilize in their planning process and will be a required component of the CSBG Application for Funds each year.

SEE APPENDIX 10: COMMUNITY ACTION PLAN

4.7: Annual Report

- a. The annual report was developed by the Office of Community Services (OCS) to track organizational performance, demonstrate the impact of the CSBG Network in communities, and improve performance management across all of the federal governments programs. The annual report is divided into four modules, each of which report on different components of the CSBG program within the state. The annual report is completed for the prior fiscal year in order for Grantees and State to use complete and updated data. For example, FFY19 annual report will be completed during FFY20.
- b. Module 1: State Administration
 - i. This module is completed by the CSP and includes information on State administration of CSBG funding such as information on distribution of funds, use of State administrative funds, discretionary funds for T&TA, and Grantees progress in meeting Organizational Standards and implementing ROMA. CSP must also report on its progress in meeting accountability measures in monitoring, T&TA and other important areas.
 - ii. Module 1 is broken into nine different reporting sections:
 - 1. CSBG Lead Agency and Authorized Official
 - 2. Statewide Goals and Accomplishments
 - 3. CSBG Eligible Entity Update
 - 4. Organizational Standards for CSBG Eligible Entities
 - 5. State Use of Funds
 - 6. State Training and Technical Assistance
 - 7. State Linkages and Communication
 - 8. Monitoring, Corrective Action and Fiscal Controls
 - 9. Results Oriented Management and Accountability System
- c. Module 2: CSBG Eligible Entity Expenditures, Capacity, and Resources
 - i. Module 2 is completed by Grantees and then reviewed and evaluated by CSP staff. Included in this module is information on funds spent by Grantees on direct services, capacity building, and administrative costs. Information will be inputted into SmartForms which contains data from the previous fiscal year. Occasionally, error messages may pop up. This errors can indicate that there is a significant difference in funds or resources from the previous year. Grantees will then need to explain why there is a significant difference or change from the previous year.
 - ii. Module 2 contains three different sections:
 - 1. CSBG Expenditures by CSBG Eligible Entity
 - 2. CSBG Eligible Entity Capacity Building
 - 3. Allocated Resources per CSBG Eligible Entity
- d. Module 3: Community Level
 - i. Module 3 is only completed by Grantees who have a Community Initiative in their program. Community Initiatives must meet a clearly identified community need, result in observable and measurable community change that is a direct result of the initiative, and include community strategies that engage external stakeholders. This module collects information on the implementation of strategies and results achieved and showcases the connection between initiatives and outcomes over time. Module 3 is implemented into two different stages.
 - 1. Stage 1: Module 3 Implementation, Review, and Technical Assistance
 - A. Stage 1 encompasses the first year of submission to the annual report which is a

training and technical assistance year. There are two submission processes for year 1 of a Community Initiative: Complete Submission, any Grantee implementing a Community Initiative that can complete all of Module 3; and Partial Submission, any Grantee implementing a Community Initiative that does not have capacity for full reporting will at minimum provide responses for questions 1-7. Reasons a Grantee may be in the Partial Submission process includes, but is not limited to: needing TA to complete the form, still working to identify internal processes in order to report, or needs TA in order to report. After the first stage is submitted, OCS will review the information and may provide further assistance with the Community Initiative if needed.

2. Stage 2: Full Reporting
 - A. Stage 2 will take place a year after Stage 1 and Grantees will not have an option to submit a partial form for the Annual Report.
 - ii. Module 3 contains three different sections: Community Initiative Status Form, Community National Performance Indicators (CNPI) Data Entry Form, and Community Strategies List. The first section will be completed in the first year of reporting an initiative.
 - iii. Module 4: Individual and Family Level
 1. Module 4 collects information on services provided to individuals and families, demographic characteristics of people served, and the results achieved for individuals and families with low-incomes. This module will be completed by Grantees and then sent to CSP for review by staff.
 2. This module is comprised of three different sections: Individual and Family National Performance Indicators (FNPIs); Individual and Family Services; and All Characteristics Report-Data Entry Form. As with Module 2, error messages may occur. As they occur Grantees will need to complete a response for each error message.
- e. OCS and NASCSP provide guidance on when and how the Annual Report will be submitted each year. In past years, OCS required submission to the National Association for Community Service Programs/Information System (NASCSP/IS) report on prior year services, in the format provided to the Grantee annually. Each Grantee will be required to complete an Annual Report using the format provided to them by the CSP. Failure to submit the report shall result in program reimbursements being withheld until the report has been received.

Chapter 5: Program Eligibility

5.1: Application for Services and Eligibility

- c. Individual and family applications must include all of the demographic information needed to complete the Annual Report. The application/eligibility determination must document all information needed to establish eligibility. The required Individual/Family-level demographics are:
 - i. Individual
 - a. Gender
 - b. Age
 - c. Education Level
 - d. Disconnected Youth
 - e. Health
 - f. Ethnicity/Race
 - g. Military Status
 - h. Work Status

- ii. Family
 - a. Household Type
 - b. Household Size
 - c. Housing
 - d. Level of Household Income
 - e. Sources of Household Income
 - f. Other Income Source
 - g. Non-Cash Benefits

5.2: Method of Eligibility Determination

- a. With the exception of providing a free-standing information and referral service or community-level work, persons receiving any CSBG service must be at or below 125% of the federal poverty level. Eligibility for services must be determined either by client self-declaration or by the verification method.
 - i. Income Eligibility Verification Method: Income eligibility must be verified prior to the customer receiving CSBG service(s).
 - ii. Zero Income Disclaimer: Self-Declaration for Zero Income is allowable only after all avenues of documenting income eligibility have been exhausted. A statement signed by the applicant indicating that the individual has no other proof of income must be contained in the file in place of the income eligibility. Evidence of the attempts at proving eligibility must be contained in the client file.

REFER TO APPENDIX 1: CSBG POLICY #1 ELIGIBILITY

5.3: Financial Eligibility.

- a. When determining financial eligibility, the number of individuals making up the household must be determined, as well as the amount of income available to the household.
 - i. A household is defined as any individual or group of individuals living together as one economic unit. The number of individuals in this economic unit will determine household size.
 - 1. There may be situations where individuals who are homeless are temporarily residing with another permanent household. In cases such as this, only the individual needing assistance will be assessed for income eligibility.
 - ii. Household income is the total gross income for all individuals in a household eighteen (18) years or older.
 - 1. Gross Income is cash receipts earned and/or received by the applicant household before taxes.

5.4: Verification of Income

- a. All income, including fixed income, for the family or individual must be documented at the time of application and at each redetermination every 90 days (with the exception of fixed income).
- ii. When the verification is obtained from an employer, complete information concerning the amount and source must be documented. In addition to recording the income amount and the source, documentation must include the name and title of person who gave the verification.
- iii. Paycheck stubs can be used to determine the period covered by the check and whether it is representative of current and/or past income. Current paycheck stubs showing at least four (4) weeks' worth of pay will be used to determine eligibility. If current income is not representative of usual pay, agencies are encouraged to use year-to-date amounts. When year-to-date amount is not available it is acceptable to use eight (8) weeks' worth of consecutive paycheck stubs from the period beyond the three months, as long as the

reason is documented, and the period used is reasonably determined to be the best representation of annual income.

- iv. If it can be determined and documented that the customer is a salaried employee and all pay stubs are the same, and/or monthly income stays the same, it is acceptable to collect less than 8 weeks' worth of pay.
- v. Client statement is not an acceptable form of verification when determining whether income fluctuates from month to month, or if the pay stubs are always the same.
- vi. Bank statements can only be used for verification of SSI and VA income, and as a supplemental documentation for other stable, unearned income such as retirement. It must be evident that gross income, without any deductions, tax or otherwise, is being verified.
- vii. The following may also be used as a method of income verification:
 - 1. Written, signed and dated statements from employer(s)
 - 2. Copies of income tax returns for self-employed income
 - 3. Records maintained by self-employed persons
 - 4. Award letters and/or other proof of income

5.5: Verification for Zero Income Households

- a. A household unit of zero income must provide confirmation. The application must indicate the zero income status of each household member 18 years of age or older. In situations where zero income is listed on a SNAP printout for a household, the printout may be used as a sole-source of income verification for SNAP cases that are open and active during the verification period. All such documentation when considered as a whole, must be reasonable and clearly indicate how the household is surviving without any cash income. Gifts of cash or in-kind contributions (food, clothing, etc.) are not considered as cash income. However, in documenting a household's zero income status, all gifts (cash or goods to meet basic necessities) must be documented and placed in the applicant's file.

5.6: Eligibility Period

- a. There are two different types of services provided through the Community Services Block Grant:
 - i. Tangible services: This type of service involves the provision of a tangible benefit by the Grantees and/or Sub-grantees to an individual or a family. Examples of tangible services are: providing a food order, purchasing a customer's medicine, making a rent payment, etc. The service delivery process is completed once the individual or family has been determined eligible. If no continuing CSBG services are being provided, the case must be closed.
 - ii. Intangible services: This type of service entails the performance of services on the customer's behalf by the eligible entity's staff. Examples of intangible services are: income management counseling, education, intensive case management, chore or companionship services, etc. Intangible services by their nature extend over a period of time.
- b. An eligible customer may be certified for any period of time extending up to, but no longer than, three (3) months from the date eligibility is established unless all members of the household are on a fixed income and no other income is present. After three (3) months, eligibility will need to be reevaluated, and if the client is still eligible, CSBG services may continue. When all members of the household are on fixed income from Social Security benefits, SSI benefits, or other pensions with no other income, the certification period may extend up to 12 months from the date eligibility was established.
- c. For crisis-oriented and emergency service programs, the certification period cannot extend beyond 60 calendar days.

- d. The date of eligibility is the date the customer signs the application when the declaration method is used and the date the agency worker verifies income when the verification method is used. Eligibility must not be determined retroactively.

5.7: Changes in Circumstance

- a. The circumstances of a customer may change during the eligibility period. If the customer reports a change or the agency has reason to believe that a change is likely, eligibility must be determined within 30 calendar days of the change being reported or suspected. The change may relate to household size, income, or need for services. A CSBG funded program that has clients transitioning off of CSBG services due to their income being over the 125% poverty rate at the time of the annual review are allowed up to three (3) months to transition a client out of a self-sufficiency program, in accordance with CSP Policy 1.

5.8: Case Closure

- a. **Tangible Services:** When the service being provided is solely the provision of a tangible benefit, the receipt of the benefit concludes the service delivery process, the case should be closed. In this situation, appeal of termination of services is not an issue. Agency staff should, however, be sure that the customer understands that receipt of the benefit concludes the service delivery process. Discussion should explore the customer's need for other services that are available through the Community Services Block Grant Program. If other services are needed, assistance should be given, as appropriate, for securing them.
- b. **Intangible Services:** When a customer has been receiving intangible services and it is determined that they are no longer eligible for services, is not being served, or services have been completed, then the case must be closed, and the customer notified accordingly.

Chapter 6: Grievance and Appeals

6.1: Grievances

- a. The grant requires agencies to establish a system through which recipients of service may present grievances about the operation of the service program. This procedure must be explained to each customer or their representative if they are not competent to understand it, at the time service is initiated. To demonstrate compliance with this provision, the agency must have written policy which explains how the procedure will be implemented with its customers. The written procedure must include the Department of Health, Public Health Division as the final step a customer can take regarding a complaint. The Public Health Division, Community Services Program appeal procedure cannot be used until the grievance has gone through the agency's internal procedure and resolution has not been reached.

6.2: Fair Hearing Process

- a. An applicant for, or recipient of, assistance or services has a right to appeal any action taken in regard to the assistance or services for which they have applied, is receiving, or which has been terminated.
- b. Clients and applicants for services or assistance through any programs offered through CSBG funds have a right to request a fair hearing for any of the following reasons:
 - i. Application for service or assistance is denied (except for lack of funds)
 - ii. Applicant was not provided an opportunity to submit an application for services or assistance at the time of their initial request

- iii. The notification of application status is not made within ninety (90) days of date of application; or
 - iv. The client is dissatisfied with the services or assistance for any reason.
- c. Every applicant or recipient of services shall be informed by local agency staff at the time of application and at the time of any action affecting his/her claim to assistance or services of the following:
- i. Of his/her right to a Fair Hearing
 - ii. Of the method by which he/she may obtain a hearing; and
 - iii. Of his/her right to be represented by an authorized representative, such as legal counsel, relative, or friend. Information and referral services shall be provided to help claimants make use of any legal services available in the community that can provide legal representation at the hearing.

6.3: Appeals

- a. When an applicant believes that they have been denied services or assistance, or the opportunity to apply for services or assistance, a review hearing will be held upon the applicant's written request. A client who is dissatisfied with the service or assistance that they received may also request a hearing.
- b. To file a request for an appeal hearing, the applicant must fill out a complaint form provided by the Grantee or Sub-grantee agency. The applicant will retain a copy of the form. One copy will be provided to the CSP office and a third copy will be placed in the applicant's permanent file by the local Tripartite Board.

6.4: Responsibilities of Local Contract Agencies

- a. The right to appeal is provided to ensure due process for those individuals and families who are denied assistance under the CSBG program. Each agency's Tripartite Board of Directors will establish procedures for fair hearings at the local level.
- b. Applicants may not appeal when an application is denied due to a lack of funds.
- c. A letter will be sent to all applicants stating that the application is denied. The letter will state the correct procedures to follow for an appeal of an application denial through the agency's established grievance procedures.
- d. Applicants for services or assistance or clients dissatisfied with the receipt of services or assistance must file their grievance within thirty (30) days of the denial of, or receipt of, the services or assistance. Upon receipt of a request for a hearing, the hearing must be held in a timely manner following the agency's established procedures for fair hearings.
- e. If a client is dissatisfied with the agency's decision, they may appeal to the CSP office. Requests to CSP for a hearing may be made in writing, electronic mail, or via telephone within thirty (30) days of the notification of the outcome of the local hearing. No request for a CSP-level hearing will be accepted until a hearing at the local level is held as most issues can be resolved at the local level.
- f. All requests for Community Services Program (CSP) level appeals must be submitted to:

Wyoming Department of Health
Public Health Division
Community Services Program
122 West 25th Street, Suite 102E
Cheyenne, WY 82002
307-777-2899
Sarah.Green@wyo.gov

- g. If a formal complaint is made to the Federal Department of Health and Human Services (HHS) Office of Community Services (OCS) alleging that the Wyoming Department of Health, Public Health Division, Community Services Program office has failed to use CSBG funds in accordance with the federal statute, the federal office of Health and Human Services (HHS) must, within sixty (60) days after it receives the complaint, provide a written response to the complainant. HHS will be required to participate in the resolution of the complaint within the period of time designated by HHS.
- h. Applications not acted on in a timely manner follow the same procedures as denials.

Chapter 7: Monitoring

7.1: Monitoring of Grantees

- a. Staff from the Community Services Program (CSP) will conduct program on-site monitoring activities for all Grantees at a minimum of every three years. Newly designated entities will receive an on-site monitoring visit within their first year of designation or immediately thereafter. CSP will conduct desk audits annually during the years in between program on-site monitoring unless a Grantee is scheduled for a follow-up on-site visit, in which the CSP will promptly conduct if Grantees and/or their Sub-grantees fail to meet the goals, standards, and requirements established by the OMB Circular, CSBG Act, CSP policies, and any other relevant guidance. Additionally, CSP will conduct an Organizational Standards Review as a monitoring activity annually.
- b. Grantees are responsible for annual program monitoring of Sub-grantees in their counties and/or service area(s), or as otherwise expressed in the current fiscal year contract with the Wyoming Department of Health.
- c. A monitoring report will be provided for the Grantee, as well as for any Sub-grantees that the CSP may have monitored during the Grantee program on-site monitoring visit. A desk monitoring report will also be provided for the Grantee after completion of annual desk monitoring. Grantees will be required to complete a monitoring report for the annual program monitoring of their Sub-grantees. While no template will be required to use, the monitoring report should address, but is not limited to the following topics:
 - i. Administrative review
 - ii. Programmatic review
 - iii. Contractual compliance
 - iv. Fiscal controls and compliance
 - v. Client files and eligibility
 - vi. Results Oriented Management and Accountability (ROMA)
- d. Monitoring activities during a program on-site visit and a desk monitoring by CSP may include, but are not limited to the following:

- i. Verification of Grantee and/or Sub-grantee contract compliance;
- ii. Observation of Grantee and/or Sub-grantee service provision and types of assistance provided;
- iii. Provision of training and technical assistance in direct services and administrative areas by the Grantee for its staff persons and/or for its Sub-grantees;
- iv. Attendance at regularly-scheduled governing board meetings, to observe board functioning and operation to verify consistency with the provisions of proper Tripartite Board practices and procedures;
- v. Review of the governing board files to verify board composition and to review minutes for verification of proper board practices;
- vi. Review of the client and related program files to ensure appropriate paper trails, with emphasis on income eligibility verification, documentation of funds used and purpose, case management;
- vii. One-on-one contact with Grantees' and/or Sub-grantees' staff persons (to the extent possible and practical) for the purpose of soliciting input with regard to program performance and other areas;
- viii. One-on-one contact with current program clients and/or ex-clients (to the extent possible and practicable) for the purpose of soliciting input and insight into program effectiveness, and related areas;
- ix. Confirmation of each Grantees' and/or Sub-grantees' last audit, and the period of time covered;
- x. Consistent contact with Grantees and/or Sub-grantees by telephone, in writing, or at information-sharing meetings;
- xi. Collection of data and information from Grantees and/or Sub-grantees (e.g., monthly performance and fiscal reports), in addition to other information either requested or voluntarily submitted to CSP; and
- xii. Review of Grantees' and/or Sub-grantees' annual CSBG applications to assure compliance with federal and state assurances, and all applicable requirements of the CSBG Act.

7.2: Program On-site Monitoring

- a. Before the CSP conducts a program on-site monitoring visit of a Grantee and/or its Sub-grantees, the Grantee will receive advance notice of the proposed on-site visit, no less than 30 days before. Prior to conducting the on-site visit, the CSP will complete the desk monitoring tool as a preliminary review. Any questions that could not be answered via the desk monitoring procedure will be address during the on-site visit. Prior to the on-site visit, the CSP will send the Grantee the CSBG Risk Assessment and the Internal Controls Questionnaire for completion no later than two weeks before the scheduled on-site visit. These documents can be mailed, faxed, or emailed.
- b. During the program on-site monitoring visit, the CSP will complete a thorough review using a monitoring tool. This tool will be provided to the Grantee with the program on-site monitoring visit notification letter and posted on the Wyoming Department of Health, Community Services Program webpage.
- c. In order for the CSP to be efficient with the time allotted for a program on-site monitoring visit, the Grantee and/or its Sub-grantees are required to make requested documents available for the CSP to review. Additional documentation may be requested in advance of the on-site visit.
- d. Upon completion of the program on-site monitoring review, the CSP will conduct an exit conference, with the Grantee and/or its Sub-grantees reviewed. Preliminary areas of

noncompliance discovered during the on-site visit will be summarized and discussed with the Grantee and/or its Sub-grantees during the exit conference. During such, the Grantee and/or its Sub-grantees will be given the opportunity to provide comments and present additional information or explanation regarding specific deficiencies as time permits.

- e. The CSP will complete a formal monitoring report, outlining any findings the Grantee and/or its Sub-grantees may have in relation to any areas of monitoring. A brief description will be provided for each finding, as well as reference to any relevant OMB Circular, CSBG Act, CSP policy, or any other relevant guidance. A clear explanation as to why the evidence gathered led to the CSP to conclude that the Grantee and/or its Sub-grantees are not in compliance will be provided. The CSP may then decide to issue a Corrective Action Plan (CAPL) or a Quality Improvement Plan (QIP) in relation to the findings. Guidance on the two is addressed within the Corrective Action Plan (CAPL) and Quality Improvement Plan (QIP) section.

7.3: Grantee On-site Monitoring of Sub-grantees

- a. Grantees must conduct a program on-site monitoring visit for each of their Sub-grantees at least once every contract year. The CSP has developed a Sub-grantee monitoring tool that Grantees may use during their monitoring visit, however the use of such is not required. The Grantee must monitor the following areas for compliance:
 - i. Administrative review
 - ii. Programmatic review
 - iii. Contractual compliance
 - iv. Fiscal controls and procedures
 - v. Clients files and eligibility
 - vi. Results Oriented Management and Accountability (ROMA)
- b. The Grantee must complete a formal monitoring report, outlining any findings the Sub-grantee(s) may have in relation to any areas of monitoring. The formal monitoring report should be completed within 60 days after the visit and copies of the report should be provided to the Sub-grantee(s) and the CSP. A brief description will be provided for each finding, as well as reference to any relevant OMB Circular, CSBG Act, CSP policy, or any other relevant guidance. A clear explanation as to why the evidence gathered led the Grantee to conclude that its Sub-grantee(s) are not in compliance must be provided. Any Sub-grantee with significant findings should be placed on a Corrective Action Plan (CAPL) or a Quality Improvement Plan (QIP). A follow-up visit should be scheduled no later than one year of the first visit, or consistent with the timeframe established in the CAPL or QIP. A follow-up report should be completed within 60 days after the follow-up and copies of the follow-up report should be provided to the sub-grantee and the CSP. Any consistent noncompliance issues should be reported to the CSP as appropriate.
- c. The Grantee must have a policy in place to address monitoring findings and corrective action and resolution of such. The Grantee may choose to adopt the CSP's policy (Policy #4: Correction Action, Termination, or Reduction of Funding) as their own. Addressing monitoring findings must follow Grantee policy.
- d. Grantees must inform the CSP of any monitoring findings, either within the monitoring report, or through its own separate document. The CSP may choose to do a follow-up monitoring visit, or carefully monitor the resolution of Sub-grantees' findings throughout the fiscal year and beyond.

7.4: Desk Monitoring

- a. The CSP will complete a desk monitoring tool with the necessary use of documentation uploaded into CAP60, any expenditure reports and fiscal documents sent to the CSP monthly for reimbursement, as well as through the use of requested additional documents and materials made available to the CSP by the Grantee and/or its Sub-grantees. It is the CSP's discretion to select the documents and materials to desk review.
- b. The CSP will complete a formal desk monitoring report, outlining any findings the Grantee and/or its Sub-grantees may have in relation to any areas of monitoring. A brief description will be provided for each finding, as well as reference to any relevant OMB Circular, CSBG Act, CSP policy, or any other relevant guidance. A clear explanation as to why the evidence gathered led to the CSP to conclude that the Grantee and/or its Sub-grantees are not in compliance will be provided. The CSP may then decide to issue a Corrective Action Plan (CAPL) or a Quality Improvement Plan (QIP) in relation to the findings. Guidance on the two is addressed within the Corrective Action Plan (CAPL) and Quality Improvement Plan (QIP) section.

7.5: Organizational Standards Monitoring

- a. The CSP will assess each Grantee's compliance with the Organizational Standards every fiscal year. Monitoring for compliance will be done through a review of all uploaded documentation in the CAP60 Reporting Database. However, supplemental information to complete an Organizational Standards monitoring report can be gathered through other monitoring activities, such as a desk monitor or an on-site monitoring visit, or at the request of the CSP.
- b. The time frame in which Grantees are able to upload supporting documentation to show compliance with the Organizational Standards will begin October 1 of every year, and will not end until January 31 of the following calendar year. Beginning February 1, CSP will conduct their monitoring review for compliance until March 31. Beginning April 1, any Technical Assistance Plans (TAP) will be issued to Grantees, and will require a plan for corrective action for compliance on or before May 31. Beginning June 1, and thereafter, CSP will issue final monitoring reports for Organizational Standards to Grantees, and will be reported as final in the State Plan. A visual timeline for an Organizational Standards Monitoring Review process is listed below.

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.

7.6: Follow-up Monitoring

- a. The CSP is responsible for follow-up on any compliance findings from the program on-site monitoring visit and the Organizational Standards monitoring and the correlating Corrective Action Plan (CAPL) or Quality Improvement Plan (QIP). A follow-up can be completed using both desk monitoring practices or be completed as a subsequent on-site visit. An on-site visit will be implemented when any QIPs have not been resolved in the predetermined timeframe agreed upon by the CSP and the Grantee and/or its Sub-grantee(s). It will however always be at the discretion of the CSP which method will be used for follow-up, depending on the severity of the findings and the availability of the CSP staff.
- b. During an on-site follow-up visit in which a QIP resolution was not gained in the predetermined timeframe, each finding will be addressed. Any uncorrected issues will continue to be documented in subsequent follow-ups until satisfactorily corrected or closed.

7.7: Performance Monitoring

- a. As an activity of monitoring, Grantees will be required to report on the performance of their program(s) and/or Sub-grantees quarterly using the CSBG Quarterly Performance Report (see Appendix 12). Performance monitoring will address contract deliverables, target numbers versus actual number served, rate of spending, and training and technical assistance needs. After completion of the Quarter 2 Performance Report, the CSP will analyze if a contract amendment is needed to address expenditure deficiencies or service provision shortages. CSBG Quarterly Performance Reports will be due the tenth day of the month following the completion of a quarter. See the table below for a list of due dates.

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

- b. The CSBG Quarterly Performance Report is an auxiliary document for both the CSP on-site and desk monitoring activities and will aid CSP staff in determining the level of risk a Grantee may present in their programming. Completion of the CSBG Quarterly Performance Report can assist Tripartite Boards in meeting Organizational Standards 4.4, 5.9, 9.2, and 9.3.

REFER TO APPENDIX 12: PERFORMANCE REPORT TEMPLATE

7.8: Child Support Enforcement

- a. According to the CSBG Act section 678G (2) b: During each fiscal year for which an eligible entity received a grant under section 675C, such entity shall (1) inform custodial parents in single- parent families that participate in programs, activities, or services carried out or provided under this subtitle about the availability of child support services; and (2) refer eligible parents to the child support offices of State and local governments.

7.9: Corrective Action and Quality Improvement Plans for Services Provided to Ineligible Clients

- a. Upon the completion of on-site and/or desk monitoring activities, the CSP will complete a formal monitoring report outlining any findings the Grantee may have in relation to any areas of monitoring. If it is determined that the grantee has failed to comply with the terms of a contract or the State Plan; provide CSBG services; or meet CSP's appropriate standards, CSP may require the receipt of Training and Technical Assistance (T/TA) beyond that of what is contractually required or issue a formal Corrective Action Plan (CAPL). An explanation will be provided as to why the CSP has determined the Grantee is not in compliance. If the CSP decides to issue a CAPL, the Grantee will create a plan in partnership with CSP that will move them into compliance. The Grantee will determine both a timeline and proposed plan for compliance in their CAPL that the CSP will then approve, provided both the timeline and proposed corrective action is reasonable. The CSP will monitor the completion of the CAPL through desk monitoring and on-site monitoring activities, or both. Once the CAPL is complete and it is determined that no further action is needed, the CAPL will be deemed completed.
- b. Upon the completion of monitoring Grantee Organizational Standards, Technical Assistance Plans (TAP) will be issued to any Grantee who failed to properly meet an Organizational Standard. An explanation will be provided as to why the CSP has determined the Grantee is not in compliance. The CSP will create a plan in partnership with the Grantee that will move them into compliance. TAPs will be expected to be resolved, or a plan for resolution in place, on or before the CSP determined date. The CSP will monitor the completion of the TAP through desk monitoring and on-site monitoring activities, or both. Once the TAP is complete and it is determined that no further action is needed, the TAP will be deemed completed.
- c. If the Grantee has been issued either a CAPL or TAP, or both, and were not successful in correcting the deficiency or deficiencies, the CSP may issue a Quality Improvement Plan (QIP) to the Grantee. The CSP will determine both corrective action and a timeline not exceeding sixty (60) days for completion. Within thirty (30) days of issuing a QIP, the CSP will prepare and submit a report to the United State Department of Health and Human Services, Office of Community Services (HHS/OCS) describing the rationale for issuing a QIP, including which

opportunities for corrective action were previously given.

- d. A CAPL, TAP or QIP are issued when a Grantee fails to:
 - i. Comply with the terms of a contract or the State Plan;
 - ii. Provide CSBG services; or
 - iii. Meet the State's appropriate standards, goals, or other requirements, including performance objectives and Organizational Standards.

**REFER TO APPENDIX 1: CSBG POLICY 4 CORRECTIVE ACTION, TERMINATION, OR
REDUCTION OF FUNDING**

REFER TO APPENDIX 3: CSBG POLICY 3 MONITORING

Appendix 1

Community Services Program Policy

Dated: November, 2019
To: Community Services Block Grant (CSBG) Grantees
From: Community Services Program
Reference: CSBG Policy #1: Financial Eligibility and Verification

POLICY #1

Anyone receiving services supported by CSBG funds must **NOT** have an income that exceeds 125% of the Federal Poverty Level, and there must be documented proof of income for the past 30 days.

Income should be verified at the time of the initial application for CSBG services. The verification must indicate the client's income and source(s) of income at the time of application and/or review the signature of the case worker, the date the income was verified, and acknowledgement that the client is at or below 125% poverty. Short-term clients whose cases are closed, and then reopened again for CSBG services at a later date, must have their income verified again at the time of reapplication.

Proof of income documentation must be in the file of each person served through CSBG funding. This documentation must also be uploaded into the state supported CSBG data base to allow for desk monitoring by the county grantee and the State's Community Services Program manager.

Clients receiving ongoing CSBG funded programs/services must have their income reviewed and verified every 90 days, unless receiving only SSI benefits, SSI retirement, railroad retirement, or other continuous unearned income.

Clients with no income at the time of application must sign and date a self-declaration form attesting to that fact. The case worker must also sign and date that form. For ongoing CSBG clients, this form must be dated within one month from the date of application and monthly thereafter if there is no change in the client's income.

A CSBG funded program that has clients transitioning off CSBG services due to their income being over the 125% poverty rate are allowed up to three (3) months to transition a client out of a self-sufficiency program. The case worker must document in the client's case file the need for this transition time and the case management that is being provided to prepare the client for the transition. The transition work with the client should be initiated when it is determined that the client is over the CSBG eligibility guidelines. Ongoing case documentation through this transition time should thoroughly explain the steps being taken by the agency/staff and client during this transition period.

Benefits from the following programs are **NOT** counted as income when determining financial eligibility for CSBG funded services: SNAP, WIC, LIEAP, Housing Choice Voucher, Public Housing, Permanent Supportive Housing, HUD-VASH, Child Care Voucher, and Affordable Care

Act Subsidy.

Definitions

Income. Regular payments that are received, not periodic payments that cannot be counted on, should be considered as income in determining eligibility for CSBG services.

Regular Payment. Those that come from social security, SSI, SSDI, TANF, railroad retirement, unemployment compensation, strike benefits from union funds, worker's compensation, veteran's payments, training stipends, alimony, child support, military family allotments, private pensions, government employee pensions, regular insurance or annuity payments. The income for individuals on social security or SSDI who have Medicare deducted from their benefit check before they receive it, should have only the net amount they receive considered as income. Tribal per capita payments received less frequently than monthly (e.g., quarterly, semiannually, annually) are excluded from consideration as income.

Wages and Salary. In considering income for eligibility, **gross income** from wages and salary should be used.

Farm and Non-Farm Self Employment. For individuals with farm and non-farm self-employment for income, the adjusted gross income from the prior year taxes should be used.

Appendix 2

Community Services Program Policy

Dated: January 23, 2018
To: Community Services Block Grant (CSBG) Grantees
From: Community Services Program
Reference: CSBG Policy #2: Board Size and Composition

POLICY #2

Community Services Block Grant funded eligible entities must have a minimum of three (3) Tripartite Board Members, or a maximum of fifteen (15) members, unless the eligible entity is receiving funding for multiple counties.

Tripartite Board members must reside in the county that is receiving the CSBG funding. The Tripartite Board composition will be composed to ensure that:

- Not fewer than one-third (1/3) of the members are persons chosen in accordance with democratic selection procedures adequate to assure that these members (A) are representative of low-income individuals and families in the neighborhood served; (B) reside in the neighborhood served; and (C) are able to participate actively in the development, planning, implementation, monitoring, and evaluation of programs under the CSBG.
- One-third (1/3) of the board members are elected public officials, or their appointed representatives, holding office on the date of selection to the board.
- No less than one (1) person from the public, such as officials or members of business, industry, labor, faith based organizations, law enforcement, education, etc. is included on the board.
- The number of board members representing persons with low-incomes must always be equal to or more than the number of elected public officials or their representative. The number of board members representing persons with low-incomes must also always be equal to or more than the number of persons from the public.
- Eligible entities who receive funds to serve more than one county must have a representative from that county as a member of the Tripartite Board

Appendix 3

Community Services Program Policy

Dated: August, 2018
To: Community Services Block Grant (CSBG) Grantees
From: Community Services Program
Reference: CSBG Policy #3: Monitoring Policy and Procedure

POLICY #3

CSP will monitor all grantees for compliance with performance goals, administrative standards, financial management requirements, federal statutes, and state requirements. Grantees will monitor all Sub-grantees for compliance with performance goals, administrative standards, financial management requirements, federal statutes, and state requirements annually.

At a minimum, CSP will conduct:

- a full on-site review of each grantee at least once during a three (3) year period;
- a full on-site review of each newly designated Grantee immediately after the completion of the first year in which such entity receives funds through CSP;
- a desk review of each eligible entity, who is not being monitored on-site during the current grant cycle, at least once annually;
- follow-up reviews, including prompt return visits to Grantees and their Sub-grantees, that fail to meet the goals, standards, and requirements established by the CSBG Act and the State Plan, as necessary; and
- other reviews as appropriate, including reviews of Grantees and their Sub-grantees that have had other federal, state or local grants terminated for cause.

Furthermore, if a Grantee's award has not been terminated, but it appears that there is significant management, programmatic, or financial problems, CSP may perform a "special" review as needed. CSP may also perform a "special" review of any Sub-grantee if it appears that there is significant management, programmatic, or financial problems, as needed.

Monitoring activities for both Grantees and Sub-grantees can include, but are not limited to:

- verification of contract compliance;
- observation of service provision and types of assistance provided;
- provision of training and technical assistance in direct services and administrative areas by the grantee for its staff persons and for its sub-grantees;
- attendance at regularly-scheduled governing board meetings, to observe board functioning and operation to verify consistency with the provisions of proper Tripartite Board practices and procedures;
- review of the governing board files to verify board composition and to review minutes for verification of proper board practices;
- review of the client and related program files to ensure appropriate paper trails, with emphasis on income eligibility verification; documentation of funds used and purpose; case management;

- one-on-one contact with grantees and sub-grantees (to the extent practicable) staff persons for the purpose of soliciting input with regard to program performance and other areas;
- one-on-one contact with current program clients and/or ex-clients (to the extent practicable) for the purpose of soliciting input as to options about program effectiveness, and related areas;
- confirmation of each grantee's (and sub-grantee's) last audit, and the period covered;
- conversations with staff members of grantees and sub-grantees for the purpose of ascertaining what kinds of opportunity for corrective action and improvement is needed;
- consistent contact with grantees and sub-grantees by telephone, in writing, or at information-sharing meetings;
- collection of data and information from grantees and sub-grantees (i.e., monthly performance and fiscal reports) in addition to other information either requested or voluntarily submitted to CSP; and
- review of annual grant applications to assure compliance with federal and state assurances, and all applicable requirements of the CSBG Act.

PROCEDURE

CSP Monitoring of Grantees

Before the CSP conducts a program on-site monitoring visit of a Grantee and/or its Sub-grantees, the Grantee will receive advance notice of the proposed on-site visit, no less than 30 days before. Prior to conducting the on-site visit, the CSP will complete the desk monitoring tool as a preliminary review. Any questions that could not be answered via the desk monitoring procedure will be address during the on-site visit. Prior to the on-site visit, the CSP will send the Grantee the CSBG Risk Assessment and the Internal Controls Questionnaire for completion no later than two weeks before the scheduled on-site visit. These documents can be mailed, faxed, or emailed.

During the program on-site monitoring visit, the CSP will complete a thorough review using a monitoring tool. This tool will be provided to the Grantee with the program on-site monitoring visit notification letter and posted on the Wyoming Department of Health, Community Services Program webpage.

In order for the CSP to be efficient with the time allotted for a program on-site monitoring visit, the Grantee and/or its Sub-grantees are required to make requested documents available for the CSP to review. Additional documentation may be requested in advance of the on-site visit.

Upon completion of the program on-site monitoring review, the CSP will conduct an exit conference, with the Grantee and/or its Sub-grantees reviewed. Preliminary areas of noncompliance discovered during the on-site visit will be summarized and discussed with the Grantee and/or its Sub-grantees during the exit conference. During such, the Grantee and/or its Sub-grantees will be given the opportunity to provide comments and present additional information or explanation regarding specific deficiencies as time permits.

The CSP will complete a formal monitoring report, outlining any findings the Grantee and/or its Sub-grantees may have in relation to any areas of monitoring. A brief description will be provided for each finding, as well as reference to any relevant OMB Circular, CSBG Act, CSP policy, or

any other relevant guidance. A clear explanation as to why the evidence gathered led to the CSP to conclude that the Grantee and/or its Sub-grantees are not in compliance will be provided. The CSP may then decide to issue a Corrective Action Plan (CAPL) or a Quality Improvement Plan (QIP) in relation to the findings. Guidance on the two is addressed within the Corrective Action Plan (CAPL) and Quality Improvement Plan (QIP) section.

Grantee Monitoring of Sub-Grantees

Grantees must conduct a program on-site monitoring visit for each of their Sub-grantees at least once every contract year. The CSP has developed a Sub-grantee monitoring tool that Grantees may use during their monitoring visit, however the use of such is not required. The Grantee must monitor the following areas for compliance:

- a. Administrative review
- b. Programmatic review
- c. Contractual compliance
- d. Fiscal controls and procedures
- e. Clients files and eligibility
- f. Results Oriented Management and Accountability (ROMA)

The Grantee must complete a formal monitoring report, outlining any findings the Sub-grantee(s) may have in relation to any areas of monitoring. The formal monitoring report should be completed within 60 days after the visit and copies of the report should be provided to the Sub-grantee(s) and the CSP. A brief description will be provided for each finding, as well as reference to any relevant OMB Circular, CSBG Act, CSP policy, or any other relevant guidance. A clear explanation as to why the evidence gathered led the Grantee to conclude that its Sub-grantee(s) are not in compliance must be provided. Any Sub-grantee with significant findings should be placed on a Corrective Action Plan (CAPL) or a Quality Improvement Plan (QIP). A follow-up visit should be scheduled no later than one year of the first visit, or consistent with the timeframe established in the CAPL or QIP. A follow-up report should be completed within 60 days after the follow-up and copies of the follow-up report should be provided to the sub-grantee and the CSP. Any consistent noncompliance issues should be reported to the CSP as appropriate.

- a. The Grantee must have a policy in place to address monitoring findings and corrective action and resolution of such. The Grantee may choose to adopt the CSP's policy (Policy #4: Correction Action, Termination, or Reduction of Funding) as their own. Addressing monitoring findings must follow Grantee policy.
- b. Grantees must inform the CSP of any monitoring findings, either within the monitoring report, or through its own separate document. The CSP may choose to do a follow-up monitoring visit, or carefully monitor the resolution of Sub-grantees' findings throughout the fiscal year and beyond.

Desk Monitoring

The CSP will complete a desk monitoring tool with the necessary use of documentation uploaded into CAP60, any expenditure reports and fiscal documents sent to the CSP monthly for reimbursement, as well as through the use of requested additional documents and materials made available to the CSP by the Grantee and/or its Sub-grantees. It is the CSP's discretion to select the documents and materials to desk review.

The CSP will complete a formal desk monitoring report, outlining any findings the Grantee and/or its Sub-grantees may have in relation to any areas of monitoring. A brief description will be provided for each finding, as well as reference to any relevant OMB Circular, CSBG Act, CSP policy, or any other relevant guidance. A clear explanation as to why the evidence gathered led to the CSP to conclude that the Grantee and/or its Sub-grantees are not in compliance will be provided. The CSP may then decide to issue a Corrective Action Plan (CAPL) or a Quality Improvement Plan (QIP) in relation to the findings. Guidance on the two is addressed within the Corrective Action Plan (CAPL) and Quality Improvement Plan (QIP) section.

Appendix 4

Community Services Program Policy

Dated: November, 2019
To: Community Services Block Grant (CSBG) Grantees
From: Community Services Program
Reference: CSBG Policy #4: Corrective Action, Termination, or Reduction of Funding

POLICY #4

Implementation of this policy is based on a review by the Community Services Program (CSP) that reveals a Grantee failed to:

- comply with the terms of a contract or the State Plan;
- provide CSBG services; or
- meet the State's appropriate standards, goals, or other requirements, including performance objectives and Organizational Standards.

If such failure(s) occur, at the discretion of CSP, the following are the four levels of corrective action that the CSP may use when a Grantee is found to be in noncompliance:

1. Training and Technical Assistance (T/TA):

- a. 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.

2. Technical Assistance Plan (TAP):

- a. 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.

3. Corrective Action Plan (CAPL):

- a. 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.

4. Quality Improvement Plan (QIP):

- a. 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.

PROCEDURE

Upon the completion of on-site and/or desk monitoring activities, the CSP will complete a formal monitoring report outlining any findings the Grantee may have in relation to any areas of monitoring. If it is determined that the grantee has failed to comply with the terms of a contract or the State Plan; provide CSBG services; or meet CSP's appropriate standards, CSP may require the

receipt of Training and Technical Assistance (T/TA) beyond that of what is contractually required or issue a formal Corrective Action Plan (CAPL). An explanation will be provided as to why the CSP has determined the Grantee is not in compliance. If the CSP decides to issue a CAPL, the Grantee will create a plan in partnership with CSP that will move them into compliance. The Grantee will determine both a timeline and proposed plan for compliance in their CAPL that the CSP will then approve, provided both the timeline and proposed corrective action is reasonable. The CSP will monitor the completion of the CAPL through desk monitoring and on-site monitoring activities, or both. Once the CAPL is complete and it is determined that no further action is needed, the CAPL will be deemed completed.

Upon the completion of monitoring Grantee Organizational Standards, Technical Assistance Plans (TAP) will be issued to any Grantee who failed to properly meet an Organizational Standard. An explanation will be provided as to why the CSP has determined the Grantee is not in compliance. The CSP will create a plan in partnership with the Grantee that will move them into compliance. TAPs will be expected to be resolved, or a plan for resolution in place, on or before the CSP determined date. The CSP will monitor the completion of the TAP through desk monitoring and on-site monitoring activities, or both. Once the TAP is complete and it is determined that no further action is needed, the TAP will be deemed completed.

If the Grantee has been issued either a CAPL or TAP, or both, and were not successful in correcting the deficiency or deficiencies, the CSP may issue a Quality Improvement Plan (QIP) to the Grantee. The CSP will determine both corrective action and a timeline not exceeding sixty (60) days for completion. Within thirty (30) days of issuing a QIP, the CSP will prepare and submit a report to the United State Department of Health and Human Services, Office of Community Services (HHS/OCS) describing the rationale for issuing a QIP, including which opportunities for corrective action were previously given.

If the Grantee actively fails to comply with and correct the deficiencies identified in the QIP, CSP will, after providing adequate notice and an opportunity for a hearing, initiate proceedings to terminate the designation of, or reduce the funding of the Grantee, as appropriate, in accordance with CSBG Information Memorandum No. 116.

Before terminating or reducing funding, CSP must determine that “cause” exists, and, if the Grantee so requests, submit the decision to HHS/OCS for review. The HHS/OCS must complete the review within ninety (90) days of receiving necessary materials from CSP; otherwise CSP’s determination becomes final. For purposes of both funding reductions and termination, “cause” exists when the Grantee has not complied with a state requirement or the terms of an agreement, contract, or the State Plan.

For purposes of making a determination in accordance with the CSBG Act with respect to:

- 1) a reduction of funding, the term “cause” includes:
 - i) a state-wide redistribution of funds provided through CSBG to respond to;
 - ii) the results of the most recently available census or other appropriate data;
 - iii) the designation of a new Grantee(s); or
 - iv) severe economic dislocation

- 2) a termination of funding, the term “cause” includes:
 - i) failure of the Grantee to comply with the terms of an agreement or the State Plan, or to meet a State requirement, as also described in section 678C(a) of the CSBG Act.

If CSP reduces or terminates funding without providing the required hearing or HHS/OCS review, HHS/OCS may directly fund the Grantee until the violation is corrected. To the extent that this happens, the next fiscal year’s allocation to CSP will be reduced by an amount equal to the funds provided to the Grantee.

Appendix 5

Community Services Program (CSP) Policy

Dated: November, 2019
To: Community Services Block Grant (CSBG) Grantees
From: Community Services Program
Reference: CSBG Policy #5: Eligible Entities' Designation and Re-Designation in Unserved Areas

POLICY #5

CSP, to provide CSBG services, may choose among:

1. Private non-profit organizations (including both current eligible entities and other non-profit organizations, including faith-based);
 - a. located in unserved or underserved area; and
 - b. capable of providing a wide range of services designed to eliminate poverty and foster self-sufficiency.
2. Private non-profit eligible entities;
 - a. located nearby unserved or underserved area; and
 - b. already providing related services.
3. Other entities;
 - a. located in, or near, the unserved or underserved area.

If no private non-profit organization or eligible entity is identified or determined to be qualified to serve an area, CSP may designate an appropriate political subdivision of the state to serve as an eligible entity for the area.

CSP may also designate a new "eligible entity" if:

- eligible entities have gone out of business;
- eligible entities do not choose to become designated (or re-designated);
- CSP has lawfully terminated the eligible entity's CSBG funding;
- a geographic area is not, or ceases to be, served for any other reason; or
- eligible entities cannot, or will not, meet the Tripartite Board requirements

PROCEDURE

In order for a private non-profit to serve as the eligible entity in the area, it must agree to add additional members to the Tripartite Board to ensure adequate representation. Furthermore, if no private non-profit organization or eligible entity is identified or determined to be qualified to serve an area, CSP may designate an appropriate political subdivision of the state to serve as an eligible entity for the area, for which a Tripartite Board must be in place. The Tripartite Board should consist of the following:

1. one-third (1/3) elected public officials or their representatives;

2. one-third (1/3) members who are chosen in accordance with democratic selection procedures adequate to assure that these members are representative of low-income individuals and families in the neighborhood served; and
3. one-third (1/3) members are officials or members of business, industry, labor, religious, law enforcement, education, and other major groups and interests in the community served.

When designating an, CSP may grant the designation to an organization of demonstrated effectiveness in meeting the goals and purposes of the CSBG Act, and may give priority in granting the designation to eligible entities that are providing related services in the unserved area consistent with the need(s) identified by a Community Needs Assessment.

Appendix 6

Community Services Program Policy

Dated: February 1, 2019
To: Community Services Block Grant (CSBG) Grantees
From: Community Services Program
Reference: CSBG Policy 6: Purchase and Distribution of Gift and Gas Cards

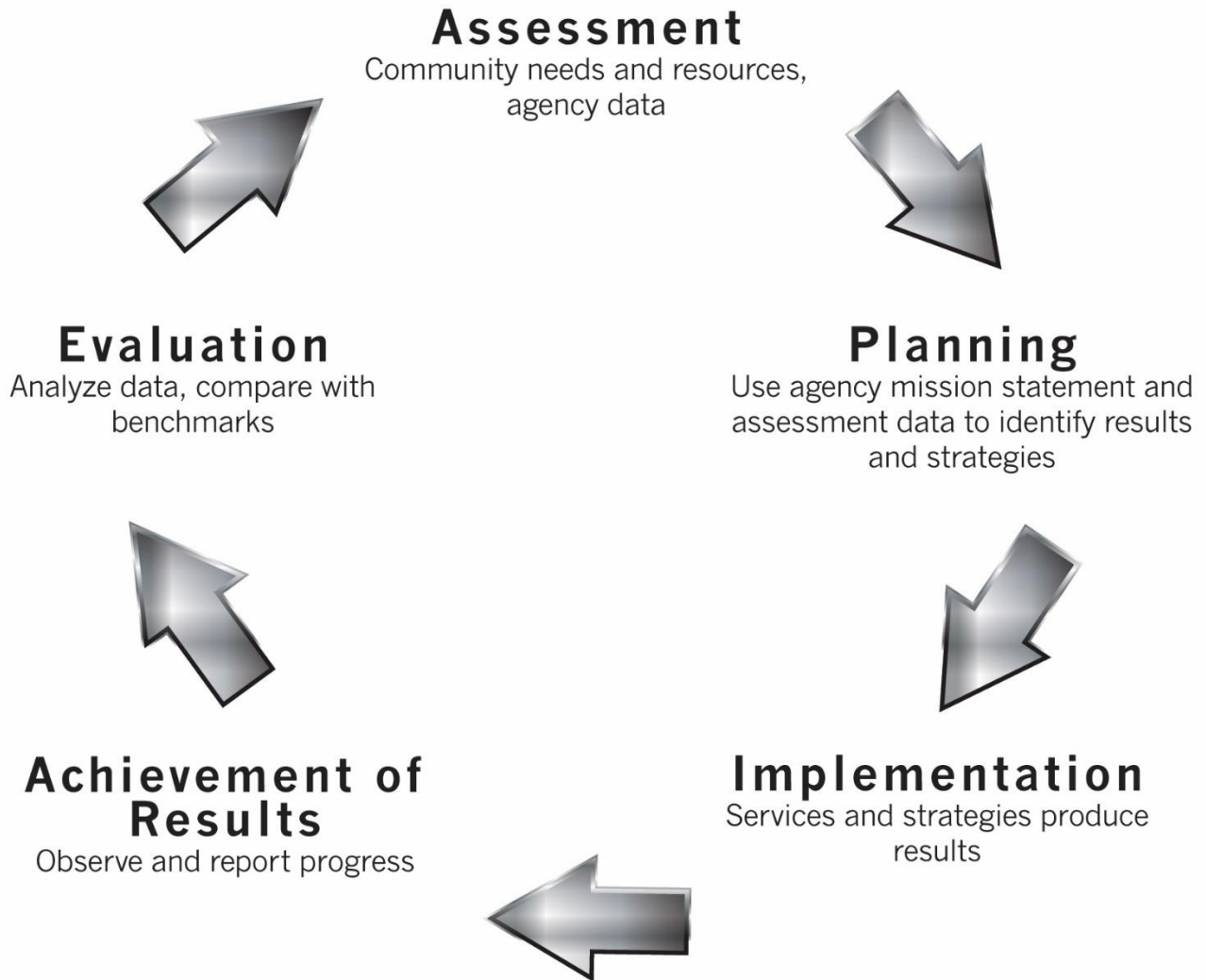
POLICY #6

CSBG Grantees and Sub-grantees must comply with the limitations and prohibitions as stated in federal *CSBG statute (42 U.S.C. 9901 et seq.)*, which includes Section 678F (42 U.S.C. 9918), and any subsequent amendments. All proposed expenses will be considered within the context of the proposed activities. Providing gift cards, pre-paid cards, and gas cards is a permissible use of CSBG funds, particularly in an emergency/disaster situation, as long as the expenditure can be justified as meeting one or more of the statutory purposes of the CSBG program.

1. Programs that use grant funds to purchase gift cards, pre-paid cards, gas cards, gift certificates, bus passes, vouchers, and other like items for clients must establish internal controls in the form of written policies and procedures that, at a minimum:
 - a. Ensure the security of the items;
 - b. Address appropriate distribution to clients; and
 - c. Create a line item in the budget specific to these costs
2. Programs are required to use a log to inventory and track distribution and use of the cards, certificates, passes, vouchers. A log template should be developed by the Grantee or the Grantee may approve one developed by the Sub-grantee. The log must contain the following:
 - a. Source of each item (e.g., Wal-Mart, Safeway);
 - b. Individual serial number or other identifier of each item;
 - c. Denomination (value) of each item;
 - d. Date each item was purchased (if applicable);
 - e. Date issued to client;
 - f. Date item was documented in client's case file;
 - g. Identification of client (name or confidential identifier);
 - h. Name of case manager;
 - i. Purpose of item or description of products or service to be purchased with item; and
 - j. The client must sign a receipt that shows the type of card, voucher, certificate, and bus pass. This receipt must be put in the client's file.
3. The written policies and procedures. As well as the log, must be made available to

the Department upon request and may be reviewed during program site visits.

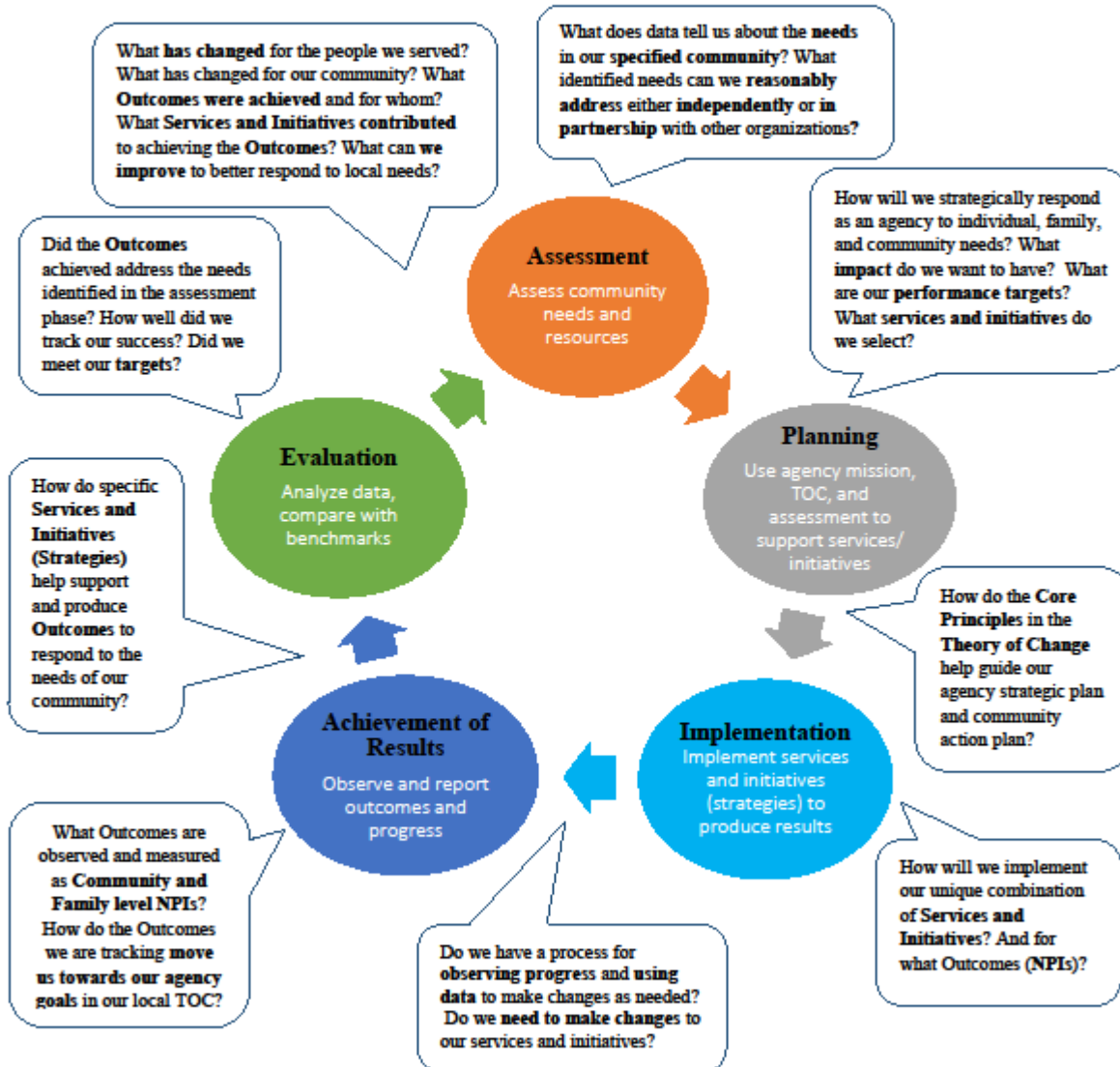
The Results Oriented Management and Accountability Cycle



Appendix 8

HOW DOES ROMA NG FIT INTO ROMA?

The ROMA Next Generation framework builds on ROMA principles and practices to support agencies and states as they gather and use data at all points of the cycle. Data collected and analyzed from assessment through evaluation allow us to identify our successes and our challenges and make use of the information for continuous improvement.



NASCSP

NATIONAL ASSOCIATION FOR STATE COMMUNITY SERVICES PROGRAMS

Appendix 9

Training and Technical Assistance Resources

- Office of Community Service
 - Federal Office that houses and administers CSBG.
 - Includes Information Memorandums that give guidance to State offices and their Grantees.
- National Association for State Community Services Programs (NASCSPP)
 - Includes resources and information on ROMA, Performance Management, as well as data and information on the Annual Report
 - Information on Organizational Standards and monitoring standards can also be found here.
- Community Action Program Legal Services (CAPLAW)
 - Articles on CSBG topics
 - Webinars, Monitoring toolkits, training modules
- Community Services Program
 - The State Plan and Allocation chart can be found here
 - Announcements pertinent to the CSP will also be posted here
 - Links to CSP partners and other resources are also located here.
- Community Service Network of Wyoming (CSNOW)
 - CSNOW provides training and technical assistance to tripartite boards and Grantees throughout Wyoming.

Appendix 10

Community Action Plan Template

Grantee: Click here to enter text.

Fiscal Year: Click here to enter text.

1. Mission Statement

- a. What is your Tripartite Board's mission statement?
Click here to enter text.

2. Community Needs Assessment

- a. What is the date of your most recent Community Needs Assessment?
Click here to enter text.
- b. Briefly describe the process of completing your most recent Community Needs Assessment.
Click here to enter text.
- c. What are the top three needs identified by your Community Needs Assessment and indicate whether it is an individual/family-level need or community-level need?
1. Choose an item. Click here to enter text.
 2. Choose an item. Click here to enter text.
 3. Choose an item. Click here to enter text.

3. Service Delivery System

- a. Please complete the table below with each of your funded programs as listed on the corresponding fiscal year's contract Statement of Work. Add more lines if needed.

Program or Sub-Grantee Name	Services/Activities	What identified needs are met through their services?
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

If funding a community-level need, please complete the **Community Initiative Status Form in addition.*

- b. For those identified needs that are not currently being met by a program or sub-grantee, does the agency/Tripartite Board plan to meet those needs? If yes, how?

Click here to enter text.

4. Existing Community Resources/Linkages

- a. Describe how your agency/Tripartite Board coordinates funding with other service providers in the community that have a similar stake in the mission of CSBG.

Click here to enter text.

5. Community Initiatives

- a. Describe how your agency/Tripartite Board will address identified community level needs.
Click here to enter text.

6. Data Analysis and Evaluation

- a. Describe how your agency/Tripartite Board determines whether its programs are effective at alleviating the causes and conditions of poverty within your community.

Click here to enter text.

Appendix 11

Quarterly Performance Report Template

☐ **Q1** (Oct-Dec) ☐ **Q2** (Jan-Mar) ☐ **Q3** (Apr-Jun) ☐ **Q4** (Jul-Sept)

Grantee: Click here to enter text.

*Based on Logic Models, CAP60 reports, and other programmatic information collected, please provide a narrative **for each program or Sub-grantee** listed on the FY 2020 contract Statement of Work (SOW) that details their performance to date. Add additional lines for programs if there is not sufficient space. The narrative **MUST** address:*

- 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.)?*

Program Name 1: Click here to enter text.

Program Name 2: Click here to enter text.

Program Name 3: Click here to enter text.

Program Name 4: Click here to enter text.

Program Name 5: Click here to enter text.

Program Name 6: Click here to enter text.

National Performance Indicator Mapping Worksheet

[illegible]

Appendix 13

Acronyms

CAA	Community Action Agency
CAP	Community Action Plan
CAPL	Corrective Action Plan
CAPLAW	Community Action Program Legal Services
CNA	Community Needs Assessment
CNPI	Community National Performance Indicator
COE	Center of Excellence
CSBG	Community Services Block Grant
CSNOW	Community Services Network for Wyoming
CSP	Community Services Program
FFR	Federal Funding Report
FNPI	Family National Performance Indicator
HHS	US Department of Health and Human Services
IM	Information Memorandum
NASCSP	National Association for State Community Services Programs
NPI	National Performance Indicator
OCS	Office of Community Services
OMB	US Office of Management and Budget
PHD	Public Health Division
QIP	Quality Improvement Plan
ROMA	Results Oriented Management and Accountability
RPIC	Regional Performance and Innovation Consortia
T/TA	Training and Technical Assistance
TAP	Technical Assistance Plan
WDH	Wyoming Department of Health