

FY



Maryland Department of Human Services
Office of Home Energy Programs
311 West Saratoga Street
Baltimore, MD 21201

FINAL MONITORING REPORT

Agency: _____ AGENCY NAME

Monitored by: _____

Date of Visit: date

Executive Summary:

Monitoring is the process by which the State Office of Home Energy Programs (OHEP) periodically reviews the implementation of regulations, policies, and procedures as set forth in COMAR, the OHEP Operations Manual, and Action Transmittals issued by the State OHEP Director. Monitoring is also used to assess the fulfillment of contractual obligations.

AGENCY NAME was monitored on DATE by the State Office of Home Energy Programs. The State Monitor conducted an initial entrance meeting with NAME, the TITLE, and appropriate staff to explain the purpose and expectations of the visit. The monitor pulled a random sample of 25 agency files to review each stage of the application process: certified, paid, denied, and crisis. An exit interview was completed with NAME , TITLE and appropriate staff to review preliminary observations from the monitoring visit.

Findings and Concerns:

During the monitoring visit, this local agency had a total of Click here to enter text. errors found in the Case File Monitoring Review. This error rate is based on the total number of errors found in the following sections of the case file monitoring review: Application Completeness and Accuracy, Documentation, Systems Verifications and Denied Case Review. There were a total of Click here to enter text. Findings in the following areas: Click here to enter text.. There were a total of Click here to enter text. Concerns in the following areas: Click here to enter text.. Areas of Concern indicate that the LAA must make improvement in the program area, but the issue does not constitute a material weakness. A Finding indicates that a material weakness has been identified and a corrective action plan must be executed to correct the problem.

Program Monitored Areas:

1. Case File Monitoring
2. Outreach
3. Customer Service
4. Language Access
5. myDHR
6. Customer Relationship Management (CRM) Tool
7. Application Timeliness
8. Application Denial Rates
9. Fraud Prevention & Enforcement
10. Computer Information/Security
11. Application Documentation Scanning (ECMS)

Fiscal Monitored Areas:

1. General
2. Cash Receipts
3. Purchasing
4. Cash Disbursements
5. Payroll
6. Property & Equipment
7. Indirect Costs

The following provides an analysis of how the LAA is adhering to the policy and standards as set forth from State OHEP.

1. Case File Monitoring	
a. Application Completeness and Accuracy	
Comments	
Findings	
Concerns	
Corrective Action Recommendation	
b. Documentation	
Comments	
Findings	
Concerns	
Corrective Action Recommendation	
c. System Verifications	
Comments	
Findings	
Concerns	
Corrective Action Recommendation	
d. Denied Case Review	
Comments	
Findings	
Concerns	
Corrective Action Recommendation	
2. Outreach	
Comments	
Findings	
Concerns	

Corrective Action Recommendation	
3. Customer Service	
Comments	
Findings	
Concerns	
Corrective Action Recommendation	
4. Language Access	
Comments	
Findings	
Concerns	
Corrective Action Recommendation	
5. myDHR	
Comments	
Findings	
Concerns	
Corrective Action Recommendation	
6. Customer Relationship Management (CRM) Tool	
Comments	
Findings	
Concerns	
Corrective Action Recommendation	
7. Application Timeliness	
Comments	
Findings	
Concerns	
Corrective Action	

Recommendation	
8. Application Denial Rates	
Comments	
Findings	
Concerns	
Corrective Action Recommendation	
9. Fraud Prevention & Enforcement	
Comments	
Findings	
Concerns	
Corrective Action Recommendation	
10. Computer Information/Security	
Comments	
Findings	
Concerns	
Corrective Action Recommendation	
11. Application Documentation Scanning (ECMS)	
Comments	
Findings	
Concerns	
Corrective Action Recommendation	

FISCAL MONITORING

1. General

Comments

Findings

Corrective Action
Recommendation

2. Cash Receipts

Comments

Findings

Corrective Action
Recommendation

3. Purchasing, Receiving, and Accounts Payable

Comments

Findings

Corrective Action
Recommendation

4. Cash Disbursements

Comments

Findings

Corrective Action
Recommendation

5. Payroll

Comments

Findings

Corrective Action
Recommendation

6. Property and Equipment

Comments

Findings

Corrective Action

7. Indirect Cost

Comments

Findings	
Corrective Action	

State OHEP Director:

Name

Signature

Date

State OHEP Assistant Director of Administration:

Name

Signature

Date

State OHEP Quality Assurance Analyst:

Name

Signature

Date

COMMENTS

SUMMARY SHEET

SAMPLE SIZE:

CERTIFIED CASE FILE REVIEW:

I. Application Completeness and Accuracy	Number of Errors
1 Applicant Information	
2 Living Arrangements	
3 Renter's only section	
4 Household members	
5 Household Income	
6 Electric Universal Services Programs	
7 MD Energy Assistance Program	
8 Applicant Signature & Date	
9 Office use only section	
TOTAL NUMBER OF ERRORS	0

II. Documentation Review	Number of Errors
1 Proof of identity	
2 Proof of residence	
3 Verification of SSN for all household members	
4 Proof of income	
5 Recent utility bill	
6 Other supporting Documentation	
TOTAL NUMBER OF ERRORS	0

III. System Verifications	Number of Errors
1 Client Information	
2 Living Arrangements	
3 Household Members	
4 Supplier Information	
5 Crisis Information	
6 Summary	
7 Benefit Notice/Appeal Rights	
TOTAL NUMBER OF ERRORS	0

DENIED CASE REVIEW	Number of Errors
1 Reason for Denial	
2 Request for Additional Information	
3 Denial Letter/Appeal Rights	
4 Workers Signature & Date	
5 System Verification	
TOTAL NUMBER OF ERRORS	0

OHEP MONITORING TOOL DEFINITIONS

APPLICATION COMPLETENESS AND ACCURACY

APPLICANT INFORMATION

Applicant Name	Applicant name is complete and accurate
Applicant Social Security Number	Applicant SSN must match Social Security card provided
Applicant Address	Address on application matches address on bill

SECTION 1- Living Arrangements

Living Arrangements	Customer checked the box for Homeowner, Renter or Roomer/boarder
HUD or Subsidized Housing*	If renting, this section must be completed. If 'Yes' indicate if customer receives utility allowance

SECTION 2-Renter's Only Section

Is heat included in rent?	If "renter" is checked off in Living Arrangements section, this question must be answered
Landlord information	If heat is included in rent, landlord information must be provided

SECTION 3-Household Members

Total # of Household Members	This number should match the number of individuals listed in the household table
Total # of Household Members 18 years and over	This number should match the number of individuals 18 & over listed in the household table
Social Security Number for all Household Members	Social Security numbers should be listed for all household members (if customer does not have SSN; worker can enter zeros)
Birth Date	Date of Birth should be listed for all household members
Citizenship	Citizenship is indicated 'Yes' or 'No' for all household members

SECTION 4-Household Income

Household Source of Income Table	Source of income table must match documents used for verification
Earned Income Table (FY 17 & beyond)	All household members 18 and over with earned income must be listed
Unearned Income Table (FY17 & beyond)	All household members 18 and over with unearned income must be listed
Zero Income Table (FY17 & beyond)	All household members 18 and over declaring zero income must be listed

* Note: Section 4 should only be edited for adults 18 and over omitted on income tables; LAAs do not need to edit incorrect customer-reported income amounts

SECTION 5-Electric Universal Programs

Electric Universal Service Programs (EUSP)	Electric company, account number and name on account listed (if customer is applying for EUSP benefit)
EUSP Enrollment (FY 2017 and beyond)	Must be checked indicating whether customer wishes to apply for the benefit
Enrollment Options FY16 & Prior	If customer checked box, EUSP benefit should not be applied. If customer checked off by mistake they wish to opt out of program, may be marked up by LAA to indicate they do in fact want to apply

SECTION 6- MD Energy Assistance Program

Maryland Energy Assistance Program	Heating company, account number and name on account listed for electric and gas customers. If customer receives bulk fuel, fuel type must be listed.
MEAP Enrollment (FY 2017 and beyond)	Must be checked indicating whether customer wishes to apply for the benefit
FY16 & Prior Enrollment Options (Section 7(b))	If customer checked off by mistake they wish to opt out of program, may be marked up by LAA to indicate they do in fact want to apply

APPLICANT SIGNATURE & DATE

Applicant signature and date	Did applicant sign and date the application? (verify name is the same as applicant or proxy).
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OFFICE USE ONLY

County	Must be listed
Date Received	Must be on or after date the applicant signed the application; can be date stamped or handwritten in the box
Total Number in Household	Must match the Household members in Section 3
SUB/HUD	Must match Section 1 (living arrangements section)
Total Household Income	Accurate gross amount must match the adding tape with 30 day income period written on tape (not including date of app)
Arrearage Screening (*FY 17 and beyond)	Must be completed if customer selected box in section 8
Annual Usage	EUSP and MEAP usage amount (KWH or Therms) if it's electric or gas. If bulk fuel, indicate the type of fuel.
Benefit Amount	Must be listed for all applicable programs. (If no benefit has been determined; worker must write 'PC' in the box)
Poverty Level	Must be listed
Worker Signature	The date the application was processed by the intake worker; must be legible and different from the Certifier
Certifier Signature and Date	The date the application was certified by worker must be legible and different from intake worker

<u>DOCUMENTS</u>	
Applicant Proof of Identification	Acceptable form of Identification as stated in OHEP Policy Manual and/or COMAR (Non-US Citizens must be verified and documented)
Applicant Proof of Residency	Acceptable proof of residency as stated in OHEP Policy Manual
Verification of SSN for all Household Members	Acceptable proof of Social Security Numbers as stated in OHEP Policy Manual or verified in OHEP system
Proof of Income	Acceptable proof of income as stated in OHEP Policy Manual and/or COMAR
Zero Income Form	Must be completed by all household member 18 and over claiming zero income for the past 30 days
Household Worksheet	Must be completed for all zero income households- Shelter, food, utilities must be verified with documentation.
Recent Electric Bill	Current electric bill is in the file
Source of Income Form (completed and signed before FY 17)	Must be completed and signed by applicant
Supporting Documentation	All other forms including but not limited to: Wage verification forms, Benefit Letters, Child Support Award Letters, Physician Certification Form, Verification of Unemployment Benefits, Resource Provider Statement, Request for Additional Information, etc.
<u>SYSTEM VERIFICATIONS</u>	
Client Information	Verify the application date, received date, and client address matches the application. Also verify the program (s) customer has applied for
Living Arrangements	Verify living arrangement, subsidized housing, and is heat included
Household Members	Verify household members and income match application
Supplier Info	Verify account name matches the name on the utility bill; Annual base usage (KWH), Fuel type, Account number, Arrearage Amount (if applicable)
Crisis Info	If crisis application, verify that crisis deliveries were resolved in a timely fashion (i.e. life threatening crisis- within 18 hours; Non-life threatening crisis- within 48 hours)
Summary	All benefit information for all programs is accurate and complete (amount, certified date, approved or denied)
Benefit Notice/Appeal Rights	Verify notice has been printed in system

<u>DENIED CASE REVIEW</u>	
Reason for Denial	Verify denial reason is justified (e.g. check request for additional information form against submitted documents, verify income was calculated correctly)
Request for Additional Information	If denial was based on missing information, verify documents are in fact missing
Denial Letter/Appeal Rights	Verify that denial letter and Appeal Rights form was sent to customer with accurate denial reason Denied date must be after the allowed 15 days for documentation to be received (unless denial reason is for other reason)
Denial Letter sent within 7 days of Certification System Verifications	Reason for denial in OHEP system matches the reason on the application file.
OFFICE USE ONLY	
Benefit amount	No benefit listed (worker should write DENIED)
Worker Signature & Date	The date the application was denied by the Intake Worker; must be legible and different from the Certifier
Certifier Signature & Date	The date the application was denied by Certifier; must be legible and different from Intake Worker

Agency: OHEP FISCAL Monitoring
 Date: _____
 Agency Representatives: _____

	YES	NO	NA	NOTES
GENERAL				
The following questions relate to the internal accounting controls of the overall organization.				
1				Are the duties for key employees of the organization defined?
2				Is there an organization chart which sets forth the actual lines of responsibility?
3				Are written procedures maintained covering the recording of transactions?
a.				Covering an accounting manual?
b.				Covering a chart of accounts?
4				Do the procedures, chart of accounts, etc., provide for identifying receipts and expenditures of program funds separately for each grant?
5				Does the accounting system provide for accumulating and recording expenditures by grant and cost category shown in the approved budget?
a.				Does the organization maintain a policy manual covering the following: approval authority for financial transactions? guidelines for controlling expenditures, such as purchasing requirements and travel authorizations?
b.				Are there procedures governing the maintenance of accounting records?
6				Are subsidiary records for accounts payable, accounts receivable, etc., balanced with control accounts on a monthly basis?
a.				Are journal entries approved, explained and supported?
b.				Do accrual accounts provide adequate control over income and expense?
c.				Are accounting records and valuations secured in limited access areas?
d.				Are duties separated so that no one individual has complete authority over an entire financial transaction?
7				
8				Does the organization use an operating budget to control funds by activity?
9				Are there controls to prevent expenditure of funds in excess of approved, budgeted amounts? For example, are purchase requisitions reviewed against remaining amount in budget category?
10				Has any aspect of the organization's activities been audited within the past 2 years by another governmental agency or independent public accountant?
11				Has the organization obtained fidelity bond coverage for responsible officials?
12				Does the organization obtain fidelity bond coverage in the amounts required by statutes or organization policy?
13				Does the organization maintain a line of credit?
a.				What is the current balance on the line of credit?
14				Are grant financial reports prepared for required accounting periods within the time imposed by the O-HEP?
15				Does the organization have an indirect cost allocation plan or a negotiated indirect cost rate?
CASH RECEIPTS				
1				Are MEAP funds maintained in a bank with sufficient federal deposit insurance?
2				What are the policies and procedures for processing MEAP benefit payments?
3				How are MEAP refunds processed?
PURCHASING, RECEIVING, AND ACCOUNTS PAYABLE				
The following conditions are indicative of satisfactory control over purchasing, receiving, and accounts payable.				
1				Prenumbered purchase orders are used for all items of cost and expense.
2				There are procedures to ensure procurement at competitive prices.
3				Receiving reports are used to control the receipt of inventory?
4				There is effective review by a responsible official following prescribed procedures for program coding, pricing, and extending vendors' invoices.
5				Invoices are matched with purchase orders and receiving reports.
6				When accrual accounting is required, the organization has adequate controls such as checklists for statement closing procedures to ensure that open invoices and uninvolved amounts for goods and services received are properly accrued or recorded in the books or controlled through worksheet entries.
7				There is adequate segregation of duties in that different individuals are responsible for (a) purchase (b) receipt of merchandise or services, and (c) voucher approval.
8				
PURCHASING				
1				Is the purchasing function separate from accounting and receiving?
2				Does the organization obtain competitive bids for items, such as rental or service agreements, over specified amounts?
3				Is the purchasing agent required to obtain additional approval on purchase orders above a stated amount?
4				Are there procedures to obtain the best possible price for items not subject to competitive bidding requirements, such as approved vendor lists and supply item catalogs?
5				Are purchase orders required for purchasing all equipment and services?
6				Are purchase orders controlled and accounted for prenumbering and keeping a logbook?
7				Are the organization's normal policies, such as competitive bid requirements, the same as grant agreements and related regulations?
8				Is the purchasing department required to maintain control over items or dollar amounts requiring the O-HEP to give advance approval?

