



HOMELESS CASE MANAGEMENT SERVICES GRANT

All Grantee Meeting

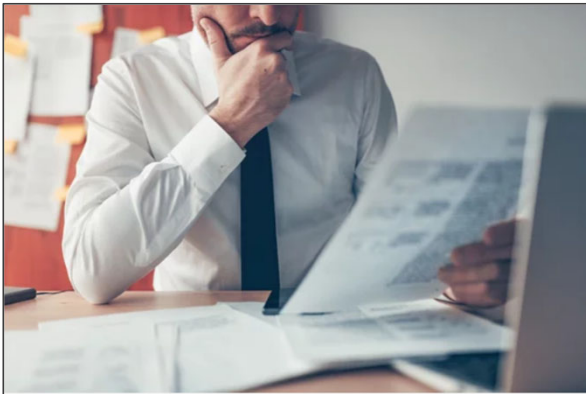
Presented: July 19, 2022



WELCOME

- Our objectives are:

1. Review Program



2. Answer Questions



3. Ensure We Are Aligned



INTRODUCTIONS



Robyn Thibado
*Section Chief
(DOA – DEHCR)*



Emily Bourne
*Grant Specialist, LTE
(DOA – DEHCR)*



Jennifer Allen
*HMIS Manager
(ICA)*

AGENDA OVERVIEW

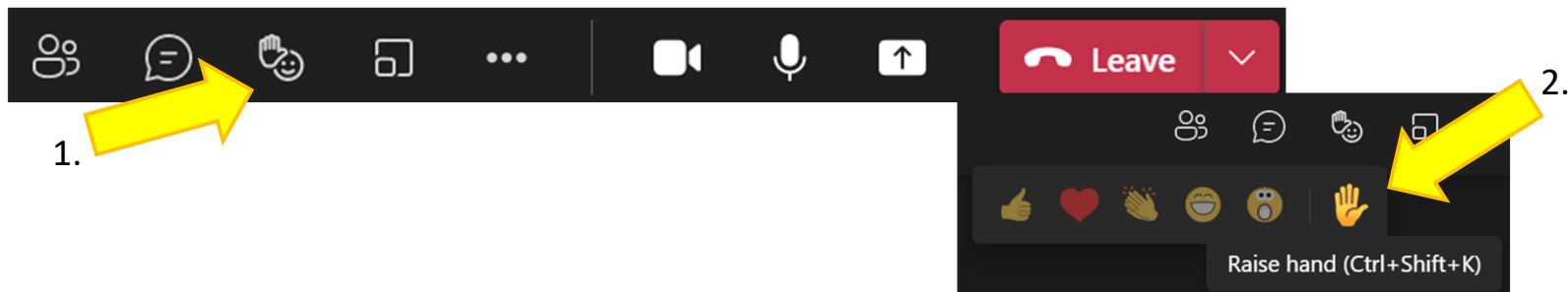


1. Purpose of HCMS
2. Definitions
3. Costs
4. Reporting
 - *Questions*
 - *Break*
5. Payment Schedule
6. Monitoring
7. Resources
 - *Questions*
 - *Break*
8. HMIS Training



KEEPING THE MEETING FLOWING

- Everyone will be muted
- If you want to speak, raise your hand and we'll unmute you



- Please put questions in the chat



PURPOSE OF HOMELESS CASE MANAGEMENT SERVICES GRANT (HCMS)

Provide intensive case management services to families experiencing homelessness



BACKGROUND

- HCMS is funded via the Temporary Assistance for Needy Families (TANF) block grant program.
- The Department of Children and Families (DCF) provides funds from the TANF Block Grant to the Department of Administration (DOA) to administer the HCMS grant program.
- WI Statue §16.3085 created the HCMS program. This was part of Wisconsin Act 59 approved in 2017.



DEFINITIONS: INTENSIVE CASE MANAGEMENT SERVICES



Application for Employment
Accommodations for persons with disabilities in the hiring process. Let us know, and we will provide assistance.

Date of Application

First Name

City

18 years of age or over?

☐ No ☐ Yes, Date of Birth

Education



- HCMS is laser focused on providing families intensive case management services including at least 1 of these areas:
 - Financial management
 - Employment
 - Ensuring school continuation for children
 - Enrolling unemployed or underemployed parents in W-2 or FSET



DEFINITIONS: INTENSIVE CASE MANAGEMENT SERVICES

- Beyond just making referrals to other services, intensive case management is hands-on. Examples:

Financial Management

- Assisting clients to create a budget.
- Going through Rent Smart curriculum.
- Helping them identify topics on the Consumer Financial Protection Bureau's website to learn more about (examples: managing credit, payday loans, bank accounts and services).

Employment:

- Helping clients put together resumes.
- Assisting clients in taking skills tests, and identifying their strengths, and interests.
- Holding mock interviews and talking about clothing choices
- Discussing the job search process and supporting clients as they search.

Ensuring School Continuation for Children

- Working with the homeless liaison at the child's school to ensure the child can continue attending their original school (setting up transportation etc.).
- Organizing tutoring or homework help.
- Working with other staff to make sure the student has school essentials (uniform, backpack, school supplies).

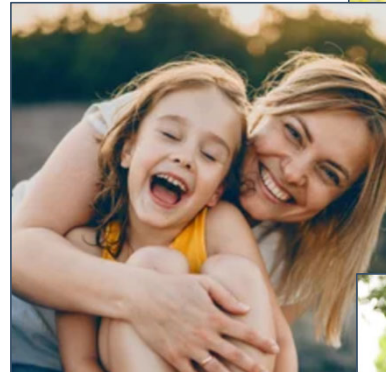


DEFINITIONS: ELIGIBLE HOMELESS FAMILIES (DEFINED BY TANF)

- TANF defines 4 categories of eligible families. **All eligible families must be identified when they enter the shelter.***

1. Priority: Homeless adults (age 18 or older) accompanied by minor children**

** Under age 18 for whom the homeless adults are legally responsible, or under 19 but a full-time student in high school, working on an equivalency degree, or enrolled in basic vocational or technical education



*Children under 19
can be served too!*

*Families who live outside of the shelter cannot be served.

DEFINITIONS: ELIGIBLE HOMELESS FAMILIES (DEFINED BY TANF)

2. Priority: Homeless pregnant women.
3. Homeless adults, unaccompanied by children, who are non-custodial parents of children under the age of 18.



FAQ:

Does the parent need to be active in the child's life or have contact?

Answer: No.

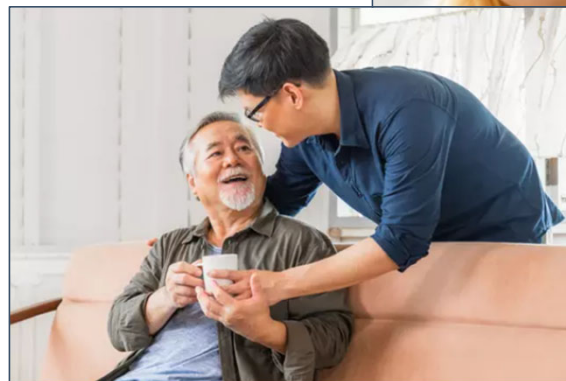


DEFINITIONS: ELIGIBLE HOMELESS FAMILIES (DEFINED BY TANF)

4. Homeless adults, unaccompanied by children, who are over age 18 but younger than age 25 and accompanied by another person related by blood or marriage.



*Wide range of people – siblings, spouses,
18-24-year-olds taking care of other family
members (grandparents, parents etc.)*



DEFINITIONS: ELIGIBLE HOMELESS FAMILIES (DEFINED BY TANF)

- All eligible families coming into shelter must be identified.
 - Your agency is not required to serve all. However, your agency needs to have a written outline of how your agency will prioritize clients.*
- **Families must self-certify by signing documentation showing their family meets an eligible TANF definition**

ARE YOU PREGNANT: [] YES [] NO	ARE YOU CURRENTLY RECEIVING PRENATAL CARE: [] YES [] NO [] DON'T KNOW	# OF CHILDREN UNDER 18:
# OF CHILDREN WITH CLIENT:	# OF CHILDREN (under 18) NOT WITH CLIENT:	WHERE ARE THE CHILDREN NOT WITH CLIENT:
# OF CHILDREN UNDER 19 WITH CLIENT (full-time student in high school, working on an equivalency degree, or enrolled in basic vocational or technical education):		# IN FAMILY SUPPORTED BY INCOME:
CLIENT is 18yo, but younger than age 25, in shelter with person related by blood or marriage: [] YES [] NO		Name of person client currently in shelter with that is related by blood or marriage:

*Examples of intake/
documentation
forms*



**Homeless Case Management Services
for
Families**

Verification of Homeless family Status:

Please indicate family status at this time:

I _____, verify that I am:

_____ Homeless adult(s) (age 18 or older) accompanied by minor children (under age 18 for whom (I) the homeless adults are legally responsible, or under 19 but a full-time student in high school, working on an equivalency degree, or enrolled in basic vocational or technical education); or

_____ Homeless pregnant women; or

_____ Homeless adults, unaccompanied by children, who are non-custodial parents of children under the age of 18; or

_____ Homeless adults, unaccompanied by children, who are over age 18 but younger than age 25 and accompanied by another persons related by blood or marriage.

I agree that statements provided are accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

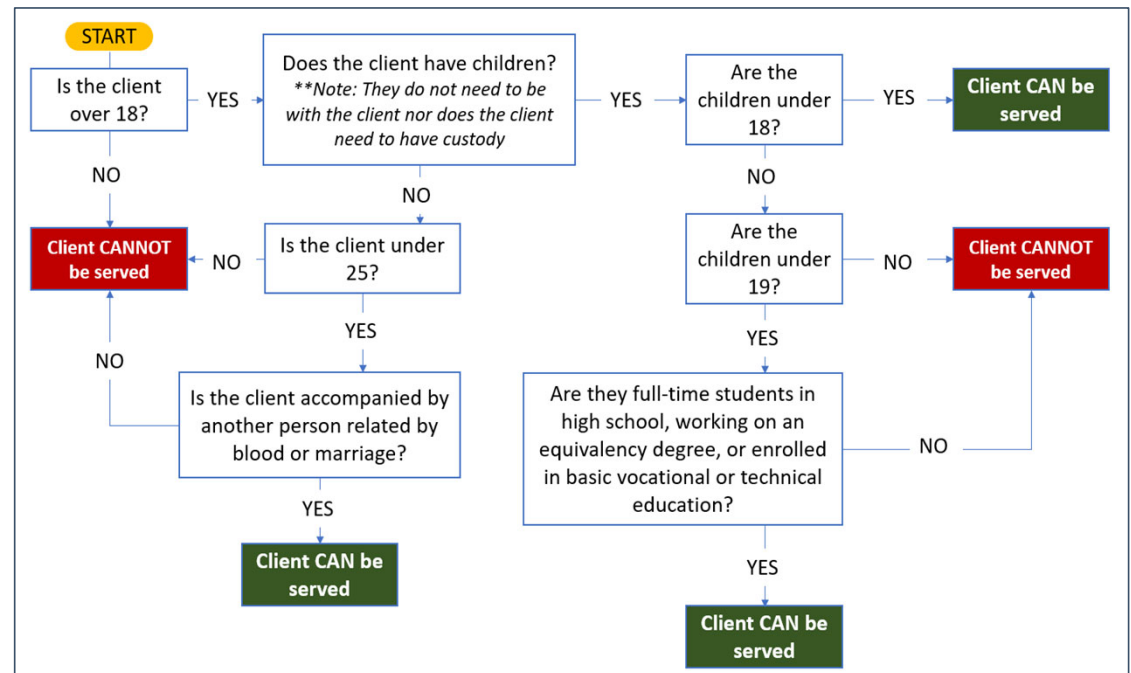
Staff Signature: _____ Date: _____

Staff Supervisor Signature: _____ Date: _____

*HCMS already prioritizes category 1 and category 2 families per TANF. Outline will be reviewed during monitoring.

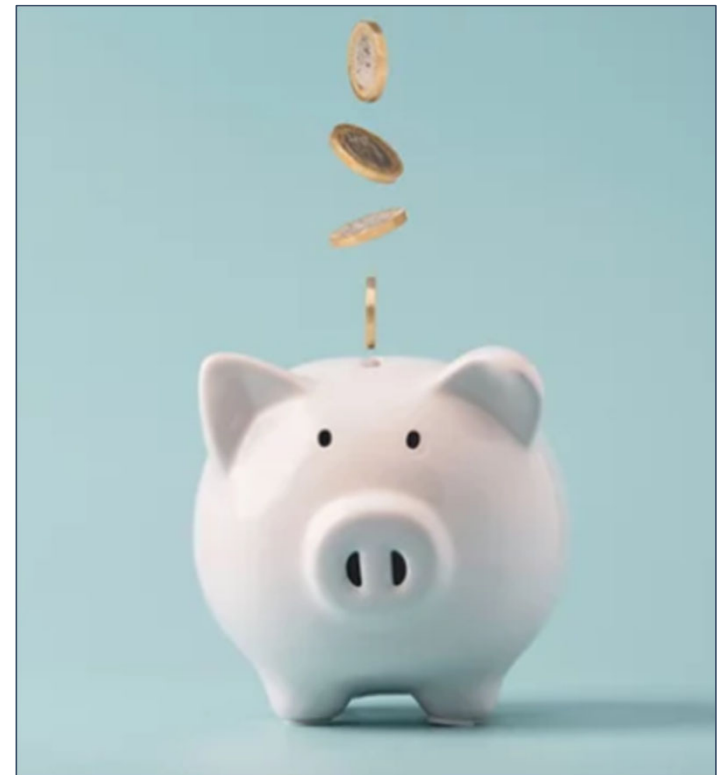
DEFINITIONS: ELIGIBLE HOMELESS FAMILIES (DEFINED BY TANF)

- The Program Manual has a chart outlining the type of questions your agency will need to ask to determine eligibility. *Check it out!*



REIMBURSABLE COSTS: 2 TYPES

- Common issue in the monitorings for contract year 21' was how costs were billed. HCMS has narrow guidelines.
- There are 2 types of reimbursable costs:
 1. Case Management (85-100% of the grant)
 2. Administrative (up 15% of the grant)



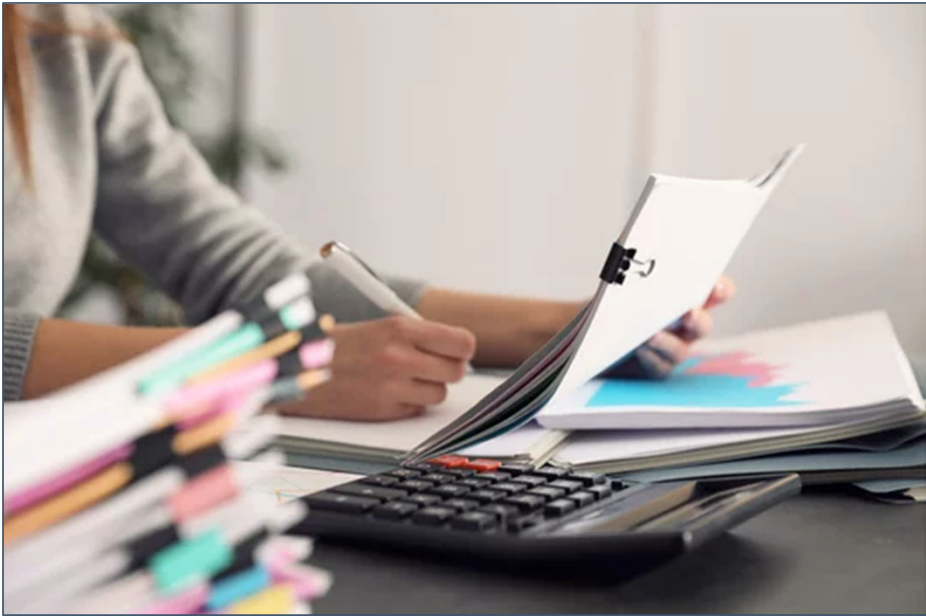
REIMBURSABLE COSTS: CASE MANAGEMENT

- These funds can be used for **“social workers, case managers and associated case management services needed to directly provide intensive case management to homeless families.” ***
 - Details & Caveats:
 - All cost tied directly to a Case Manager can be billed such as office space, benefits, computer costs, and mileage via a cost allocation plan.
 - Training and supervisory costs cannot be billed under this. They must be billed under admin.
 - Services must be actively provided. On call staffing costs are not reimbursable.



*Source: 2022 HCMS Contract

REIMBURSABLE COSTS: ADMINISTRATIVE



- Can pay for admin costs such as office supplies, salaries for case management supervision, and agency wide functions.
- If paying for a shared service, it must be pro-rated to reflect the percentage of the resource used by the HCMS program.



NON-REIMBURSABLE COSTS

- HCMS funds may not be spent on the following:
 - Anything not explicitly stated as allowable under the grant terms.
 - Capital expenditures.
 - Alcoholic beverages.
 - Items that could be construed as entertainment, including social activities and tickets to movies, shows, sports events, or concerts, and any costs related to attending such events, whether or not admission is charged.
- If it is found the grantee used grant funds for any of the above outlined non-reimbursable items/activities, the grantee will be required to refund the dollars used for the non-reimbursable items/activities.



BUDGET ADJUSTMENTS BETWEEN CATEGORIES?

- Requires a contract amendment.
- Process:
 1. Talk with the Grants Specialist.
 2. Submit a signed written request and amended budget.*
 3. DEHCR will approve or deny the request.
 4. **All amendment requests must be made no later than 30 days prior to the end of the contract.**
- Notes: Performance periods cannot be extended, and budgets cannot be reduced or increased.



*Electronic signatures and emails are allowed.

REPORTING: EXCITING CHANGES!!

- **Goals:** Streamline reporting for grantees so they can provide accurate and robust data to showcase their work.
- **Changes:**
 1. Timing: now quarterly with an annual wrap-up vs. monthly
 2. Method: all reporting can be directly pulled from HMIS*
- **Training:** Jennifer Allen from ICA is here to train us

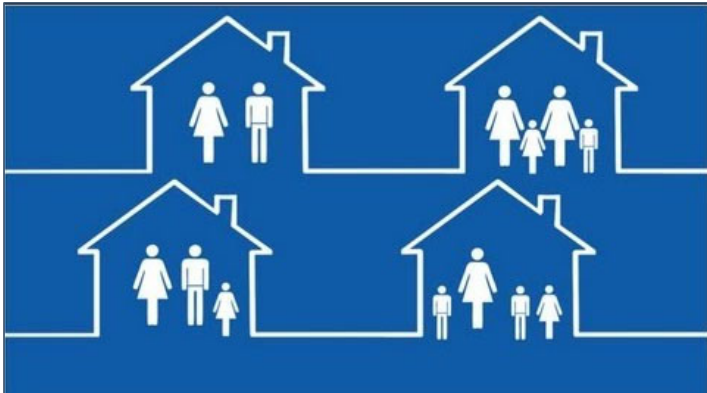


*If HMIS is used.

REPORTING: QUARTERLY UPDATES

- Quarterly opportunities to check in on the program and data collection across 3 key areas:

1. Households & Individuals Served



2. Services Children Received



3. Services Adults Received



REPORTING: QUARTERLY UPDATES HOUSEHOLDS & INDIVIDUALS SERVED

1. # of Households in the HCMS program (HCMS).

2. # of Individuals in HCMS.

Adults (18+)
Children (<18)
Children (<19)*

3. # of Adults with custodial children in the HCMS.

4. # of Adults with non-custodial children in HCMS.

5. # of Adults with both custodial and non-custodial children in HCMS.

6. # of Households served by shelter (whether or not they are in HCMS).

7. # of individuals served by shelter (whether or not they are in HCMS)

↑
HCMS specific
numbers
↘

←
General shelter
population
numbers



*Who meet the HCMS eligibility requirements.

REPORTING: QUARTERLY UPDATES – SERVICES CHILDREN RECEIVE

8. # of Households who received services to ensure school continuation.



9. # of Children <19* who received services to ensure school continuation.



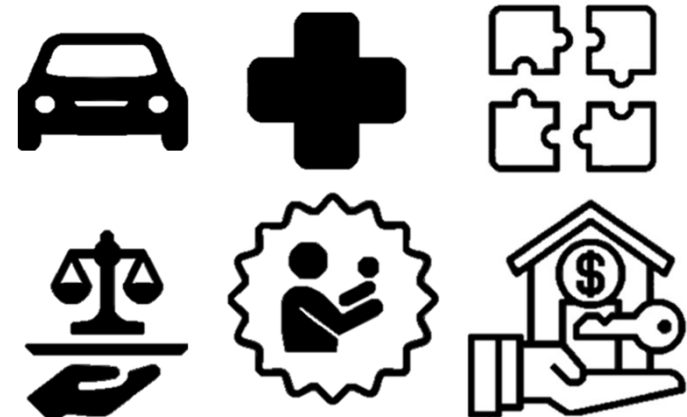
*Who meet the HCMS eligibility requirements.

REPORTING: QUARTERLY UPDATES – SERVICES ADULTS RECEIVE

10. # of Adults that were enrolled
in/referred to:

- a. WI Works
- b. WI Shares Child Care Subsidy
- c. FSET
- d. Job Center of WI
- e. Division of Vocation Rehabilitation
- f. Veterans Resource Officers
- g. In-house Job Training
- h. Other organizations/ apprenticeship programs

11. # of Adults who received other
services.

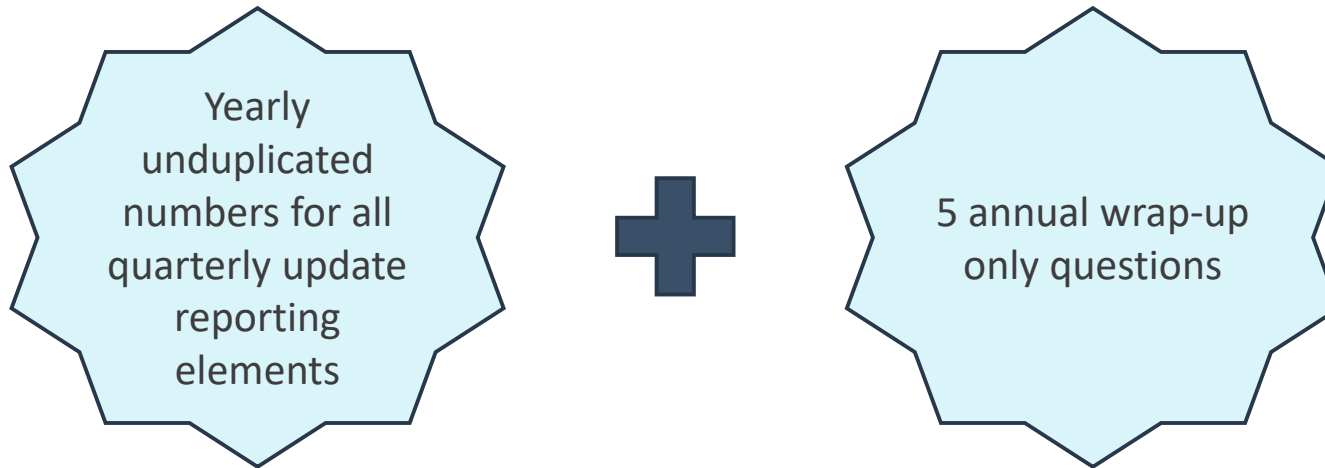


Examples



REPORTING: ANNUAL WRAP-UPS

- 2 Parts:



- Goal: show how people are moving through the program, and whether it is helping them increase their income.



REPORTING: ANNUAL WRAP-UP ONLY QUESTIONS

- 5 questions to provide what the clients' status was at 3 key points in time:
 1. At the start of the HCMS program
 2. At an annual assessment (if they stayed for more than a year in the program)
 3. Upon exiting from HCMS
- These questions can be pulled using an APR report in HMIS



QUESTIONS

1. # of adults with earned income
2. # of adults with any income
3. # of adults with no income
4. Total # of adults in HCMS
5. # of adults in each monthly cash income range (ex. \$1-\$150, \$151-\$250 etc.)





QUESTIONS?



TIME FOR A
BREAK



PAYMENT REQUESTS & QUARTERLY BUDGET UPDATES: NEW PROCESS

- Payment request can now be done quarterly or monthly.
- Grantee will need to fill out the payment request form and send it to DOADEHCRFiscal@Wisconsin.gov and the Grants Specialist by the 15th of the month following the close of the previous quarter or month.
- Quarterly budget updates are required. Budget updates should include when the grantee expects to draw on funds next, and if they foresee any issues with spending the full amount.
- Reporting is due quarterly and payments can be withheld until it is received.



PAYMENT REQUESTS & UPDATES: FORM

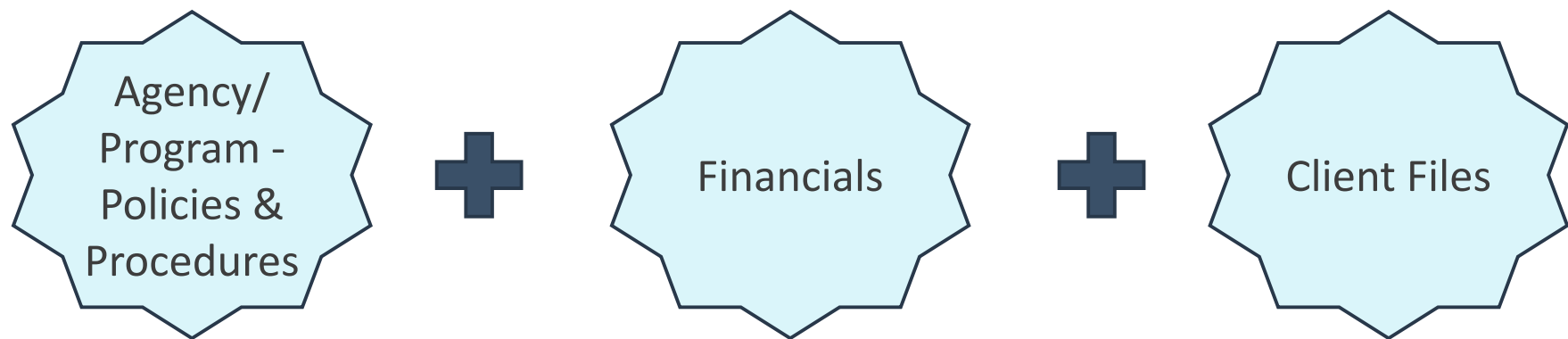
- Fill out the parts in blue.
- Request split out by type of funds.
- Send to DOADEHCRFiscal@Wisconsin.gov and Grants Specialist.
 - Email subject line: HCMSG 21-XX, Grantee Name, Quarter or Month/Year of Payment
- Start a new report by hitting the red button, which will automatically update the totals and allow you to input new amounts.

HOMELESS PROGRAM EXPENDITURE REPORT					
State Department of Administration					
Division of Energy, Housing and Community Resources (DEHCR)					
Agency Name:		Your Name Here		Grant Name: Homeless Case Management	
Agency Address:		Your Address Here		Contract Number: HCMS 21-XX	
Person Completing this Form:				Contract Period: 7/1/2022 6/30/2023	
Phone Number:				PO Number: XXXX	
Month:				Contract Amount: \$50,000.00	
START NEXT REPORT					
Category of Activity	Grant Program Authorized Budget	Previously Invoiced	Current Invoice	Total Invoiced to Date	Grant Program Balance
Case Management	48,000.00	\$0.00	\$0.00	\$0.00	\$48,000.00
Admin	2,000.00	\$0.00	\$0.00	\$0.00	\$2,000.00
TOTALS:	\$50,000.00	\$0.00	\$0.00	\$0.00	\$50,000.00
Certification:					
By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.					
EMAIL COMPLETED FORM TO: DOADEHCRFISCAL@WISCONSIN.GOV WITH A CC TO YOUR GRANTS SPECIALIST.				Agency Representative:	
				Name: _____ Title: _____ Date: _____	
				DEHCR Payment Authorization	
				Date Signed	



DEHCR MONITORING

- Once a year check-in to make sure the HCMS grant program is running smoothly, and required policies and procedures are being followed.



DEHCR MONITORING: WHAT IT IS AND ISN'T



- Monitoring is supposed to be a helpful check, and an assist to get back into compliance if needed vs. punitive.
- We'll review common areas where agencies trip up, things we look out for specifically, or are new items.



DEHCR MONITORING: PROGRAM POLICIES & PROCEDURES

Key area that can trip grantees up: **CLIENT ELIGIBILITY DOCUMENTATION**

What we are looking for:

- Proof the agency is:
 1. Screening for all eligible clients when they enter the shelter.
 2. Only serving eligible clients.



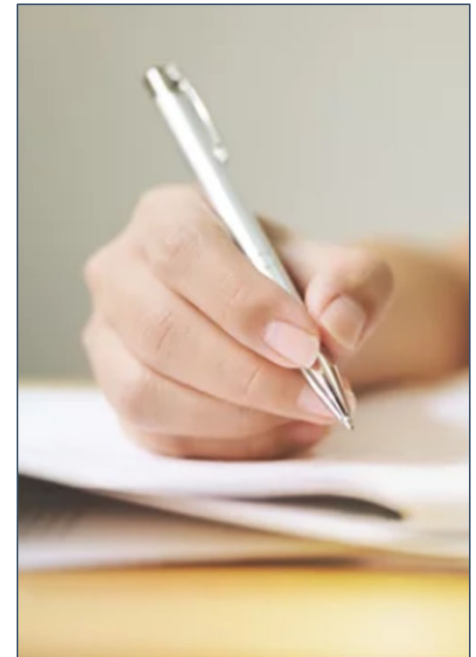
Tips:

- Forms which answer all the eligibility questions are key.
- **Client must sign the form used to determine eligibility to attest the information listed is correct.**
- **Agency must state which eligibility category the client is in.**
- Refer to the strong examples in this presentation and the list of questions outlined in the Program Manual.



DEHCR MONITORING: PROGRAM POLICIES & PROCEDURES

- Key area that can trip grantees up: **CLIENT TERMINATION POLICY**
 - A policy is needed for the HCMS program as well as the shelter.
 - It must be an established formal policy with a process that recognizes individual rights with the following requirements:
 - Grantees may terminate assistance if the client violates the rules (only in severe cases).
 - Grantees may provide assistance at a later date to previously terminated clients.
 - Client signed documentation the client received a copy of the policy
 - If a client is terminated, we look for proof the policy was followed (example: letter provided to the client outlining why they were terminated).



DEHCR MONITORING: PROGRAM POLICIES & PROCEDURES

- Key area that can trip grantees up:
**HMIS & COMPARABLE DATABASE
REQUIREMENTS**
 - All clients must be entered into the HCMS program even if all clients in the shelter are part of the HCMS program.

*Request from DEHCR & ICA:
If your program ends, please let DEHCR & ICA
know. Reach out to your Grants Specialist and
Jennifer Allen with the update.*



DEHCR MONITORING: AGENCY POLICIES & PROCEDURES

- Your contract has a full list. Here are some key ones we look for:

Accessibility Practices

Does the agency have ways to communicate with those with little/no English? How does the agency make an effort to be accessible to people with disabilities including vision loss, hearing loss, physical/mobility concerns, and learning disabilities.



Drug Free Workplace Policy

Must include that DEHCR be notified within 10 days of receiving notice a covered employee has been convicted of a criminal drug violation in the workplace.



DEHCR MONITORING: AGENCY POLICIES & PROCEDURES

- Your contract has a full list. Here are some key ones we look for:

Residency Requirements

There shall be no requirement homeless individuals or families have to be residents of the state or locality to receive shelter and support services, nor shall their resident status impact their allowed length of stay.

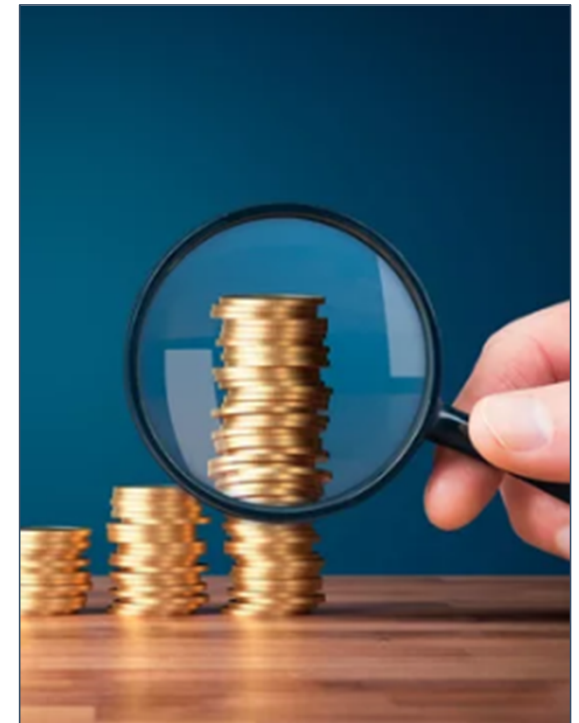
Involuntary Family Separation & Identification

All individuals or groups of individuals regardless of age, gender identification, sexual orientation, and marriage status identifying as a family must be served as such by programs serving families. There can be no involuntary separation. There can be no documentation requirement or need for “proof” of family, gender identification, and/or sexual orientation.



DEHCR MONITORING: FINANCIALS

- We are looking for proof of how your agency manages the grants funds including your record retention policy and method of tracking funding sources separately.
- Plus, we will ask at minimum for the following:
 - 1-month's worth of expenditures (itemized list with backup).
 - Timesheets and payroll records (clearly showing funding sources).



DEHCR MONITORING: CLIENT FILES – UPDATED PROCESS

- When DEHCR sends the monitoring notification we'll ask for a list of clients in the program (typically identified by their HMIS ID and entry/exit dates), and we'll choose a minimum of 3 client files to review.
- Files must be sent securely through DEHCR's Drop Box or other secure means. They cannot be sent by email.
- Copies of social security cards, driver's licenses, or birth certificates should never be kept in client files.



DEHCR MONITORING: CLIENT FILE ELEMENTS

- At the time of monitoring DEHCR will provide a list of elements to include in each client file. Crucial elements will include:

1. Intake/ Assessment form:

- We are looking to see whether there was an initial assessment done of the client's needs.

2. Documentation of client's eligibility:

- Searching for a file that documents the client meets one of the four eligible client categories.
- Client signed documentation required.***

3. One or more key focus areas of intensive case management services provided:

- Easiest way to show this is to tick the boxes on the client file checklist we'll provide when monitoring.

4. Termination procedure (provided & followed):

- A signed statement from the client stating they received the termination procedure is the best way to show it was provided. Please include a copy of the document as well.
- If the client is terminated, include all correspondence with the client to show the procedure was followed.

5. Certification of entry into HMIS:**

- Please provide a printout of the client's entry and exit date from the HCMS program and the client's entry and exit date from the shelter.

*DEHCR reserves the right to modify all elements.



**Or HMIS comparable database.

RESOURCES

- New website: [DEHCR Homeless Case Management Services Grant \(HCMS\) \(wi.gov\)](#)
- Program Manual (on website)
- Your Contract
- Please reach out to us!



Emily Bourne

Grant Specialist - DEHCR
Emily.Bourne@Wisconsin.gov
(608) 261-7068



Jennifer Allen

HMIS Manager - ICA
jennifer.allen@icalliances.org
(920) 857-6837





THANK YOU. QUESTIONS?



TIME FOR A
BREAK

