

November 8, 2011

LIHEAP Working Group (LWG)

10:15 AM

CSD

Attendees: Jason Wimbley, Val Martinez, Mary Rhine, Melissa Martin, Arleen Novotney, Kathy Ely, Joan Graham, Ed Ocampo, Lynn Wiley, Don Williams, Linda McQueen, Lynda Timbers

Program Planning: LIHEAP is not a solid figure but around \$3.4-3.6 Billion so far.

How will this group tie into of the network for the planning and implementation of the LIHEAP program and changes. Much of the monitoring visits have prompted the need to discuss the program and possible changes with this group. These discussions will be to be responsive to the HHS concerns.

Agency Define/VP:

☺CSD had flagged by HHS several issues. The alternate year policy came to the fore front. HHS found this at CRP where it was implemented to spread the funding to more qualified households. HHS felt this was unfair to VPs and those that may need services. If this were to be implemented then it should be across the state.

The defense was that only 7% of the low-income Population could be served at any year. HHS still felt that VPs would still need to be considered. The agency defined categories must consider first VPs then others. HHS would prefer categories for the state and within the categories the agencies can define points or priorities. The negative points were not an issue but the agency defined that was not consistent was a problem.

In the state plan there was only a mention of the local plan. It has been requested to have the state go into more detail on the local plans. The details need to be reflected in the state plan. Most of the problem of HHS is the exclusionary factor of for instance, the every other year criteria.

There is a negative feeling by local agencies on a standardized plan. The network will have a problem with the loss of local control. This needs to be sent to HHS that local control is a necessity. CSD got a legal opinion from the AG. CSD defended the need for local control and this opinion is back to HHS.

As long as the state is consistent throughout there can be some compromise. So CSD should describe the local plans in the state plan. The states can define vulnerable pops. This can be done locally and placed into the state plan. This would better support the local plans to have the varied categories in the plan. CSD needs to understand the list of priorities. The LWG can go through the categories.

How the agencies process the clients and apply the local plans need some oversight. The whole process of prioritization will cause many unhappy clients who may be denied.

Categories: Local control on how to assign points, plus or minus.

Medical Needs

-Special medical needs

- Medical
- Health and Safety
-
- Immediate Financial Hardship
 - Lost Job
 - Unemployed
 - Disasters
 - Emergency Crisis
 - Service Disconnection
- Working Poor; no or limited assistance
 - Single Parent
- Vulnerable Populations
 - Seniors
 - Frail/Elderly/Homebound
 - Elderly/Health/80 years +
 - Disabled
 - Living alone
 - Children under 6 years;
 - Children 6-17 years
- High Energy Burden
- Special Vulnerable Pops:
 - Veterans/Military
 - American Indian
 - Farm/Seasonal Worker
 - Remote Geographic Location
 - Hard to Reach
- Special Circumstances: Plus or Minus
 - Client Service History
 - +New Client
 - Repeat Client – served every year
 - +HH not served in the last 2-3 years
 - Referrals
 - Partnership referrals
 - Housing
 - Subsidized; utility allowance, section 8, HUD
 - Unsubsidized
 - Home Weatherized
 - Home not Weatherized
 - High residential energy user
 - Special fuels
 - Cost of energy

The state is currently defined by HHS as running on an alternate year policy. Do we want to adopt this as a state or through local level? No because it is taken care of in the priority point system for local agency plans.

Fast Track Benefit Levels: 2013 year

Should the maximum benefit level be changed, lowered. County by county have had very different payment levels. Some agencies have a maximum benefit less than the allowable \$1,000. There has been a reduction in large payments from 2009 to 2011. This probably happened because of the increase in funding in 2009. Agencies have

since prolonged the program with smaller payments per household and less maximum benefits. The agencies should be careful to not have many maximum benefit payments. CSD should leave the \$1,000 maximum and allow the agencies to determine the use of this maximum and how much their payments should be according to the local plan.

If the client has a bill larger than the payment level they are asked to pay the balance before the HEAP or FT can be paid. What kind of payment schedule can accommodate this? The payments will have to be monitored by the agency.

The reports on county and agency spending will be sent to all agencies. They can look and determine whether they would recommend the reduction of HEAP and FT payments. Will the agencies want to have a payment reduction because there will be a reduction in the funding? What impact will this have on the agencies? CSD will look at the maximum average in the system. The \$1,000 maximum should stay the same for FT. Agencies can reduce their payments if they decide to.

Income Eligibility for LIHEAP vs. DOE:

CSD may not be in sync between LIHEAP and DOE. If the grantees decide to use the basis they would have to use the eligibility across the board. But in HH with 7 people there is a difference that does not qualify.

After 7 persons the percentage increase is set at 3%. The other person levels are set by HHS. DOE has a set percentage increase per person. This is what the difference is caused by.

Right now in 2011 the DOE is at 75 % of FedPov. HHS has a higher level that states can choose to meet the DOE guidelines. Can a WX regular DOE guideline be set? Since the regular DOE is small and could be done separately. This way they would be separated from LIHEAP leverage. The agencies track households that are different and do not meet either LIHEAP or DOE.

Under the state median income guidelines the LIHEAP would be set in HH from 1 to 6. From 7 in the HH it would be the same as the DOE guideline.

CSD will run scenarios and the LWG will take a look at the possibilities. This will have to be done for 2012.

SHPO Funding for LIHEAP

Since SHPO was new, it was necessary to fund this through State funding. Going forward the cost will have to come out of program funds. CSD has paid \$4 million to DGS for the current services from the consultants. This has been reduced as of today. With the cuts in funding CSD will also have a cut in admin. This is for a full formal review.

Option 1 Agencies will take over the payment for SHPO. This is now hard to estimate how much should be set aside by the agencies because this is a new cost. Right now CSD gets one invoice from the consultant. This cost is for only formal reviews.

If an agency overestimates it cannot be returned.

Option 2 CSD can send a tool to agencies to estimate the possible costs. The amount

of this can be taken off the top the total grant. This has to be a good estimate because they cannot take any more after it is exhausted.

Option 3 CSD transition the SHPO services slowly to the agencies. Then they can get a vendor list for agencies to use as consultants. This will give local control over the cost of SHPO.

The 45 years need to be revisited. This is 50 years for the state.

The agencies will need the procurement needs/specs, what they are asked to do for SHPO (process) and rates from CSD on what is needed by any entity.

ACCES will check in LA on cost of reviews from local reviewers.

Adjournment: 3:03 PM

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2013 Program Planning:

The SHPO qualification for the reviews was passed out. There is a varied amount of qualifications needed for this position.

The process that CSD follows will be needed regardless of who does the review, DGS or a local provider. All documents that are needed for approval will still be needed for any review. The automatic approval will also remain the same process. If a full review is triggered then it would be sent back either to DGS or the local provider if one exists.

All must go through SHPO review even though it is in a district that is not designated as historic.

More research is needed to either decentralize the SHPO or the old way through DGS/CSD.

- This should be decentralized and billed as a line item. This is a measure to do program activities and billed.

- This also could be a hybrid so if there are areas that cannot access a reviewer then they could use CSD/DGS. There is a county list online for contractors and can be accessed for each agency.

CSD will determine SHPO expense and share with network. They will revise the local plan requirements to remove the SHPO estimate.

List of contractors at CA State parks: http://ohp.parks.ca.gov/?page_id=1068

See list below:

**OFFICE OF HISTORIC PRESERVATION
DEPARTMENT OF PARKS AND RECREATION**

1725 23rd Street, Suite 100
SACRAMENTO, CA 95816-7100
(916) 445-7000 Fax: (916) 445-7053
calshpo@parks.ca.gov
www.ohp.parks.ca.gov


**THE CALIFORNIA HISTORICAL RESOURCES
INFORMATION SYSTEM**

The following institutions are under agreement with the Office of Historic Preservation to:

1. Integrate information on new Resources and known Resources into the California Historical Resources Information System.
2. Supply information on resources and surveys to government, institutions, and individuals who have a need to know.
3. Supply a list of consultants qualified to do historic preservation fieldwork within their area.

COORDINATOR: Mr. Eric Allison, Associate Information Systems Analyst, (916) 445-7044

Ms. Vicky Bates, Coordinator North Coastal Information Center Yurok Tribe 15900 Highway 101 N Klamath, CA 95548	(707) 482-1822 Fax (707) 482-1722 vbates@yuroktribe.nsn.us Del Norte, Humboldt	Dr. Antoinette Martinez, Coordinator Northeast Information Center 123 West 6 th Street, Suite 100 Chico, CA 95928	Attn: Amy Huberland, Asst Coordinator (530) 898-6256 No Fax neinfocntr@csuchico.edu http://www.csuchico.edu/neic Butte, Glenn, Lassen, Modoc, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity
Ms. Leigh Jordan, Coordinator Northwest Information Center Sonoma State University 150 Professional Center Drive, Suite E Rohnert Park, CA 94928	Office (707) 588-8455 Cell (707) 799-7313 No Fax leigh.jordan@sonoma.edu www.sonoma.edu/nwic Alameda, Colusa, Contra Costa, Lake, Marin, Mendocino, Monterey, Napa, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Yolo	Ms. Sally Torpy, Coordinator North Central Information Center California State University, Sacramento 6000 J Street, Adams Building, Suite #208 Sacramento, CA 95819-6100	(916) 278-6217 Fax (916) 278-5162 ncic@csus.edu http://www.csus.edu/hist/centers/ncic Amador, El Dorado, Nevada, Placer, Sacramento, Yuba
Dr. Lynn Gamble, Coordinator Central Coast Information Center Department of Anthropology University of California, Santa Barbara Santa Barbara, CA 93106	(805) 893-2474 Fax (805) 893-8707 centralcoastinfo@gmail.com San Luis Obispo Santa Barbara	Ms. Elizabeth A. Greathouse, Coordinator Central California Information Center Department of Anthropology California State University, Stanislaus One University Circle Turlock, CA 95382	(209) 667-3307 Fax (209) 667-3324 egreathouse@csustan.edu Alpine, Calaveras, Mariposa, Merced, San Joaquin, Stanislaus, Tuolumne
Ms. Stacy St. James, Coordinator South Central Coastal Information Center California State University, Fullerton Department of Anthropology 800 North State College Blvd. P.O. Box 6846 Fullerton, CA 92834-6846	(657) 278-5395 Fax (657) 278-5542 sccic@fullerton.edu http://anthro.fullerton.edu/sccic/ Los Angeles, Orange, Ventura	Dr. Brian Hemphill, Coordinator Southern San Joaquin Valley Information Center California State University, Bakersfield 9001 Stockdale Highway (46MEC) Bakersfield, CA 93311	Attn: Celeste Thomson (661) 654-2289 Fax (661) 654-2415 ssivic@csusb.edu Fresno, Kern, Kings, Madera, Tulare
Ms. Jaime Lennox, Coordinator South Coastal Information Center San Diego State University 4283 El Cajon Blvd. Suite 250 San Diego, CA 92105	(619) 594-5682 Fax (619) 594-4483 jaimel@scic.org http://scic.org Imperial, San Diego	Ms. Robin Laska, Acting Coordinator San Bernardino Archeological Information Center San Bernardino County Museum 2024 Orange Tree Lane Redlands, CA 92374	(909) 307-2669 ext. 255 Fax (909) 307-0689 rlaska@sbcn.sbcounty.gov San Bernardino
		Dr. M. C. Hall, Coordinator Eastern Information Center c/o Dept. of Anthropology University of California Riverside Riverside, CA 92521-0418	Attn: Rachel Jacobus (951) 827-5745 Fax (951) 827-5409 eickw@ucr.edu Inyo, Mono, Riverside

(8/31/11)

Topics for the 2012 program:

1) Review of priority plan; and survey results and how to implement your priority plans

2) Intake needs an increase; for 2012 with so many increased documentations. Now only 2% is allowed and should be increased to 5% as a maximum to accommodate the additional verifications on each application. This was a finding for CSD that intake should be an administration cost. Jan Fox did issue a guidance that intake is not an admin function and in 2005 it was placed as a state program expenditure.

Increased work load:

- Denial letters
- Appeals
- Priority functions; all clients have the right to apply
- Intake costs for homebound clients
- Increase labor and benefit cost

*Goal for CSD to do this- next 30days

3) Medical Not Counted: CSD will research why under SSA it is (medical costs, i.e. Medicare) exempt but not for anyone else. CSD will research federal legislation.

Recommendation: To have this exempt across the board not just for Social Security, because it is an issue of equity. If this does happen it can increase more clients, which will play into the need for the intake increase.

4) HEAP expenditure tracking; Agencies need to monitor and be monitored for total expenditure.

Recommendation: This will be a guidance memo sent out by CSD to the LSPs as this is an internal control that should be in place. This will also be mentioned at the LIHEAP providers meeting to educate the EDs that this is an issue. CSD will also consult with staff internally to train CSD staff on this issue.

5) Internal Controls; Survey LSPs to find out what internal controls are currently in place and ask for responses with examples. As a follow-up to the priority plan what internal controls are in place? What t find out what is happening and to create a model of how these should be in place. At a minimum what do you have to have, this is better, and what are the best practices.

Sub-Topics to the overall Internal Controls

- preventing fraud and abuse (2013)
 - Long term model in preventing fraud and abuse a best practice model
- whistle blower** policies and state obligations, written guidelines of how CSD handles this issue what is the process (CSD internal Guidance that is externally communicated to LSPs)
- Conflict of Interest (2013)
- Providing services to staff-** how do other states handle this and how are providers handling this
 - CSD will talk to legal and develop a guidance to share with the LSPs

2,3,4,5 are priorities for the 2012 program

Priorities for 2013: Complete by June 2012

1) Cost Reimbursements; The labor costs do not cover all costs. LIHEAP measures used to have a measure credit but now there are only a few measures that have this reimbursement. So without most of the measures having an adequate reimbursement many agencies are losing money with LIHEAP.

2) Eligibility/Priority Plan--- 2013 Discussion on income levels; 150% of poverty levels vs. 60 SMI

-Discussion on categorical exemptions (TANF, SSI, Food Stamps) Review of all current eligibility standards

Income Levels Sub-Categories

2.1 Income Levels

2.2 Categorical Exempt

2.3 Income Verification

2.4 Priority Plan

2.5 Asset Planning

3) 2013 Heat and Eat Impact: AB 6; the impact to the program

4) Social Security number verification; some states actually verify SS# for all clients. This can be very costly at the state level.

Other issues:

-Discussion on Asset Testing

-Income Verification; (what is the actual gross income) Medicare is deducted from SS but for those that receive medical benefits on their income, it is not deducted from the gross.

-Citizenship issue

-Local area is the largest place for fraud. Staff or Board members applications should be approved by the ED. All files must be reviewed. The review must be extensively reviewed so staff applying does not have anything to do with the job or payment. A list should be kept of all staff that had received any services through the agency. 990s must declare any Board members receiving services through the agency.

-Policy and Procedure (P&P) Development: should be a T&TA workshop.

-Fraud Training for agencies; how do the agencies proceed if fraud is discovered for either staff or for clients.

-conflict of interest and internal controls- in 2012 this will be done through guidance's and as a training component through the ACCES contract

-Overall Program Efficiencies:

- Internal controls

Contract is Different Than Policy:

- Recertification

- Eligibility Guide should be updated to include recertification policy

Next Meeting: December 6th 9-12

Adjournment: 11:40 AM