



# **2022 CoC Program Monitoring Instruction Manual**

Updated: September 2022



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## Introduction and Purpose

This instruction manual contains all the information agencies need to prepare for All Chicago's monitoring. **Agencies are strongly encouraged to read this document in its entirety.**

All Chicago views monitoring as a collaborative process that results in positive growth for partner agencies and our community's homeless response system.

The objectives of this Chicago Continuum of Care (CoC) Program Monitoring are to:

- Create an opportunity for agency staff to learn about Department of Housing and Urban Development (HUD) regulations, stay up to date on changes to regulations or compliance expectations, gain clarity on the implementation of complex regulations, and ensure compliance with HUD regulations
- Provide agencies and their programs with an individualized review of high priority compliance areas resulting in guidance and technical assistance (TA)
- Address and help resolve performance concerns related to policies, procedures, and outcomes
- Coordinate sharing of best practices that emerge from the monitoring process
- Ensure there is consistency in how agencies/projects implement their CoC-funded programs
- Support the Chicago CoC in performing well and remaining nationally competitive

All Chicago's monitoring team is available to provide clarification about any part of the monitoring process. Please reach out with any questions.

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## Monitoring Process Overview

1. **Notification** – beginning of the monitoring process
2. **Training/setting expectations for the process** – coordinated by All Chicago; an opportunity to gain clarity about the process
3. **Monitoring questionnaire** – completed by the agency to submit necessary information for the review
4. **Client file upload** – completed by the agency to submit necessary information for the review
5. **Review** – a 1 to 2 week process completed by All Chicago
6. **Entrance conference** – a meeting between All Chicago and the agency to discuss the agency's review
7. **Exit conference** – a meeting between All Chicago and the agency to wrap up any remaining review questions and highlight monitoring results



- 8. **Monitoring report** – provided by All Chicago
- 9. **Post monitoring tasks** (i.e., technical assistance and performance improvement plan) – completed by the agency, as needed

## Timeline

The agency will receive an individual timeline with the monitoring notification. Generally, the timeline will follow the structure below:

Step	Expectation
Notification	At least 4 weeks before the file review
Monitoring questionnaire	Due 2 weeks ahead of the file review
Client file upload	Due 1 business day before file review
Entrance conference	During the week of the file review
Exit conference	Within 2 weeks after the file review
Monitoring report	Within 3 weeks of the file review
Post-monitoring tasks	To follow the exit conference

## Agency Selection

All Chicago uses the following criteria to select agencies for its monitoring:

- The agency has not been monitored by All Chicago
- The agency has not been monitored by HUD within the past couple of years
- The agency recently had a low score on the Local Evaluation Instrument
- The agency recently received medium or high concern in any areas of the Intent to Renew
- The agency has shown other performance concerns

Agencies that wish to be monitored by All Chicago may contact Jennifer Fabbrini, Manager of Monitoring and Technical Assistance, at [jfabbrini@allchicago.org](mailto:jfabbrini@allchicago.org). If capacity allows, All Chicago will monitor agencies that volunteer or suggest to monitor the agency in the near future.

## Monitoring Format (Virtual vs. Site-based)

In 2020, All Chicago began conducting virtual monitoring to ensure safety of staff due to the Covid-19 pandemic. The virtual process has since received highly positive feedback from partner agencies.

In 2022, All Chicago will conduct program monitoring virtually. **To comply with the virtual monitoring process successfully, agencies should review this instruction manual and the file upload instructions that will be provided separately.**



## Period Under Review

The period under review is determined by the date of the monitoring notification. Specifically, the period under review will be set to at least three months before and up to four years ahead the date of the monitoring notification. For example, if the monitoring notification is received on June 1, 2022, then All Chicago would randomly select participants for a file and HMIS data entry review who entered the program between June 1, 2018 and March 1, 2022.

## Monitoring Questionnaire

Agencies will be asked to complete a Monitoring Questionnaire form in Alchemer. Through this form, agencies will provide information necessary to complete this monitoring process. To access the Monitoring Questionnaire, All Chicago will provide agencies with a unique username and password for each project (if more than one) allowing agencies to complete the Project Information section for each project. The Agency Information and Staff List sections only need to be completed once. All Chicago will pre-populate the Project Information section with information that is available. Agencies should fill in any blank fields and correct any pre-populated information that is incorrect or outdated.

A link to the Monitoring Questionnaire will be provided separately. However, a list of questions in the Monitoring Questionnaire is shown below. Agencies may use this section to prepare their responses ahead of submitting the Alchemer form.

### **Basic Information About the Person Completing the Monitoring Questionnaire**

1. Name
2. Title
3. Email
4. Phone Number
5. Agency Name

### **Agency-Level Questions**

1. Please upload any agency policies and procedures offering guidance to agency staff regarding documentation of homelessness. These may include but are not limited to priority for obtaining evidence of homelessness, time period that should be covered, information that should be included, expectations to document attempts to acquire documentation. This information may be covered in multiple policies including the agency's intake procedures. If uploading a large document or multiple documents, please indicate the specific pages, or highlight relevant sections.
2. Please upload agency policies and procedures pertaining to documentation of lead-based paint (LBP) basic safety practices. These can include the LBP disclosure, LBP safety pamphlet, LBP screenings and inspections, and training for conducting visual inspections. If uploading a large



document or multiple documents, please indicate the specific pages, or highlight relevant sections.

3. Please upload agency policy and procedures pertaining to guidance on how participant leases should be arranged based on the different program types at the agency. For example, projects with rental assistance should have leases between the program participant and the landlord. Does the agency have any policy or procedure detailing how agency staff should complete leases and how agency staff should review them to ensure they are compliant with HUD guidance. If uploading a large document or multiple documents, please indicate the specific pages, or highlight relevant sections.
4. Does the agency have an Emergency Recordkeeping Policy and Procedure? If so, please upload it. If this information is a part of a larger document, please indicate the specific pages, or highlight the specific language.

**Staff List**

Please submit a list of staff members who work on the agency’s HUD CoC-funded project(s) to be used for selection of a staff member for the Staff Interview component of this monitoring. In the list of staff, please include all staff members and managers involved in the delivery of the program and its services (i.e., case managers, intake staff, housing specialists, clinical staff, etc.). You do not need to include staff that indirectly support the project (i.e., finance department, human resources, etc.). Provide the following details for each staff member:

- First and last name
- Title
- Which HUD CoC projects does the staff member support?
- approximate length of employment at the agency
- and the approximate length of employment in the current role (if the person’s role has changed since becoming employed at the agency)

To upload this list, you may use the following as an example :

<b>Name (First and Last)</b>	<b>Title</b>	<b>HUD CoC-funded project(s) supported</b>	<b>Length of employment (approximate)</b>	<b>Length in current role (approximate)</b>



### **Input from Persons of Lived Experience Responses in the LEI**

- a. Based on the agency’s answer to the question “Which of the following did the agency use to seek input from participants at least once in 2021” in the 2022 LEI, please upload evidence of the methods the agency selected. For example, if the agency indicated using a survey, please upload a summary of the results. If the agency indicated using a town hall, please include an attendance record. The agency should upload evidence for each method indicated in the LEI. If there may be confusion as to what evidence supports a particular method, please upload a short explanation.

The methods selected by the agency in the LEI will be populated in the form.

### **Project-Level Questions**

These questions must be answered for each HUD CoC-funded project. Use the grant that starts in 2022 and ends in 2023, unless the project has not yet started for this time period, in which case use the grant that started in 2021 and ends in 2022.

1. Project Name (HUD CoC Grant Name)
2. Does the agency internally refer to the project by any other name?
3. HMIS ID & HMIS Project Name
4. Project Pin (i.e., six digits such as IL1234)
5. HUD Program Model Type
6. How old is the grant?
7. Did the agency inherit the grant? If so, when?
8. Are any units dedicated to the chronically homeless? If so, how many?
9. Does the agency own the units?
10. Is the housing project-based or scattered-site?
11. If the program has a rental assistance budget, is the rental assistance tenant-based, project-based, or sponsor-based rental assistance?
12. Does this program combine funding from other sources? If so, please explain the sources, what the other funding supports, and if there are any conflicting funding requirements.
13. Does the program serve families?
14. Does the program have a special population focus? If so, please describe.
15. Upload a case load list. This list should identify the HMIS ID and the name of the case manager for all the current program participants.
16. Upload a copy of the most recent executed grant agreement and any grant amendments.
17. Was any of the pre-populated information incorrect? Please let us know what you corrected.
18. Please provide any additional information you would like us to know about the project.



## Targeted Monitoring Components

This section details the content of the targeted monitoring and the steps agencies need to take to prepare and comply with the monitoring process.

The targeted monitoring will include five components (listed below) with multiple topics under each component. There is some overlap of topics between components.

### 1. File Review

The participant file review component involves review of participant files for compliance with recordkeeping regulations. Agencies will be asked to upload specific forms and documents for a number of randomly selected participants.

The following section provides a list of specific documents agencies will need to upload, sets expectations for the number of files All Chicago will review, and provides guidance for uploading documents as part of the virtual monitoring.

#### List of Forms/Documents Under Review

This chart contains a complete list of forms/documents under review. Please refer to the ‘File Naming Protocol’ column for instructions on naming documents before uploading them. Agencies that do not use HMIS, should use the same file naming protocol, however, instead of HMID ID, each file should start with the participant ID.

File Review Section	Applies to which project types?	Form / Document to Upload	File Naming Protocol
<b>Homeless Documentation</b>	All project types	(See File Review Evaluation Criteria for list of possible documentation to submit.) Documentation must establish homeless status at time of participant’s enrollment into the project.	HMIS ID_Homeless
<b>Chronic Homeless Documentation</b>	PSH only	Homeless documentation (above) AND Chronic Homelessness Verification Packet AND disability documentation	HMIS ID_Homeless; HMIS ID_CH Packet; HMIS ID_Disability
<b>Intake Documentation</b>	All project types	Intake form AND/OR other documentation detailing a participant’s entry into a program, such as acceptance letter OR signed acceptance of rules/regulations for the program, if part of the program intake procedures	HMIS ID_Intake; HMIS ID_Program Acceptance
<b>Lease, Sublease, or Occupancy Agreement</b>	All project types	Lease, sublease, or occupancy agreement	HMIS ID_Leasing



<b>Lead-Based Paint (LBP) Documentation</b>	All project types	LBP disclosure from the landlord, AND evidence that lead safety pamphlet was provided (unless included with the lease, sublease or occupancy agreement), such as a signed acknowledgement of receipt, AND (if applicable) LBP screening or inspection	HMIS ID_LBP Disclosure HMIS ID_LBP Screening HMIS ID_LBP Pamphlet
<i>The following documents support the HMIS Data Entry Component</i>			
<b>HMIS Consent Forms</b>	All project types	Submit the original signed client consent and supplemental forms from when the participant entered the project.	HMIS ID_Consent; HMIS ID_Supplemental  (both forms together) HMIS ID_All Consent
<i>Relevant supplemental information regarding any part of the file or HMIS entry</i>			
<b>All Sections</b>	All project types	For any documentation you are uploading, upload all relevant case notes that will be useful for the reviewer (for example, a note that documents attempt at contact).	HMIS ID_Case Note_Date

### File Review Evaluation Criteria

This section contains the questions All Chicago will use to evaluate participant files during the file review component. These questions will be completed for participants from each of the agency’s HUD CoC-Funded projects. The Chronic Homeless Documentation section is only applicable to PSH projects; the other sections are applicable to all projects. Each question indicates the procedures used by All Chicago to select which files to evaluate. This section also outlines the type of feedback agencies will receive on each question.

### Homeless Documentation

**Question:** Does the file contain adequate documentation of homelessness that covers the participant’s time of entry into the program?

1. For program participants who qualified as homeless because:
  - their primary nighttime residence was a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground, or
  - they were living in a supervised shelter designed to provide temporary living arrangements

Does the file include one of the following forms of documentation?

- a. HMIS record(s) or comparable database
- b. Written referral by another housing or service provider
- c. Written physical observations of where the individual was or is currently living by staff and written record of reasonable efforts to obtain HMIS record or written referral

- d. Certification by the individual or head of household seeking assistance and written record of reasonable efforts to obtain HMIS record or written referral

**Possible reasons for not meeting the expectation of this question:** File lacks acceptable form of homeless documentation; participant doesn't meet homeless eligibility criteria; homeless documentation does not cover the time of entry into the program; homeless eligibility information in HMIS conflicted with information in the file; conflicting information about the participant's eligibility is found in different parts of the file; it is unclear from the homeless documentation what eligibility criteria the participant met; self-certification is not signed.

2. For program participants who qualified as homeless because:
  - they were exiting an institution where they resided for 90 days or less, and had resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

Does a review of program participant files confirm that they were in the institution 90 days or less as evidenced by:

- a. discharge paperwork or written or oral referral from a social worker, case manager, or other appropriate official of the institution, stating the beginning and end dates of the time residing in the institution, or
- b. a written record of the intake worker's due diligence in attempting to obtain the information above and a written certification by the individual seeking assistance that stated he or she is exiting (or has just exited) the institution where he or she resided for 90 days or less?

**Possible reasons for not meeting the expectation of this question:** File lacks documentation of institutional stay; Documentation indicates the participant resided in the institution 90 days or more; Documentation does not cover time period immediately prior to enrollment in the program; Documentation does not clearly support that the participant resided in an institution.

3. For program participants who qualified as homeless because:
  - they were exiting an institution where they resided for 90 days or less and had resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

Does a review of program participant files confirm that the program participant resided in a shelter or place not meant for human habitation immediately prior to entering the institution, as evidenced by:

- a. a written referral by another housing or service provider, or
- b. a printed record from HMIS or a comparable database used by victim service providers or legal service providers, or
- c. a written observation by an outreach worker of the conditions where the individual or family was living, or
- d. written certification by the individual or head of household seeking assistance?



**Possible reasons for not meeting the expectation of this question:** File lacks documentation of participant's homeless eligibility prior to institutional stay. Documentation does not demonstrate the participant experienced literal homelessness immediately prior to the institutional stay. Documentation does not cover the time period immediately preceding the institutional stay.

4. Where the program participant qualified under:
- paragraph (4) of the definition of homeless
  - and was served by a victim service provider

Do the records show that either the program participant or the intake worker certified in writing that the individual or head of household made an oral statement that the program participant:

- a. was fleeing, or attempting to flee, domestic violence, dating violence, sexual assault or stalking, or other dangerous or life-threatening conditions that relate to violence; and
- b. lacked the resources or support networks necessary to obtain other permanent housing; and
- c. had not identified other subsequent residence?

**Possible reasons for not meeting the expectation of this question:** Neither program participant or intake worker certified the head of household's oral statement in writing; The certified oral statement does not meet the specified criteria; Participant was required to obtain unnecessary documentation to support their domestic violence status.

5. Where the program participant qualified under:
- paragraph (4) of the definition of homeless
  - and was served by an organization that is not a victim service provider

Do the records contain the required documentation and support for the program participant's oral statement that the program participant or family:

- a. was fleeing, or attempting to flee, domestic violence, dating violence, sexual assault or stalking, or other dangerous or life-threatening conditions that relate to violence; and
- b. lacked the resources or support networks necessary to obtain other permanent housing; and
- c. had not identified other subsequent residence?

Additionally, does the documentation of the program participant's oral statement include:

1. a written certification by the head of household that the statement is true and complete; and
2. a written observation of the intake worker or a written referral by a housing or service provider, legal assistance provider, social worker, health care provider, law enforcement agency, pastoral counselor, or any other organization from whom the program participant had sought assistance for domestic violence, dating violence, sexual assault, or stalking. (This written referral or observation



need only include the minimum amount of information required to document that the individual or family is fleeing domestic violence, dating violence, sexual assault or stalking and is not required if obtaining or maintaining this information would have jeopardized the program participant’s health or safety).

**Possible reasons for not meeting the expectation of this question:** Neither program participant or intake worker certified the head of household’s oral statement in writing. The certified oral statement does not meet the specified criteria. Participant was required to obtain unnecessary documentation to support their domestic violence status. The documentation does not include written certification that the statement is true and complete. The documentation does not include a written observation or written referral.

- 6. Where the program participant qualified under:
  - category 2 imminent risk of homelessness

Do the records contain documentation of the following:

- a. documentation that housing will be lost within 14 days, including any of the following:
  - 1) notice of eviction or equivalent legal document, or
  - 2) proof of inability to continue to pay for hotel or motel, or
  - 3) statement by youth stating they cannot remain at their current location?

AND written or oral verification from owner or renter of housing obtained by intake worker OR documentation of intake worker’s attempts to verify information.

- b. Documentation that the participant has no safe alternative housing, no financial or other resources, and no family or other support networks. This can be self-certified.

**Applicability:** All project types and all participants. Each participant will fall into a specific category according to their individual situation.

**Possible reasons for not meeting the expectation of this question:** File lacks documentation that housing will be lost. Documentation that the participant has no safe alternative, and no other resources or support networks is missing. Documentation indicates the participant is not at imminent risk of homelessness. Documentation does not cover time period immediately prior to enrollment in the program.

**Capturing Review Results for Homeless Documentation**

Condition	# Files
a. Documentation is present but insufficient.	
b. No homeless documentation in the file.	
c. Participant does not meet homeless eligibility criteria for the program model type.	



**Evaluation Criteria:**

- Zero Concern: all files met requirements
- Low Concern: any number of files in category a
- Medium Concern: 1 or 2 files in categories b or c
- High Concern: 3 or more files in categories b or c

**Feedback:**

- Concern Level
- Do the files demonstrate practices that are consistent with agency policies/procedures ?

Chronic Homeless Documentation

**Question:** Where chronic homelessness is required for entry into a project (e.g., Permanent Supportive Housing), does a review of program participant files confirm that there is acceptable evidence of the qualifying household’s chronic homeless status at time of entry and that the recipient complied with the Chicago CoC Chronic Homelessness Verification Packet?

**Applicability:** PSH projects. Participants who entered after the project’s 2017 grant start date.

**Possible reasons for not meeting the expectation of this question:** Participant does not meet the chronic homeless definition. Chronic Homelessness Verification Packet was not completed. Chronic Homelessness Verification Packet was not completed correctly. Disability documentation insufficient. homeless status documentation insufficient. Length of homelessness documentation insufficient.

**Capturing Review Results for Chronic Homeless Documentation**

Condition	# Files
a. Insufficient documentation of one factor (disability, homeless status at entry, or length of time homeless).	
b. Insufficient documentation of two factors (disability, homeless status at entry, or length of time homeless).	
c. Insufficient documentation of three factors (disability, homeless status at entry, and length of time homeless).	
d. Verification was found in the file that demonstrates the participant was not chronically homeless.	

**Evaluation Criteria:**

- Zero Concerns: all files met requirements
- Low Concern: any number of files in condition a or b
- Medium Concern: 1 or 2 files in condition c or d
- High Concern: 3 or more files in condition c or d

**Feedback:**

- Concern Level
- Do the files demonstrate practices that are consistent with agency policies/procedures ?



Lead-Based Paint Documentation

**Question:** Does a review of program participant files show evidence of compliance with basic lead-based paint (LBP) safety requirements?

Where applicable, does the participant file include:

- a. LBP disclosure, and
- b. LBP screening/inspection, and
- c. LBP pamphlet (sometimes included with a lease)?

IF the unit is built before 1978 and will be occupied by a child under 6 years old, then does the participant file also include:

- d. Evidence of annual inspection for participants with leases that have been renewed?

**Applicability:** All project types and all participants.

**Possible reasons for not meeting the expectation of this question:** Participant file doesn't have LBP disclosure, or if it is present, is not completed before the move in date, or is not signed. LBP screening/inspection is not present, or it is not completed prior to the move in date. LBP pamphlet is not present, or there is no evidence it was shared with the participant. If the participant has renewed their lease, there is no evidence that a LBP screening/inspection was completed.

**Capturing Review Results for Lead-based Paint Documentation**

Condition	# Files
a. Documentation is present but insufficient.	
b. No lead-based paint documentation in the file.	

**Evaluation Criteria:**

- Zero Concerns: all files met requirements
- Low Concern: all files in condition a only
- Medium Concern: 1 or 2 files in condition b
- High Concern: 3 or more files in condition b

**Feedback:**

- Concern Level
- Do the files demonstrate practices that are consistent with agency policies/procedures ?

Leasing Arrangement Documentation

**Question:** Does a review of program participant files show evidence that leases, subleases, or occupancy agreements were completed between the appropriate parties depending on the program funding type?



1. If the program receives leasing funding, are participant leases, subleases, or occupancy agreements between the program participant and the program agency?
2. If the program receives rental assistance funding, is the lease between the program participant and a landlord?

**Applicability:** All project types and all participants.

**Possible reasons for not meeting the expectation of this question:** A lease is not present in the participant’s file. The participant in a program with leasing funding has a lease in their file between the program participant and a landlord. The participant in a program with rental assistance funding has a lease in their file between the program participant and the program agency.

**Capturing Review Results for Leasing Arrangement Documentation**

Condition	# Files
a. Documentation is present but insufficient.	
b. No lease documentation in the file.	

**Evaluation Criteria:**

- Zero Concerns: all files met requirements
- Low Concern: 1 or 2 files in condition a or b
- Medium Concern: 3 or 4 files in condition a or b
- High Concern: 5 or more files in condition a or b

**Feedback:**

- Concern level
- Do the files demonstrate practices that are consistent with agency policies/procedures ?

**File Selection**

The agency will be asked to upload a case load list for each project as part of the Monitoring Questionnaire (see Monitoring Questionnaire section). All Chicago will use this information to select how many, and which files will be reviewed.

Number of Files

All Chicago will select how many files will be reviewed (per project) based on the following factors:

- 1) the number of HUD CoC-funded projects that the agency has
- 2) the number of program models that agency has

For agencies with one to three projects, five files will be reviewed per project.

For agencies with four or more projects, a minimum of two files will be reviewed per project if there



are at least two projects of the same program model type. A minimum of five files will be reviewed if there is only one project of that model type at the agency.

### Other Selection Criteria

Files will be selected for participants as outlined in the Period Under Review section (above). Whenever possible, All Chicago will also select files from a variety of each project's case managers, if there is more than one.

### Uploading Documents

The agency will be asked to upload documents selected for the file review component of this monitoring. For the purpose, All Chicago will create a SharePoint folder that the agency staff will be able to access. As soon as the agency has received access to its SharePoint folder, All Chicago strongly advises that agency staff test their ability to upload files to the folder so that any technical challenges can be resolved before documents are due to be uploaded.

Please refer to the file upload instructions when you are ready to begin uploading documents. Those will be provided separately.

Agencies will receive a list of participants whose files are selected for review around the time SharePoint folder access is granted. Within the SharePoint folder, agencies will find a subfolder for each participant who has been selected. Agencies should upload the requested documents into each participant's folder and use the requested file naming protocols (see List of Forms/Documents Under Review).

Files must be uploaded by the due date provided along with the monitoring notification.

## 2. Policy and Procedure Review

The policy and procedure component involves review of specific policy and procedure language that guides agency operations. This section will detail the policy and procedure topics under review and the criteria All Chicago will use to evaluate them.

To submit policy and procedure language under review, All Chicago asks that agencies complete a Monitoring Questionnaire form in Alchemer. The form will allow agencies to upload the requested information. The 'Monitoring Questionnaire' section in this instruction manual detail the questions in the form and include submission instructions.

## List of Policies and Procedures Under Review

Policy and Procedure Review Section	Applies to which project types?	Form / Document to Upload	File Naming Protocol
<b>Homelessness Documentation</b>	All project types	Policy and procedures providing guidance to agency staff regarding the documentation of homelessness. These may be in the agency's intake or other policies and procedures. The policies and procedures may include priority for obtaining evidence of homelessness and other homelessness documentation expectations.	AGENCY_Intake
<b>Lead-Based Paint Documentation</b>	All project types	Policy and procedures for documenting and ensuring lead-based safety. This can include lead-based paint (LBP) inspections, LBP pamphlet inclusion with a lease, and addressing exposure to LBP.	AGENCY_Lead
<b>Lease Arrangement</b>	All project types	Policy and procedures providing guidance to agency staff regarding how to arrange leases (i.e., between the agency and the landlord, between the program participant and landlord) depending on the type of funding the program receives (i.e., leasing, rental assistance).	AGENCY_Lease

## Policy Review Evaluation Criteria

### Priority for homelessness documentation

**Question 1:** Do the agency's written policies and procedures establish the order of priority for obtaining evidence of homelessness and/or at-risk of homelessness as: (1) third-party documentation; (2) intake worker observations; and (3) self-certification?

**Applicability:** All project types and all participants.

**Possible reasons for not meeting the expectation of this question:** There is no mention of priority for obtaining evidence of homelessness and/or at risk of homelessness in the agency's intake procedures.

#### **Evaluation Criteria:**

- No Concern: Priority language is present.
- Concern: Priority language is not present, or it is present, but insufficient.

#### **Feedback:**

- Concern Level
- Reasoning



**Question 2:** Do the agency's written policies and procedures provide agency staff with expectations for obtaining and documenting participant's experience of homelessness.

For example, do agency policies and procedures cover topics including, but not limited to:

- The time period documentation should cover
- The information that should be captured in third party written verification
- The expectation to document attempts to acquire documentation

**Applicability:** All project types and all participants.

**Possible reasons for not meeting the expectation of this question:** There is no policy and procedure establishing expectations for obtaining and documenting experience of homelessness.

**Evaluation Criteria:**

- No Concern: Expectations for obtaining and documenting experience of homelessness are present and sufficient.
- Concern: Expectations for obtaining and documenting experience of homelessness are not present, or present, but insufficient.

**Feedback:**

- Concern Level
- Reasoning

#### Lead-based Paint Documentation

**Question:** Does the agency have policies and procedures regarding basic lead-based paint safety regulations?

Does the agency have policies and procedures regarding:

- a. Providing and/or documenting LBP disclosure, and
- b. Provision of LBP safety pamphlet along with each lease, and
- c. Conducting and documenting lead-based paint (LBP) screenings/inspections, and
- d. Determining whether it is necessary to conduct an inspection prior to lease signing or renewal?

IF the program has units that need to be visually inspected:

- e. Completing the HUD Certified Visual Assessor Training for staff conducting visual inspections?

**Applicability:** All project types and all participants.

**Possible reasons for not meeting the expectation of this question:** The agency does not have policies and procedures regarding conducting LBP screening/inspections and documenting them in participant files. The agency does not have policies and procedures ensuring that program participants receive the LBP pamphlet. The agency does not have policies and procedures ensuring that participants receive a LBP disclosure and that the disclosure is documented in participant files. The agency does not have



policies and procedures ensuring that a LBP screening/inspection is conducted each time a lease is renewed. The agency doesn't have policies and procedures ensuring staff who conduct visual inspections (if applicable) complete the appropriate training and certification.

**Evaluation Criteria:**

- No Concern: Policies and procedures address basic LBP regulations.
- Concern: Policies and procedures are present, but insufficient, OR policies and procedures are not present.

**Feedback:**

- Concern Level
- Reasoning

Lease Arrangement

**Question:** Does the agency have policies detailing how agency staff should arrange leases depending on the type of funding the program receives?

Does the agency have policies outlining that:

- a. Programs with leasing funding should have a master lease with a landlord, AND program participants should have subleases or occupancy agreements with the agency.
- b. Programs with rental assistance funding should have leases between program participants and landlords AND contracts between the agency and the landlord.

**Applicability:** All project types and all participants.

**Possible reasons for not meeting the expectation of this question:** The agency does not have policies outlining how participant leases should be arranged based on the program funding type.

**Evaluation Criteria:**

- No Concerns: Policies and procedures address lease arrangement based on funding type.
- Concern: Policies and procedures are present, but insufficient, OR policies and procedures are not present.

**Feedback:**

- Concern Level
- Reasoning

Connection with the Local Evaluation Process

In the Persons of Lived Experience Section of the Local Evaluation Instrument, agencies were asked:

Which of the following did the agency use to seek input from participants **at least once in 2021**?  
(Check all that apply.)

- Survey
- Advisory council
- Townhalls, community/resident meeting
- Representative with lived experience on the Board of Directors
- Suggestion box
- Other method of actively seeking input (specify):

If your agency is selected for CoC Monitoring in 2022, you may be asked to provide evidence of your response to this question. For example, if the agency indicates a survey was administered, All Chicago may ask to see the results. If the agency indicates a townhall occurred, All Chicago may ask for attendance sheets, meeting notes, or other documentation.

Agencies will be asked to upload evidence of their responses to this question in the Monitoring Questionnaire.

### Persons of Lived Experience Question Evaluation Criteria

**Question:** Does the agency have evidence to support its responses to the question regarding methods for seeking input from participants in the LEI?

**Applicability:** All project types and all participants.

**Possible reasons for not meeting the expectation of this question:** Evidence of seeking input from participants is not present, lacking, or differs from what the agency indicated in the LEI.

**Evaluation Criteria:**

- No Concern: Evidence is present.
- Concern: Evidence is not present, insufficient, or differs from what the agency indicated in the LEI.

**Feedback:**

- Concern Level
- Reasoning

### 3. HMIS Data Entry Review

The HMIS data entry review component involves a review of entries in HMIS that should:

- 1) be present
- 2) align with the physical participant files



All Chicago will perform the HMIS data entry review using a sub-selection of participants from the file review component. Agencies do not need to provide anything beyond uploading documents requested in the file review component.

The HMIS data entry review will cover the following:

- Referral date
- Enrollment date
- Prior living situation
- ROI/consent/supplemental consent date
- Move-in date

### HMIS Data Entry Review Evaluation Criteria

**Question:** Where applicable, are HMIS data entries for selected participants present and consistent with their physical files?

For each selected participant, are the following entries (where applicable) present:

- a. Referral date, and
- b. Enrollment date, and
- c. Prior living situation, and
- d. ROI/consent/supplemental consent date, and
- e. Move-in date?

In addition, are the following consistent with physical files:

- a. Does the enrollment date in HMIS match with:
  - a. Date of first contact for Outreach programs evidenced by case notes or other documentation
  - b. Date the participant first stayed in a shelter for Emergency Shelter programs evidenced by any documentation
  - c. Date the participant moved into the residential project for Safe Heaven and Transitional Housing programs evidenced by intake or other documentation
  - d. Date the participant was admitted or enrolled into the program for Permanent Housing and Rapid Re-Housing programs evidenced by intake or other documentation, and
- b. Does the ROI date match with the date on the HMIS data sharing consent form, and
- c. Does the move-in date match with the move-in date listed on the lease, sublease, or occupancy agreement?
- d. Does the prior living situation match with the living situation documented on the intake form or other documentation?

**Applicability:** All project types and all participants.



**Possible reasons for not meeting the expectation of this question:** HMIS data entries are not present.  
HMIS data entries are present, but inconsistent with physical files.

**Capturing Review Results for Leasing Arrangement Documentation**

Condition	# Files
a. HMIS data entries are present, but inconsistent with physical documents	
b. HMIS data entries are not present	

**Evaluation Criteria:**

- Zero Concerns: all HMIS data entries meet requirements
- Low Concern: 1 to 3 participant files in condition a
- Medium Concern: 1 to 3 files in condition b AND any number in condition a
- High Concern: 4 or more files in condition b AND any number in condition a

**Feedback:**

- Concern level
- Do the files demonstrate practices that are consistent with agency policies/procedures?

**4. Performance Data Review**

All Chicago is piloting a performance data review component as part of this monitoring process this year. As part of this component, All Chicago will review performance data with a selection of metrics and discuss how the program meets applicable HUD/system goal expectations during the monitoring entrance and exit conferences. This review component is informational and will not lead to designating concerns, however, it may result in recommended TA.

In 2022, All Chicago will review data for the following metrics:

1. Exit to permanent destinations – of those who exit a program, the percent who move to permanent housing
  - a. Source: HUD APR, Q23c
  - b. Expectation: Chicago CoC system goal
2. Increase in income – percent of participants (stayers) with new or increased income (both earned and non-employment)
  - a. Source: HUD APR, Q19a1
  - b. Expectation: Chicago CoC system goal

As part of the discussion, these are some questions All Chicago will ask:

- Are program data accurate and up to date?
- Are metric data reflective of program performance?
- What agency/program processes impact the metric data?
- What challenges, if any, does the program face with respect to these metrics?



- What successes has the program experienced with respect to these metrics? Are there any best practices the agency has linked to these successes?

This monitoring component will follow these steps:

1. All Chicago will review performance data for the agency programs using data from the 2022 Local Evaluation Process (LEI) prior to the agency entrance conference.
2. During the Entrance Conference, All Chicago will seek to discuss data accuracy, agency/program processes related to the metrics, and how the program data compare to expectations or system averages.
3. During the Exit Conference, All Chicago will seek to discuss challenges and successes related to the metrics.

## 5. Staff Interview

All Chicago will conduct a 30-minute staff interview covering implementation of best practices and approaches. The agency will be asked to submit a staff list as part of the Monitoring Questionnaire so that All Chicago can randomly select a staff member for the interview. Agency staff do not need to prepare for this interview. Maximum scheduling flexibility will be provided.

## Emergency Recordkeeping and HUD COVID-19 Waivers

If an agency’s documentation and recordkeeping standards were impacted by the COVID-19 pandemic, an Emergency Recordkeeping Policy is required. Agencies are asked to upload a copy of the agency’s policy when submitting the Monitoring Questionnaire. All Chicago will reference each agency’s procedures when reviewing files.

Beginning in March 2020, HUD made available a series of regulatory waivers to assist affected Community Planning and Development (CPD) program beneficiaries and program eligible households to prevent the spread of COVID-19 and to mitigate against the economic impact caused COVID-19 for eligible households. A full list of waivers available to CoC-funded programs is found [here](#). The chart below is a list of file components that All Chicago will be reviewing and for which requirements have changed due to the available waivers. This chart outlines what the project should upload to demonstrate compliance with waiver requirements. If a project did not use a waiver, then the usual requirements will be evaluated instead.

File Review Section Impacted	Applicable Waiver	Summary of change due to Waiver	File Naming Protocol
Chronic homeless documentation (PSH only)	Disability documentation	Waiver first issued 3/31/20. If using this waiver, provide all the following: a copy of each notification the agency made to HUD for this waiver, the agency’s emergency recordkeeping	HUD Waiver Notification_Date; Agency Name_Emergency Recordkeeping; HMIS

		policies and procedures, the self-certification of disability that is allowed instead of 3 <sup>rd</sup> party documentation, and a file notation outlining use of the waiver for the participant.	ID_Disability Doc; HMIS ID_Disability File Notation
<b>Homeless documentation</b>	Homeless Definition – Temporary Stays in Institutions of 90 Days or Less	Waiver first issued 9/30/20. If a participant entered the program after exiting an institution where they resided for more than 90 days but less than or equal to 120 days, provide all the following: a copy of each notification the agency made to HUD for this waiver, the agency’s emergency recordkeeping policies and procedures, a file notation outlining use of the waiver for the participant, documentation of institutional stay and homelessness prior to institution (see <i>Targeted File Review Tool A(1)(ii-iii)</i> ).	HUD Waiver Notification_Date; Agency Name_Emergency Recordkeeping; HMIS ID_Institution File Notation; HMIS ID_Homeless Doc

## Post-Monitoring Steps

### Monitoring Report

Following the Exit Conference, All Chicago will issue a Monitoring Report. The report will include detailed feedback regarding each monitoring component and recommended steps to address concerns, if necessary.

This instruction manual outlines the criteria that All Chicago uses to review each monitoring component in the sections above. Not meeting a set of criteria will cause a level of concern to be applied to the topic. The levels of concern are: zero concern, low concern, medium concern, and high concern, or no concern and concern. A missing file earns an automatic high level of concern. Projects that receive zero concerns across all topics of review have no additional steps to complete after receiving the report.

If a project receives any low, medium, or high levels of concern, All Chicago will inform the agency of the Technical Assistance that will be made available. If a project receives a medium or high level of concern, there will be Technical Assistance and a Performance Improvement Plan. In cases where there are significant findings, All Chicago may adjust this process to better suit identified needs and priorities.

### Technical Assistance

Technical Assistance will be offered through a combination of virtual TA sessions, training, and resource sharing. In some instances, multiple agencies may be invited to attend group sessions with other agencies needing similar assistance.



The TA plan will follow the following structure and include as many areas as necessary:

Category	TA Activity	Status of Completion

### Performance Improvement Plan

To address any medium or high-level concerns, agencies will be asked to submit a Performance Improvement Plan (PIP) to All Chicago outlining the steps the program will take to mitigate the concerns going forward. The PIP will be due 30 days after the agency receives the Monitoring Summary Report. A conference call will be scheduled between the agency staff and All Chicago staff to review the PIP and make modifications as necessary. Approximately three months after the PIP is developed, All Chicago will check in with the agency and ask for a progress report.

Agencies can use the following template to draft a PIP:

Performance Improvement Plan (PIP)					
Deficiency or Area Needed Improvement	Corrective Action Steps / Measures	Person (S) Responsible	Action Due Date	Date Resolved	Progress to Date

The following will occur for agencies that:

- are required to develop a PIP but do not demonstrate adequate progress through progress reports, or
- are required to develop a PIP and do not:
  1. All Chicago monitoring staff will provide two reminders or schedule two check-in appointments. If the issue still remains, All Chicago will advance to step #2.
  2. All Chicago monitoring staff will consult with the All Chicago Executive Team.
  3. All Chicago monitoring staff will consult with the Collaborative Applicant Committee (CAC).
  4. CAC and the All Chicago Executive Team will make a recommendation on the next step, which may include informing the CoC Board.