

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

MODEL PLAN

PUBLIC LAW 97-35, AS AMENDED

FISCAL YEAR (FY) 2015 (Proposed)

GRANTEE Iowa

EIN: 42-0919127 State of Iowa—Iowa Department of Human Rights

ADDRESS Iowa Department of Human Rights/D.C.A.A.

Bureau of Energy Assistance

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LAST DETAILED MODEL PLAN FILED: FY 2013

PLEASE CHECK ONE: TRIBE  STATE  INSULAR AREA

Department of Health and Human Services  
Administration for Children and Families  
Office of Community Services  
Washington, D.C. 20447

**Section 1**

**Program Components, 2605(a), 2605(b)(1) – Assurance 1, 2605(c)(1)(C)**

1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)

Dates of Operation

- |                                     |                           |                        |                      |
|-------------------------------------|---------------------------|------------------------|----------------------|
| <input checked="" type="checkbox"/> | Heating assistance        | Start date: 10/01/2014 | End date: 04/30/2015 |
| <input type="checkbox"/>            | Cooling assistance        | Start date:            | End date:            |
| <input checked="" type="checkbox"/> | Crisis assistance         | Start date: 10/01/2014 | End date: 09/30/2015 |
| <input checked="" type="checkbox"/> | Weatherization assistance | Start date: 10/01/2014 | End date: 09/30/2015 |

**Estimated Funding Allocation, 2604(c), 2605(k)(1), 2605(b)(9), 2605(b)(16) – Assurances 9 and 16**

1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: **The total of all percentages must add up to 100%.**

60 % heating assistance

       % cooling assistance

7 % crisis assistance

15 % weatherization assistance

5 % carryover to the following Federal fiscal year

10 % administrative and planning costs

2.92 % services to reduce home energy needs including needs assessment (Assurance 16)

.08 % used to develop and implement leveraging activities

100 % **TOTAL**

**Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C)**

1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:

- Heating assistance
- Weatherization assistance
- Cooling assistance
- Other (specify): Remaining winter crisis component will remain in the ECIP component that includes furnace repair/replacement, emergency cooling, along with pre-purchase of liquid propane.

**Categorical Eligibility, 2605(b)(2)(A) – Assurance 2, 2605(c)(1)(A), 2605(b)(8A) – Assurance 8**

1.4 Do you consider households categorically eligible if one household member receives one of the following categories of benefits in the left column below?  Yes  No

	Heating	Cooling	Crisis	Weatherization
SNAP				
TANF				
SSI				
Means-tested veteran's program				
Other (Specify): _____				

1.5 Do you automatically enroll households without a direct annual application?

- Yes  No -- If yes, explain:

Verification of income will be waived when the household meets all the following criteria:

1. The household was approved and income documentation obtained within the last three program years, and major sources of income are unchanged.
2. At least one member of the household is 60 years of age or older or is disabled.
3. Major income sources are fixed benefits such as SSA, SSI, VA, and pensions.
4. Savings of all types are \$15,000, or less.

A returned Automatic Eligible (AE) letter, signed by the client attesting to the above criteria must be included in every file, along with the application. When it is determined that a household meets these criteria, the CAA will approve the application at the appropriate assistance level utilizing information from the previous application. If there is a change in the household status, and it does not affect the four criteria listed above, the household will still be considered automatically eligible.

The three year recertification requirement also includes a face-to-face meeting **every third year** with the head of household, or person holding power-of-attorney for head of household.

If the head of household is homebound, the face-to-face requirement may be waived. However, to the extent possible, agencies should try to arrange a home visit. The agency may use a mailable application in lieu of a home visit for a homebound applicant.

1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts? N/A

**SNAP Nominal Payments**

1.7 Do you allocate LIHEAP funds toward a nominal payment for SNAP clients?

Yes     No

Amount of Minimal Assistance: \$ \_\_\_\_\_

Frequency of Assistance:

- Once per year
- Once every five years
- Other (describe): \_\_\_\_\_

**Determination of Eligibility – Countable Income**

1. In determining a household’s income eligibility for LIHEAP, do you use gross income or net income?

- Gross Income
- Net Income

2. Select all of the applicable forms of countable income used to determine a household’s income eligibility for LIHEAP.

- Wages
- Self-employment income
- Contract income
- Payments from mortgage or sales contracts
- Unemployment Insurance
- Strike pay

- Social Security Administration (SSA) benefits
- Including MediCare deduction       Excluding MediCare deduction
- Supplemental Security Income (SSI)
- Retirement / pension benefits
- General Assistance benefits
- Temporary Assistance for Needy Families (TANF) benefits
- Supplemental Nutrition Assistance Program (SNAP) benefits
- Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits
- Loans that need to be repaid
- Cash gifts
- Savings account balance
- One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.
- Jury duty compensation
- Rental income
- Income from employment through Workforce Investment Act (WIA)
- Income from work study programs
- Alimony
- Child support
- Interest, dividends, or royalties
- Commissions
- Legal settlements
- Insurance payments made directly to the insured
- Insurance payments made specifically for the repayment of a bill, debt, or estimate

- Veterans Administration (VA) benefits
- Earned income of a child under the age of 18
- Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.
- Income tax refunds
- Stipends from senior companion programs, such as VISTA
- Funds received by household for the care of a foster child
- Ameri-Corp Program payments for living allowances, earnings, and in-kind aid.
- Reimbursements (for mileage, gas, lodging, meals, etc.)
- Other

DRAFT

**Section 2 - HEATING ASSISTANCE**

**Eligibility, 2605(b)(2) – Assurance 2**

2.1 Designate The income eligibility threshold used for the heating component:

2014 HHS poverty income level 150 \_\_\_\_\_ %

**OR**

FY 2015 state’s median income \_\_\_\_\_ %

2.2 Do you have additional eligibility requirements for **HEATING ASSISTANCE?**

Yes  No

2.3 Check the appropriate boxes below and describe the policies for each.

- |  | <u>Yes</u>                          | <u>No</u>                           |
|--|-------------------------------------|-------------------------------------|
| ● Do you require an assets test?                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| ● Do you have additional/differing eligibility policies for: |                                     |                                     |
| ● Renters?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| ● Renters living in subsidized housing?                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| ● Renters with utilities included in the rent?               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| ● Do you give priority in eligibility to:                    |                                     |                                     |
| ● Elderly?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| ● Disabled?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| ● Young children?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| ● Households with high energy burdens?                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| ● Other?   | <input type="checkbox"/>            | <input type="checkbox"/>            |

**Determination of Benefits, 2605(b)(5) – Assurance 5, 2605(c)(1)(B)**

2.4 Describe how you prioritize the provision of heating assistance to vulnerable households, e.g., benefit amounts, application period, etc.

Early Application Process explained in 1.5. Additionally, only households with an elderly and/or disabled member, or households facing disconnection of service, can apply starting October 1<sup>st</sup>. All others can apply starting November 1<sup>st</sup>.

2.5 Check the variables you use to determine your benefit levels. (Check all that apply):

- Income
- Family (household) size
- Home energy cost or need:
  - Fuel type
  - Climate/region
  - Individual bill
  - Dwelling type
- Energy burden (% of income spent on home energy)
  - Energy need
  - Other (Describe)

**Benefit Levels, 2605(b)(5) – Assurance 5, 2605(c)(1)(B)**

2.6 Describe benefit levels:

\$ 40 \_\_\_\_\_ Minimum benefit

\$ 680 \_\_\_\_\_ Maximum benefit

Our benefit matrix is based on a point system. The \$40 - \$680 is based on current point value of \$40 per point.

2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits?

Yes  No -- If yes, describe.

**Section 3: COOLING ASSISTANCE**

N/A

**Eligibility, 2605(c)(1)(A), 2605(b)(2) – Assurance 2**

3.1 Designate the income eligibility threshold used for the cooling component:

2014 HHS poverty income level \_\_\_\_\_%

**OR**

FY 2015 median income \_\_\_\_\_%

3.2 Do you have additional eligibility requirements for **COOLING ASSISTANCE**

Yes  No

3.3 Check the appropriate boxes below and describe the policies for each.

	<u>Yes</u>	<u>No</u>
● Do you require an assets test?	<input type="checkbox"/>	<input type="checkbox"/>
● Do you have additional/differing eligibility policies for:		
● Renters?	<input type="checkbox"/>	<input type="checkbox"/>
● Renters living in subsidized housing?	<input type="checkbox"/>	<input type="checkbox"/>
● Renters with utilities included in the rent?	<input type="checkbox"/>	<input type="checkbox"/>
● Do you give priority in eligibility to:		
● Elderly?	<input type="checkbox"/>	<input type="checkbox"/>
● Disabled?	<input type="checkbox"/>	<input type="checkbox"/>
● Young children?	<input type="checkbox"/>	<input type="checkbox"/>
● Households with high energy burdens?	<input type="checkbox"/>	<input type="checkbox"/>
● Other?	<input type="checkbox"/>	<input type="checkbox"/>

3.4 Describe how you prioritize the provision of cooling assistance to vulnerable households, e.g., benefit amounts, application period, etc.

**Determination of Benefits, 2605(b)(5) – Assurance 5, 2605(c)(1)(B)**

3.5 Check the variables you use to determine your benefit levels. (Check all that apply):

- Income
- Family (household) size
- Home energy cost or need
  - Fuel type
  - Climate/region

- Individual bill
- Dwelling type
- Energy burden (% of income spent on home energy)
- Energy need
- Other (describe)

**Benefit Levels, 2605(b)(5) – Assurance 5, 2605(c)(1)(B)**

3.6 Describe benefit levels:

\$\_\_\_\_\_ Minimum benefit \$\_\_\_\_\_ Maximum benefit

3.7 Do you provide in-kind (e.g. fans, air conditioners) and/or other forms of benefits?

Yes     No -- If yes, describe.

**Section 4: CRISIS ASSISTANCE,**

**Eligibility - 2604(c), 2605(c)(1)(A)**

4.1 Designate the income eligibility threshold used for the crisis component:

2014 HHS poverty income level 150 \_\_\_\_\_ %

**OR**

FY 2015 state median income \_\_\_\_\_ %

4.2 Provide your LIHEAP program's definition for determining a crisis. Our Procedural Manual lists allowable crisis measures with expenditure limits. Those allowable measures address the following crisis situations: non-working furnace, temporary need for alternate shelter, disconnected from utility service, empty tank, disconnection from utility service imminent, tank less than 20% remaining, and when medically necessary provides a window air conditioning unit or repair of existing central air unit.

4.3 What constitutes a life-threatening crisis? When a household is facing a crisis situation listed above during a time of extreme weather.

**Crisis Requirements, 2604(c)**

4.4 Within how many hours do you provide crisis assistance that will resolve the energy crisis for eligible households? 48 \_\_\_\_\_ Hours

4.5 Within how many hours do you provide crisis assistance that will resolve the energy crisis for eligible households in life-threatening situations? 18 \_\_\_\_\_ Hours

**Crisis Eligibility, 2605(c)(1)(A)**

4.6 Do you have additional eligibility requirements for **CRISIS ASSISTANCE?**

Yes      No

4.7 Check the appropriate boxes below and describe the policies for each.

	<u>Yes</u>	<u>No</u>
● Do you require an assets test?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
● Do you give priority in eligibility to:		
● Elderly?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
● Disabled?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
● Young children?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- Households with high energy burdens?
- Other?

● In order to receive crisis assistance:

- Must the household have received a shut-off notice or have a near empty tank?
- Must the household have been shut off or have an empty tank?
- Must the household have exhausted their regular heating benefit?
- Must renters with heating costs included in their rent have received an eviction notice?
- Must heating/cooling be medically necessary?
- Must the household have non-working heating or cooling equipment?
- Other?

● Do you have additional/differing eligibility policies for:

- Renters?
- Renters living in subsidized housing?
- Renters with utilities included in the rent?

**Determination of Benefits**

4.8 How do you handle crisis situations?

- Separate component
- Fast Track
- Other Depends on the crisis. Priority to apply is given to households that are in crisis.

4.9 If you have a separate component, how do you determine crisis assistance benefits?

- Amount to resolve crisis, up to a maximum of \$ \_\_\_\_\_

Other All allowable crisis measures have expenditure limits outlined in procedural manual.

### **Crisis Requirements, 2604(c)**

4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?

Yes       No

4.11 Do you provide individuals who are physically disabled the means to:

■ Submit applications for crisis benefits without leaving their homes?

Yes       No If yes, explain.

Each CAA is required to have at least one outreach office in every county. In addition to its normal outreach functions, each CAA will authorize its workers to take applications in a potential client's home as well as at local community, church and elderly centers.

■ Travel to the sites at which applications for crisis assistance are accepted?

Yes       No      o If yes, explain.

### **Benefit Levels, 2605(c)(1)(B)**

4.12 Indicate the maximum benefit for each type of crisis assistance offered.

Winter Crisis      \$\_\_\_\_\_ maximum benefit

Summer Crisis      \$\_\_\_\_\_ maximum benefit

Year-round Crisis      \$\*\_\_\_\_\_ maximum benefit

\*1) Repair /replace Furnace - \$1,500 if work is in conjunction with the Wx Program  
\$3,000 if work is NOT done in conjunction with WX Program

2) Temporary Shelter/space heater - \$200

3) Emergency Fuel Delivery - \$500

4) Emergency Reconnect - \$500

5) Service Continuity - \$500

6) Emergency Cooling - \$350

All stated dollar amounts are maximum allowed.

A household cannot receive, alone, or in combination, more than \$750 in benefits for items 3, 4, or 5, in any current program year.

4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?  
 Yes       No If yes, describe.

4.14 Do you provide for equipment repair or replacement using crisis funds?  
 Yes       No

4.15 Check appropriate boxes below to indicate type(s) of assistance provided:

	Winter Crisis	Summer Crisis	Year-round Crisis
Heating system repair	x		X
Heating system replacement	x		X
Cooling system repair		x	X
Cooling system replacement		x	X
Wood stove purchase			
Pellet stove purchase			
Solar panel(s)			
Windmill(s)			
Utility poles / Gas line hook-ups			X
Other (Specify): _____			

4.17 Do any of the utility vendors you work with enforce a winter moratorium on shut offs?  
 Yes       No \_\_\_\_\_

4.18 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.

State law provides that all households certified eligible for energy assistance (LIHEAP) and/or Weatherization (WX) are protected from disconnection of the household's natural gas and electric service from November 1 through April 1. This law applies to every utility in the state.

**Section 5: WEATHERIZATION ASSISTANCE**

**Eligibility, 2605(c)(1)(A), 2605(b)(2) – Assurance 2**

5.1 Designate the income eligibility threshold used for the weatherization component:

2014 HHS poverty income level   150  %

**OR**

FY 2015 state median income                   %

5.2 Do you enter into an interagency agreement to have another government agency administer a **WEATHERIZATION component?**     Yes     No

5.3 Name the agency. \_\_\_\_\_

5.4 Is there a separate monitoring protocol for weatherization?     Yes     No

**WEATHERIZATION - Types of Rules**

5.5 Under what rules do you administer LIHEAP weatherization? (Check only one.)

Entirely under LIHEAP (not DOE) rules

Entirely under DOE WAP (not LIHEAP) rules

Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ: (Check all that apply.)

Income Threshold

Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days.

Weatherization of shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities) is permitted.

Other (describe)Any furnace repair/replacement must be done according to WX standards. LIHEAP eligibility is 150% FPL and Wx eligibility is 200% FPL. LIHEAP Wx is for homeowners only and Wx does homeowners and renters.

Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ: (Check all that apply.)

Income Threshold

Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.

- Weatherization measures are not subject to DOE Savings to Investment Ratio (SIR) standards.
- Other (describe)

**Eligibility, 2605(b)(5) – Assurance 5**

- |  | <u>Yes</u>                          | <u>No</u>                           |
|--|-------------------------------------|-------------------------------------|
| 5.6 Do you require an assets test?                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5.7 Do you have additional/differing eligibility policies for: |                                     |                                     |
| • Renters?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| • Renters living in subsidized housing?                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 5.8 Do you give priority in eligibility to:                    |                                     |                                     |
| • Elderly?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| • Disabled?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| • Young children?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| • Households with high energy burdens?                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| • Other?   | <input type="checkbox"/>            | <input type="checkbox"/>            |

**Benefit Levels**

5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household?  
 Yes       No

5.10 What is the maximum amount? \$3,000 for work done NOT in conjunction with Wx and \$1,500 for work done in conjunction with WX.

**Types of Assistance, 2605(c)(1), (B) & (D)**

5.11 What LIHEAP weatherization measures do you provide? (Check all categories that apply.)

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Weatherization needs assessments/audits | <input checked="" type="checkbox"/> Cooling system replacement |
| <input type="checkbox"/> Caulking and insulation                            | <input type="checkbox"/> Energy related roof repair            |
| <input type="checkbox"/> Install storm windows                              | <input type="checkbox"/> Major appliance repairs               |
| <input checked="" type="checkbox"/> heating system repairs                  | <input type="checkbox"/> Major appliance replacement           |
| <input checked="" type="checkbox"/> Heating system replacement              | <input type="checkbox"/> Install windows/sliding glass doors   |
| <input checked="" type="checkbox"/> Cooling system repairs                  | <input type="checkbox"/> Install doors (interior/exterior)     |

- |  |   |
|--|---|
| <input type="checkbox"/> Install water heater        | <input type="checkbox"/> Compact florescent light bulbs |
| <input type="checkbox"/> Water conservation measures | <input type="checkbox"/> Other ( describe)              |

**Section 6: Outreach, 2605(b)(3) – Assurance 3, 2605(c)(3)(A)**

6.1 Select all outreach activities that you conduct that are designed to assure that eligible households are made aware of all LIHEAP assistance available:

Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.

Publish articles in local newspapers or broadcast media announcements.

Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.

Mass mailing(s) to prior-year LIHEAP recipients.

Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.

Execute interagency agreements with other low-income program offices to perform outreach to target groups.

Other ( specify):

**Section 7: Coordination, 2605(b)(4) – Assurance 4**

7.1 Describe how you will ensure that the LIHEAP program is coordinated with other programs available to low-income households (TANF, SSI, WAP, etc.)

- Joint application for multiple programs
- Intake referrals to/from other programs
- One-stop intake centers
- Other – describe:

**Section 8: Agency Designation, 2605(b)(6) – Assurance 6**

8.1 How would you categorize the primary responsibility of your State agency?

- Administration Agency
- Commerce Agency
- Community Services Agency
- Energy/Environment Agency
- Housing Agency
- Welfare Agency
- Other – describe:

**Alternate Outreach and Intake, 2605(b)(15) – Assurance 15**

8.2 How do you provide alternate outreach and intake for **HEATING ASSISTANCE**?

Community Action Agencies are required to have at least one outreach office in every county. In addition to its normal outreach functions, each CAA will authorize its workers to take applications in a potential client’s home as well as local community, church, and elderly centers.

8.3 How do you provide alternate outreach and intake for **COOLING ASSISTANCE**?

See 8.2

8.4 How do you provide alternate outreach and intake for **CRISIS ASSISTANCE**?

See 8.2

	<u>Heating</u>	<u>Cooling</u>	<u>Crisis</u>	<u>Weatherization</u>
Who determines client eligibility?	CAA	CAA	CAA	CAA
Who processes benefit payments to gas and electric vendors?	CAA	CAA	CAA	N/A
Who processes benefit payments to bulk fuel vendors?	CAA	CAA	CAA	N/A
Who performs installation of weatherization measures?	CAA	CAA	CAA	CAA

8.5 What is your process for selecting local administering agencies? Preference is given to community action agencies.

8.6 How many local administering agencies do you use? 18

8.7 Have you changed any local administering agencies from last year?

Yes  No

8.8 Why?

- Agency was in noncompliance with grantee requirements for LIHEAP
- Agency is under criminal investigation
- Added agency
- Agency closed
- Other - describe

**Section 9: Energy Suppliers, 2605(b)(7) – Assurance 7**

9.1 Do you make payments directly to home energy suppliers?

Heating  Yes  No

Cooling  Yes  No

Crisis  Yes  No

Are there exceptions?  Yes  No

Direct payments are made to households whose heat is included in their rent.

9.2 How do you notify the client of the amount of assistance paid? A determination letter is given to clients at the time of application.

9.3 How do you assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment?

This is included as a provision in our vendor agreements, and monitored for compliance.

9.4 How do you assure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHEAP assistance?

This is included as a provision in our vendor agreements, and monitored for compliance.

9.5 Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households?  Yes  No. If so, how?

**Section 10: Program, Fiscal Monitoring, and Audit, 2605(b)(10) – Assurance 10**

10.1. How do you ensure good fiscal accounting and tracking of LIHEAP funds?

The Contractor hereby assures and certifies to comply with regulations, policies, guidelines and requirements of Office of Management and Budget (OMB) Circulars No. A-102, A-128, A-122, A-87 and A-110, and 47 CFR, No. 129, as they relate to use of federal funds for this project.

LAAs will be monitored by state personnel on a regular basis to ensure regulation compliance. On-site visits to selected LAAs and their outreach offices will be conducted throughout the program year.

Monthly reporting requirements will help provide information necessary to determine whether or not LAAs are in compliance with program and fiscal regulations.

The state will prepare/obtain financial and compliance audits of the Energy Assistance Program annually pursuant to the Single Audit Act of 1984. The audits will be conducted in accordance with the Comptroller General’s standards for audit of governmental organizations and programs, by an organization or person independent of agencies administering LIHEAP activities. The audits will be made public on a timely basis. The Auditor of State will submit the audits to the legislature and Department of Health and Human Services within 30 days after completion.

**Audit Process**

10.2. Is your LIHEAP program audited annually under the Single Audit Act and OMB Circular A-133?

Yes     

10.3. Describe any audit findings rising to the level of material weakness or reportable condition cited in the A-133 audits, Grantee monitoring assessments, inspector general reviews, or other government agency reviews of the LIHEAP agency from the most recently audited federal fiscal year.

Finding	Type	Brief Summary	Resolved?	Action Taken
1				
2				
3				
4				
5				

10.4. Audits of Local Administering Agencies

- What types of annual audit requirements do you have in place for local administering agencies/district offices?
  - Local agencies/district offices are required to have an annual audit in compliance with the Single Audit Act and OMB Circular A-133.
  - Local agencies/district offices are required to have an annual audit (other than A-133).
  - Local agencies/district offices' A-133 or other independent audits are reviewed by Grantee as part of compliance process.
  - Grantee conducts fiscal and program monitoring of local agencies/district offices.

**Compliance Monitoring**

10.5. Describe the Grantee's strategies for monitoring compliance with the Grantee's and Federal LIHEAP policies and procedures by:

Grantee employees:

- Internal program review
- Departmental oversight
- Secondary review of invoices and payments
- Other program review mechanisms are in place. Describe:

Local Administering Agencies/District Offices:

- On-site evaluation
- Annual program review
- Monitoring through Central Database
- Desk reviews
- Client File Testing/Sampling
- Other program review mechanisms are in place. Describe:

10.6. Explain, or attach a copy of, your local agency monitoring schedule and protocol.

Every community action agency is monitored annually for programmatic and fiscal compliance.

On-site evaluation visits will specifically monitor: Outreach efforts, including hours available for clients to apply and protection of client confidentiality; coordination with other human service agencies; the opportunity for a client to complete an application within ten (10) days of initial contact; time elapsed between application date and payment made to vendor on behalf of client. Contractor shall strive to keep elapsed time at fourteen (14) days or less;

Proper verification of household income, correct eligibility determination, and accurate award calculation; determination of eligibility at time of application with client letter and appeal and hearing procedure provided to applicants at that time; upload to the data exchange server, where applicable, client application/approval/denial information for both primary and secondary vendors on a weekly basis;

Weekly submission, where applicable, to the DCAA a composite listing of all applied/approved/denied and paid applications, including all client characteristics, once a week from November through April 30th;

Correct and timely payments of assistance for households as provided in the State Plan; signed vendor agreements with all vendors receiving LIHEAP funds; appeal and hearing procedures;

Administrative and associated program budget and costs; accounting systems regarding collection of financial information reported to the DCAA and documentation of monthly financial reports and funding requests;

Other provisions covered in the Contract as deemed necessary and appropriate by DCAA.

10.7. Describe how you select local agencies for monitoring reviews?

Every community action agency is monitored annually for programmatic and fiscal compliance.

Site Visits: Annually

Desk Reviews: As needed

10.8. How often is each local agency monitored? Annually for program and fiscal.

10.9. What is the combined error rate for eligibility determinations? N/A

10.10. What is the combined error rate for benefit determinations? N/A

10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? None

10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? None.

**Section 11: Timely and Meaningful Public Participation, 2605(b)(12) – Assurance 12, 2605(c)(2)**

11.1 How did you obtain input from the public in the development of your LIHEAP plan?

Check all that apply:

- Tribal Council meeting(s)
- Public Hearing(s)
- Draft Plan posted to website and available for comment
- Hard copy of plan is available for public view and comment
- Comments from applicants are recorded
- Request for comments on draft Plan is advertised
- Stakeholder consultation meeting(s)
- Comments are solicited during outreach activities
- Other, describe:

11.2 What changes did you make to your LIHEAP plan as a result of this participation?

N/A

**Public Hearings, 2605(a)(2)**

11.3 List the date(s) and location(s) that you held public hearing(s) on the proposed use and distribution of your LIHEAP funds?

Date	Event Description
July 31, 2014	Lucas State Office Building, Room 208, Des Moines, Iowa

11.4 How many parties commented on your plan at the hearing(s)? N/A

11.5 Summarize the comments you received at the hearing(s). N/A

11.5 What changes did you make to your LIHEAP plan as a result of the public hearing(s)?

N/A

**Section 12: Fair Hearings, 2605(b)(13) – Assurance 13**

12.1 How many fair hearings did the grantee have in the prior Federal fiscal year? None

12.2 How many of those fair hearings resulted in the initial decision being reversed?

N/A

12.3 Describe any policy and/or procedural changes made in the last Federal fiscal year as a result of fair hearings?

12.4 Describe your fair hearing procedures for **households whose applications are denied**.

If a household is denied assistance or believes that their assistance amount was not accurately determined, they have 30 calendar days from the date of their approval or denial letter to appeal this decision.

To appeal they must write to the agency at which they applied (see address on your client notice) and tell the agency why they want to appeal, and what action they would like taken.

The agency will act on their request and notify them of the result within 7 calendar days of the date they request an appeal (postmark date if sent in mail).

If they still do not agree with the decision reached they may write the agency again within 17 calendar days of the agency's decision date (postmark date if sent in mail) and request that a state hearing be held. Explaining why they disagree with the agency's decision and include any information that might affect the hearing decision.

The agency will then forward all information about their request for a hearing to the state and a hearing will be scheduled. They will receive written notice of a state scheduled hearing from the state program administrator. The notice will include the date, time and place of hearing and the following rights which they have before and at the hearing. State hearings may be held by telephone at a mutually convenient time. Prior to the hearing the agency will provide an opportunity for them to review the case file and any written evidence that will be used in the hearing. If they wish, they may request an informal conference with the administrator of the Division of Community Action Agencies or appropriate state staff personnel for the purpose of discussing actions taken and resolving the issues raised in the request for hearing.

All testimony is given under oath. The hearing is recorded and the decision is based on the record. State hearings shall be conducted before the Administrator of the Division of Community Action Agencies unless delegated to an administrative law judge pursuant to Iowa Code §17A.11. They will receive written notification of any final or proposed decision.

If they still do not agree with the decision reached they may request a rehearing within twenty days of issuance of the state's decision. Their request must state the specific grounds for requesting a rehearing and must be addressed to the Low-income Home Energy Assistance

Program, Lucas State Office Building, Capitol Complex, Des Moines, Iowa 50319. If a request is not received within 20 days, the case shall be considered closed.

12.5 When and how are applicants informed of these rights?

Each applicant is given a copy of the appeal procedure at the time of application. It is also posted at every intake site.

12.6 Describe your fair hearing procedures for **households whose applications are not acted on in a timely manner**. Same as outlined in 12.4

12.7 When and how are applicants informed of these rights?

Each applicant is given a copy of the appeal procedure at the time of application. It is also posted at every intake site.

## **Section 13: Reduction of home energy needs, 2605(b)(16) – Assurance 16**

13.1 Describe how you use LIHEAP funds to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance?

The following are allowable activities using Assurance 16 funds:

### **Conservation Education**

### **Low-cost energy efficiency measures**

### **Crisis Application**

#### **Crisis Application Components:**

**Needs Assessment** (Examines payment and usage history)

**Vendor Negotiation** (Includes any contact with vendor)

**Money Management Review**

**Customer Advocacy** (This may include assisting in the application of other resources/programs, home visits, home energy evaluations, energy wise kit/class, etc.)

13.2 How do you ensure that you don't use more than 5% of your LIHEAP funds for these activities? We generally contract out no more than 3% for these purposes.

13.3 Describe the impact of such activities on the number of households served in the previous Federal fiscal year. While not easily quantifiable, households receiving assistance or measures through conservation education and low-cost energy efficiency will experience usage reduction. Other measures provided allowed them to get or retain utility service, or manage their money to a greater degree.

13.4 Describe the level of direct benefits provided to those households in the previous Federal fiscal year. The average direct benefit to a household was \$445.

13.5 How many households applied for these services?

Households do not apply, but are targeted for these services.

Through the first two quarters of the program year:

32,232 households received conservation education

7,187 households completed a needs assessment

5,389 households received budget counseling

1,434 households received low-cost energy-efficient measures

3,737 households were assisted in negotiating payment agreements with their vendors

12,890 households were referred or assisted to other resources through customer advocacy

13.6 How many households received these services?

See 13.5 above.

**Section 14: Leveraging Incentive Program, 2607A**

14.1 Do you plan to submit an application for the leveraging incentive program?

Yes     No    At this time, HHS directive is not to submit.

14.2 Describe instructions to the third parties and/or local agencies for submitting LIHEAP leveraging resource information and retaining records. We continue to collect this information until such time as we are instructed to submit a report.

14.3 For each type of resource and/or benefit to be leveraged in the upcoming year that will meet the requirements of 45 C.F.R. § 96.87(d)(2)(iii), describe the following:

What is the type of resource or benefit?	What is the source(s) of the resource?	How will the resource be integrated and coordinated with the LIHEAP program?

## Section 15: Training

15.1. Describe the training you provide for each of the following groups:

a. Grantee Staff:

Formal training on grantee policies and procedures

How often?

Annually

Biannually

As needed

Other – Describe:

Employees are provided with policy manual

Other – Describe:

b. Local Agencies:

Formal training conference

How often?

Annually

Biannually

As needed

Other – Describe:

On-site training

How often?

Annually

Biannually

As needed

Other – Describe:

Employees are provided with policy manual

Other – Describe:

c. Vendors

Formal training conference

How often?

Annually

Biannually

As needed

Other – Describe: The Iowa Utilities Board conducts customer service

training annually.

Policies communicated through vendor agreements

Policies are outlined in a vendor manual

Other – Describe:

15.2. Does your training program address fraud reporting and prevention?

Yes

No

**Section 16: Performance Goals and Measures, 2605(b)**

16.1 Describe performance goals and measures that will be tracked for the upcoming Federal fiscal year. Restoration of service, Imminent disconnection of service averted, Fuel delivered to empty Tank, Fuel delivered to tank with 20% or less remaining.

16.2 Summarize results of performance goals and measures for the prior Federal fiscal year.  
N/A

**Section 17: Program Integrity, 2605(b)(10)**

**17.1. Fraud Reporting Mechanisms**

a. Describe all mechanisms available to the public for reporting cases of suspected waste, fraud, and abuse.

- Online Fraud Reporting
- Dedicated Fraud Reporting Hotline
- Report directly to local agency/district office or Grantee office
- Report to State Inspector General or Attorney General
- Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse.
- Other – describe:

b. Describe strategies in place for advertising the above-referenced resources.

- Printed outreach materials
- Addressed on LIHEAP application
- Website
- Other – describe:

**17.2. Identification Documentation Requirements**

a. Indicate which of the following forms of identification are required or requested to be collected from LIHEAP applicants or their household members.

REQUIRED Type of Identification Collected	Collected from Whom?		
	Applicant Only	All Adults in HH	HH Members Seeking Assistance*
Social Security Card is photocopied and retained	Required <input checked="" type="checkbox"/>	Required <input checked="" type="checkbox"/>	Required <input checked="" type="checkbox"/>
	Requested <input type="checkbox"/>	Requested <input type="checkbox"/>	Requested <input type="checkbox"/>

Social Security Number (without actual card)	Required <input type="checkbox"/>	Required <input type="checkbox"/>	Required <input type="checkbox"/>
	Requested <input type="checkbox"/>	Requested <input type="checkbox"/>	Requested <input type="checkbox"/>
Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)	Required <input type="checkbox"/>	Required <input type="checkbox"/>	Required <input type="checkbox"/>
	Requested <input type="checkbox"/>	Requested <input type="checkbox"/>	Requested <input type="checkbox"/>
Other: _____	Required <input type="checkbox"/>	Required <input type="checkbox"/>	Required <input type="checkbox"/>

\*Households may include members who are not seeking assistance and may not be included in the household count.

b. Describe any exceptions to the above policies.

If any household member is a temporary foreign national not authorized for employment, verification of a social security number may be waived. However, they must present their I-94 card.

### 17.3. Identification Verification

Describe what methods are used to verify the authenticity of identification documents provided by clients or household members.

- Verify SSNs with Social Security Administration
- Match SSNs with death records from Social Security Administration or state agency
- Match SSNs with state eligibility/management system (e.g., SNAP, TANF)
- Match with state Department of Labor system
- Match with state and/or federal corrections system
- Match with state child support system
- Verification using private software (e.g., The Work Number)
- In-person certification by staff
- Match SSN/Tribal ID number with tribal database [
- Other – describe:

### 17.4. Citizenship/Legal Residency Verification

What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits?

- Clients sign an attestation of citizenship or legal residency
- Clients' submission of Social Security cards is accepted as proof of legal residency
- Noncitizens must provide documentation of immigration status
- Citizens must provide a copy of their birth certificate, naturalization papers, or passport

- Noncitizens are verified through the SAVE system
- Tribal members are verified through Tribal database/Tribal ID card
- Other – describe:

**17.5. Income Verification**

What methods does your agency utilize to verify household income?

- Require documentation of income for all adult household members
  - Pay stubs
  - Social Security award letters
  - Bank statements
  - Tax statements
  - Zero-income statements
  - Unemployment Insurance letters
  - Other – describe:
  
- Computer data matches:
  - Income information matched against state computer system (e.g., SNAP, TANF)
  - Proof of unemployment benefits verified with state Department of Labor
  - Social Security income verified with SSA
  - Utilize state directory of new hires
- Other – describe:

**17.6. Protection of Privacy and Confidentiality**

Describe the financial and operating controls in place to protect client information against improper use or disclosure.

- Policy in place prohibiting release of information without written consent
- Grantee LIHEAP database includes privacy/confidentiality safeguards
- Employee training on confidentiality for:
  - Grantee employees
  - local agencies/district offices
- Employees must sign confidentiality agreement
  - Grantee employees
  - local agencies/district offices
- Physical files are stored in a secure location
- Other – describe:

### 17.7. Verifying the Authenticity of Energy Vendors

What policies are in place for verifying vendor authenticity?

- All vendors must register with the State
- All vendors must supply a valid SSN or TIN/W-9 form
- Vendors are verified through energy bills provided by the household
- Grantee and/or local agencies/district offices perform physical monitoring of vendors
- Other – describe, and note any exceptions to policies above:

### 17.8. Benefits Policy – Gas and Electric Utilities

What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients?

- Applicants required to submit proof of physical residency
- Applicants must submit current utility bill
- Data exchange with utilities that verifies:
  - Account ownership
  - Consumption
  - Balances
  - Payment history
  - Account is properly credited with benefit
  - Other – describe:
- Centralized computer system/database tracks payments to all utilities
- Centralized computer system automatically generates benefit level
- Separation of duties between intake and payment approval
- Payments coordinated among other heating assistance programs to avoid duplication of payments
- Payments to utilities and invoices from utilities are reviewed for accuracy
- Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
- Direct payment to households are made in limited cases only
- Procedures are in place to require prompt refunds from utilities in cases of account closure
- Vendor agreements specify requirements selected above, and provide enforcement mechanism
- Other – describe:

### 17.9. Benefits Policy – Bulk Fuel Vendors

What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors?

- Vendors are checked against an approved vendors list
- Centralized computer system/database is used to track payments to all vendors
- Clients are relied on for reports of non-delivery or partial delivery
- Two-party checks are issued naming client and vendor
- Direct payment to households are made in limited cases only

- Conduct monitoring of bulk fuel vendors
- Bulk fuel vendors are required to submit reports to the Grantee
- Vendor agreements specify requirements selected above, and provide enforcement mechanism
- Other – describe:

#### 17.10. Investigations and Prosecutions

Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud.

- Refer to state Inspector General
- Refer to local prosecutor or state Attorney General
- Refer to US DHHS Inspector General (including referral to OIG hotline)
- Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
- Grantee attempts collection of improper payments. If so, describe the recoupment process.
- Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?
- Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
- Vendors found to have committed fraud may no longer participate in LIHEAP
- Other — describe: