

LIHEAP Budget and Award Management, Claims, and Transmittals

PY2024 Training

**Thomas Hartnett-Russell
Community Programs Manager**

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PURPOSE OF TRAINING

The purpose of this training is to provide information and guidance on budget management, the subgrantee agreement process, the transmittal process, and fiscal monitoring.

AGENDA

1. Budget and Line Items Overview
2. Agreements, Amendments, Modifications, and Additional Funding Requests
3. The Transmittal Process
4. Fiscal Monitoring and Controls

BUDGET OVERVIEW

LSPs have seven line items to which they can budget their awards.

1. Administrative Expenses
2. Outreach and Eligibility Determination
3. Assurance 16
4. Regular Benefits
5. Crisis Benefits
6. Emergency Repair and Replacement
7. Emergency Services



ADMINISTRATIVE EXPENSES

- The Administrative Expenses line item can be used to cover overall administration and operation of the program. Administrative Expenses can include, but are not limited to:
 - EAP administrative functions, including program planning, staff training, reporting, and any allocated costs such as rent, utilities, maintenance, and general supplies.
 - EAP service delivery functions, including fiscal, executive, supervisory, management, and support operations. This may include agency salary allocations.
 - Any expense that is otherwise eligible to be paid using Outreach and Eligibility Determination.

ADMINISTRATIVE EXPENSES

- LSPs may budget up to 7.5% of their total expenditures to Administrative Expenses. Administrative Expenses **may not be supplemented with any other federal funds.**
- Because the 7.5% maximum is based on expenditures and not initial award, LSPs may need to pay back a portion if they max out their Administrative Expenses line but underspend on their overall budget.
- It is important, therefore, that EAP supervisory staff and agency fiscal staff are regularly communicating and checking in to ensure that obligations are more or less in line with administrative claims.

OUTREACH AND ELIGIBILITY DETERMINATION

- Outreach and Eligibility Determination is a benefit line that allows for payment of program costs without draining an agency's Administrative Costs allowance.
- Allowable Outreach and Eligibility Determination expenses are defined as costs that are specific to delivery of EAP and do not otherwise contribute to the overall operations of the agency, nor to any other program.
- Indirect or allocated costs **may not** be charged to Outreach and Eligibility Determination under any circumstances; nor may payroll for management, executive, or supervisory staff, **even if a manager or supervisor only oversees EAP and regardless of what job duties the manager, executive, or supervisory staff is engaged in.** All such expenses must be charged to Administrative Expenses or paid from unrestricted funds.

OUTREACH AND ELIGIBILITY DETERMINATION

- What may be considered allowable Outreach and Eligibility Determination charges?
 - Salaries/payroll for line-level intake staff **who have no supervisory or management responsibilities**
 - Supplies needed by intake staff in order to determine eligibility **and will not be used for any other purpose in the agency**
 - Client outreach initiatives **focused solely on EAP**
 - Technology needs that will **only be utilized by EAP staff** and will **only** be used for the purposes of **eligibility determination, intake, or outreach**

OUTREACH AND ELIGIBILITY DETERMINATION

- What may **not** be considered allowable Outreach and Eligibility Determination charges?
 - Salaries/payroll for management, executive, supervisory, fiscal, or other support staff, whether direct salary or spread, **regardless of duties being performed**
 - Supplies that will be used by the agency at large or by other departments outside of EAP
 - Client outreach initiatives that promote the agency as a whole or any other agency program, whether or not EAP is included as a component
 - Technology needs that will be used by other agency departments outside of EAP or will be used within EAP for any purpose other than intake, eligibility determination, or outreach

OUTREACH AND ELIGIBILITY DETERMINATION

- What may **not** be considered allowable Outreach and Eligibility Determination charges?
 - Any rent or utilities, even if it is for an office location that only provides EAP services
 - Any indirect or allocated costs
- Please note that payroll for management, executive, supervisory, or agency clerical/support staff may not be charged to Outreach and Eligibility Determination, even if a manager or supervisor only oversees EAP. All such expenses must be charged to Administrative Expenses or paid from unrestricted funds. **This is based on our understanding of a federal rule related to the definitions of Administrative expenses and program costs.**

OUTREACH AND ELIGIBILITY DETERMINATION

- Outreach and Eligibility Determination is limited to a cap of 4.5% of an LSP's EAP award. The 4.5% is based on award and not expenditures, so no payback will be needed if the LSP underspends on its overall budget.
- If an LSP exhausts its Outreach and Eligibility Determination line, these items may also be paid for out of the Administrative Expenses line.
- However, note that this does not work both ways; Administrative expenses may not be paid for out of Outreach and Eligibility Determination.



QUESTIONS?

ASSURANCE 16

Assurance 16 refers to the optional 16th Assurance of the federal LIHEAP statute.

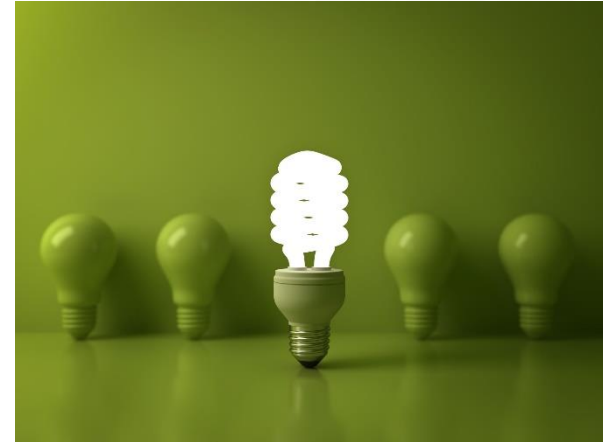
This Assurance allows grantees to set aside a maximum of 5% of their award to engage in services and activities that are designed to reduce clients' household energy needs, and thereby reduce the need for energy assistance.

In Indiana, authorized Assurance 16 activities include energy education programs, direct case management services aimed at increasing self-sufficiency, and referral and advocacy activities that will reasonably be expected to contribute toward reducing household energy need and enabling energy security.

ASSURANCE 16

Allowable Assurance 16 activities/charges include:

- Needs assessment counseling
- Energy Education workshops
- Family development casework
- Assisting client households in negotiating payment agreements
- Providing kits that supply eligible households with supplies that help reduce energy usage (e.g., LED light bulbs, faucet aerators, etc.)



ASSURANCE 16

Unallowable expenses for charging against Assurance 16 include:

- Staff PTO
- Allocated salary spreads
- Eligibility determination or client outreach
- Executive salaries
- Client outreach
- Rent and utilities
- Services provided to unqualified households



ASSURANCE 16

LSPs may budget up to 5% of their total award to Assurance 16 activities.

Because the 5% maximum is based on expenditures and not initial award, LSPs may need to pay back a portion if they max out their Assurance 16 line but underspend on their overall budget.

It is important, therefore, that EAP supervisory staff and agency fiscal staff are regularly communicating and checking in to ensure that obligations are more or less in line with administrative claims.

ASSURANCE 16

When claiming Assurance 16, LSPs have two primary options:

- They may claim the exact costs incurred, including materials and staff time spent engaged in Assurance 16-allowable activities.
 - This method requires more diligent documentation and may come under more scrutiny by claims staff or monitors.
 - It is vital, if using this option, that you record exactly what activities staff were engaged in, how much time they spent engaged in those activities, and that documentation is available.
 - Only materials and services provided to/on behalf of applicants who qualify for LIHEAP services may be claimed.

ASSURANCE 16

When claiming Assurance 16, LSPs have two primary options:

- They may claim \$25 per LIHEAP-approved household that receives Assurance 16 services.
 - This method requires less documentation; you simply need to provide a list of approved households that received services.
 - If you use this method, you may not also claim staff time delivering these services under Assurance 16.
 - Services provided to households that do not qualify for LIHEAP may not be claimed under Assurance 16, no matter which method you use.

REGULAR AND CRISIS BENEFITS

- Regular benefits are awarded based on matrix points that are worth \$25 each, plus a flat-rate \$150 electric benefit.
- Crisis benefits are variable based on the exact amount needed for restoration or disconnection prevention, up to a maximum of \$500 per utility/\$1,000 per household.
- All LSPs are federally required to allocate at least 8% of their total award amount to Crisis Benefits through March 15th.



EMERGENCY BENEFITS

- LSPs may budget up to a combined 10% of their total award to the two Emergency Benefits lines (Emergency Repair and Replace and Emergency Services).
- The 10% maximum is based on total award, not on obligations/expenditures.
- Beginning this year, the November 01-March 15 timeline on Emergency Benefits is discontinued. IHEDA policy does not currently require a minimum amount to be budgeted to these lines, but please note that these benefits are not optional. If agencies do not keep funds reserved in these line items, they must be prepared to submit a budget modification when the need arises to administer these benefits.

LINE ITEMS REVIEW

Line Item	Maximum Percentage	Calculation based on
Eligibility/Admin	7.5%	Obligations/ Expenditures
Outreach and Eligibility Determination	4.5%	Total Award
Assurance 16	5%	Obligations/ Expenditures
Emergency Services	10% total with Emergency Repair and Replace	Total Award
Emergency Repair and Replace	10% total with Emergency Services	Total Award
Regular Benefits	None	N/A
Crisis Benefits	None; minimum allocation of 8% through March 15 th	Total Award

AMENDMENTS

- When IHCDCA receives funding from HHS, it will put the funding through the allocation table and issue amendments to all active LSP subawards.
- Amendments may also be issued as a result of an involuntary deobligation of funding (e.g., due to an LSP not meeting benchmarks), a voluntary deobligation by an LSP, or due to an approved request for additional funding by the LSP (provided IHCDCA has the funds available).
- LSPs are expected to issue a request for additional funding once it has obligated 90% of its benefit lines.
- Additional funding requests must be reviewed by the Community Programs team and approved by IHCDCA's Executive Director before being granted. IHCDCA reserves the right to partially approve a request.

AMENDMENTS

- Upon approval, Community Programs staff will issue the amendment.
- The amendment must be executed by the LSP Executive Director and IHCD's Executive Director.
- Community Programs must receive and approve a completed corresponding budget from the LSP, before the budget can be updated.

ADDITIONAL FUNDING REQUESTS

Additional funding requests must meet the following requirements in order to be considered:

- Submitted on LSP letterhead
- Signed by the LSP's Executive Director
- Includes the following information:
 - Estimated number of clients to be served, including summary of existing appointments scheduled and mail-in applications received
 - Average benefit per client
 - Estimated amount of funds to be used for Program Administration
 - Total amount of funds requested
 - Estimated length of time the requested funds would cover.

BUDGET MODIFICATIONS

- A budget modification may be submitted at any time without a corresponding amendment.
- Budget modifications must be signed by the LSP EAP Manager or a designee. Authorized designee lists should be submitted to IHCDA.
- Prior to executing budget modifications, Community Programs staff will review the request and ensure that all line items meet applicable requirements with regard to minimum or maximum amounts of allocation.
- If a budget modification is not signed, or does not meet policy requirements for any given line item, the budget modification will not be approved and Community Programs staff will request a new modification.

BEST PRACTICE SUGGESTIONS

- Monitor your obligations regularly.
 - Consider monitoring them daily once you get close to 75% obligation on your benefit lines.
 - Be proactive in thinking about requesting additional funds; remember that it takes some time to run requests through leadership and to draft and generate amendments.
- Consider how you might maximize your ability to completely obligate your funding.
 - For instance, regular benefits should **always be in multiples of \$25**. Therefore, if you have \$750,002.49 allocated to your regular benefits line, then you will find yourself in a scenario where you will never be able to spend that down completely; you will always leave \$2.49 on the table.
 - After allocating your other lines, if you find you have an odd number in your regular benefits, IHCDA strongly recommends rounding it down to a multiple of \$25 and putting the excess into Crisis Benefits.

BEST PRACTICE SUGGESTIONS

- Always round down.
 - To be sure that you are always staying within the required caps and to avoid ambiguity, it is recommended that you **round down** rather than up on line items such as Administrative Expenses, Assurance 16, and Outreach and Eligibility Determination if the full allowable percentage does not work out to a clean, non-fractional dollar or cent amount.
- Look at your LSP's track record on obligations.
 - Take a hard look at your LSP's history the past few years with regard to how closely you have been able to spend your entire obligation.
 - If you find that you have consistently not expended your entire award, you may want to consider taking that into account when determining your Administrative Expenses allocation.
 - Remember, that line item is based on total expenditures rather than award, and if you underspend your award but max out your Administrative Expenses line, you may need to pay back a portion.

BEST PRACTICE SUGGESTIONS

- Submit your claims regularly.
 - Submitting grantee payment claims (Admin, Outreach & Eligibility Determination, A16) as well as reimbursement claims for ERR and for biofuel payments made by the agency is a good way to keep your cash flow regular.
 - Monthly submission of admin claims is required in the subgrantee agreement. Agencies should submit these other claims at the time of submitting Administrative claims.
- Cultivate culture of proactive communication between program and fiscal teams.
 - Be sure that your fiscal team has access to the EAP Policies and Procedures manuals and understand the requirements.
 - Compare your obligation percentages for your Administrative Expenses to your overall obligations.
 - Make sure that the fiscal team and EAP management team are aware of the trends with regard to applications and obligations.
 - Let us know if future trainings with a finer focus on fiscal issues would be helpful.

BEST PRACTICE SUGGESTIONS

- We want to hear from you!
 - We would love to be able to share other best practices that we have not thought of in the future.
 - Please send correspondence to liheap@ihcda.in.gov.





QUESTIONS?

TRANSMITTALS

Transmittals are the official written/electronic notification to the vendor that we are committing to send a specific amount to a vendor.

Language in the EAP MOA instructs the vendor to accept the transmittal as being a binding agreement to pay, in spite of the fact that their MOA exists between them and IHCDA, and not with the subgrantee.

This is why it is so important that any claims adjustments after a transmittal has been accepted are handled with the addition of positive or negative claims, rather than adjusting the existing claim.

TRANSMITTALS

Transmittals consist of several components:

1. The transmittal report.
2. The transmittal signature sheet.
3. The Electronic Data Interchange (EDI), often referred to as “electronic transmittal.”
4. The Overpayment Remittance sheet, for transmittals that contain a negative claim. **This must be sent to the vendor with any overpayment transmittals.**
5. The Direct Payment Spreadsheet, for transmittals that contain direct payment claims only.

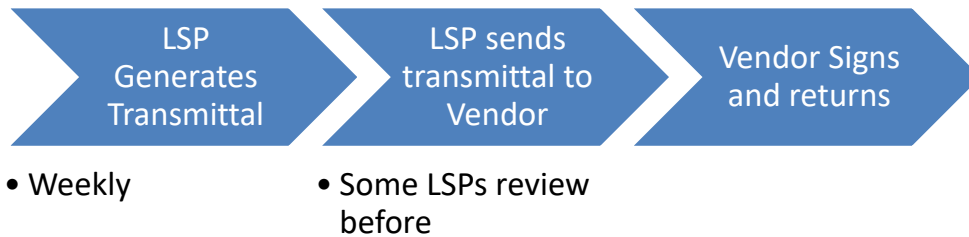
TRANSMITTALS

Some agencies run transmittals completely through program staff, some completely through the fiscal office, and some have a collaborative process.

Although the collaborative process is probably the most secure in terms of checks and balances on the obligation levels and the potential for both human error and fraud, waste, and abuse, there is nothing inherently wrong with the other two methods.

Agencies who run transmittals solely out of their program office or solely out of their fiscal office, however, should be sure they have additional communications and corrective procedures in place, and that each part knows and understand the other's role in the process.

TRANSMITTAL PROCESS OVERVIEW



THE TRANSMITTAL PROCESS

At least every other week, but preferably weekly at a minimum, open claims in EAPConnect are pulled into a transmittal. The transmittal is sorted by vendor and funding source.

- Each transmittal consists of a list of accounts, information about each account, the benefit amount being pledged for each account, a total number of pledges on the transmittal, and an aggregate total of pledged funding, as well as identifying information for the vendor and agency, and a transmittal number and batch number.
- The transmittal number is a 12-digit number that begins with 150000 (e.g., 150000364894), and is generated sequentially based on the number of transmittals that are created network-wide. The batch number is based on transmittal generated by any given LSP and varies by subgrantee.
- In general, batch numbers are useful for internal LSP use, while transmittal numbers are useful for communication with IHEDA and vendors.

THE TRANSMITTAL PROCESS

- The transmittal is sent to the vendor.
- Some agencies sign off on the transmittal prior to sending it to the vendor.
 - More on the pros and cons of this later.
- Some agencies send the transmittal off without reviewing, while some review the transmittals first.
 - More on the pros and cons of this later.

THE TRANSMITTAL PROCESS

The vendor reviews and signs the transmittal, signaling acceptance.

- Note that the vendor is obligated by terms in the MOA to fully review the claims on the transmittal prior to executing the transmittal.
- The vendor must make corrections (e.g., correcting incorrectly entered account numbers or incorrect billing names; flagging inactive or closed accounts for removal) and mark them on the transmittal.
- If any claims are flagged for removal, the vendor should also adjust the aggregate dollar amount of the transmittal.
- For vendors that use EDIs, this process is streamlined because their system will use the EDI to verify the accounts, and representatives only have to manually investigate the ones that are rejected.
- The vendor may send back the full transmittal report or just the signature sheet. If they only send the signature sheet, however, they still must communicate any corrections/changes/rejections to the LSP.

THE TRANSMITTAL PROCESS

The LSP reviews and makes corrections in EAPConnect.

- **All corrections or rejections/deletions noted on the transmittal must be made in EAPConnect.**
 - Failure to do so may lead to monitoring findings and could represent federal monitoring findings if pulled by HHS.
 - It is not enough to know that the vendor is applying the benefit to the correct account, but we must also be able to demonstrate that.
- Furthermore, failure to remove a rejected claim will result in IHCD overpaying the vendor, leading to waste of federal funds.
- These corrections must be made as promptly as possible, but within one calendar week at the latest.

THE TRANSMITTAL PROCESS

Once corrections are made, the LSP submits the transmittal to IHCD fiscal for payment through the EAPConnect interface.

- This must be done with seven calendar days of receipt of the accepted and/or corrected transmittal from the vendor.
- You will be issued a seven-digit claim receipt number. You can use this claim receipt number to check the status of a claim in IHCDOnline. The claim receipt number is most useful for communicating with claims or accounting staff about the status of a claim.
- The internal steps for IHCD are: claims review, accounting review, and ACH approval. Each step typically takes about a week.
- Therefore, a vendor will typically get paid about three weeks after you submit the transmittal to IHCD fiscal. This is why the timeframes early on are so important.

SPECIAL TRANSMITTAL CONSIDERATIONS

Transmittal generation, review, and management

- Are transmittals being grouped by funding program (regular vs. crisis)?
- Are transmittals generated by program or fiscal staff?
- Are you operating on a fixed, regular schedule for transmittals?
- Are transmittals being reviewed by program staff prior to being sent to vendors? (e.g., irregular amounts, missing account numbers, account numbers that do not match format).
- Do you have a tracking system set up for your transmittals?
- Do you follow up with vendors if you have not received a returned transmittal within a certain amount of time?

SPECIAL TRANSMITTAL CONSIDERATIONS

To sign or not to sign?

- Several agencies pre-sign their transmittals upon generation, sometimes doing so electronically to save time and burden.
- Roeing has rolled out an electronic signature to make it even easier and faster to pre-sign transmittals.
- An agency signature represents acceptance of the transmittal before the vendor has marked any corrections/rejections.
- Signing upon return from vendor can be a good way of documenting/tracking time frames for submitting accepted transmittal to fiscal.
- There is no right or wrong here – it is up to agencies to have their own processes and to have any necessary contingencies.

SPECIAL TRANSMITTAL CONSIDERATIONS

Making and Verifying Corrections

- Whose responsibility is it to make corrections?
- When making corrections marked by vendor, are you comparing the corrected information to information in the file?
- If corrected information does not match information in file, is somebody following up with vendor to clarify?
- If vendor indicates an account number or billing name has changed, are you requesting documentation of that information for the file?
- If claims are rejected, are you comparing the new total listed on the transmittal to the new total in the EAPConnect submission system?

SPECIAL TRANSMITTAL CONSIDERATIONS

Collaboration between Program and Fiscal

- In order to be as successful as possible, Program staff and Fiscal staff should be in lockstep.
- By knowing what is going on in each other's world and the role each plays in the process, more informed discussions about issues such as realistic Administrative Expenses limits and proper billing of Assurance 16 can be had more productively.
- Program staff can always view full budget details, including pending claims, through IHCDAOnline if they have a login (view-only logins are available).

REIMBURSEMENT TRANSMITTALS

Certain kinds of claims – namely those for crisis biofuel payments made directly to the client by the agency, and for biofuel vendors who enter into an MOA relationship with the agency and the agency pays directly – require special handling and additional steps.

- These claims are handled as regular third-party claims processed through the transmittal system since they are still ultimately benefits going to the client.
- However, since the agency has essentially fronted the value of these benefits, the agency is the actual payee and is reimbursed with this payment.
- As a check and balance, in order to process these claims correctly and demonstrate to any federal monitors that the benefits did ultimately go to the applicant and not to the agency, we will need additional documentation.

REIMBURSEMENT TRANSMITTALS

- All such claims shall be assigned to the vendor “Biofuel – [subgrantee name]” within EAPConnect.
- Claims are processed through the transmittal system as usual. Depending on who processes and accepts transmittals in the agency, the vendor acceptance signature on the transmittal (for record-keeping purposes) should be either the EAP Manager, Fiscal Director, or Executive Director. The same person should not be signing as both agency representative and vendor representative.
- Take note of the claim receipt number EAPConnect gives you for your reimbursement transmittal claim – you will need it to attach additional documentation.

REIMBURSEMENT TRANSMITTALS

- After submitting the claim for payment through EAPConnect, find the claim in IHCDAOnline using the claim receipt number and upload the appropriate documentation:
 - For reimbursement of crisis paid to applicants, an itemized applicant list with benefit amounts (the transmittal report will suffice for this) as well as scans or electronic facsimiles of the checks.
 - For reimbursement of voucher payments to a biofuel vendor, an itemized applicant list with benefit amounts (the transmittal report will suffice for this) as well as scans or electronic facsimiles of the corresponding executed vouchers and scans or electronic facsimiles of payments made to the biofuel vendor.
- It may facilitate this process if EAP staff and Fiscal staff can work out a procedure to create and store facsimiles of these checks and vouchers in a central location for purposes of attaching to claims.

CLAIM AND TRANSMITTAL TIMELINES

	Regulated Utility – Non-Crisis	Regulated Utility – Crisis	Biofuel/Bulk Commodity Heating Fuel	Indirect Energy Burden (i.e., included in rent)
Eligibility Determined	Within 55 days of application	Within 55 days of application with documented mitigation (notifying vendor of moratorium protection)	Within 48 hours of application – unless alternate mitigation is confirmed	Within 55 days of application
Claims Awarded	Within 14 days of eligibility determination or 55 days from application; whichever is earlier.	Within 14 days of eligibility determination or 55 days from application; whichever is earlier.	Within 48 hours of application – unless alternate mitigation is confirmed	Within 14 days of eligibility determination or 55 days from application; whichever is earlier.

CLAIM AND TRANSMITTAL TIMELINES

	Regulated Utility – Non-Crisis	Regulated Utility – Crisis	Biofuel/Bulk Commodity Heating Fuel	Indirect Energy Burden (i.e., included in rent)
Claims Transmitted	Within 14 days of claims awarded	Within 14 days of claims awarded	Within 14 days of claims awarded	N/A
Claims submitted to IHEDA fiscal	Within 7 days of receipt from vendor	Within 7 days of receipt from vendor	Within 7 days of receipt from vendor	Within 60 days of eligibility determination

CLAIM AND TRANSMITTAL TIMELINES

	Regulated Utility – Non-Crisis	Regulated Utility – Crisis	Biofuel/Bulk Commodity Heating Fuel	Indirect Energy Burden (i.e., included in rent)
IHCDA Fiscal reviews / processing	21 days	21 days	21 days	21 days
Final payment of benefit (assuming 7 days for vendor approval)	Within 104 days of application date / 49 days of approval date	Within 104 days of application date / 49 days of approval date	Within 51 days of application date / 49 days of approval date	Within 115 days of application date / 81 days of approval date

CLAIM AND TRANSMITTAL TIMELINES

	Regulated Utility – Non-Crisis	Regulated Utility – Crisis	Biofuel/Bulk Commodity Heating Fuel	Indirect Energy Burden (i.e., included in rent)
Negative Transmittal /Overpayment	Within 60 days of eligibility determination	Within 60 days of eligibility determination	Within 60 days of eligibility determination*	N/A
Address change / EBTR	Within 90 days of account closure	Within 90 days of account closure	Within 90 days of account closure	N/A

FISCAL MONITORING AND CONTROLS

- Please note that we have a new fiscal monitor, Michael VanOsdol, who will be working alongside Renee and conducting review of a sampling of claims as part of the EAP monitoring process.
- As many of the findings that required a corrective action in our last federal monitoring were fiscal in nature, we are working proactively to improve our controls and our processes in that area.
- As such, in EAP monitorings in recent years we have been moving toward a stronger emphasis on fiscal matters, and we have been instituting more robust controls and requirements at the fiscal level.

FISCAL MONITORING AND CONTROLS

- During the monitoring process, the expectations of fiscal staff in terms of responding to questions and requests for information/documentation, as well as corrective actions, are the same as they are for programmatic staff during Renee's portion of the monitoring.
- Because this is a federally mandated monitoring, it is important that all staff members involved in the monitoring approach it as they would the CAR or any monitoring by HHS.
- We have twenty (20) subgrantees we must monitor every year, and in order to do this we must coordinate Renee's and Mike's schedules with the schedules of managers and directors at each subgrantee's office. It is a huge undertaking, and any delays at any level can risk throwing a wrench in the entire system.

FISCAL MONITORING AND CONTROLS

- One area that HHS has been putting renewed focus on in recent years is vendor refunds/return of funds.
- Our current policy states that if a utility vendor does not return funds from an overpayment remittance/negative transmittal, it becomes the LSP's responsibility to return those funds from their unrestricted funding sources.
- However, it appears that with some exceptions, this is either largely not happening, or if it is happening, the repayment is not being linked to the ROF claim and it still appears in the system to be outstanding.
- To address this, it is necessary that LSPs monitor outstanding ROF claims in EAPConnect and/or

FISCAL MONITORING AND CONTROLS

- To address this, it is necessary that LSPs monitor outstanding ROF claims in EAPConnect and/or IHCDA Online.
- If a vendor declines to return funds for an overpayment, it will be the LSP's responsibility to repay the outstanding claim. IHCDA staff will be monitoring this more proactively this year.
- Note that all outstanding ROF claims must be received and reconciled by IHCDA prior to closeout.

FISCAL MONITORING AND CONTROLS

- An EAP Claims cover sheet is being introduced this year. This cover sheet will be required to accompany all claims submitted in IHCD Online.
- Please note that claims in which expenses are allocated among several departments or grants, the LSP must have a Cost Allocation Plan on file with IHCD, and allocated costs must be detailed to the line-item level (e.g., Allocated Salary, Allocated Rent, etc.) in either the initial GL or in a supplementary document.
- Food may only be paid for using EAP funds if provided as part of a training that is either EAP-focused in nature or has a relevant application to EAP. The training purpose/agenda must be detailed as part of the claim, and if the costs are allocated to several departments, the guidance above also applies.



QUESTIONS

THANK YOU