### **DETAILED MODEL PLAN (LIHEAP)**

**Program Name:** Low Income Home Energy Assistance

Grantee Name: Pennsylvania

**Report Name:** DETAILED MODEL PLAN (LIHEAP) Revision # 2

**Report Period:** 10/01/2019 to 09/30/2020

**Report Status:** Submission Accepted by CO (Revision #2)

### Report Sections

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- 4. Section 3 COOLING ASSISTANCE
- 5. Section 4 CRISIS ASSISTANCE
- 6. Section 5 WEATHERIZATION ASSISTANCE
- 7. Section 6 Outreach, 2605(b)(3) Assurance 3, 2605(c)(3)(A)
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- 19. Section 18: Certification Regarding Debarment, Suspension, and Other Responsibility Matters
- 20. Section 19: Certification Regarding Drug-Free Workplace Requirements
- 21. Section 20: Certification Regarding Lobbying
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### **Mandatory Grant Application SF-424**

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075

Expiration Date: 09/30/2020

# LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

| * 1.a. Type of                     | Submis                  | sion:           | * 1.b. Frequency:                  |                                   | * 1.c. Consolidated Application/                                   |            |                 | ion/           | * 1.d. Version:                  |  |
|------------------------------------|-------------------------|-----------------|------------------------------------|-----------------------------------|--|------------|-----------------|----------------|----------------------------------|--|
| Plan                               |                         |                 | Annual                             |                                   | Plan/Fundin  | g Reque    | st?             |                | © Initial                        |  |
|                                    |                         | 1               |                                    | Evalenation                       | Explanation:   |            |                 | C Resubmission |                                  |  |
|                                    |                         |                 |                                    | Explanation                       | Explanation:   |            |                 | C Revision     |                                  |  |
|                                    |                         |                 |                                    |                                   |  |            |                 | O Update       |                                  |  |
|                                    |                         |                 |                                    |                                   | 2. Date Rece   | ived:      |                 |                | State Use Only:                  |  |
|                                    |                         |                 |                                    |                                   | 3. Applicant   | Identifie  | er:             |                | 1                                |  |
|                                    |                         |                 |                                    |                                   | 4a. Federal l  | Entity Id  | entifier        | :              | 5. Date Received By State:       |  |
|                                    |                         |                 |                                    |                                   | 4b. Federal A  | Award Id   | dentifie        | r:             | 6. State Application Identifier: |  |
| 7. APPLICAN                        | T INFO                  | RMATION         | •                                  |                                   | -11-   |            |                 |                |                                  |  |
| * a. Legal Na                      | me: Hui                 | nan Services, F | Pennsylvania Departmer             | nt Of                             |  |            |                 |                |                                  |  |
| * <b>b. Employer</b> 236003113-A   |                         | yer Identificat | ion Number (EIN/TIN                | T): 1-                            | * c. Organiza  | ational D  | UNS:            | 79656          | 7790                             |  |
| * d. Address:                      |                         |                 |                                    |                                   | -11  |            |                 |                |                                  |  |
| * Street 1:                        |                         | P.O. BOX 26     | 575                                |                                   | Street 2:  |            |                 |                |                                  |  |
| * City:                            |                         | HARRISBUI       | RG                                 |                                   | County:  |            |                 |                |                                  |  |
| * State:                           |                         | PA              |                                    |                                   | Province:  |            |                 |                |                                  |  |
| * Country:                         | :                       | United States   |                                    |                                   | * Zip / Po<br>Code:  | stal       | 1710            | 17105 - 2675   |                                  |  |
| e. Organizatio                     | nal Uni                 | t:              |                                    |                                   | -W   |            | "               |                |                                  |  |
| Department of Department of        |                         | n Services      |                                    |                                   | Division Name: Division of Federal Programs and Program Management |            |                 |                | rogram Management                |  |
| f. Name and c                      | ontact ii               | nformation of   | person to be contacted             | l on matters in                   | volving this a   | pplication | n:              |                |                                  |  |
| Prefix:                            | * <b>First</b><br>Brian | Name:           |                                    | Middle Name: * Las Who            |  |            | t Name:<br>orl  |                |                                  |  |
| Suffix:                            | Title:<br>Divisi        | on Director- Fe | ederal Programs                    | Organization                      | nal Affiliation:   |            |                 |                |                                  |  |
| * Telephone                        | Fax Nu                  | ımber           |                                    | * Email:                          |  |            |                 |                |                                  |  |
| Number:<br>717-772-                |                         |                 |                                    | bwhorl@pa.                        | a.gov  |            |                 |                |                                  |  |
| 7906                               |                         |                 |                                    |                                   |  |            |                 |                |                                  |  |
| * <b>8a. TYPE O</b> A: State Gover |                         | JCANT:          |                                    | JI.                               |  |            |                 |                |                                  |  |
| b. Addition                        | al Descr                | ription:        |                                    |                                   |  |            |                 |                |                                  |  |
| * 9. Name of 1                     | Federal .               | Agency:         |                                    |                                   |  |            |                 |                |                                  |  |
|                                    |                         |                 |                                    |                                   |  |            |                 |                |                                  |  |
| Catalog of Federa                  |                         |                 | g of Federal Dor<br>sistance Numbe |                                   |  |            | CFDA Title:     |                |                                  |  |
| 10. CFDA Numbers and Titles 93568  |                         |                 |                                    | Low-Income Home Energy Assistance |  |            | ergy Assistance |                |                                  |  |
|                                    |                         | of Applicant's  |                                    |                                   |  |            |                 |                |                                  |  |
|                                    |                         |                 |                                    |                                   |  |            |                 |                |                                  |  |
| 12. Areas Affe                     | ected by                | Funding:        |                                    |                                   |  |            |                 |                |                                  |  |

| 13. CONGRESSIONAL DISTRICTS OF:  |  |
|--|--|
| * a. Applicant   | b. Program/Project:<br>Statewide   |
| Attach an additional list of Program/Project Congressional Dis   | stricts if needed.   |
| 14. FUNDING PERIOD:  | 15. ESTIMATED FUNDING:   |
| <b>a. Start Date: b. End Date:</b> 10/01/2019  | * a. Federal (\$):   |
| * 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE U   | NDER EXECUTIVE ORDER 12372 PROCESS?  |
| a. This submission was made available to the State under th  | ne Executive Order 12372   |
| Process for Review on :  |  |
| b. Program is subject to E.O. 12372 but has not been selected  | ed by State for review.  |
| c. Program is not covered by E.O. 12372.   |  |
| complete and accurate to the best of my knowledge. I also prov<br>accept an award. I am aware that any false, fictitious, or fraud<br>penalties. (U.S. Code, Title 218, Section 1001)<br>**I Agree | ontained in the list of certifications** and (2) that the statements herein are true, vide the required assurances** and agree to comply with any resulting terms if I tulent statements or claims may subject me to criminal, civil, or administrative where you may obtain this list, is contained in the announcement or agency |
| 18a. Typed or Printed Name and Title of Authorized Certifyin<br>Moira Foster   | (717) 705-0717  18d. Email Address   |
| 18b. Signature of Authorized Certifying Official   | mofoster@pa.gov  18e. Date Report Submitted (Month, Day, Year) 09/27/2019  |

Attach supporting documents as specified in agency instructions.

### **Section 1 - Program Components**

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075

Expiration Date: 09/30/2020

# LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

Department of Health and Human Services Administration for Children and Families Office of Community Services Washington, DC 20201

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01

OMB Approval No. 0970-0075 Expiration Date: 09/30/2020

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)Use of this model plan is optional. However, the information requested is required in order to receive a Low Income Home Energy Assistance Program (LIHEAP) grant in years in which the grantee is not permitted to file an abbreviated plan. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

### **Section 1 Program Components**

Program Components, 2605(a), 2605(b)(1) - Assurance 1, 2605(c)(1)(C) **Dates of Operation** 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.) Start Date **End Date** Heating assistance 11/01/2019 04/10/2020 V Cooling assistance Crisis assistance 11/01/2019 04/10/2020 V 10/01/2019 09/30/2020 Weatherization assistance V Provide further explanation for the dates of operation, if necessary 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 Percentage (%) must add up to 100%. Heating assistance 50.00% 0.00% Cooling assistance 25.00% Crisis assistance 15.00% Weatherization assistance Carryover to the following federal fiscal year 0.00% 10.00% Administrative and planning costs Services to reduce home energy needs including needs assessment (Assurance 16) 0.00%

| Used   | Used to develop and implement leveraging activities 0.00                        |          |  |                           |        |                       |       | 0.00%                |
|--|---|----------|--|---------------------------|--------|-----------------------|-------|----------------------|
| TOTAI  |   |          |  |                           |        |                       |       | 100.00%              |
|  |   |          |  |                           |        |                       |       | -1t-                 |
| Altern   | ate Use of Crisis Assistance F  | unds, 2  | 605(c)(1)(C)   |                           |        |                       |       |                      |
| 1.3 Th   | e funds reserved for winter cr  | isis ass | istance that have not been expe                                      | nded by March 15 will     | l be r | eprogrammed to:       |       |                      |
| >  | Heating assistance  |          | Cooling assistance   |                           |        |                       |       |                      |
|  | Weatherization assistance   | ~        | Other (specify:) Crisis season                                       | will last until 4/10/2020 | or lo  | onger if sufficient f | unds  | remain available.    |
|  |   |          |  |                           |        |                       |       |                      |
| _  |   |          | rrance 2, 2605(c)(1)(A), 2605(b)                                     |                           |        |                       |       |                      |
|  | you consider households cate<br>n below? O Yes O No                             | gorical  | ly eligible if one household men                                     | iber receives one of the  | e foll | owing categories (    | of be | nefits in the left   |
|  |   | .4, you  | must complete the table below  | and answer questions      | 1.5 a  | nd 1.6.               |       |                      |
|  | •   |          | Heating  | Cooling                   |        | Crisis                |       | Weatherization       |
| TANF   |   |          | O Yes O No   | O Yes O No                | С      | Yes O No              | C     | Yes O No             |
| SSI  |   |          | C Yes C No   | C Yes C No                | С      | Yes O No              | C     | Yes O No             |
| SNAP   |   |          | C Yes O No   | O Yes O No                | С      | Yes O No              | C     | Yes O No             |
| Means-   | tested Veterans Programs  |          | C Yes C No   | C Yes C No                | С      | Yes O No              | C     | Yes ONo              |
|  | Pro   | gram Na  | - v  | Cooling                   |        | Crisis                |       | Weatherization       |
| Other(S  | Specify) 1  |          | C Yes C No   | C Yes C No                |        | C Yes C No            |       | C Yes C No           |
| 1.5 Do   | you automatically enroll hous   | seholds  | without a direct annual applica                                      | ation? O Yes O No         |        |                       |       |                      |
| If you<br>1.7b A<br>1.7c F   | answered "Yes" to question 1 mount of Nominal Assistance requency of Assistance | .7a, yo  | l a nominal payment for SNAP<br>u must provide a response to qu<br>0 |                           |        |                       |       |                      |
| <b>~</b>   | Once Per Year   |          |  |                           |        |                       |       |                      |
|  | Once every five years   |          |  |                           |        |                       |       |                      |
|  | Other - Describe:   |          |  |                           |        |                       |       |                      |
| 1.7d H   | ow do you confirm that the ho   | ousehol  | d receiving a nominal payment  | has an energy cost or     | need   | ?                     |       |                      |
| ſ  | receiving higher benefits.  |          | will vary between \$21 and \$24 v                                    |                           |        |                       |       |                      |
| To ensure the SNAP household that is receiving a Heat & Eat benefit has an energy need, logic has been built into the SNAP and LIHEAP processing system. The following SNAP households will not receive a Heat & Eat benefit:  |   |          |  |                           |        |                       |       |                      |
| <ul> <li>Any household that is currently receiving the Heating Standard Utility Allowance (HSUA).</li> <li>Any household that has received LIHEAP in the current season.</li> <li>Any household that has zero net income.</li> <li>PA CAP households;</li> <li>Households receiving nursing home care;</li> <li>Households who are homeless;</li> <li>Households receiving extended SNAP benefits;</li> <li>Households living in a facility and not having a heating responsibility</li> </ul> |   |          |  |                           |        |                       |       |                      |
|  | This logic helps ensure   | that the | households receiving this benefi                                     | t all have an energy nee  | ed and | d haven't already re  | ceiv  | ed a LIHEAP benefit. |
| Deterr   | nination of Eligibility - Count   | able In  | come   |                           |        |                       |       |                      |
| 1.8. In  | determining a household's in  | come el  | igibility for LIHEAP, do you u                                       | se gross income or net    | inco   | me ?                  |       |                      |
| Gross Income   |   |          |  |                           |        |                       |       |                      |

|             | Net Income  |  |  |  |  |  |
|-------------|---|--|--|--|--|--|
| 1.9. 8      | Select all 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  |  |  |  |  |  |
| <b>&gt;</b> | Strike Pay  |  |  |  |  |  |
| >           | Social Security Administration (SSA ) benefits  |  |  |  |  |  |
|             | ☐ Including 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   |  |  |  |  |  |
| V           | 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   |
|   | ny of the above questions require further explanation or clarification that could not be made in fields provided, attach a document with said explanation here. |

### **Section 2 - HEATING ASSISTANCE**

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92,02/95,03/96,12/98,11/01
OMB Clearance No.: 0970-0075

Expiration Date: 09/30/2020

# LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

|   | Section 2 - Heating Assistance   |              |                       |                               |  |  |  |  |
|---|--|--------------|-----------------------|-------------------------------|--|--|--|--|
| •   | b)(2) - Assurance 2  |              |                       |                               |  |  |  |  |
|   | 2.1 Designate the income eligibility threshold used for the heating component: |              |                       |                               |  |  |  |  |
| Add   | Household size   |              | Eligibility Guideline | Eligibility Threshold 150.00% |  |  |  |  |
| 1   | "  |              |                       |                               |  |  |  |  |
| HEATING ASSI  | 2.2 Do you have additional eligibility requirements for HEATING ASSITANCE?     |              |                       |                               |  |  |  |  |
| 2.3 Check the ap  | propriate boxes below and describe the p                                       | Α            |                       |                               |  |  |  |  |
| Do you require a  | nn Assets test ?   | C Yes        | <b>⊙</b> No           |                               |  |  |  |  |
| Do you have add   | itional/differing eligibility policies for:                                    |              |                       |                               |  |  |  |  |
| Renters?  |  | C Yes        | ⊙ No                  |                               |  |  |  |  |
| Renters Li  | ving in subsidized housing ?   | <b>⊙</b> Yes | C <sub>No</sub>       |                               |  |  |  |  |
| Renters wi  | th utilities included in the rent ?  | C Yes        | <b>⊙</b> No           |                               |  |  |  |  |
| Do you give prio  | rity in eligibility to:  |              |                       |                               |  |  |  |  |
| Elderly?  |  | C Yes        | C Yes ⊙ No            |                               |  |  |  |  |
| Disabled?   |  | C Yes        | C Yes <b>⊙</b> No     |                               |  |  |  |  |
| Young chil  | dren?  | C Yes        | ⊙ No                  |                               |  |  |  |  |
| Household   | s with high energy burdens ?   | C Yes        | ⊙ No                  |                               |  |  |  |  |
| Other?  |  | C Yes        | ⊙ No                  |                               |  |  |  |  |
| Explanations of   | policies for each "yes" checked above:   | •            |                       |                               |  |  |  |  |
| Renters, including subsidized-housing tenants, are ineligible if their rental charge includes an undesignated amount for heat and is based on a fixed percentage of their income or on their source of income. NOTE: If a household in subsidized housing, which pays for rent and utilities as a fixed portion of its income, becomes responsible for payment to a vendor, either in full or in part, for its primary heating costs, that household then becomes eligible for a cash benefit, if otherwise eligible. If a household in subsidized housing, which pays for rent and utilities as a fixed portion of its income, becomes responsible for payment to a vendor, either in full or in part, for its primary or secondary heating costs, that household then becomes eligible for a crisis benefit, if otherwise eligible.  Renters whose rent is unsubsidized and pay for heat indirectly as an undesignated part of rent are eligible for LIHEAP benefits. |  |              |                       |                               |  |  |  |  |
| Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)  2.4 Describe how you prioritize the provision of heating assistance tovulnerable populations, e.g., benefit amounts, early application periods, etc.  When surplus funds are available after the application period has ended, DHS will often issue supplemental payments to recipient households that contain a vulnerable member.  |  |              |                       |                               |  |  |  |  |
| 2.5 Check the variables you use to determine your benefit levels. (Check all that apply):   |  |              |                       |                               |  |  |  |  |
| <b>✓</b> Income   | <u> </u>   |              |                       |                               |  |  |  |  |
| Family (household) size   |  |              |                       |                               |  |  |  |  |
| <b>✓</b> Home energ   | W Home energy cost or need:  |              |                       |                               |  |  |  |  |

| <b>✓</b> Fuel type  |   |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| ✓ Climate/region  |   |  |  |  |  |  |  |
| Individual bill   |   |  |  |  |  |  |  |
| Dwelling type   |   |  |  |  |  |  |  |
| Energy burden (% of income sp   | ent on home energy)                           |  |  |  |  |  |  |
| Energy need   |   |  |  |  |  |  |  |
| Other - Describe:   |   |  |  |  |  |  |  |
| Eligible roomers and renters who pay for heat indirectly for their residence as an undesignated part of the rent will receive 50 percent of the LIHEAP cash benefit for which they would otherwise qualify.  Our benefit charts are available to the public on the DHS website. They are updated at the start of the new season.  Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B) |   |  |  |  |  |  |  |
| 2.6 Describe estimated benefit levels for FY  | 2020:   |  |  |  |  |  |  |
| Minimum Benefit   | Minimum Benefit \$200 Maximum Benefit \$1,000 |  |  |  |  |  |  |
| 2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? C Yes No   |   |  |  |  |  |  |  |
| If yes, describe.   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.   |   |  |  |  |  |  |  |

### **Section 3 - COOLING ASSISTANCE**

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075

Expiration Date: 09/30/2020

# LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

| Section 3 - Cooling Assistance |  |   |   |                           |          |  |  |  |
|--------------------------------|--|---|---|---------------------------|----------|--|--|--|
| Eligibility, 2605(             | c)(1)(A), 2605 (b)(2) - Assurance 2  |   |   |                           |          |  |  |  |
| 3.1 Designate Th               | e income eligibility threshold used for th                                 | e Cooling o                                 | omponent:                                     |                           |          |  |  |  |
| Add                            | Household size   | Eligibility Guideline Eligibility Threshold |   |                           |          |  |  |  |
| 1                              | 0.00%  |   |   |                           |          |  |  |  |
|                                | 3.2 Do you have additional eligibility requirements for COOLING ASSITANCE? |   |   |                           |          |  |  |  |
| 3.3 Check the ap               | propriate boxes below and describe the                                     | policies for                                | each.   |                           |          |  |  |  |
| Do you require a               | n Assets test ?  | C Yes                                       | ◯ No  |                           |          |  |  |  |
| Do you have add                | itional/differing eligibility policies for:                                |   |   |                           |          |  |  |  |
| Renters?                       |  | C Yes                                       | C No  |                           |          |  |  |  |
| Renters Li                     | ving in subsidized housing ?   | O Yes                                       | ○ <sub>No</sub>                               |                           |          |  |  |  |
| Renters wi                     | th utilities included in the rent ?  | C Yes                                       | O <sub>No</sub>                               |                           |          |  |  |  |
| Do you give prior              | rity in eligibility to:  |   |   |                           |          |  |  |  |
| Elderly?                       |  | C Yes                                       | C <sub>No</sub>                               |                           |          |  |  |  |
| Disabled?                      |  | C Yes                                       | C <sub>No</sub>                               |                           |          |  |  |  |
| Young chil                     | dren?  | O Yes                                       | C No  |                           |          |  |  |  |
| Households                     | s with high energy burdens ?   | O Yes                                       | C <sub>No</sub>                               |                           |          |  |  |  |
| Other?                         |  | C Yes                                       | C No  |                           |          |  |  |  |
| Explanations of p              | policies for each "yes" checked above:                                     | *   |   |                           |          |  |  |  |
|                                |  |   |   |                           |          |  |  |  |
| 3.4 Describe how               | you prioritize the provision of cooling a                                  | ssistance to                                | ovulnerable populations,e.g., benefit amounts | , early application perio | ds, etc. |  |  |  |
|                                |  |   |   |                           |          |  |  |  |
| Determination of               | F Benefits 2605(b)(5) - Assurance 5, 2605                                  | (c)(1)(B)                                   |   |                           |          |  |  |  |
| 3.5 Check the var              | riables you use to determine your benefi                                   | t levels. (Cl                               | neck all that apply):                         |                           |          |  |  |  |
| Income                         |  |   |   |                           |          |  |  |  |
| Family (hou                    | isehold) size  |   |   |                           |          |  |  |  |
| Home energy cost or need:      |  |   |   |                           |          |  |  |  |
| Fuel type                      |  |   |   |                           |          |  |  |  |
| Climate/region                 |  |   |   |                           |          |  |  |  |
| Indi                           | Individual bill  |   |   |                           |          |  |  |  |
| Dwe                            | Dwelling type  |   |   |                           |          |  |  |  |
| Ener                           | rgy burden (% of income spent on home                                      | energy)                                     |   |                           |          |  |  |  |
| Ener                           | rgy need   |   |   |                           |          |  |  |  |
| Othe                           | Other - Describe:  |   |   |                           |          |  |  |  |

| Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)   |                                 |                            |     |  |  |  |
|---|---------------------------------|----------------------------|-----|--|--|--|
| Delicit Devels, 2000(%)(e) 125501 mice e)   | 2002(0)(1)(1)                   |                            |     |  |  |  |
| 3.6 Describe estimated benefit levels for FY 2020:  |                                 |                            |     |  |  |  |
| Minimum Benefit   | \$0                             | Maximum Benefit            | \$0 |  |  |  |
| 3.7 Do you provide in-kind (e.g., fans, air   | conditioners) and/or other form | ns of benefits? O Yes O No |     |  |  |  |
| If yes, describe.   |                                 |                            |     |  |  |  |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. |                                 |                            |     |  |  |  |

### **Section 4 - CRISIS ASSISTANCE**

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075

Expiration Date: 09/30/2020

# LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

### **Section 4: CRISIS ASSISTANCE**

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

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

| Add Household size |                     | Eligibility Guideline  | Eligibility Threshold |
|--------------------|---------------------|------------------------|-----------------------|
| 1                  | All Household Sizes | HHS Poverty Guidelines | 150.00%               |

### 4.2 Provide your LIHEAP program's definition for determining a crisis.

- (1) The household shall meet the general eligibility requirements under \$601.31 (relating to general eligibility requirements), income limit, responsibility for heating costs, Pennsylvania residency and lawfully admitted non-citizen status.
- (2) The household shall be without heat or in imminent danger of being without heat because of a weather-related or energy-supply-shortage emergency.
- (3) The household shall be eligible for a crisis benefit that, alone or combined with other resources available to the applicant household, will resolve the home-heating emergency. If a household is authorized for the LIHEAP Cash component before the date of their request for Crisis benefits, any existing credit including the LIHEAP Cash component that has been authorized and not yet received is considered to be available and must be used first for the resolution of the crisis.
  - (4) The applicant must provide proof of the home-heating emergency

Crisis benefits for energy-supply-shortage emergencies include payment for the following:

- 1. Home-heating fuel for a household that is out of fuel or if the heating fuel supply will last less than 15 calendar days. The payment may be for either the main or secondary fuel type and may include the cost of an added charge for off-hours delivery service. The payment amount will not exceed the cost of the delivery; including any necessary reconnect fees and/or minor furnace start-up costs. Any credit balance with the household's vendor, including LIHEAP funds that have been authorized and not yet received, will be deemed available to resolve the crisis and will be deducted from the household's benefit amount.
- 2. Utility bills to restore or continue home-heating service if the household is without heat or in imminent danger of being without heat because of actual or scheduled termination of the main or secondary source of heat by a utility company. The payment may include the charge, if required, for a service reconnection.

NOTE: Crisis benefits may be approved in this instance based on issuance of a termination notice. The following applies:

- (A) For utilities regulated by a governing body such as the Public Utility Commission (PUC), winter termination procedures prevent the termination of service without the governing body's approval from December 1 through March 31. Regulated utilities may still issue termination notices from December 1 through March 31. They cannot, however, act on these notices to terminate service without having been granted permission to terminate service by the governing body. In these situations, contact must be made with the utility to determine if the governing body has granted the utility permission to terminate service for the applicant household before crisis benefits may be authorized to relieve the emergency. The household is ineligible for crisis benefits if the utility has not been granted approval to terminate service.
- (B) For utilities not regulated by a governing body, a termination notice means that the utility has established a date when service will actually terminate, in accordance with the utility's current termination procedures. Documentation of the termination notice must be provided before crisis benefits may be authorized to relieve the emergency.

### 4.3 What constitutes a <u>life-threatening crisis?</u>

This must be a documented medical emergency. The local County Assistance Office (CAO) would either need to already have on file or the household would need to provide documentation from a doctor that someone in specific in the household would be in a life-threatening emergency if the household was without heat due to a specific medical condition. If the household provides a Release of Information, the CAO

| could also verify this information via collateral contact with the doctor as well.               |  |  |  |  |  |
|--|--|--|--|--|--|
| Crisis Requirement, 2604(c)  |  |  |  |  |  |
| 4.4 Within how many hours do you provide an intervention that will reso                          | olve the energy crisis for eligible households? 48Hours            |  |  |  |  |
| 4.5 Within how many hours do you provide an intervention that will resolutions? $18\mbox{Hours}$ | olve the energy crisis for eligible households in life-threatening |  |  |  |  |
| Crisis Eligibility, 2605(c)(1)(A)  |  |  |  |  |  |
| 4.6 Do you have additional eligibility requirements for CRISIS ASSISTANCE?                       | € Yes C No   |  |  |  |  |
| 4.7 Check the appropriate boxes below and describe the policies for each                         | W.   |  |  |  |  |
| Do you require an Assets test ?  | C Yes ⊙ No   |  |  |  |  |
| Do you give priority in eligibility to :   |  |  |  |  |  |
| Elderly?   | C Yes ⊙ No   |  |  |  |  |
| Disabled?  | C Yes ⊙ No   |  |  |  |  |
| Young Children?  | C Yes <b>⊙</b> No  |  |  |  |  |
| Households with high energy burdens?   | C Yes  |  |  |  |  |
| Other?   | C Yes  |  |  |  |  |
| In Order to receive crisis assistance:   |  |  |  |  |  |
| Must the household have received a shut-off notice or have a near empty tank?                    | <b>⊙</b> Yes <b>○</b> No   |  |  |  |  |
| Must the household have been shut off or have an empty tank?                                     | € Yes C No   |  |  |  |  |
| Must the household have exhausted their regular heating benefit?                                 | C Yes  |  |  |  |  |
| Must renters with heating costs included in their rent have received an eviction notice ?        | C Yes  |  |  |  |  |
| Must heating/cooling be medically necessary?   | C Yes  |  |  |  |  |
| Must the household have non-working heating or cooling equipment?                                | C Yes 		 No  |  |  |  |  |
| Other?   | C Yes <b>⊙</b> No  |  |  |  |  |
| Do you have additional / differing eligibility policies for:                                     |  |  |  |  |  |
| Renters?   | C Yes ⊙ No   |  |  |  |  |
| Renters living in subsidized housing?  | ⊙ Yes C No   |  |  |  |  |
| Renters with utilities included in the rent?   | ○Yes   |  |  |  |  |
| Explanations of policies for each "yes" checked above:   | T.   |  |  |  |  |

Crisis benefits for energy-supply-shortage emergencies include payment for the following two items:

- 1. Home-heating fuel for a household that is out of fuel or if the heating fuel supply will last less than 15 calendar days. The payment may be for either the main or secondary fuel type and may include the cost of an added charge for off-hours delivery service. The payment amount will not exceed the cost of the delivery; including any necessary reconnect fees and/or minor furnace start-up costs. Any credit balance with the household's vendor, including LIHEAP funds that have been authorized and not yet received, will be deemed available to resolve the crisis and will be deducted from the household's benefit amount.
- 2. Utility bills to restore or continue home-heating service if the household is without heat or in imminent danger of being without heat because of actual or scheduled termination of the main or secondary source of heat by a utility company. The payment may include the charge, if required, for a service reconnection.

NOTE: Crisis benefits may be approved in this instance based on issuance of a termination notice. The following applies:

- (A) For utilities regulated by a governing body such as the Public Utility Commission (PUC), winter termination procedures prevent the termination of service without the governing body's approval from December 1 through March 31. Regulated utilities may still issue termination notices from December 1 through March 31. They cannot, however, act on these notices to terminate service without having been granted permission to terminate service by the governing body. In these situations, contact must be made with the utility to determine if the governing body has granted the utility permission to terminate service for the applicant household before crisis benefits may be authorized to relieve the emergency. The household is ineligible for crisis benefits if the utility has not been granted approval to terminate service.
- (B) For utilities not regulated by a governing body, a termination notice means that the utility has established a date when service will actually terminate, in accordance with the utility's current termination procedures. Documentation of the termination notice must be provided

before crisis benefits may be authorized to relieve the emergency. Renters who pay for heat indirectly as an undesignated part of rent may be eligible for LIHEAP Crisis benefits for a secondary heat source if they are responsible for payment to a vendor, either in full or in part, for its secondary heating costs. **Determination of Benefits** 4.8 How do you handle crisis situations? V Separate component Fast Track Other - Describe: 4.9 If you have a separate component, how do you determine crisis assistance benefits? Amount to resolve the crisis. V V Other - Describe: Amount to resolve crisis up to a maximum of \$600. 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 O No Explain. There is an assistance office in every county in Pennsylvania. Some of the counties with a larger population have more than one office. Applicants can always apply online at the COMPASS website, or if they have already received LIHEAP Cash they can apply by phone as well. 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 No, explain. Travel to the sites at which applications for crisis assistance are accepted? Yes No If No, explain. If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled? Individuals can apply on the COMPASS website online. If they are already approved for a LIHEAP Cash grant, they can also call their assistance office to apply for Crisis benefits. Benefit Levels, 2605(c)(1)(B) 4.12 Indicate the maximum benefit for each type of crisis assistance offered. Winter Crisis \$600.00 maximum benefit \$0.00 maximum benefit Summer Crisis **Year-round Crisis** \$0.00 maximum benefit 4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits? Yes No If yes, Describe Crisis weatherization can provide blankets and auxiliary heaters if they run out of funding. 4.14 Do you provide for equipment repair or replacement using crisis funds? C Yes 💿 No If you answered "Yes" to question 4.14, you must complete question 4.15. 4.15 Check appropriate boxes below to indicate type(s) of assistance provided. Winter Year-round Crisis Summer Crisis Crisis Heating system repair Heating system replacement 

| Cooling system repair  |               |              |   |  |  |
|--|---------------|--------------|---|--|--|
| Cooling system replacement   |               |              |   |  |  |
| Wood stove purchase  |               |              |   |  |  |
| Pellet stove purchase  |               |              |   |  |  |
| Solar panel(s)   |               |              |   |  |  |
| Utility poles / gas line hook-ups  |               |              |   |  |  |
| Other (Specify):   |               |              |   |  |  |
| 4.16 Do any of the utility vendors you work with en  | nforce a mo   | ratorium on  | 1 shut offs?  |  |  |
| • Yes O No   |               |              |   |  |  |
| If you responded "Yes" to question 4.16, you must  | respond to    | question 4.1 | 17.   |  |  |
| 4.17 Describe the terms of the moratorium and any  | y special dis | pensation re | received by LIHEAP clients during or after the moratorium period. |  |  |
| For utilities regulated by a governing body such as the Public Utility Commission (PUC), winter termination procedures prevent the termination of service without the governing body's approval from December 1 through March 31. Regulated utilities may still issue termination notices from December 1 through March 31. They cannot, however, act on these notices to terminate service without having been granted permission to terminate service by the governing body. In these situations, contact must be made with the utility to determine if the governing body has granted the utility permission to terminate service for the applicant household before crisis benefits may be authorized to relieve the emergency. The household is ineligible for crisis benefits if the utility has not been granted approval to terminate service. |               |              |   |  |  |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.  |               |              |   |  |  |

### **Section 5 - WEATHERIZATION ASSISTANCE**

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES

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# LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

|                     | Section 5: WEATHERIZATION ASSISTANCE                       |                           |   |  |  |  |
|---------------------|--|---------------------------|---|--|--|--|
| Eligibility, 2605(c | e)(1)(A), 2605(b)(2) - Assur                               | cance 2                   |   |  |  |  |
| 5.1 Designate the   | income eligibility threshol                                | d used for the Weather    | ization component                       |  |  |  |
| Add                 | Househo  | ld Size                   | Eligibility Guideline                   | Eligibility Threshold  |  |  |
| 1                   | All Household Sizes  |                           | HHS Poverty Guidelines                  | 200.00%  |  |  |
| 5.2 Do you enter i  | into an interagency agreer                                 | nent to have another go   | vernment agency administer a WEA        | THERIZATION component? © Yes   |  |  |
| 5.3 If yes, name th | ne agency. PA Department                                   | of Community and Econ     | nomic Development                       |  |  |  |
| 5.4 Is there a sepa | rate monitoring protocol                                   | for weatherization? 💽     | Yes ONo                                 |  |  |  |
|                     | TION - Types of Rules                                      | UEAD weathouization?      | (Cheek only one)                        |  |  |  |
|                     |  |                           | (Check only one.)                       |  |  |  |
|                     | der LIHEAP (not DOE) r                                     |                           |   |  |  |  |
|                     | `  |                           | l-(-)l I WIEAD I WADl-                  | = 1265 (Charles II 4b-4b)  |  |  |
|                     |  | Tollowing DOE WAP r       | ule(s) where LIHEAP and WAP rule        | s differ (Cneck all that apply):   |  |  |
|                     | ne Threshold   |                           |   |  |  |  |
|                     | herization of entire multi-<br>vill become eligible within |                           | e is permitted if at least 66% of units | (50% in 2- & 4-unit buildings) are   |  |  |
| Weath               | herize shelters temporaril                                 | y housing primarily low   | income persons (excluding nursing l     | homes, prisons, and similar institutional  |  |  |
| Other               | · - Describe:  |                           |   |  |  |  |
| Mostly und          | er DOE WAP rules, with                                     | the following LIHEAP r    | rule(s) where LIHEAP and WAP rule       | es differ (Check all that apply.)  |  |  |
| Incon               | ne Threshold   |                           |   |  |  |  |
| Weat                | herization not subject to I                                | OOE WAP maximum sta       | atewide average cost per dwelling uni   | it.  |  |  |
| Weat                | herization measures are n                                  | ot subject to DOE Savin   | ngs to Investment Ration (SIR ) stand   | lards.   |  |  |
| <b>✓</b> Other      | - Describe:  |                           |   |  |  |  |
| Twe                 | enty percent of the average                                | cost per unit can be used | for Health and Safety costs.            |  |  |  |
| allocation t        | to the Department of Comm                                  | unity and Economic Dev    | *                                       | risis Interface) and are funded through the e as for Crisis Assistance: 150% FPIG. For on. |  |  |
| Eligibility, 2605(b | o)(5) - Assurance 5  |                           |   |  |  |  |
| 5.6 Do you requir   | e an assets test?  | C Yes ⊙ No                |   |  |  |  |
| 5.7 Do you have a   | dditional/differing eligibil                               | ity policies for :        |   |  |  |  |
| Renters             | Renters • Yes O No   |                           |   |  |  |  |
| Renters livi        | rs living in subsidized • Yes O No                         |                           |   |  |  |  |

| housing?  |  |   |  |
|---|--|---|--|
| 5.8 Do you give priority in eligibility to:   | 4  |   |  |
| Elderly?  |  |   |  |
| Disabled?   | € Yes C No   |   |  |
| Young Children?   | ⊙ Yes C No   |   |  |
| House holds with high energy burdens?   | • Yes • No   |   |  |
| Other? Households with high energy use  | ⊙ Yes C No   |   |  |
| helow.  After the clients have been addwhich gives different point values base  | led to the Weatherization Serviced on the client information. Th | the List to receive services, the clients are prioritized based on a point system the categories of elderly, children, disabled, high energy use and high energy clients with the highest priority points receiving services first.   |  |
| Benefit Levels  |  |   |  |
| 5.9 Do you have a maximum LIHEAP weat   | herization benefit/expenditur                                    | e per household? C Yes O No   |  |
| <b>5.10</b> If yes, what is the maximum? \$0  |  |   |  |
| Types of Assistance, 2605(c)(1), (B) & (D) 5.11 What LIHEAP weatherization measur   | res do you provide ? (Check al                                   | Il categories that apply.)  |  |
| Weatherization needs assessments/a  |  | Energy related roof repair  |  |
| ✓ Caulking and insulation   |  | Major appliance Repairs   |  |
| Storm windows   |  | Major appliance replacement   |  |
| Furnace/heating system modification   | ns/ repairs  | ₩ Windows/sliding glass doors   |  |
| Furnace replacement   | Top Top  | Doors Doors   |  |
| Cooling system modifications/ repair  | re   | ✓ Water Heater  |  |
| Water conservation measures   | 15   | Cooling system replacement  |  |
| Compact florescent light bulbs  |  | Other - Describe:  Health and Safety measures such as installing CO and smoke detectors, code compliance, minor plumbing, electrical, roof or flooring repairs, minor drainage, gutters and downspouts, removal of unvented space heaters, etc. A Deferral Pilot Program, addressing the issues of which have been deferred for weatherization, will enable additional weatherization measures to be performed. Allowable activities include: mold remediation, moisture control, knob and tube wiring issues, grading, roof repair, gutters and downspouts, drainage system, sump pump installation, pest control, air exchange issues, and radon testing and mitigation. These measures will be more extensive than what is normally allowed in the Weatherization Assistance program (WAP), with the ultimate goal of increased energy savings, reduced fuel use, and provide a safe and healthy home environment. |  |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. |  |   |  |

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# LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

# 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): Our application and flyers are available in Spanish. The flyer is available in Cambodian, Arabic, Russian, Vietnamese, and Chinese-these languages are printed as needed, not as part of our mass printings. Translation services for other languages are also available upon request. We also provide reproducible public education materials to utility companies and fuel vendors, upon request, for use in such ways as bill messages.

### Section 7 - Coordination, 2605(b)(4) - Assurance 4

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES

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# LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

# 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.). Dint application for multiple programs Intake referrals to/from other programs One - stop intake centers Other - Describe:

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# LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

## Section 8: Agency Designation, 2605(b)(6) - Assurance 6 (Required for state grantees and the Commonwealth of Puerto Rico)

|        | the Commonwealth of Puerto Rico)  |
|--------|---|
| 8.1 Ho | w 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:   |
|        |   |
|        | ate Outreach and Intake, 2605(b)(15) - Assurance 15 selected "Welfare Agency" in question 8.1, you must complete questions 8.2, 8.3, and 8.4, as applicable.  |
|        | w do you provide alternate outreach and intake for HEATING ASSISTANCE?  |
|        | Applications are mailed to households that received assistance the previous year. Clients who have applied previously through the COMPASS website will receive a postcard through the mail directing them to apply online. Applicants in select counties who have previously received LIHEAP will also receive COMPASS postcards. Paper applications are always available upon request.  LIHEAP applications and brochures are sent to a variety of agencies and organizations throughout the Commonwealth for distribution to clients. |
| 8.3 Ho | w do you provide alternate outreach and intake for COOLING ASSISTANCE?  |
| 8.4 Ho | w do you provide alternate outreach and intake for CRISIS ASSISTANCE?   |
|        | Applications are mailed to households that received assistance the previous year. Clients who have applied previously through the COMPASS website will receive a postcard through the mail directing them to apply online. Applicants in select counties who have previously received LIHEAP will also receive COMPASS postcards. Paper applications are always available upon request.   |

| 8.5 LIHEAP Component Administration.                                     | Heating                    | Cooling             | Crisis                          | Weatherization                              |
|--|----------------------------|---------------------|---------------------------------|---|
| 8.5a Who determines client eligibility?                                  | State Welfare Agency       |                     | State Welfare Agency            | State Energy/<br>Environment Agenc          |
| 8.5b Who processes benefit payments to gas and electric vendors?         | State Welfare Agency       |                     | State Welfare Agency            |   |
| 8.5c who processes benefit payments to bulk fuel vendors?                | State Welfare Agency       |                     | State Welfare Agency            |   |
| 8.5d Who performs installation of weatherization measures?               |                            |                     |                                 | Community Action<br>Agencies<br>Non-profits |
| If any of your LIHEAP component complete questions 8.6, 8.7, 8.8, and    |                            | •                   | tered by a state agen           | cy, you must                                |
| 8.6 What is your process for selecting local admin                       | istering agencies?         |                     |                                 |   |
| or white is your process for secenting focus dumini                      | agencies.                  |                     |                                 |   |
| Agencies are selected based on their a Standard Weatherization services. | bility to meet the require | ments of the progr  | am and expertise in providing C | risis Weatherization an                     |
| Agencies contracts are renewed based                                     | •                          |                     |                                 | one of the existing                         |
| agencies that participate in this program will                           | take over the area covered | d by the agency the | at was removed.                 |   |
| 8.7 How many local administering agencies do you                         | ı use? 36                  |                     |                                 |   |
| 8.8 Have you changed any local administering age                         | ncies in the last year?    |                     |                                 |   |
| Yes  | ·                          |                     |                                 |   |
| ○ No   |                            |                     |                                 |   |
| 8.9 If so, why?  |                            |                     |                                 |   |
| Agency was in noncompliance with gran                                    | ntee requirements for L    | IHEAP -             |                                 |   |
|  | _                          |                     |                                 |   |
| Agency is under criminal investigation                                   |                            |                     |                                 |   |
| Added agency   |                            |                     |                                 |   |
|  |                            |                     |                                 |   |
| Agency closed  |                            |                     |                                 |   |
| Other - describe   |                            |                     |                                 |   |
|  |                            |                     |                                 |   |
| ✓  |                            |                     |                                 |   |

### Section 9 - Energy Suppliers, 2605(b)(7) - Assurance 7

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES

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### Section 9: Energy Suppliers, 2605(b)(7) - Assurance 7

| 9.1 Do you mai | 9.1 Do you make payments directly to nome energy suppliers? |  |  |  |
|----------------|---|--|--|--|
| Heating        | • Yes O No  |  |  |  |
| Cooling        | O Yes O No  |  |  |  |
| Crisis         | ⊙ Yes ○ No  |  |  |  |
| Are there exc  | ceptions? • Yes O No  |  |  |  |

### If yes, Describe.

Pay client directly in the following situations:

- Vendor refuses to participate in the LIHEAP program or has been removed from the list of participating vendors
- The household pays for heat as an undesignated part of rent
- The heating bill is in the name of a non-household member (due to death of household member, incarceration of household member, a household leaving the household, or poor credit history of household members making them unable to obtain utilities in their own name)
  - Third-party billing
- Applicant is a roomer. A roomer is defined as an individual whose payment for lodging in a room includes heat and may include a private bathroom or one of the following: board, kitchen or bathroom privileges on a shared basis, or light housekeeping duties.

In these situations payments are made directly to the recipient. These account for 1.9% of all Cash payments and .2% of Crisis payments.

### 9.2 How do you notify the client of the amount of assistance paid?

Beginning from the program start date, the LIHEAP administering agency will send the applicant a written notice of the decision on eligibility within 30 days of the date of application.

- (1) The written notice will include an explanation of fair hearing rights and procedures.
- (2) The written notice will include the following:
- (i) If eligible. If the household is eligible, the written notice will include the type and amount of the benefit and the names of the payee.
- (ii) If ineligible. If the household is ineligible, the written notice will indicate the reason for the decision of ineligibility and provide a reference to the regulatory basis for the decision of ineligibility.

DHS will give households that register for or access their "MyCOMPASSAccount" online the option to receive notices electronically instead of through traditional paper mail. Households that opt to receive electronic notices will be required to electronically sign a disclosure statement in which they agree to receive and read the electronic notices sent by the State agency. Users who opt to receive electronic notices must provide a valid email address, and the State agency will verify the email address provided by the user. Once the user is registered to receive electronic notices, he or she will receive a confirmation e-mail and a hard copy paper notice with instructions on how to login to their account to view notices.

When a notice is available electronically, the household will receive an e-mail notification with a link to the client's "MyCOMPASSAccount," where the household can login to view the notice. MyCOMPASSAccount is on a secure website that will protect the household's information through browser encryption, user name and password, time-out feature, and security questions.

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?

Home energy suppliers must sign a Vendor Agreement with the Department agreeing to this condition. Suppliers may be subject to auditing by the Department's contractor.

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?

Home energy suppliers must sign a Vendor Agreement with the Department agreeing to this condition. Suppliers may be subject to auditing by the Department's contractor.

9.5. Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households?

C Yes O No

If so, describe the measures unregulated vendors may take.

August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075

Expiration Date: 09/30/2020

# LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

### Section 10: Program, Fiscal Monitoring, and Audit, 2605(b)(10)

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

The Agency monitors and tracks LIHEAP funds in several different ways to ensure fiscal accounting and tracking of LIHEAP funds. The following is an overview of our procedures.

Application Monitoring Procedures: All applications approved at the local agency level and forwarded for payment will be submitted for all computerized eligibility checks before payment is made.

The computerized checking process includes:

- a. Check for duplicate Social Security Numbers in existing DHS systems;
- b. Verify Social Security Numbers, Social Security benefit amounts, and death information through data exchange with the Social Security Administration:
  - c. Verify Supplemental Security Income payments through the State Data Exchange (SDX);
- d. Check for criminal information on all household members through data exchange with the Commonwealth Judicial Information System;
  - e. Check on family size and income;
  - f. Check for Cash payment above \$1,000;
  - g. Check for Crisis payment below \$25;
  - h. Check for total Crisis payment above \$600; and
  - i. Determination of payment;
  - All fields must contain acceptable established elements (characters or numbers);
  - All required fields must be completed.

Agency Monitoring Procedures:

- 1. The first step of the agency's monitoring strategy begins at the County Assistance Office (CAO).
- CAO staff members, involved in determining LIHEAP eligibility are mandated to participate in weekly Knowledge Reinforcement Sessions.
   Each LIHEAP Knowledge Reinforcement Session (LKRS) is 6 to 7 slides in length with 5 questions which must be answered correctly in order to complete the session. The sessions reinforce policy and procedural issues that are error prone, based on monitoring findings.
- CAO supervisors complete reviews of LIHEAP applications using a review tool designed to guide the reviewer and accumulate meaningful
  statewide results. CAO supervisors and managers as well as staff in the Bureau of Program Evaluation (BPE) monitor the results of the
  supervisor reviews to identify trends and implement corrective actions.
- Telephone conferences, referred to as Friday calls, are held initially weekly, then biweekly or mothly, to provide the counties with real-time
  system, policy and operational updates that impact the LIHEAP workflow. The calls also provide a means for CAOs to get answers to
  questions or resolutions to issues encountered.
- Both the CAOs and the monitoring staff communicate with the Policy team through the LIHEAP Training and Policy mailbox to address
  questions and issues on a daily basis as they arise. The shared responses ensure a uniform interpretation and consistent application of
  regulations throughout the agency.

- 2. For the second step of the agency's monitoring strategy BPE coordinates the annual LIHEAP monitoring reviews of CAOs and Crisis Contractors based on a two-year schedule for the CAOs. Additional CAOs are reviewed, as needed, based on extenuating circumstances or the recommendation of the Bureau of Operations. LIHEAP reviews are completed by a field-based monitoring team. Monitoring activities include:
- CAO and Crisis Contractor administration of LIHEAP activities including eligibility, benefit determination and corrective action through LIHEAP application reviews and on-site visits.
- Over 2,600 LIHEAP applications are randomly selected through data mining techniques and random samples and reviewed annually.
  - Independent audit on-site reviews to reduce potential bias in the monitoring process.
  - · Investigation and appropriate and timely escalation of information that suggests potential misuse, misrepresentation, or abuse.
- Issuance of preliminary and updated performance reports to CAOs to provide relevant data on accuracy and the composition of findings at both the county level and state level.
- Development of corrective action plans based on the findings from the monitoring team. The plans are implemented by OIM and monitored for compliance by BPE.
- Development and implementation of year-round program changes to increase program accuracy and integrity through collaboration with other bureaus. Examples include working with Staff Development in the development of LIHEAP training for the next LIHEAP season to incorporate situations found to be prone to error.

Additional monitoring procedures include the following:

- Bureau of Financial Operations provides OIM with technical assistance and conducts performance audits of specific CAOs and crisis
  contractors, as needed, to resolve systemic problems.
- Controls are built into the PROMISe™ system which vendors use to bill for LIHEAP Crisis claims to ensure the vendors bill for valid Crisis requests and are paid the amount they are authorized to receive.
- The vendor unit assists heating vendors by answering questions, helping to file Crisis claims in PROMISe™, and reviewing vendor transactions.
- Executive Staff from the Bureaus of Policy, Program Support, and Program Evaluation meet on a bi-weekly basis to discuss LIHEAP and all
  issues and topics pertinent to the program.
- · CAO supervisors review a list of direct pay authorizations every Friday to ensure that the budgets are being authorized correctly and accurately.
- The Comptroller's Office reviews the weekly LIHEAP vouchers for any questionable payments and works with OIM to ensure all payments issued to households are correct.
- The field monitoring team conducts reviews of LIHEAP vendors to ensure compliance with the DHS LIHEAP Vendor Agreement, focusing on the following areas:
  - -Compliance with DHS Information Requirements
  - -Proper and Accurate completion of the Vendor Agreement
  - -Timeliness of Crisis delivery
  - -Application of LIHEAP benefit in accordance with vendor agreement and DHS Policy
  - -Proper handling of LIHEAP refunds
  - -Record Retention

### Audit Process

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

Yes □ No

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 fiscal year.

No Findings 🗹

| Finding | Finding Type Brief Summary |  | Resolved? | Action Taken |
|---------|----------------------------|--|-----------|--------------|
| 1       |                            |  |           |              |

### 10.4. Audits of Local Administering Agencies

What types of annual audit requirements do you have in place for local administering agencies/district offices? Select all that apply.

| Local agencies/district offices are required to have an annual audit in compliance with 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: Select all that apply  |
| Grantee employees:  |
| Internal program review   |
| Departmental oversight  |
| Secondary review of invoices and payments   |
| Other program review mechanisms are in place. Describe:   |
| The Agency monitors and tracks LIHEAP funds in several different ways to ensure fiscal accounting and tracking of LIHEAP funds. The following is an overview of our procedures.  Application Monitoring Procedures: All applications approved at the local agency level and forwarded for payment will be submitted for |
| all computerized eligibility checks before payment is made.   |
| The computerized checking process includes:   |
| a. Check for duplicate Social Security Numbers in existing DHS systems;   |
| b. Verify Social Security Numbers, Social Security benefit amounts, and death information through data exchange with the Social Security Administration;  |
| c. Verify Supplemental Security Income payments through the State Data Exchange (SDX);  |
| d. Check for criminal information on all household members through data exchange with the Commonwealth Judicial Information System;   |
| e. Check on family size and income;   |
| f. Check for Cash payment above \$1,000;  |
| g. Check for Crisis payment below \$25;   |
| h. Check for total Crisis payment above \$600; and  |
| i. Determination of payment;  |
| <ul> <li>All fields must contain acceptable established elements (characters or numbers);</li> </ul>  |
| All the Colf II and the control   |

All required fields must be completed.

Agency Monitoring Procedures:

- 1. The first step of the agency's monitoring strategy begins at the County Assistance Office (CAO).
- CAO staff members, involved in determining LIHEAP eligibility are mandated to participate in weekly Knowledge Reinforcement Sessions.
   Each LIHEAP Knowledge Reinforcement Session (LKRS) is 6 to 7 slides in length with 5 questions which must be answered correctly in order to complete the session. The sessions reinforce policy and procedural issues that are error prone, based on monitoring findings.
- CAO supervisors complete reviews of LIHEAP applications using a review tool designed to guide the reviewer and accumulate meaningful statewide results. CAO supervisors and managers as well as staff in the Bureau of Program Evaluation (BPE) monitor the results of the supervisor reviews to identify trends and implement corrective actions.
- Telephone conferences, referred to as Friday calls, are held initially weekly, then biweekly or monthly, to provide the counties with real-time
  system, policy and operational updates that impact the LIHEAP workflow. The calls also provide a means for CAOs to get answers to
  questions or resolutions to issues encountered.
- Both the CAOs and the monitoring staff communicate with the Policy team through the LIHEAP Training and Policy mailbox to address
  questions and issues on a daily basis as they arise. The shared responses ensure a uniform interpretation and consistent application of

regulations throughout the agency.

- 2. For the second step of the agency's monitoring strategy BPE coordinates the annual LIHEAP monitoring reviews of CAOs and Crisis Contractors based on a two-year schedule for the CAOs. Additional CAOs are reviewed as needed based on extenuating circumstances or the recommendation of the Bureau of Operations. LIHEAP reviews are completed by a field-based monitoring team. Monitoring activities include:
- CAO and Crisis Contractor administration of LIHEAP activities including eligibility, benefit determination and corrective action through LIHEAP application reviews and on-site visits.
- Over 2,500 LIHEAP applications are randomly selected through data mining techniques and random samples and reviewed annually.
  - Independent audit on-site reviews to reduce potential bias in the monitoring process.
  - Investigation and appropriate and timely escalation of information that suggests potential misuse, misrepresentation, or abuse.
- Issuance of preliminary and updated performance reports to CAOs to provide relevant data on accuracy and the composition of findings at both the county level and state level.
- Development of corrective action plans based on the findings from the monitoring team. The plans are implemented by OIM and monitored for compliance by BPE.
- Development and implementation of year-round program changes to increase program accuracy and integrity through collaboration with other bureaus. Examples include working with Staff Development in the development of LIHEAP training for the next LIHEAP season to incorporate situations found to be prone to error.

Additional monitoring procedures include the following:

- Bureau of Financial Operations provides OIM with technical assistance and conducts performance audits of specific CAOs and crisis
  contractors, as needed, to resolve systemic problems.
- Controls are built into the PROMISe™ system which vendors use to bill for LIHEAP Crisis claims to ensure the vendors bill for valid Crisis requests and are paid the amount they are authorized to receive.
- The vendor unit assists heating vendors by answering questions, helping to file Crisis claims in PROMISe™, and reviewing vendor transactions
- Executive Staff from the Bureaus of Policy, Program Support, and Program Evaluation meet on a bi-weekly basis to discuss LIHEAP and all
  issues and topics pertinent to the program.
- · CAO supervisors review a list of direct pay authorizations every Friday to ensure that the budgets are being authorized correctly and accurately.
- The Comptroller's Office reviews the weekly LIHEAP vouchers for any questionable payments and works with OIM to ensure all payments issued to households are correct.
- The field monitoring team conducts reviews of LIHEAP vendors to ensure compliance with the DHS LIHEAP Vendor Agreement, focusing on the following areas:
  - -Compliance with DHS Information Requirements
  - -Proper and Accurate completion of the Vendor Agreement
  - -Timeliness of Crisis delivery
  - -Application of LIHEAP benefit in accordance with vendor agreement and DHS Policy
  - -Proper handling of LIHEAP refunds
  - -Record Retention

### 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:

- · Per the current visit plan, medium, large, and ad-hoc counties are visited in addition to the crisis contractors.
- · Agencies are visited in accordance with the established schedule, prior year results and OIM concerns.
- · Rushmore Case Review Database is used for LIHEAP Monitoring by both the monitoring team and the CAOs.
- · Per the current visit plan, small processing agencies are monitored by desk review.

- The provided database is used by both the CAOs and the LIHEAP monitoring team.
- · Weekly knowledge reinforcement sessions are in place for all staff processing LIHEAP applications.

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

For the agency's monitoring strategy, BPE coordinates the annual LIHEAP monitoring reviews of CAOs and Crisis Contractors based on a two-year schedule for the CAOs. Additional CAOs are reviewed, as needed, based on extenuating circumstances or the recommendation of the Bureau of Operations. LIHEAP reviews are completed by a field-based monitoring team. Monitoring activities include:

- CAO and Crisis Contractor administration of LIHEAP activities including eligibility, benefit determination and corrective action through LIHEAP application reviews and on-site visits.
  - Over 2,500 LIHEAP applications are randomly selected through data mining techniques and random samples and reviewed annually.
  - Independent audit on-site reviews to reduce potential bias in the monitoring process.
  - · Investigation and appropriate and timely escalation of information that suggests potential misuse, misrepresentation, or abuse.
- Issuance of preliminary and updated performance reports to CAOs to provide relevant data on accuracy and the composition of findings at both the county level and state level.
- Development of corrective action plans based on the findings from the monitoring team. The plans are implemented by OIM and monitored for compliance by BPE.
- Development and implementation of year-round program changes to increase program accuracy and integrity through collaboration with other bureaus. Examples include working with Staff Development in the development of LIHEAP training for the next LIHEAP season to incorporate situations found to be prone to error.

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

### Site Visits:

All agencies, aside from the largest processing locations are reviewed in a two year rotation. The largest processing locations are reviewed yearly. Size is determined by prior year volume. Some additional CAOs are reviewed, as needed, based on extenuating circumstances such as a change in processing style or prior year results.

### Desk Reviews:

Small processing locations, defined as those processing less than 5000 applications yearly, are monitored by desk review.

### 10.8. How often is each local agency monitored?

With the exceptions noted in 10.7, every two years.

10.9. What is the combined error rate for eligibility determinations? OPTIONAL

10.10. What is the combined error rate for benefit determinations?  ${\bf OPTIONAL}$ 

10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? 42

 $10.12.\ How many local agencies are currently on corrective action plans for financial accounting or administrative issues? \ 0$ 

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# LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

| Section 11: Timely and Meaningful Public Participation, 2605(b)(12), 2605(C)(2)   |                                |   |  |  |
|---|--------------------------------|---|--|--|
| 11.1 How did you obtain input from the public in the deve<br>Select all that apply.   | elopment of your LIHEAP pl     | an?   |  |  |
| Tribal Council meeting(s)   |                                |   |  |  |
| Public Hearing(s)   |                                |   |  |  |
| ✓ Draft Plan posted to website and available for co   | omment                         |   |  |  |
| Hard copy of plan is available for public view an   | nd comment                     |   |  |  |
| Comments from applicants are recorded   |                                |   |  |  |
| Request for comments on draft Plan is advertise   | ed                             |   |  |  |
| Stakeholder consultation meeting(s)   |                                |   |  |  |
| Comments are solicited during outreach activiti   | ies                            |   |  |  |
| Other - Describe:   |                                |   |  |  |
| DHS initially proposed in its State Plan to close LIHEAP on 3/31/20. Many commenters suggested running the program longer. After reviewing financial projections, DHS revised the State Plan to feature a closing date of 04/10/20. |                                |   |  |  |
| Public Hearings, 2605(a)(2) - For States and the Common   | wealth of Puerto Rico Only     |   |  |  |
| 11.3 List the date and location(s) that you held public hea   | ring(s) on the proposed use a  | and distribution of your LIHEAP funds?                              |  |  |
|   | Date                           | Event Description   |  |  |
| 1   | 06/27/2019                     | Philadelphia Public Hearing   |  |  |
| 2   | 07/02/2019                     | Harrisburg Public Hearing   |  |  |
| 3   | 06/25/2019                     | Pittsburgh Public Hearing   |  |  |
| 11.4. How many parties commented on your plan at the hearing(s)? 7  |                                |   |  |  |
| 11.5 Summarize the comments you received at the hearing   | g(s).                          |   |  |  |
| The document attached summarizes and consoperiod (June 15 - July 19, 2019).   | olidates the comments received | at the public hearings and through the entire public comment        |  |  |
| 11.6 What changes did you make to your LIHEAP plan a  | s a result of the comments re  | ceived at the public hearing(s)?                                    |  |  |
| DHS initially proposed in its State Plan to clor<br>reviewing financial projections, DHS revised the State  | •                              | commenters suggested running the program longer. After of 04/10/20. |  |  |
|   |                                |   |  |  |

If any of the above questions require further explanation or clarification that could not be made in

the fields provided, attach a document with said explanation here.

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# LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

### 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? 6584
- 12.2 How many of those fair hearings resulted in the initial decision being reversed? 16
- 12.3 Describe any policy and/or procedural changes made in the last Federal fiscal year as a result of fair hearings?

None

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

- The client must appeal within 30 days from the date of the written notice of a CAO decision or action. They may appeal by completing and signing the appeal section of any notice, sending a written or faxed request to the CAO, telling the CAO and following it up with a written request within 3 days, or sending a written request to the agency which notified the client of the decision.
- The CAO/agency will offer the client and his representative the opportunity to have a prehearing conference. This conference may be by
  telephone or face-to face. A prehearing conference is an effort to resolve an issue between the client and the CAO/agency before going to a
  hearing. If the issue can be resolved at the prehearing conference, the work and expense of an appeal hearing can be eliminated. The prehearing
  conference does not affect the client's right to have a hearing and it does not affect the requirements for submitting requests timely to Bureau of
  Hearings and Appeals (BHA).
- The BHA will designate an Administrative Law Judge (ALJ) who has the authority to make a decision on an appeal. The Director of BHA will affirm, amend, reverse, or remand the decision. The CAO, administering agency, or provider agency is bound by the decision, but may request reconsideration by the Secretary of Human Services. Only the client has the right to appeal to Commonwealth Court.

### 12.5 When and how are applicants informed of these rights?

Applicants sign a certification page as a condition of application. It states, "I understand I have the right to appeal any decision or undue delay in decision which I consider improper regarding this application." The explanation of the right to appeal also appears on the notice they receive informing them of the decision on their request for benefits.

- 12.6 Describe your fair hearing procedures for households whose applications are not acted on in a timely manner.
  - The client may appeal by completing and signing the appeal section of any notice, sending a written or faxed request to the CAO, telling the CAO and following it up with a written request within 3 days, or sending a written request to the agency which notified the client of the decision.
  - The CAO/agency will offer the client and his representative the opportunity to have a prehearing conference. This conference may be by telephone or face-to face. A prehearing conference is an effort to resolve an issue between the client and the CAO/agency before going to a hearing. If the issue can be resolved at the prehearing conference, the work and expense of an appeal hearing can be eliminated. The prehearing conference does not affect the client's right to have a hearing and it does not affect the requirements for submitting requests timely to Bureau of Hearings and Appeals (BHA).
  - The BHA will designate an Administrative Law Judge (ALJ) who has the authority to make a decision on an appeal. The Director of BHA will affirm, amend, reverse, or remand the decision. The CAO, administering agency, or provider agency is bound by the decision, but may request reconsideration by the Secretary of Human Services. Only the client has the right to appeal to Commonwealth Court.
- 12.7 When and how are applicants informed of these rights?

Applicants sign a certification page as a condition of application. It states, "I understand I have the right to appeal any decision or undue delay in decision which I consider improper regarding this application." The explanation of the right to appeal also appears on the notice they receive informing them of the decision on their request for benefits.

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# LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

### 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?  |  |  |  |  |
|--|--|--|--|--|
| In accordance with Pub. L. 97-35, Section 2605(b) as amended by Title III of the Health and Human Services Amendments of 1994, Pub L. 103-252, Pennsylvania chooses not to exercise its option to use up to five percent of its allotment to provide services that encourage and enab households to reduce their home energy needs and thereby the need for energy assistance. The funds will be used for LIHEAP benefits to familie |  |  |  |  |
| 13.2 How do you ensure that you don't use more than 5% of your LIHEAP funds for these activities?  |  |  |  |  |

13.3 Describe the impact of such activities on the number of households served in the previous Federal fiscal year.

N/A

N/A

13.4 Describe the level ofdirect benefitsprovided to those households in the previous Federal fiscal year.

N/A

13.5 How many households applied for these services? N/A

13.6 How many households received these services?  $\,\mathrm{N/A}$ 

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Expiration Date: 09/30/2020

# LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

### **Section 14:Leveraging Incentive Program, 2607(A)**

| 14.1 Do you plan to  | submit an application for | the leveraging incentive program? |
|----------------------|---------------------------|-----------------------------------|
| i iii Do you piun to | submit an application for | the reveruging meetitive program. |

€ Yes € No

14.2 Describe instructions to any third parties and/or local agencies for submitting LIHEAP leveraging resource information and retaining records.

An email is sent to representatives from energy vendors, fuel funds and community agencies requesting them to complete the LIHEAP Leveraging Report for the previous fiscal year. We forward the directions as provided by the Department of Health and Human Services and provide assistance with completion of the form if necessary.

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:

| Resource | 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 LIHEAP?   |
|----------|--|--|--|
| 1        | Customer Assistance<br>Program or Energy<br>Assistance Program -<br>Arrearage<br>forgiveness and<br>reduced monthly<br>payment | West Penn Power funds, Duquesne Light rates, Peoples Natural Gas rates, FirstEnergy Met-Ed rates, NFG (National Fuel Gas) funds, PECO rates, PENELEC rates, UGI Penn National Gas revenues, PGW rates, Peoples Gas TWP rates, UGI Utilities (Electric Division) rates, UGI Central Penn funds, UGI natural gas funds, PPL Electric Utilities funds | iiiD discount/waiver program. LIHEAP eligibility is necessary.   |
| 2        | Waiver of late<br>payment charges  | West Penn Power funds,<br>Peoples Natural Gas rates,<br>Duquesne Light funds,<br>FirstEnergy (Met Ed) funds,<br>National Fuel funds, PECO<br>funds, PENELEC funds,<br>Penn Power funds, UGI Penn<br>Natural Gas revenues, PGW<br>rates, UGI Utilities funds,<br>Peoples Gas rates, Columbia<br>Gas rates   | iiiD discount/waiver program. LIHEAP eligibility is necessary.   |
| 3        | Waived security deposits   | West Penn Power funds,<br>Columbia Gas rates, PECO<br>funds, Peoples Natural Gas<br>rates, Duquesne Light<br>revenues, National Fuel<br>funds, PPL Electric Utilities  | iiiD discount/waiver program. LIHEAP eligibility is necessary.   |
| 4        | Waived reconnect fees  | Columbia Gas revenues,<br>Peoples Natural Gas rates  | iiiD discount/waiver program. LIHEAP eligibility is necessary.   |
| 5        | Cash payments to utility companies   | Dollar Energy Fund - Utility<br>company shareholder funds<br>and utility customer<br>contributions, NFG-<br>Neighbor for Neighbor Fund   | iiiE - Staff assigned to the resource communicate about how to meet the home energy needs of specific, individual households. During the LIHEAP program, this communication takes place before assistance is provided to each household, unless the applicant for assistance from the resource presents documentation of LIHEAP eligibility and/or the amount of LIHEAP assistance received or to be received. |

|    |  | B  |  |
|----|--|--|--|
| 6  | Customer Assistance<br>Program reduced<br>monthly payment  | Peoples Natural Gas rates,<br>Peoples Gas rates, Penn<br>Power rates, PPL Electric<br>operating funds, UGI<br>Utilities (Electric Division)<br>funds, UGI North funds,<br>UGI South funds, PECO<br>funds, Columbia Gas funds   | iiiD discount/waiver program. LIHEAP eligibility is necessary.   |
| 7  | Cash payments<br>toward energy bills   | FirstEnergy (Met Ed) customer and employee donations; NFG National Fuel Gas customers, stockholders and employees; PENELEC customer and employee donations; PPL Electric Utilities customer and employee donations; UGI utilities customer and employee donations; UGI Central Penn funds, PECO funds        | iiiE - Staff assigned to the resource communicate about how to meet the home energy needs of specific, individual households. During the LIHEAP program, this communication takes place before assistance is provided to each household, unless the applicant for assistance from the resource presents documentation of LIHEAP eligibility and/or the amount of LIHEAP assistance received or to be received. |
| 8  | Furnace and Energy-<br>related home repairs<br>payments for repair/<br>replacement of<br>equipment or gas<br>lines                             | Peoples Natural Gas<br>hardship fund, People Gas<br>hardship fund, NFG funds   | iiiE - Staff assigned to the resource communicate about how to meet the home energy needs of specific, individual households. During the LIHEAP program, this communication takes place before assistance is provided to each household, unless the applicant for assistance from the resource presents documentation of LIHEAP eligibility and/or the amount of LIHEAP assistance received or to be received. |
| 9  | Low-income usage<br>reduction program<br>(LIURP)   | UGI Utilities (Electric<br>Division) rates, UGI North<br>funds, UGI South, UGI<br>Central funds, Duquesne<br>Light funds, PECO funds,<br>NFG funds, PPL Electric<br>Utilities funds  | iiiE - Staff assigned to the resource communicate about how to meet the home energy needs of specific, individual households. During the LIHEAP program, this communication takes place before assistance is provided to each household, unless the applicant for assistance from the resource presents documentation of LIHEAP eligibility and/or the amount of LIHEAP assistance received or to be received. |
| 10 | Matching Energy Assistance Fund (MEAF) cash payment on delinquent accounts to avoid termination  | PECO customer<br>contributions, agency funds,<br>shareholder match   | iiiE - Staff assigned to the resource communicate about how to meet the home energy needs of specific, individual households. During the LIHEAP program, this communication takes place before assistance is provided to each household, unless the applicant for assistance from the resource presents documentation of LIHEAP eligibility and/or the amount of LIHEAP assistance received or to be received. |
| 11 | Philadelphia Gas<br>Works (PGW)<br>Conservation works<br>cash payment for<br>acquisition and<br>installation of<br>weatherization<br>materials | PGW rate payers  | iiiE - Staff assigned to the resource communicate about how to meet the home energy needs of specific, individual households. During the LIHEAP program, this communication takes place before assistance is provided to each household, unless the applicant for assistance from the resource presents documentation of LIHEAP eligibility and/or the amount of LIHEAP assistance received or to be received. |
| 12 | Utility Emergency<br>Services Fund<br>(UESF) cash<br>payments toward<br>energy bills and in-<br>kind contributions                             | Utilities match contributions<br>from individuals, United<br>Way, special events,<br>foundations, and fund raisers   | iiiE - Staff assigned to the resource communicate about how to meet the home energy needs of specific, individual households. During the LIHEAP program, this communication takes place before assistance is provided to each household, unless the applicant for assistance from the resource presents documentation of LIHEAP eligibility and/or the amount of LIHEAP assistance received or to be received. |
| 13 | Payments on past due<br>bills  | Adams Electric Cooperative member donations; Central Electric Cooperative members, employees and company donations; Penn Power customer and employee donations; UGI Utilities customers, employees, and company donations; Northwestern Rural Electric Cooperative members, employees, and company donations | iiiA The assistance depends on and is determined by the receipt of LIHEAP and supplements LIHEAP.  |
| 14 | Member to Member<br>Program payments<br>on past due bills  | Northwestern Rural Electric<br>Cooperative members,<br>employees, and company<br>donations, PECO funds (Gift<br>of Energy), NFG Neighbor<br>for Neighbor fund  | iiiG - resource takes referrals from LIHEAP program  |

| 15 | Low Cost Heating Oil Program discounted fuel oil for customer purchase | CITGO fuel oil discount<br>administered by Citizens<br>Energy          | iiiB receipt of LIHEAP is necessary to receive.                |
|----|--|--|--|
| 16 | Natural gas payments and fuel oil deliveries                           | I Friist filings and accriled - 1                                      | iiiD discount/waiver program. LIHEAP eligibility is necessary. |
| 17 | Waived CAP<br>Customer<br>Connection &<br>Transfer Fees                | Peoples Natural Gas rates,<br>Peoples Gas rates, Columbia<br>Gas rates | iiiD discount/waiver program. LIHEAP eligibility is necessary. |

### **Section 15 - Training**

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92,02/95,03/96,12/98,11/01
OMB Clearance No.: 0970-0075

Expiration Date: 09/30/2020

# LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

| 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  Weekly LIHEAP Knowledge Reinforcement Sessions are required of assistance office staff and remain available throughout the season as a reference resource. There are also biweekly support conference calls held between assistance office coordinators, policy staff, operations staff and computer systems staff. |  |  |  |
| c. Vendors  |  |  |  |
| Formal training conference  |  |  |  |
| How often?  |  |  |  |
| Annually  |  |  |  |
| Biannually  |  |  |  |

|                   | As needed   |
|-------------------|---|
|                   | Other - Describe:   |
| <b>&gt;</b>       | Policies communicated through vendor agreements   |
| I I               | Policies are outlined in a vendor manual  |
|                   | Other - Describe: crence web training provided annually by grantee                            |
| 15.2 Does  Yes No | s your training program address fraud reporting and prevention?                               |
| If any            | of the above questions require further explanation or clarification that could not be made in |

If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

### Section 16 - Performance Goals and Measures, 2605(b)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075

Expiration Date: 09/30/2020

# LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

### Section 16: Performance Goals and Measures, 2605(b) - Required for States Only

16.1 Describe your progress toward meeting the data collection and reporting requirements of the four required LIHEAP performance measures. Include timeframes and plans for meeting these requirements and what you believe will be accomplished in the coming federal fiscal year.

Pennsylvania's Department of Human Services (DHS) created a semi-automated system in 2015 to gather energy data and generate performance measures reports. The system takes the following steps each FY:

- 1. A database is populated with data from LIHEAP-eligible households whose heating and electricity providers are known to DHS.
- 2. Files are generated from this database and securely sent to all providers who participate in performance measures data collection. The file contains identifying information for each household served by the provider.
- 3. The provider enters the annual energy costs for each household in the file, when available, and returns it securely to DHS.
- 4. The database is populated with the annual energy data returned by the providers.
- 5. Using this data, the system generates the Energy Burden Targeting Report.
- 6. Using data stored in the eligibility system, the system also generates the two additional reports: Restoration of Home Energy Service and Prevention of Loss of Home Energy Service.

DHS has been successful in working with large utilities and energy providers to improve the process of collecting energy data. These organizations have the staff and technical expertise to expedite the collection and transmittal of data to DHS. The top 5 electric providers and the top 6 natural gas providers currently participate in the performance measures process. The top 12 fuel oil and top 11 propane providers also participate.

Data collection remains a challenge for smaller providers, especially wood and coal providers. These small businesses often do not have the capability to provide the necessary data or are unable to follow technical instructions to receive and transmit the data securely. DHS is not currently attempting to add additional wood or coal providers to the process, since only a small percentage of Pennsylvania's LIHEAP recipients use these fuel types. DHS will, however, attempt to maintain the participation of the 8 providers who are already involved.

Report generation is entirely automated. One mathematical deficiency have been identified with Pennsylvania's Energy Burden Targeting Report. The numbers are currently corrected manually, but system update is pending to permanently fix this issue and will hopefully be implemented during FY20.

If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92,02/95,03/96,12/98,11/01
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# LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

| Section 17: Program Integrity, 2605(b)(10)  |   |  |                       |  |  |  |
|---|---|--|-----------------------|--|--|--|
| 17.1 Fraud Reporting Mechanisms   | s   |  |                       |  |  |  |
| a. Describe all mechanisms availab  | ble to the public for reporting cases of                          | f suspected waste, fraud, and abuse. S | elect all that apply. |  |  |  |
| Online Fraud Reportin   | ıg  |  |                       |  |  |  |
| Dedicated Fraud Repo  | ✓ Dedicated Fraud Reporting Hotline                               |  |                       |  |  |  |
| Report directly to local  | Report directly to local agency/district office or Grantee office |  |                       |  |  |  |
| Report to State Inspect   | tor General or Attorney General                                   |  |                       |  |  |  |
| Forms and procedures  | in place for local agencies/district off                          | ïces and vendors to report fraud, was  | te, and abuse         |  |  |  |
| Other - Describe:   |   |  |                       |  |  |  |
| b. Describe strategies in place for a   | advertising the above-referenced reso                             | ources. Select all that apply          |                       |  |  |  |
| Printed outreach mater  | rials   |  |                       |  |  |  |
| 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. |   |  |                       |  |  |  |
|   | Collected from Whom?  |  |                       |  |  |  |
| Type of Identification Collected  | Applicant Only  | Applicant Only All Adults in Household |                       |  |  |  |
| Social Security Card is photocopied and retained  | Required  | Required                               | Required              |  |  |  |
|   | Requested   | Requested                              | Requested             |  |  |  |
| Social Security Number (Without actual Card)  | Required  | Required                               | Required              |  |  |  |
|   | Requested   | Requested                              | Requested             |  |  |  |
| Government-issued identification<br>card<br>(i.e.: driver's license, state ID,  | Required  | Required                               | Required              |  |  |  |
| Tribal ID, passport, etc.)  | Requested   | Requested                              | Requested             |  |  |  |

| Other   | Applicant Only<br>Required   | Applicant Only<br>Requested | All Adults in<br>Household<br>Required | All Adults in<br>Household<br>Requested | All Household<br>Members<br>Required | All Household<br>Members<br>Requested |
|---|--|-----------------------------|--|---|--------------------------------------|---------------------------------------|
| 1   |  |                             |  |   |                                      |                                       |
|   |  | •                           | 1)                                     | 1).                                     |                                      |                                       |
| b. Describe any exceptions to the above   | •  |                             |  |   |                                      |                                       |
| PA LIHEAP State Plan se<br>one shall complete an energy assi  |  |                             |  |   |                                      | inable to provide                     |
| 17.3 Identification Verification  |  |                             |  |   |                                      |                                       |
| Describe what methods are used to ve  | rify the authenticit   | y of identification         | documents provid                       | led by clients or ho                    | usehold members                      | . Select all that                     |
| apply   |  |                             |  |   |                                      |                                       |
| Verify SSNs with Social Securi  | ty Administration  |                             |  |   |                                      |                                       |
| Match SSNs with death record  | s from Social Secu   | rity Administratio          | n or state agency                      |   |                                      |                                       |
| Match SSNs with state eligibili   | ty/case managemen  | nt system (e.g., SN         | AP, TANF)                              |   |                                      |                                       |
| Match with state Department of  | of Labor system  |                             |  |   |                                      |                                       |
| Match with state and/or federa  | l corrections system   | n                           |  |   |                                      |                                       |
| Match with state child support  | system   |                             |  |   |                                      |                                       |
| Verification using private softv  | vare (e.g., The Wor  | k Number)                   |  |   |                                      |                                       |
| In-person certification by staff  | (for tribal grantee  | s only)                     |  |   |                                      |                                       |
| Match SSN/Tribal ID number  | with tribal databas  | se or enrollment re         | ecords (for tribal s                   | grantees only)                          |                                      |                                       |
| Other - Describe:   |  |                             |  |   |                                      |                                       |
| 17.4. Citizenship/Legal Residency Ver   | ification  |                             |  |   |                                      |                                       |
| What are your procedures for ensuring all that apply.   | g that household n   | nembers are U.S. o          | citizens or aliens v                   | vho are qualified to                    | receive LIHEAP                       | benefits? Select                      |
| Clients sign an attestation of o  | citizenship or legal   | residency                   |  |   |                                      |                                       |
| Client's submission of Social S   | Security cards is ac   | cepted as proof of          | legal residency                        |   |                                      |                                       |
| Noncitizens must provide doc  | umentation of imm  | nigration status            |  |   |                                      |                                       |
| Citizens must provide a copy  | of their birth certif  | icate, naturalizati         | on papers, or pass                     | sport                                   |                                      |                                       |
| Noncitizens are verified throu  | Noncitizens are verified through the SAVE system                             |                             |  |   |                                      |                                       |
| Tribal members are verified t   | Tribal members are verified through Tribal enrollment records/Tribal ID card |                             |  |   |                                      |                                       |
| Other - Describe:   |  |                             |  |   |                                      |                                       |
| 17.5. Income Verification   |  |                             |  |   |                                      |                                       |
| What methods does your agency utiliz  | e to verify househo  | old income? Select          | all that apply.                        |   |                                      |                                       |
| Require documentation of inco   | me for all adult ho  | usehold members             |  |   |                                      |                                       |
| ✓ Pay stubs   |  |                             |  |   |                                      |                                       |
| Social Security award le  | etters   |                             |  |   |                                      |                                       |
| Bank statements   | Bank statements  |                             |  |   |                                      |                                       |
| Tax statements  |  |                             |  |   |                                      |                                       |
| Zero-income statements  | Zero-income statements   |                             |  |   |                                      |                                       |
| Unemployment Insuran  | ce letters   |                             |  |   |                                      |                                       |
| Other - Describe:   |  |                             |  |   |                                      |                                       |
| If applicants are recipients of another type of benefit in the state computer system (TANF, Medicaid, or SNAP) and state that there is no change in their income, they are not required to re-verify their income for LIHEAP. |  |                             |  |   |                                      |                                       |
| 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. Select all that apply.             |
| 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   |
|   |
|   |
| Other - Describe:   |
| 17.7. Verifying the Authenticity  |
| What policies are in place for verifying vendor authenticity? Select all that apply.  |
| All vendors must register with the State/Tribe.   |
| 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? Select all that apply. |
| Applicants required to submit proof of physical residency   |
| Applicants must submit current utility bill   |
| Data exchange with utilities that verifies:   |
| Account ownership   |
| ✓ Consumption   |
| <b>☑</b> Balances   |
| ✓ Payment history   |
| Account is properly credited with benefit   |
| ✓ Other - Describe:   |
| Data exchange is not set up for all utilities and not all utilities provide all the verifications listed above.   |
| 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 energy assistance programs to avoid duplication of payments  |
| Payments to utilities and invoices from utilities are reviewed for accuracy   |

| <b>&gt;</b>   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
|   | 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.   | 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? Select all that apply.   |  |  |  |  |  |
| >   | Vendors are checked against an approved vendors list   |  |  |  |  |  |
| >   | Centralized computer system/database is used to track payments to all vendors  |  |  |  |  |  |
| <b>V</b>  | Clients are relied on for reports of non-delivery or partial delivery  |  |  |  |  |  |
|   | Two-party checks are issued naming client and vendor   |  |  |  |  |  |
| <b>V</b>  | Direct payment to households are made in limited cases only  |  |  |  |  |  |
|   | Vendors are only paid once they provide a delivery receipt signed by the client  |  |  |  |  |  |
| /   | Conduct monitoring of bulk fuel vendors  |  |  |  |  |  |
| <b>~</b>  | Bulk fuel vendors are required to submit reports to the Grantee  |  |  |  |  |  |
| <b>V</b>  | 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. Select all that apply. |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| have c  | committed fraud. Select all that apply.  |  |  |  |  |  |
| have c  | committed fraud. Select all that apply.  Refer to state Inspector General  |  |  |  |  |  |
| have c  | Refer to state Inspector General  Refer to local prosecutor or state Attorney General  |  |  |  |  |  |
| have c  | Refer to state Inspector General  Refer to local prosecutor or state Attorney General  Refer to US DHHS Inspector General (including referral to OIG hotline)  |  |  |  |  |  |
| have c  | 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  |  |  |  |  |  |
| have c  | 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  Vendors sign the Vendor Agreement stating that they will return funds as required by check or electronic recoupment within 30 days after the basis for return is known. Examples include but are not limited to: instances where a customer's whereabouts are unknown or a customer changes vendors, dies, or departs the area serviced by the vendor, or receives a duplicate payment if a security deposit was erroneously paid with LIHEAP funds, or a billing error is detected. DHS is authorized to recoup past due LIHEAP balances from vendors by debiting any current or future LIHEAP payment to the vendor for an amount equal to the outstanding unrefunded balance that is due to DHS from the vendor. DHS will send the vendor up to three notices requesting payment of the funds. If the vendor has failed to respond after the third notice, the amount of the   |  |  |  |  |  |
| have c  | 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  Vendors sign the Vendor Agreement stating that they will return funds as required by check or electronic recoupment within 30 days after the basis for return is known. Examples include but are not limited to: instances where a customer's whereabouts are unknown or a customer changes vendors, dies, or departs the area serviced by the vendor, or receives a duplicate payment if a security deposit was erroneously paid with LIHEAP funds, or a billing error is detected. DHS is authorized to recoup past due LIHEAP balances from vendors by debiting any current or future LIHEAP payment to the vendor for an amount equal to the outstanding unrefunded balance that is due to DHS from the vendor. DHS will send the vendor up to three notices requesting payment of the funds. If the vendor has failed to respond after the third notice, the amount of the balance of funds owed to DHS will be deducted from the vendor's next payment(s) until the funds are repaid.   |  |  |  |  |  |
| have c  | 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  Vendors sign the Vendor Agreement stating that they will return funds as required by check or electronic recoupment within 30 days after the basis for return is known. Examples include but are not limited to: instances where a customer's whereabouts are unknown or a customer changes vendors, dies, or departs the area serviced by the vendor, or receives a duplicate payment if a security deposit was erroneously paid with LIHEAP funds, or a billing error is detected. DHS is authorized to recoup past due LIHEAP balances from vendors by debiting any current or future LIHEAP payment to the vendor for an amount equal to the outstanding unrefunded balance that is due to DHS from the vendor. DHS will send the vendor up to three notices requesting payment of the funds. If the vendor has failed to respond after the third notice, the amount of the balance of funds owed to DHS will be deducted from the vendor's next payment(s) until the funds are repaid.  Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?   |  |  |  |  |  |
| have c  | 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  Vendors sign the Vendor Agreement stating that they will return funds as required by check or electronic recoupment within 30 days after the basis for return is known. Examples include but are not limited to: instances where a customer's whereabouts are unknown or a customer changes vendors, dies, or departs the area serviced by the vendor, or receives a duplicate payment if a security deposit was erroneously paid with LIHEAP funds, or a billing error is detected. DHS is authorized to recoup past due LIHEAP balances from vendors by debiting any current or future LIHEAP payment to the vendor for an amount equal to the outstanding unrefunded balance that is due to DHS from the vendor. DHS will send the vendor up to three notices requesting payment of the funds. If the vendor has failed to respond after the third notice, the amount of the balance of funds owed to DHS will be deducted from the vendor's next payment(s) until the funds are repaid.  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 |  |  |  |  |  |

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# Section 18: Certification Regarding Debarment, Suspension, and Other Responsibility Matters

Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary Covered Transactions

### Instructions for Certification

- 1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
- 2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
- 3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.BrBbr.
- 4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
- 6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
- 7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction,"

provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

- 8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
- 9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- 10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

# Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary Covered Transactions

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
- (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
- (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an

explanation to this proposal.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

#### Instructions for Certification

- 1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- 2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- 3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
- 4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
- 5. The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
- 6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- 7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
  - 8. Nothing contained in the foregoing shall be construed to require

establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

## Certification Regarding Debarment, Suspension, Ineligibility an Voluntary Exclusion--Lower Tier Covered Transactions

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.
- **☑** By checking this box, the prospective primary participant is providing the certification set out above.

### Section 19: Certification Regarding Drug-Free Workplace Requirements

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart, F. Sections 76.630(c) and (d)(2) and 76.645(a)(1) and (b) provide that a Federal agency may designate a central receipt point for STATE-WIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For the Department of Health and Human Services, the central pint is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, SW Washington, DC 20201.

Certification Regarding Drug-Free Workplace Requirements (Instructions for Certification)

- 1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.
- 2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
- 3. For grantees other than individuals, Alternate I applies.
- 4. For grantees who are individuals, Alternate II applies.
- 5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
- 6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).
- 7. If the workplace identified to the agency changes during the performance of

the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).

8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

Controlled substance means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

Conviction means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

Criminal drug statute means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance:

Employee means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All direct charge employees; (ii) All indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

**Certification Regarding Drug-Free Workplace Requirements** 

Alternate I. (Grantees Other Than Individuals)

The grantee certifies that it will or will continue to provide a drug-free workplace by:,

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about --
- (1) The dangers of drug abuse in the workplace;
- (2) The grantee's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance

programs; and

- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --
- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f)Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted -(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).
- (B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

| Department of Human Services  * Address Line 1     |               |                   |
|--|---------------|-------------------|
| 625 Forster Street Address Line 2                  |               |                   |
| Rm 333, Health and Welfare Building Address Line 3 |               |                   |
| Harrisburg  * City                                 | PA<br>* State | 17105  * Zip Code |

Check if there are workplaces on file that are not identified here.

Alternate II. (Grantees Who Are Individuals)

(a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;

(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

[55 FR 21690, 21702, May 25, 1990]

**☑** By checking this box, the prospective primary participant is providing the certification set out above.

### Section 20: Certification Regarding Lobbying

The submitter of this application certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or

entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**☑** By checking this box, the prospective primary participant is providing the certification set out above.

#### Assurances

#### Assurances

- (1) use the funds available under this title to--
  - (A) conduct outreach activities and provide assistance to low income households in meeting their home energy costs, particularly those with the lowest incomes that pay a high proportion of household income for home energy, consistent with paragraph (5);
    - (B) intervene in energy crisis situations;
  - (C) provide low-cost residential weatherization and other cost-effective energy-related home repair; and
  - (D)plan, develop, and administer the State's program under this title including leveraging programs, and the State agrees not to use such funds for any purposes other than those specified in this title;
- (2) make payments under this title only with respect to--
  - (A) households in which one or more individuals are receiving--
    - (i)assistance under the State program funded under part A of title IV of the Social Security Act;
    - (ii) supplemental security income payments under title XVI of the Social Security Act;
      - (iii) food stamps under the Food Stamp Act of 1977; or
    - (iv) payments under section 415, 521, 541, or 542 of title 38, United States Code, or under section 306 of the Veterans' and Survivors' Pension Improvement Act of 1978; or
  - (B) households with incomes which do not exceed the greater of -
  - (i) an amount equal to 150 percent of the poverty level for such State; or
  - (ii) an amount equal to 60 percent of the State median income;

(except that a State may not exclude a household from eligibility in a fiscal year solely on the basis of household income if such income is less than 110 percent of the poverty level for such State, but the State may give priority to those households with the highest home energy costs or needs in relation to household income.

(3) conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to community services block grant

program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;

- (4) coordinate its activities under this title with similar and related programs administered by the Federal Government and such State, particularly low-income energy-related programs under subtitle B of title VI (relating to community services block grant program), under the supplemental security income program, under part A of title IV of the Social Security Act, under title XX of the Social Security Act, under the low-income weatherization assistance program under title IV of the Energy Conservation and Production Act, or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;
- (5) provide, in a timely manner, that the highest level of assistance will be furnished to those households which have the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size, except that the State may not differentiate in implementing this section between the households described in clauses 2(A) and 2(B) of this subsection;
- (6) to the extent it is necessary to designate local administrative agencies in order to carry out the purposes of this title, to give special consideration, in the designation of such agencies, to any local public or private nonprofit agency which was receiving Federal funds under any low-income energy assistance program or weatherization program under the Economic Opportunity Act of 1964 or any other provision of law on the day before the date of the enactment of this Act, except that -
  - (A) the State shall, before giving such special consideration, determine that the agency involved meets program and fiscal requirements established by the State; and
  - (B) if there is no such agency because of any change in the assistance furnished to programs for economically disadvantaged persons, then the State shall give special consideration in the designation of local administrative agencies to any successor agency which is operated in substantially the same manner as the predecessor agency which did receive funds for the fiscal year preceding the fiscal year for which the determination is made;
- (7) if the State chooses to pay home energy suppliers directly, establish procedures to --
  - (A) notify each participating household of the amount of assistance paid on its behalf:
  - (B) 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 made by the State under this title;
  - (C) assure that the home energy supplier will provide assurances that any agreement entered into with a home energy supplier under this paragraph will

contain provisions to assure that no household receiving assistance under this title will be treated adversely because of such assistance under applicable provisions of State law or public regulatory requirements; and

(D) ensure that the provision of vendor payments remains at the option of the State in consultation with local grantees and may be contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households, including providing for agreements between suppliers and individuals eligible for benefits under this Act that seek to reduce home energy costs, minimize the risks of home energy crisis, and encourage regular payments by individuals receiving financial assistance for home energy costs;

### (8) provide assurances that,

- (A) the State will not exclude households described in clause (2)(B) of this subsection from receiving home energy assistance benefits under clause (2), and
- (B) the State will treat owners and renters equitably under the program assisted under this title:

### (9) provide that--

- (A) the State may use for planning and administering the use of funds under this title an amount not to exceed 10 percent of the funds payable to such State under this title for a fiscal year; and
- (B) the State will pay from non-Federal sources the remaining costs of planning and administering the program assisted under this title and will not use Federal funds for such remaining cost (except for the costs of the activities described in paragraph (16));
- (10) provide that such fiscal control and fund accounting procedures will be established as may be necessary to assure the proper disbursal of and accounting for Federal funds paid to the State under this title, including procedures for monitoring the assistance provided under this title, and provide that the State will comply with the provisions of chapter 75 of title 31, United States Code (commonly known as the "Single Audit Act");
- (11) permit and cooperate with Federal investigations undertaken in accordance with section 2608;
- (12) provide for timely and meaningful public participation in the development of the plan described in subsection (c);
- (13) provide an opportunity for a fair administrative hearing to individuals whose claims for assistance under the plan described in subsection (c) are denied or are not acted upon with reasonable promptness; and
- (14) cooperate with the Secretary with respect to data collecting and reporting under section 2610.

- (15) \* beginning in fiscal year 1992, provide, in addition to such services as may be offered by State Departments of Public Welfare at the local level, outreach and intake functions for crisis situations and heating and cooling assistance that is administered by additional State and local governmental entities or community-based organizations (such as community action agencies, area agencies on aging and not-for-profit neighborhood-based organizations), and in States where such organizations do not administer functions as of September 30, 1991, preference in awarding grants or contracts for intake services shall be provided to those agencies that administer the low-income weatherization or energy crisis intervention programs.
- \* This assurance is applicable only to States, and to territories whose annual regular LIHEAP allotments exceed \$200,000. Neither territories with annual allotments of \$200,000 or less nor Indian tribes/tribal organizations are subject to Assurance 15.
- (16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance, including needs assessments, counseling, and assistance with energy vendors, and report to the Secretary concerning the impact of such activities on the number of households served, the level of direct benefits provided to those households, and the number of households that remain unserved.

## **Plan Attachments**

| PLAN ATTACHMENTS  |  |  |  |  |
|---|--|--|--|--|
| The following documents must be attached to this application  |  |  |  |  |
| Delegation Letter is required if someone other than the Governor or Chairman Certified this Report. |  |  |  |  |
| Heating component benefit matrix, if applicable   |  |  |  |  |
| Cooling component benefit matrix, if applicable   |  |  |  |  |
| Minutes, notes, or transcripts of public hearing(s).  |  |  |  |  |