

# Low Income Home Energy Assistance Program

## AGENCY OPERATIONAL PLAN

**Instructions:** The Low-Income Home Energy Assistance Operational Plan is to be completed by each agency that receives LIHEAP funding. The Operational Plan outlines the subgrantee’s approach to deliver LIHEAP within the intention, direction and guidance of the statewide program. This allows agencies to provide detailed agency specific operating procedures to include: application acceptance, intake, eligibility determination, processing of appeals, outreach activities, financial processing of benefits and maintenance of records. The Operational Plan is due by **September 2, 2022 by 3:30 pm CST**. The Tennessee Housing Development Agency will review and approve each agency’s plan prior to the start of the program year of October 1<sup>st</sup>. THDA may require additional information from the agency regarding edits or clarification. All correspondence will be processed via email at [LIHEAP@thda.org](mailto:LIHEAP@thda.org).

THDA will use this Operational Plan during the annual monitoring visit (in-person or remotely).

Please submit the complete Operational Plan and any requested attachments to the THDA EDT secure server. Each Agency has one dedicated staff member to upload documents to the secure server. This designee can be either the energy program director/manager or the staff member that uploads the LIHEAP Pay Requests. The agency will send an email to the [LIHEAP@thda.org](mailto:LIHEAP@thda.org) address to notify the submission of the Operational Plan.

### Section 1: Agency Provider Information

Agency Legal Name:	
Agency Street Address:	
City:	
Zip:	
Mailing Address (if different):	
City:	
Zip:	
Central Office Phone (include area code and extensions):	
Agency Fax:	
Counties/Area Served:	
Agency Web Site:	
Online Application Email (client correspondence):	

#### 1.1 Primary Contacts

Executive Director:	
Phone (include area code and extension):	

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Email Address:	
Board Chair:	
Date Term Ends:	
Phone (include area code and extension):	
Email Address:	
LIHEAP Program Director/Coordinator/Manager:	
Phone (include area code and extension):	
Email Address:	
Finance Director:	
Phone (include area code and extension):	
Email Address:	
Name(s) of Additional staff preparing or submitting invoices on behalf of the agency:	
Email Address for each:	
Phone (include extension for each):	

**1.2 Agency LIHEAP Personnel**

Name	Title/Position	Status	%FTE	Job Duties
Jane Smith	LIHEAP Intake Staff	FTE	20%	Processes energy applications

Note: FTE=Full-Time Employee, PTE=Part-Time Employee, I=Intern, V=Volunteer

**Section 2: Serving LIHEAP Applicants**

**2.1 Notification**

Type	✓ From Application Date	✓ From Intake Month
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Approval 30 days		
Pending 30 days		
Waitlist 30 days		
Denial 30 days		

## 2.2 Documentation

List documentation required to be in the applicant file (paper or digital)

Documentation	Yes	No
LIHEAP Application		
THO Application		
Identification		
Social Security card or birth certificate for children 1 year or younger		
Past 30 day Income (paychecks, SS award letter, self-employment record, zero income form, unemployment benefits, ACCENT, separation notice, etc.)		
Utility 12 month print off		
Agency Checklist		
Supervisory Review form		
Separate Income Calculation sheet or tape		
THO Notes		
THO Letter (Approval, Pending and Denial)		
Agency Letter not THO generated		
THO Voucher		
Agency Voucher not THO generated		
Utility Contact emails		
Batch Listing		

## 2.3 Accepting Applications

Does your agency have a process for assisting clients that request assistance after office hours or on weekends? If so, please describe the process.

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Please explain how your agency handles incomplete applications. Your response should include how these applications are logged and how follow-up is made to these households.

Describe how utility program assistance and services are provided timely and accurately throughout the program year. Describe the detailed process your agency uses to ensure all applications are accounted for and processed in a timely manner.

Responses should address the following areas:

- Process for logging applications upon arrival to agency
- Method for processing LIHEAP Paper Applications
- Method for incomplete applications
- Method for processing LIHEAP THO Applications
- Use of databases or tracking systems used (worksheets, THO, etc.)
- Application Signature and Date

### **2.4 Fair Hearing Process**

#### **Agency Process**

Describe your agency's fair hearing process and how it will be implemented.

What is your agency's procedures for handling verbal grievances? Please indicate how these grievances will be documented.

What is your agency's procedures for handling written grievances? Attach a copy of the posted grievance procedures mark as: **attachment A**.

### **Section 3: Vendors**

#### **3.1 Payments to Vendors**

Describe separately the process and timeliness of payments to energy for heating, cooling and crisis assistance. How or in what form are payments provided?

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### 3.2 Agency Process

Please describe what type of documentation the agency will provide to stop any disconnection to services for crisis applications.

### 3.3 Timeframe

Explain how the agency will notify the applicants of the approval, denial or pending status of their applications. *Note: If the agency uses their own formatted letters they must be approved annually by THDA prior to the start of the program year.*

### 3.4 Refunds from Vendors

There are different procedures for handling refunds depending on when they are received: 1) Refunds received during the current program year and 2) refunds received after the program year has ended. Please describe your process for handling both types of refunds returned to the agency in the event the energy provider does not accept the payment, client moves or circumstances change.

### 3.5 Credits from deliverable fuels

#### Tracking

Describe how your agency tracks the remaining balance of a client's benefit amount for deliverable fuels.

#### Client notices

Please explain your agency's notification process in terms of making clients aware of remaining funds on their account

### 3.6 Vendor Status

#### Data Requirements from Vendors

Describe how your agency will meet the obligation to gather household annual energy usage and client data from the required vendors.

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### Section 4: Outreach

Outreach is the process of making information about LIHEAP available to the public. This involves various activities such as Community Education, Public Awareness, Advocacy, and Community Outreach Events. The goal will be to promote and increase program enrollment. These activities should target or prioritize efforts to selected populations including the vulnerable population.

This section will allow your agency to provide detailed activities on how you will promote and increase program awareness with the goal of increased program enrollment. **PLEASE NOTE:** Questions must be answered whether or not your agency budgets for outreach activities.

#### 4.1 Outreach

Describe outreach activities and partnerships your agency will engage in to ensure successful outreach to targeted populations. The purpose is to build relationships with area service agencies. List community partnerships/collaborations with service agencies (i.e. hospitals, Department of Children Services, libraries, etc.) and others incorporated in these efforts and the activities included. Please refer to the LIHEAP Operational Manual for additional examples.

What outreach activities will be initiated by your agency to increase enrollment by targeted groups within your agency's service area(s)?

Please list locations outreach materials will be displayed and estimate how many will be dispersed.

Describe what way(s) you assess the effectiveness and success of your outreach efforts (i.e. surveys, track number of applicants at each outreach site, etc.). **If your agency does not track or assess please explain why.**

### Section 5: Fraud, Waste and Abuse

How are complaints handled? Please address complaints received internally as well as those forwarded from THDA and other outside entities.

#### 5.1 Utility Vendors

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Describe the agency written controls to ensure energy providers have not been suspended or debarred in accordance with federal regulations.

Responses should address the following:

- List of any database(s) used to check if vendors are in good standing.
- Date(s) of when the searches are completed.
- How the agency documents verification (i.e. printed documentation, date/time stamp, etc.).
- Processes for vendors who are suspended, debarred or have exclusion records.

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### Section 6: Training

#### 6.1 Agency Mission

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#### 6.2 Agency Training

LIHEAP Specific	# HRS	Date
HIPPA		
Confidentiality		
Conflict of Interest		
Limited English Proficiency (LEP)		
ACCENT		
LIHEAP Operational Manual		
LIHEAP State Plan		
THO Database		
Online Resources <ul style="list-style-type: none"> <li>• US Dept. of HHS/ACF/OCS/LIHEAP website: <a href="https://www.acf.hhs.gov/ocs/low-income-home-energy-assistance-program-liheap">https://www.acf.hhs.gov/ocs/low-income-home-energy-assistance-program-liheap</a></li> <li>• LIHEAP Virtual Library: <a href="https://liheappm.acf.hhs.gov/">https://liheappm.acf.hhs.gov/</a></li> <li>• LIHEAP Federal Regulations: <a href="https://www.acf.hhs.gov/ocs/law-regulation/liheap-statute-and-regulations">https://www.acf.hhs.gov/ocs/law-regulation/liheap-statute-and-regulations</a></li> </ul>		

#### Staff Evaluation:

Type	#HRS	Required & Documented– Y or N
<b>New-Hire</b>		
<b>Annual</b>		
<b>Continuing Education</b>		
<b>Evaluation - 90 day</b>		

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<b>Evaluation - Annual</b>		
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**Please Include the Agency Organizational Chart as attachment B.**

**Section 7: Assurance 16 Plan**

Describe how Assurance 16 Energy Conservation activities will be executed and tracked for effectiveness within your service delivery area. Up to **2 percent** of an agency’s allocation can be used for activities to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance. Please attach a copy of your Assurance 16 Plan as **attachment C**. Your plan should include a description of the following Assurance 16 activities and how your agency will track these activities:

- **Financial Management (Budgeting)** – Helping the client increase the regularity of energy bill payments. The client must agree to participate and work with the agency in collecting all data requirements. Data must be tracked to show if the budgeting sessions led to the client being able to pay their bill on a more regular basis.
- **Energy Conservation Education** – Classes held for interested clients to learn ways to decrease their energy consumption. Clients must sign a participation agreement and pre/post usage data must be shared or collected directly from the vendor.
- **Energy Saver Kits** – Kits can be distributed to clients that are interested and willing to install the items in the kit. The client must agree to participate and provide pre/post energy usage data.

**Section 8: Referrals**

Referrals involve collaborating or coordinating services with appropriate community programs or other resources (including energy vendors) to strengthen or improve household energy security, build self-sufficiency skills, or stabilize a household’s situation.

Agency staff performing referrals should be knowledgeable about available community resources and advocate on behalf of the client for appropriate services. Agency staff responsible for referrals should maintain collaborative contacts and make appropriate referrals.

Basic referral activities may include: providing client specific referrals (i.e. needs assessment and accessing services), providing applicants with a list of referral agencies, building a network of local resources, and familiarizing staff with local and government resources.

**8.1 Referrals**



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Please describe your agency's efforts regarding coordination of services with other programs and/or service providing entities.

Please provide information regarding your agency's process for client referrals specifically to the Weatherization Assistance Program and describe the process followed.

### Section 9: Fiscal

Fiscal control activities relates to the subgrantee's design and implementation of the internal control policies and other control activities as appropriate to processing fiscal transactions, reporting and oversight.

#### 9.1 Fiscal Transactions

Subgrantees are to have generally accepted fiscal practices including authorized personnel having program specific knowledge. Describe fiscal transactions in terms of:

- Proper segregation of duty
- Good communication between program and fiscal staff
- Authorization and approach to LIHEAP weekly allocation process

What specific measures are taken to ensure budgets and invoices are prepared and submitted timely, and within federal guidelines.

How does the agency monitor expenditures to ensure mandatory availability of crisis funds and the expenditure of all funds by the end of the contract period?

### Attachments

1. Attach approved Cost Allocation Plan. **Attachment D.**
2. Attach your most recent Single Audit. **Attachment E.**
3. Attach the template of the Conflict of Interest Policy/statement that each employee working in LIHEAP signs. **Attachment F.**

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**4. Attach your most recent approved Indirect Cost Rate as Attachment G.**

By signing below, you are acknowledging receipt of and compliance with the LIHEAP Operational Manual and LIHEAP Operational Plan – Agency Specific Questions.

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**Executive Director Signature:**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Program Manager/Coordinator/Director:**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Fiscal Director:**

\_\_\_\_\_  
**Date:**