

# PREPARING FOR HUD COMPREHENSIVE COMPLIANCE MONITORING REVIEWS (CCMRs)

Presented by Kati Gray

©2025 THE NELROD COMPANY, FORT WORTH, TEXAS 76107

1

## WHAT IS A CCMR

- Comprehensive Compliance Monitoring Review
- Performed by a Field Office (FO) monitoring team through the Office of Public and Indian Housing (PIH)
- A review to determine if the agency complies with program requirements and regulations
- Primary focus is compliance across all programs

2

2

## WHY NOW?

- Post-COVID
  - ✓ Waivers
- Many new policies and regulation in the past several years and more coming
- Increased funding + market changes mean more \$ being spent
  - ✓ Need to account for it all if hoping to continue to get increases

3

3

## THE CCMR PROCESS

### NOTIFICATION FROM FIELD OFFICE

- List of documents required prior to and during FO team visit with deadlines
- Dates of onsite review
  - ✓ One week
  - ✓ Gives number of FO staff or at least a Team Lead name and contact info
- Indicates if any other reviews are being done simultaneously
  - ✓ Example: SEMAP, FSS, etc.
- Who will be interviewed and/or must be present during the onsite visit

4

4

## **DOCUMENTS PRIOR TO VISIT**

- List of developments owned (in whole or in part) and managed by the agency (e.g., public housing, project-based Section 8, project-based vouchers, moderate rehabilitation, Low-Income Housing Tax Credit properties, Farm Labor Housing, Migrant Housing, and market-rate housing)
- List of programs for which HUD funds are received (e.g., Operating Fund, Capital Fund, Public Housing, Housing Choice Voucher (HCV), Family Self-Sufficiency Program)
- Organizational Chart

5

5

## **DOCUMENTS PRIOR TO VISIT (CONTINUED)**

- Bylaws
- Board Roster showing dates of appointments and office positions
- Board training certificates (if required by state)
- All internal policies
- Insurance policies
- Procurement policies and procedures
- Financial policies and procedures, including internal controls and fraud prevention and detection

6

6

## **DOCUMENTS PRIOR TO VISIT** (CONTINUED)

- Latest office and maintenance inventory
- Administrative Plan
- Admissions and Continued Occupancy Policy
- Documentation of regulatory waiver(s) adopted by the PHA (if applicable)
- Board meeting agendas and minutes from \_\_\_\_\_ through \_\_\_\_\_ (usually 6 months)

7

7

## **DOCUMENTS PRIOR TO VISIT** (CONTINUED)

- HCV payment standards
- Flat rent schedule
- Current operating budgets
- FYE 2023\* financial statements with budgeted and actual revenues and expenses
- Current year-to-date financial statements with budgeted and actual revenues and expenses
- The most recent audit

8

8

## **DOCUMENTS PRIOR TO VISIT** (CONTINUED)

- Documentation of the SF-425 Federal Financial Report for Operating Subsidy submitted to the Operating Fund web portal\*
- Detailed general ledger for \_\_\_\_\_ (past two months)
- Monthly rental register with tenant accounts receivable from \_\_\_\_\_ through \_\_\_\_\_ (past three months)
- Housing Assistance Payment register for \_\_\_\_\_ (past two months)
- Utility Allowance schedule with supporting materials and methodology

9

9

## **DOCUMENTS PRIOR TO VISIT** (CONTINUED)

- FDS entity wide balance sheet
- Copies of depository agreements
- Disposition records for land, structures, and property\*
- Documentation that lead-based paint requirements are met
- Public housing occupancy and HCV utilization reports from your inventory management system from \_\_\_\_\_ to \_\_\_\_\_ (usually 3 months)
- Two months of work order logs

10

10

## **DOCUMENTS PRIOR TO VISIT** (CONTINUED)

- May be other documents required to be provided or a tool to be completed prior to the visit if there are other reviews being done simultaneously

11

11

## **ONSITE PORTION**

- Review team will likely interview (in person or by phone) "critical stakeholders"
  - ✓ Management staff
  - ✓ Board members
  - ✓ Residents
- Additional information or interviews may be requested during and after the review

12

12

## **ONSITE PORTION** (CONTINUED)

- Some letters may indicate that the agency should be prepared to provide, grant access to, or discuss
  - ✓ Capital Fund Program files
  - ✓ Procurement files
  - ✓ Maintenance and work order information
  - ✓ Tenant complaint files
  - ✓ Tenant files
  - ✓ Program and project waitlists
  - ✓ Line of Credit Control System documentation
  - ✓ Update on the remediation status of previous finding from other reviews (if applicable)

13

13

## **OTHER INFO IN THE CCMR NOTICE**

- Deadlines for information due prior to onsite visit
- Who must be present for an exit interview/conference
  - ✓ Board chair
  - ✓ "other key staff" – ED and other management staff
- That a written report of the review will be provided to the agency within 45 business days of the exit interview/conference

14

14

## CONSIDERATIONS

- Are all of your policies up-to-date?
  - ✓ Compliant with all current regulation
- Do you have *written* procedures?
  - ✓ "We've always done it that way" is not a procedure
- Do you have proof of adopted COVID Waivers?

15

15

## CONSIDERATIONS

- Does your staff know where to find the policies and procedures that apply to their job?
- And are they **following** those *written* policies and procedures?

16

16

## **POLICIES/PROCEDURES/REPORTS**

- VAWA
- Emergency Transfer Plan
- Annual UA studies (and updated/current schedules)
- Section 3 reports
- Criminal record policy and procedures

**This is not all inclusive! Make sure you have updated policies and procedures and that your staff is consistently following them!**

17

17

## **DURING THE ONSITE VISIT**

- DON'T PANIC!
- Be as available as possible and make sure someone is always available to provide what the FO staff may need
- Be open to feedback and help
- Ask questions when necessary
- Be honest

18

18

## **AFTER THE ONSITE VISIT**

- CCMR results letter within 45 business days of exit interview
  - ✓ Covers all of the information sent prior to visit and what happened during visit
  - ✓ Reminder that this type of review is compliance focused rather than focusing on one specific program or area
  - ✓ Results of the review

19

19

## **EXECUTIVE SUMMARY**

- Summarizes the visit and gives a brief summary of the in-depth review information that will follow
- Many times, there is at least one paragraph about the good things they found and about the staff interactions

20

20

## EXECUTIVE SUMMARY

- Also, may give some “opportunities to improve” that don’t necessarily constitute a finding, observation, recommendation, or “best practice” in the in-depth sections
- Some letters may also have a separate “background” section
  - ✓ When the PHA was created, number of board members, programs administered, etc.

21

21

## WHAT IS A CORRECTIVE ACTION

Title 2 Code of Federal Regulations (C.F.R) 200.26 defines corrective actions as meaning taken by the auditee that:

1. Corrects identified deficiencies
2. Produces recommended improvements; or
3. Demonstrates that audit findings are either invalid or do not warrant auditee actions

22

22

## DEFINITIONS

Finding: noncompliance with HUD's statutory, regulatory, or program requirement, resolution of these deficiencies is addressed in a Corrective Action Plan

Observation: noncompliance with non-statutory, regulatory or program requirement

Recommendation: in compliance but an opportunity for improvement

Best practice: implementation known to improve outcomes

23

23

## HIGH RISK LEVELS

- Evidence of fraud, waste, or abuse
- Funds not used for intended purpose
- Absence of required recordkeeping to determine if funds were used for the intended purpose or a failure to make required reports to HUD

24

24

## MEDIUM RISK LEVELS

- A compliance violation is not high risk **AND**
- ✓ Indications that funds will or have not been used timely to support their intended purpose
  - ✓ Recordkeeping reflects errors in documenting appropriate usage of funds
  - ✓ Incorrect reporting to HUD of relevant transactions that threaten HUD's abilities to use its systems to have accurate insight on a participant's compliance with HUD rules
  - ✓ Non-timely reporting of information to HUD

25

25

## LOW RISK LEVELS

- A compliance violation exists but is not otherwise classified as high or medium risk

26

26

## **FINDINGS**

→ Governance

- ✓ Mainly resulting from the documents that PHA uses to govern the work being done (i.e. Admin Plan, ACOP, Bylaws, Board of Commissioners, Resident Advisory Board, etc.)

→ VAWA

→ Section 3

27

27

## **FINDINGS**

→ Programs

- ✓ Including grant based
- ✓ Examples include Public Housing (PH), Housing Choice Voucher (HCV), Project-Based Vouchers (PBV), Family Self-sufficiency (FSS), Resident Opportunities and Self-sufficiency (ROSS), etc.

28

28

## REVIEW RESULTS LAYOUT

→ In sections starting with Governance

- ✓ Finding, Observation, Recommendation, Best Practice and number
  - Regulatory Citation
  - Risk Level (if used)
  - Corrective Action

29

29

## EXAMPLE

Governance Finding 1: The Admission & Occupancy Plan (ACOP) was dated July 26, 2017, and did not provide evidence of being adopted by the Board. The ACOP also excluded various HUD regulations requiring PHAs to create and/or amend policies.

- ✓ Regulatory Citation: 24 CFR 960.202
- ✓ Risk Level: High
- ✓ Corrective Action: Update the ACOP and acquire board approval

30

30

## COMMON FINDINGS

- No Resident Advisory Board (RAB)
- Duplicated Assistance
- Rent Burden
- Waiting List
- Criminal Background
- VAWA

31

31

## COMMON FINDING

### RAB – GOVERNANCE FINDING

“Housing authorities must have a RAB to assist and make recommendations regarding the development of the PHA Plan and any significant amendment or modification to the PHA Plan.”

“...If, after making all possible endeavors, a housing authority is not able to establish a RAB, it may appoint all the agency’s assisted residents as members of the RAB.”

Regulatory citation(s): 24 CFR 903.13(b), RAB FAQs

32

32

## **CORRECTIVE ACTION**

### **RAB – GOVERNANCE FINDING**

PHA XYZ must make all possible endeavors to establish a RAB. PHA XYZ must submit to HUD a written action plan on how they will form the RAB. As PHA XYZ completes each step in the written action plan, it will update the written action plan and submit it to our office. The written plan should incorporate Finding xxx and xxx.

33

33

## **PREPARE NOW**

- HCV only agencies are not exempt
- If your PHA does not have a RAB established, it needs to be done now

34

34

## PREPARE NOW

- Send interest letters to all PH and HCV residents
  - ✓ Follow-up with emails and/or phone calls where applicable
  - ✓ Also post on website and social media pages
- If no interest, as previously stated, the PHA may appoint all assisted residents

35

35

## COMMON FINDING

### DUPLICATE ASSISTANCE – HCV FINDING

“PHA XYZ does not take appropriate steps to avoid and address instances of duplicate rental assistance (multiple subsidy). Applicable reports are reviewed for new admissions only. Ongoing monitoring for existing participants has only been conducted when HUD HQ has reached out with discrepancy reports.”

Regulatory Citation(s): 24 CFR 5.233; 5.236 and Notice PIH 2010-19

36

36

## **CORRECTIVE ACTION**

### **DUPLICATE ASSISTANCE – HCV FINDING**

PHA XYZ must monitor, and review reports monthly provided in HUD's EIV system. PHA XYZ must certify to ABC FO PIH that the current backlog of existing multiple subsidy reports are resolved.

37

37

## **PREPARE NOW**

- Agencies must be checking for and resolving multiple subsidy issues prior to new admission AND monthly through the EIV multiple subsidy report
- If a family member appears on the multiple subsidy report (or in PIC when checking prior to admission), the PHA must contact the agency shown in the report to resolve the matter
- Sometimes the other PHA hasn't finalized a 58 submission. Could also be a PIC error on their end. Adding/removing minors that are moving between assisted units can also be a common problem

38

38

## COMMON FINDING

### RENT BURDEN – HCV FINDING

They are checking new admissions and moves, yes. But also checking all families for overall rent burden.

Two examples...

39

39

## COMMON FINDING

### (1) RENT BURDEN

“Five percent (5 of 92) of PIC new admission and move submissions were paying more than 40% of their adjusted income toward rent. At the time a family initially receives tenant-based assistance for occupancy of a dwelling unit and where the gross rent of the unit exceeds the applicable payment standard for the family, the family share cannot exceed 40% of the family’s monthly adjusted income. This is commonly referred to as the 40% Rule. While PHA XYZ’s Admin Plan in Chapter 7 policies cover the 40% rule in compliance with the HUD regulations, PHA XYZ’s process allowed families to exceed the 40% standard.”

Regulatory Citation(s): 24 CFR 982.305(a)(5), 24 CFR 982.508

40

40

## **CORRECTIVE ACTION**

### **(1) RENT BURDEN**

PHA XYZ must submit to our office a quality control process and policy to ensure that the tenant's portion of rent at new admission or initial move where gross rent of the unit exceeds the applicable payment standard for the family, the family share cannot exceed 40% of the household's adjusted gross income. PHA XYZ must include in the quality control process and policy steps taken to inform households of the 40% rule.

41

41

## **COMMON FINDING**

### **(2) RENT BURDEN**

"Data reported to PIC indicated that the PHA has more than 40% of participants pay more than 30% of their adjusted monthly income in rent. As of 12/31/22, PIC reported that the PHA had 29% rent burden households paying more than 30% of the adjusted monthly income and 10% of their households paying more than 40% of their adjusted monthly income."

Regulatory Citation(s): 24 CFR 982.503 & 24 CFR 983.508

42

42

## **CORRECTIVE ACTION**

### **(2) RENT BURDEN**

PHA identify basis of rent burden households and execute corrective actions decreasing rent burdens among households. PHA's can also utilize their Two-Year-Tool to evaluate possible options including but not limited to increasing payment standards and enforcing household's compliance with voucher size.

43

43

## **EXAMPLE 1**

### **PREPARE NOW**

- Ensure that your Admin Plan covers the 40% Rule **AND THAT YOUR STAFF FOLLOWS IT**
- Check that your software catches the 40% Rule and be sure that your staff knows the "what happens next" process
- Make sure that, even if your software does catch it, your staff knows how to calculate rent by hand and understands that families cannot be allowed to lease a unit if the gross rent is higher than the payment standard and they family share exceeds 40% of the family's monthly adjusted income.

44

44

## **EXAMPLE 2**

### PREPARE NOW

- Check to see if your software has a/any rent burden report(s)
- Use the TYT
  - ✓ Rent Burden tool
  - ✓ Payment Standard tool
- In this market, it is likely that most PHAs should have their payment standards set at 110%.
- If the PHA already has payment standards set at 110% and still has a high rent burden problem, consider requesting exception payment standards – up to 120% of the FMR\*

45

45

## **COMMON FINDING**

### WAITING LIST

#### HCV Finding (but could also be PH, depending)

- (1) "PHA XYZ does not have supporting documentation to demonstrate applicants are selected from their waiting list in accordance with their waiting list and special admission policies outlined in their Administrative Plan."
- (2) "...We found that 21 of 75 (28%) had annual income above extremely low-income limits."

Regulatory Citation(s): 2 CFR 200.303, 24 CFR 200.329(a), 24 CFR 982.201(b)(2)(i), 24 CFR 982.202-205, 982.207 and 24 CFR 982.54

46

46

## **CORRECTIVE ACTION(S)**

### WAITING LIST

- (1) PHA XYZ must retain supporting documentation to demonstrate applicants are selected from their waiting list in accordance with their waiting list and special admission policies outlined in their Administrative Plan. Staff should receive wait-list training and PHA XYZ should provide the attendance log for the training.
- (2) PHA XYZ must submit to HUD a quality control process and policy to ensure that they are meeting income targeting requirements. PHA XYZ must also submit a monthly report on income targeting from its software until its February 2023 waiting list, including those participants that have responded to the wait list purge letter, has been exhausted.

47

47

## **PREPARE NOW**

- Ensure that all staff involved in the WL process have read and understand the PHA's WL policy in the Admin Plan and/or ACOP
  - ✓ Also, that they know where to find the information for future reference
- Train staff if/when necessary
- QC of wait list pulls and income targeting guidelines are definitely a best practice
- Use SEMAP Indicator 1 as a guide for QC for pulls and to find a sampling of families for both issues

48

48

## COMMON FINDING

### CRIMINAL BACKGROUND/RECORDS

- ***This is a big one***
- Multiple findings and/or observations at multiple PHAs
- Governance findings/observations
- Three examples and will discuss two others to get thoughts

49

49

## COMMON FINDING

### (1) CRIMINAL BACKGROUND/RECORDS

"PHA XYZ has not established and implemented a system of records management which would ensure any criminal records received by PHA XYZ are maintained confidentially; not misused or improperly disseminated; or destroyed, once the purpose for which the record was requested has been accomplished including expiration of the period for filing a challenge to the PHA XYZ action without institution of a challenge or final disposition of any such litigation. PHA XYZ's Admin Plan on page 276 properly cites HUD requirements; however, PHA XYZ appears only to destroy criminal background records for approved applications but maintains in participant files criminal background checks for denials of assistance and terminations. The criminal background checks are retained in the participant file. PHA XYZ does not appear to have a policy to destroy these documents after their purpose has been accomplished."

50

50

## **CORRECTIVE ACTION**

### **(1) CRIMINAL BACKGROUND/RECORDS**

PHA XYZ must develop or add to their records management or retention policy when and how criminal background checks are destroyed once their purpose has been accomplished. PHA XYZ must develop a record or filing system that maintains confidentiality of criminal background records. PHA XYZ must submit the records management or retention policy to our office.

Regulatory Citation(s): 24 CFR 982.553(a)(2)(i); 24 CFR 5.903(g)(l)

51

51

## **COMMON FINDING**

### **(2) CRIMINAL BACKGROUND/RECORDS**

(Observation) PHA XYZ's HCV Program does not have a policy in the Administrative Plan to destroy criminal record documentation once the purpose for which it was requested has been accomplished.

Regulatory Citation: 24 CFR 5.903(g)(3)

52

52

## **CORRECTIVE ACTION**

### **(2) CRIMINAL BACKGROUND/RECORDS**

PHA XYZ must establish and implement a system of records management policy in their Administrative Plan that ensures criminal record documentation is destroyed after the purpose for which it was requested has been accomplished. Provide a copy of the updated Administrative Plan once approved by the board.

53

53

## **COMMON FINDING**

### **(3) CRIMINAL BACKGROUND/RECORDS**

(Observation) PHA XYZ's HCV Program does not have a policy in the Administrative Plan to provide applicants or participants and opportunity to dispute a criminal record before a denial of admission or notice of termination is issued.

Regulatory Citation: 24 CFR 960.204(c)

54

54

## **CORRECTIVE ACTION**

### **(3) CRIMINAL BACKGROUND/RECORDS**

PHA XYZ must establish and implement a policy to provide applicants and participants with an opportunity to review their criminal record for accuracy and relevance prior to PHA XYZ issuing a denial of admission or notice of termination based upon the information in that criminal record. Provide a copy of the updated Administrative Plan once approved by the board.

55

55

## **FOR DISCUSSION...**

### **(4) CRIMINAL BACKGROUND/RECORDS**

(Finding) PHA did not have evidence confirming that the sex offender list was checked. Staff reported that the list was checked during the admission process with the documentation shredded.

Regulatory Citation: 24 CFR 960.204

56

56

## **FOR DISCUSSION...CORRECTIVE ACTION**

### **(4) CRIMINAL BACKGROUND/RECORDS**

Retain documentation and continue protecting confidentiality of information by concealing individual names. If no sex offender records are found for individual, PHA should still retain information as evidence that the list is being checked.

57

57

## **FOR DISCUSSION**

### **(5) CRIMINAL BACKGROUND/RECORDS**

PHA XYZ performs criminal background checks at all annual reexaminations and may use the results of the criminal background check for termination of assistance to HCV tenant-based participants. The regulation at 24 CFR 5.903 governs a housing authority's access to and use of criminal conviction records obtained from a law enforcement agency. The regulatory listing of permitted uses for the records includes housing authority screening of applicants for admission to the HCV program, but specifically excludes the use of records for lease enforcement and eviction of HCV participants and excludes by omission a housing authority's use of records to terminate assistance for HCV participants. While a housing authority has regulatory authority to use criminal conviction records for the purpose of applicant screening for admission to the HCV program, there is no corresponding authority to use these records to check for criminal activity by HCV participants. Housing authorities may also not use these records as the sole reason to terminate assistance of HCV tenant-based participants.

Regulatory Citation: 24 CFR 5.903(e)

58

58

## **FOR DISCUSSION...CORRECTIVE ACTION**

### **(5) CRIMINAL BACKGROUND/RECORDS**

PHA XYZ must amend its Admin Plan to preclude the use of criminal background checks for existing participants at annual reexamination. The Admin Plan must also stipulate that PHA XYZ will not terminate assistance of HCV tenant-based participants based solely on criminal conviction records obtained from law enforcement agencies. The amended Admin Plan must be submitted to our office.

59

59

## **PREPARE NOW**

- Ensure background check process and record retention policies are listed in Admin Plan and ACOP
  - ✓ Update if necessary
- Train staff – internally and potentially externally
  - ✓ How the agency handles both items
  - ✓ Both issues are likely covered in denial and termination-type trainings

60

60

## PREPARE NOW

- Be sure that **ALL** staff are following policies
- Have a designated, locked filing space for criminal records
- Ensure that the PHA has a way to safely destroy records in place

61

61

## VAWA COMMON FINDINGS

- By far the largest issue
- Across the board findings/observations
  - ✓ VAWA, PH, and HCV
- Multiple examples
  - ✓ Mostly findings but one observation

62

62

## COMMON FINDING

### (1) VAWA

PHA did not provide evidence of updated policies that complied with key changes recently enacted in the transition from Violence Against Women Act Reauthorization Act of 2022 (VAWA 2022) and Violence Against Women Act of 1994, as amended.

#### Regulatory Citations:

- ✓ VAWA's protections, rights, and responsibilities codified in 24 CFR part 5, subpart L
- ✓ Final rule issued on November 16, 2016 (81 FR 80724)
- ✓ 24 CFR 983.103(c)-(f)
- ✓ PIH Notice 2017-20 & PIH Notice 2017-21

63

63

## CORRECTIVE ACTION

### (1) VAWA

PHA shall update and acquire board approval of modified VAWA policies to ensure compliance for all applicable programs

(from a follow-up letter to one agency) This finding will remain open until the VAWA policies are updated in the Admission and Continued Occupancy Policy (ACOP) to reflect the 2022 VAWA Reauthorization Act

64

64

## **COMMON FINDING**

### **(2) VAWA**

PHA XYZ does not communicate VAWA information at the time of application, voucher issuance, lease execution or renewal, or other appropriate times that an incident of actual or threatened domestic violence, dating violence, sexual assault, or stalking cannot be construed as a serious or repeated violation of the lease terms, or good cause for terminating assistance, tenancy, or occupancy rights.

Regulatory Citation: 34 U.S.C. 12491(b)(2); 24 CFR 5.2005(a)(4) and (c)

65

65

## **CORRECTIVE ACTION**

### **(2) VAWA**

PHA XYZ must provide the proper VAWA notifications to program applicants/participants per the guidance in 34 U.S.C. 12491 (b)(2); 24 CFR 5.2005(a)(4) and (c). Staff should receive additional training on VAWA. PHA XYZ should provide a copy of the training agenda to resolve the finding.

66

66

## **COMMON FINDING**

### (3) VAWA

PHA XYZ does not provide applicants with HUD forms 5380 and 5382 at the time the applicant is denied assistance or admission under a covered housing program.

Regulatory Citation: 34 U.S.C. 12491(d)(2)(A) and 24 CFR 5.2005(a)(2)(i)

67

67

## **CORRECTIVE ACTION**

### (3) VAWA

PHA XYZ must provide applicants with HUD forms 5380 and 5382 at the time the applicant is denied assistance or admission under a covered housing program in accordance with 34 U.S.C. 12491(d)(2)(A) and 24 CFR 5.2005(a)(2)(i). Staff should receive additional training on VAWA. PHA XYZ should provide a copy of the training agenda to resolve the finding.

68

68

## **COMMON FINDING**

### **(4) VAWA**

PHA XYZ does not provide applicants with HUD forms 5380 and 5382 at the time the individual is provided assistance or admission under a covered housing program.

Regulatory Citation: 34 U.S.C. 12491(d)(2)(B) and 24 CFR 5.2005(a)(2)(ii)

69

69

## **CORRECTIVE ACTION**

### **(4) VAWA**

PHA XYZ must provide applicants with HUD forms 5380 and 5382 at the time the individual is provided assistance or admission under a covered housing program in accordance with 34 U.S.C. 12491(d)(2)(B) and 24 CFR 5.2005(a)(2)(ii). Staff should receive additional training on VAWA. PHA XYZ should provide a copy of the training agenda to resolve the finding.

70

70

## **COMMON FINDING**

### (5) VAWA

PHA XYZ does not provide tenants with HUD forms 5380 and 5382 at the time the tenant is provided a notification of eviction or notification of termination of assistance.

Regulatory Citation: 34 U.S.C. 12491(d)(2)(C) and 24 CFR 5.2005(a)(2)(iii)

71

71

## **CORRECTIVE ACTION**

### (5) VAWA

PHA XYZ must ensure it provides tenants with HUD forms 5380 and 5382 at the time the tenant is provided a notification of eviction or notification of termination of assistance in accordance with 34 U.S.C. 12491(d)(2)(C) and 24 CFR 5.2005(a)(2)(iii). Staff should receive additional training on VAWA. PHA XYZ should provide a copy of the training agenda to resolve the finding.

72

72

## **COMMON FINDING**

### (6) VAWA

PHA XYZ does not provide HUD Form 5380 Notice of Occupancy Rights and HUD Form 5382 Certification of Violence, Dating Violence, Sexual Assault, or Stalking and Alternate Documentation for Violence Against Women Act (VAWA) in other languages as required in HUD regulation.

Regulatory Citation: 24 CFR 5.2005(a)(3)

73

73

## **CORRECTIVE ACTION**

### (6) VAWA

PHA XYZ must make available on their website HUD forms in other prevalent languages in their community. HUD has translated many of its forms into other languages and made them available...(link provided in document)

74

74

## **COMMON FINDING**

(7) VAWA

PHA XYZ does not have an emergency transfer plan available on demand and it is not publicly available.

Regulatory Citation: 24 CFR 5.2005(e)(11)

75

75

## **CORRECTIVE ACTION**

(7) VAWA

PHA XYZ must have an emergency transfer plan available on demand and it must be publicly available in accordance with 24 CFR 5.2005(e)(11). Provide a copy of the Emergency Transfer Plan to ABC FO PIH office.

76

76

## **COMMON FINDING**

### **(8) VAWA**

(Observation) During interviews PHA XYZ staff noted that VAWA files were stored electronically in a location that provided access to individuals that did not specifically need access to it. PHA XYZ staff during interviews noted one example of a participant that had invoked their VAWA rights. Our office did not review the specific file mentioned. PHA XYZ is reminded that the VAWA Final Rule clarified that any information submitted to a covered housing provider under 24 CFR 5.2007, including the fact that an individual is a victim of domestic violence, dating violence, sexual assault, or stalking, must be maintained in confidence by the covered housing provider.

77

77

## **OBSERVATION RESOLVE**

### **(8) VAWA**

Employees of PHA XYZ or owner (or those who administer assistance on their behalf e.g. contractors) must not have access to the information unless explicitly authorized by PHA XYZ or owner for reasons that specifically call for these individuals to have access to such information under applicable Federal, State, or local law (e.g. the information is needed by a PHA XYZ employee to provide the VAWA protections to the victim; and

78

78

## **OBSERVATION RESOLVE (CONTINUED)**

### **(8) VAWA**

PHA XYZ or owner must not enter this information into any shared database, or disclose this information to any other entity or individual (e.g. a prospective owner of participant's unit), except to the extent that disclosure is:

- ✓ Requested or consented to in writing by the individual (victim) in a time-limited release,
- ✓ Required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program or,
- ✓ Otherwise required by applicable law.

79

79

## **PREPARE NOW**

- Ensure your PHA has an Emergency Transfer Plan
  - ✓ Regulatory since 2017
- Be sure that the 5280 and 5283 forms are given to applicants/tenants/participants at all required times and in appropriate forms/languages
  - ✓ Available in HUD Forms

80

80

## **PREPARE NOW**

- Ensure your PHA has the appropriate language in all denial and termination notices
- Make sure that your staff knows everything about VAWA, where to find your policies and procedures, and that they are following them
- Assign staff to training if necessary

81

81

## **OTHER PREPARE NOW CONSIDERATIONS**

- Review your agency's documents listed in "Here We Come" notification
  - ✓ Do they need updated? Are they current?
  - ✓ Do you have them all? Everything listed is stuff that all PHAs should have (for all applicable programs).
  - ✓ Ask questions if you aren't sure or need more in-depth descriptions of necessary documents

82

82

## **OTHER PREPARE NOW CONSIDERATIONS**

- Is your software tracking everything you need it to track and doing everything you need it to do?
- Does your staff know where to find all the policies and procedures applicable to their jobs? Do they need any training?

83

83

## **OTHER PREPARE NOW CONSIDERATIONS**

- Are all of your forms up-to-date?
  - ✓ Check HUD Forms for current versions
  - ✓ Keep an eye on OMB dates

84

84

## **OTHER PREPARE NOW CONSIDERATIONS**

- Are you doing QC reviews? QC file reviews are just a start. Be sure that you are QC-ing things like SEMAP indicators, PHAS aspects, VMS, grants and other HUD funded programs for appropriate spending, etc.
- Are you prepared/preparing for HOTMA?
- Are you checking and rectifying PIC errors
  - ✓ Are you checking the PIC Dashboard?

85

85

## **PHA RESPONSE TO CCMR RESULTS**

- Due within 30 days of HUD results letter unless otherwise noted
- Will most likely require a Corrective Action Plan (CAP) with response
  - ✓ Template should be sent as an attachment to results letter or in a separate email

86

86

## PHA RESPONSE TO CCMR RESULTS

- PHA's opportunity to also dispute/contest any findings
  - ✓ Have proof and reasoning
  - ✓ Will be a CAP column

87

87

## PHA RESPONSE TO CCMR RESULTS

- Be sure to send it to the correct person(s) as listed in the results letter
- Redact or encrypt any Personal Identifiable Information (PII)
- Contact ASAP if need extension on anything

88

88

## **CAP**

→ Column titles

- ✓ Finding
- ✓ Adm Plan/Task-Based/QC Tool/Other (type of resolve)
- ✓ Notes
  - Should include anticipated date of completion here
- ✓ PHA Dispute?

89

89

## **CAP ACKNOWLEDGEMENT**

- PHA will receive written notification once FO has received the CAP
- FO will respond to any disputes
  - ✓ If original decision is upheld, the PHA will be expected to follow through with the required resolve
  - ✓ If original decision is rescinded, the PHA will receive acknowledgement and the finding will be considered resolved

90

90

## **CAP ACKNOWLEDGEMENT**

- PHA will need to respond within 45 days of CAP Acknowledgment letter.
- PHA will be instructed to submit extension requests in writing
  - ✓ Extensions will be approved in writing. Until that time PHA will be expected to resolve the finding within the original required time or the date given by the PHA

91

91

## **POTENTIAL HUD EXPECTATIONS**

- CAP
- Updates to Admin Plans/ACOPs
  - ✓ With Board Approval
- Development of a Standard Operating Procedure (SOP) for some areas
- Use of a QC Tool

92

92

## FINAL RESULTS

- This CCMR process will be ongoing until all findings have been addressed and resolved, either by the PHA or by the FO acknowledging a dispute and downgrading or removing a finding
- Important to keep in close contact to ensure all items are resolved within designated/assigned timeframes or extensions are requested AND granted

93

93

## FINAL RESULTS

- Keep everything for your records
  - ✓ Letters
  - ✓ Emails
  - ✓ CAPs
  - ✓ Documentation provided as resolve
  - ✓ Notes

94

94



95

95

## **COPYRIGHT**

©2024 The Nelrod Company, Fort Worth, Texas 76107. All Rights Reserved.

This training is subject to copyright owned by The Nelrod Company. Any recording, reproduction or republication of all or part of this presentation is expressly prohibited, unless The Nelrod Company has explicitly granted its prior written consent. All other rights reserved.

96

96