PY2026 EAP TRAINING

June 24-25, 2025



WELCOME



SLIGHTLY DIFFERENT TRAINING FORMAT

- This year we will be conducting training over two days with a lunch break each day
- The slide deck will be provided after training and the trainings will be posted
- The flow of the training will be partially determined by how quickly we move through the information instead of individual module break out
- There will be a QA session later this summer, so please hold specific questions until you have a chance to review the training and the manual
 - Clarifying questions are fine to ask
 - Specific scenarios walk throughs or more one off situations should be saved for the QA session



AGENDA DAY 1

- 1. Introduction
- 2. Overview of Policy Changes
- 3. Statewide Databases
- 4. Operations
- 5. Budget Award Management
- 6. Lunch
- 7. Intake Overview
- 8. Customer Service Insights
- 9. Household Eligibility
- 10. Income and Income Calculation



WHAT ARE WE WORKING TOWARDS

- The purpose of EAP funds is to ensure that all eligible people living within the State of Indiana who have an energy burden have utility service primarily during the winter months
- One part of our job is to ensure that these funds are used in the manner they
 are intended the benefits, administration and outreach/eligibility included
- A deeper dive into elements of the program to identify areas to streamline, reducing burden on applicants and administrators of the program, while remaining in compliance with federal rules

*There are some policies that remain undecided as we receive feedback from the network and determine feasibility



RULES FOR THE DAY

- Please have your camera on
- Please do not work on other things and give the training your full attention
- If you need to take a quick break please do so we will try to have stopping points so people can stretch and refill their coffee but if you need a break before then take it
- Treat yourself and others with respect
- Remember we all share the same mission.



UNUSUAL SITUATIONS? JUST ASK US!

Remember, the manual is intended to address the fundamental policies regarding EAP eligibility and the most common scenarios and issues subgrantees may encounter

- If intake or agency management encounters a situation that falls outside of the explicit guidance in this manual, they are encouraged to use the concepts contained in the manual and apply them to the specific situation.
- If the solution to the situation is still unclear, or if the subgrantee is unsure of their determination, they should reach out to IHCDA via the LIHEAP inbox for clarification.
- If we see similar questions coming up multiple times, it may alert us that there
 is a need, and we can work on a policy guidance or a future manual revision
 to address it.



OVERVIEW OF POLICY CHANGES



WHY AN OVERVIEW?

In this section we will quickly list policy changes that are going to be happening

Each of these policy changes will be detailed in later sections

For example, we will talk about benefit changes in the section of the training about benefits

Please save questions about these changes until we have a chance to cover them



HOW LIHEAP POLICY IS DECIDED

The key factors that are taken into account are:

- Federal LIHEAP Statute and Regulations
 - 16 Assurances
 - Budget Award amount
- State-level decision-making
 - Specific needs of Hoosiers
 - Households with the lowest incomes
 - Focus on those households that endure the highest energy burden
 - Specific characteristics of Indiana's climate
 - Energy/Utility availability and costs

The decisions are then integrated into Indiana's LIHEAP program design and submitted in the form of the State Plan.

 Public Hearing is held to gather additional feedback/input from all parties before Plan is finalized.



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The federal LIHEAP Statute requires grantees to meet certain conditions, known as the 16 Assurances. As a Subrecipient, each LSP administering LIHEAP agrees to meet these conditions as well. The Assurances state that the Grantee will:

- 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; intervene in energy crisis situations; provide low-cost residential weatherization and other cost-effective energy-related home repair; and not to use these funds for any other purposes;
- 2. Ensure that all program recipients meet the defined income qualifications;
- 3. Conduct outreach activities designed to assure that vulnerable population households and high energy burden households are made aware of the assistance available to them under this program;

- 4. Coordinate administration of LIHEAP with similar and related programs administered by the Federal Government and the State, particularly low-income energy-related programs;
- 5. Provide, <u>in a timely manner</u>, that the highest level of assistance will be provided to those households with the lowest income levels and the highest energy cost or needs, taking into account household size;
- 6. Designate local administrative agencies to carry out the program, giving special consideration to any local public or private nonprofit agency which was receiving Federal funds under any low-income energy assistance or weatherization program;





- 7. Notify each participating household of the amount of assistance being paid on its behalf; assure that the utility vendor, regulated or unregulated, will apply the benefit to the client's bill fairly, honestly, and without discrimination on the basis of receiving such service; and abide by all other terms and conditions agreed upon in the MOA;
- 8. Allow everyone an equal opportunity to apply for LIHEAP, and treat renters and homeowners equitably;
- 9. Ensure that any overspending on planning or administration of LIHEAP beyond the allowable admin line item is paid for out of unrestricted, non-federal funds (i.e., an agency may not use CSBG funds to augment for overspending);



- 10. Establish appropriate fiscal controls and fund accounting procedures as necessary to monitor compliance to the requirements of the program;
- 11. Permit and cooperate with any relevant Federal investigations;
- 12. Provide for timely and meaningful public participation in the development on the State plan;
- 13. Provide an opportunity for applicants whose applications are denied or are not acted upon with reasonable promptness to appeal;



- 14. Cooperate with the Secretary of the US Department of Health and Human Services with respect to data collection and reporting;
- 15. Provide preference to agencies that administer low-income weatherization or energy crisis intervention programs when awarding grants or contracts for intake services;
- 16. Use up to 5% of funds to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance, which may include but are not limited to needs assessments, counseling, and family coaching.



POLICY CHANGES

- Piloting new database with CFS
- No Emergency Services Line Item (Section 9)
- ERR will be a weatherization program (Section 9)*
- Benchmark adjustments (Section 13.3, 14.3, 14.5)
- No requirement for early mail out (Section 5.2)
- Combination of absent household member form and utility affidavit (Section 3.3, 4.6, 4.9, 7.3, 8.8, 14.5)
- Combination of IVA and request for earnings form (Section 4.9 & 6.1)
- No longer using 2-1-1(Section 2.2, 4.1, 5)
- SMI adjusted to new level (Section 8.3)
- Benefit Matrix being adjusted (Section 8.11)
- No client contribution required for crisis (Section 7.1, 8.9)
- No third level IHCDA appeal (Section 5.5)

All of these will be discussed during training in their relevant sections



STATEWIDE DATABASES



EAP STATEWIDE DATABASES

The majority of the network will be using EAPConnect again this year



For CFS's Territory we will be piloting the new statewide database LITT





EAPCONNECT



EAPConnect is Roeing's web-based interface. All eligibility determination and client tracking must be performed and documented in EAPConnect.

- We are working with Roeing on the Scope of Work for PY26, and we are still working with them to finalize the scope and schedule of the release of enhancements.
- The intent is to make minimal changes with the focus being on a working system

Roeing will train on these enhancements once the enhancements have been completed.



PILOT NEW EAP TECH



We are still working on finalizing LITT for the pilot with EIS

Training for those that are in this database and system will take place over this summer

Later training and allowing agencies to play in the sandbox of the pilot technology will take place in early 2026

More details about how clients will be directed to their respective online applications will be shared with the network closer to the launch of the program

We are still asking that you direct applicants to IHCDA's webpage to click the apply here button



UNIQUE EMAIL FOR SIGN INS

No matter which database you are in every user must use a unique email that shows who they are.

This means there should **not** be a eap@agency.com as the user.

- All individuals being granted access to the statewide database shall be issued separate unique login credentials.
- All login credentials shall be associated with the individual's agency issued e-mail address and shall reflect the individual's actual name.





PY2026 Operations and Timelines



IHCDA EMAILS

WHEN TO USE GENERAL EAP EMAIL

- General correspondence
- Questions about guidance
- Sending back budget modifications, questions, etc., rather than e-mailing the manager or analysts directly.
- EAP@IHCDA.IN.GOV

WHEN TO USE VENDOR EMAIL

- MOA or EAPconnect vendor issues
- Vendor has payment issues
- Vendor not responding
- Forwarding general issues with vendor
- VENDORS@IHCDA.IN.GOV



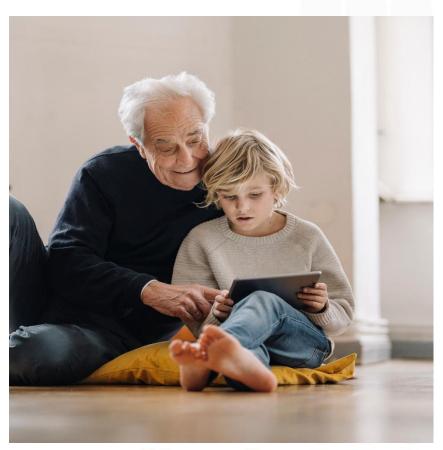
EARLY MAIL OUTS

- Doing an early mail out <u>is not</u> required
- Agencies may conduct an early mail out if they wish
- Who agencies send early applications to is up to each agency (whether it is only vulnerable populations)
- The rules about needing to enter paper applications in the system still apply
- Agencies may begin entering applications as soon as IHCDA announces EAPConnect is fully functional.



PROGRAM OPERATIONS TIMELINE

If LSPs choose to distribute early applications they may distribute applications to households beginning Monday, **August 25**, **2025**.





Key Dates	Purpose
Wednesday, October 1, 2025	Beginning of Federal Fiscal Year 2026
	Online application opens to the general public at 8:00 AM ET
	LSPs shall make the application packet available for download from their website.
Saturday, November 1, 2025	Statewide start of the Energy Assistance Program:
	In-person appointments may begin.
	Transmittals may be sent to utility vendors.
	Applicant Notification letters may be sent to clients.
	Approved A16 activities can begin
Monday, December 1, 2025	Start of Moratorium Protection.
Sunday, March 15, 2026	End of Moratorium Protection at 11:59pm.
Monday, April 20, 2026	End of EAP application period at 5:00pm Eastern time.
Monday, May 4, 2026	All incomplete EAP applications must be fully processed.
Monday, May 18, 2026	Last day to submit transmittals.
Monday, June 1, 2026	All vendors must be fully reconciled.



ONLINE PORTAL AND APPOINTMENT SCHEDULING OPENS

Official start of federal program year is October 01, 2025.

Starting Wednesday, October 1, 2025:

- The online application portal will open to all applicants at 8:00am Eastern time
- LSPs that conduct in-person appointments may start setting those appointments, provided the appointments are set for no earlier than November 01, 2025.



OFFICIAL START OF EAP

The official start of the statewide Energy Assistance Program is Saturday, November 01, 2025.

What can begin starting November 1?

- In-person appointments or taking walk-in crisis.
- Benefit approval and/or denial notification letters to applicants can be issued
- Verbal or written pledges to utility vendors or fuel providers can be made
- Transmittals can be sent to utility vendors or fuel providers.
- Crisis checks in-house to biofuel households in crisis and/or wood vouchers for households purchasing biofuel from a vendor with whom the LSP has an MOA can be issued
- Executed transmittals can be submitted to IHCDA Fiscal for payment.



APPLICATION DEADLINE

Application deadline is 5:00pm Eastern time on Monday, April 20, 2026.

- EAPConnect will no longer accept application submissions after this time.
- Applicants may submit incomplete applications but will need to follow incomplete application guidelines and procedures.





WRAPPING UP SEASON TIMELINE

- All outstanding applications must have final eligibility determined and in either approved or denied status by Monday, May 4, 2026.
- All outstanding transmittals must be submitted to IHCDA Fiscal by Monday, May 18, 2026.
- All vendors must be fully reconciled by Monday, June 1, 2026.
- The official closing date of federal program year 2026 is September 30, 2026.



LIHEAP Budget and Award Management and Claims



WHAT WE'LL COVER

- 1. Budget and Line Items Overview
 - ERR/Emergency Services
 - LSP Administration
 - Administrative Expenses
 - Outreach and Eligibility Determination
 - What O&E Does and Does Not Cover
 - Regular & Crisis Benefits
 - Benchmark Changes
 - Line Items Review



- 2. Agreements, Amendments, Modifications, and Additional Funding Requests
 - Subrecipient Agreements
 - Amendments
 - Additional Funding Requests
 - Budget Modifications
 - Best Practices



BUDGET LINE-ITEMS

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

- 1. Administrative Expenses
- 2. Outreach and Eligibility Determination
- 3. Regular Benefits
- 4. Crisis Benefits





NO ERR OR EMERGENCY SERVICES

Emergency Repair and Replace (ERR)

ERR will now be moved into Weatherization with slightly different rules.

It is expected that intake will share information about clients that have inoperable heating but EAP is not responsible for the program.

Emergency Services

There will be no line item for Emergency Services – this line item has not been frequently utilized by agencies in the last few years.

Should an emergency occur guidance will be issued allowing agencies to utilize this line item.



LSP ADMINISTRATION

For PY2026, the Administrative line item in LSP budgets is unchanged from last year's level of 7.5%.

For PY2026, the Outreach and Eligibility Determination line item is unchanged from last year's level of 4.5% of total award.





ADMINISTRATIVE EXPENSES

The Administrative Expenses line item can be used to cover overall administration and operation of the program.

Administrative Expenses can include, but are not limited to:

- EAP administrative functions, including program planning, staff training, reporting, and any allocated costs such as rent, utilities, maintenance, and general supplies.
- **EAP service delivery functions**, including fiscal, executive, supervisory, management, and support operations. This may include agency salary allocations.
- Any expense that is otherwise eligible to be paid using Outreach and Eligibility Determination.

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ADMINISTRATIVE EXPENSES

- IHCDA may use up to 10% of its expenditures for administrative expenses. IHCDA keeps 2.5% of this to cover its own overhead.
- LSPs may budget up to 7.5% of their total expenditures to Administrative Expenses.
- As per CFR, Administrative Expenses may not be supplemented with any other federal funds.
- Because the admin cap is based on expenditures and not initial award, LSPs may need to pay back a portion if they max out their Administrative Expenses line but underspend on their overall budget.
- EAP supervisory staff and agency fiscal staff should be regularly communicating and checking in to ensure that obligations are in line with administrative claims.

OUTREACH AND ELIGIBILITY DETERMINATION

Outreach and Eligibility Determination (O&E) is a benefit line that allows for reimbursement of program costs without using an agency's Administrative Costs allowance.

 Allowable Outreach and Eligibility Determination expenses are defined as costs that are specific to delivery of EAP and do not otherwise contribute to the overall operations of the agency, nor to any other program.



OUTREACH AND ELIGIBILITY DETERMINATION

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



O&E DOES NOT COVER INDIRECT COST OR PAYROLL FOR CERTAIN ROLES

Indirect or allocated costs may not be charged to Outreach and Eligibility Determination under any circumstances

Payroll for management, executive, or supervisory staff cannot be charged to O&E

Even if a manager or supervisor only oversees EAP and regardless of what job duties the manager, executive, or supervisory staff is engaged in O&E cannot be used for their pay

All such expenses must be charged to Administrative Expenses or paid from unrestricted funds.



ALLOWABLE 0&E

What may be considered allowable Outreach and Eligibility Determination charges?

- Salaries/payroll for line-level intake staff who have no supervisory or management responsibilities, or for non-supervisory staff involved in Quality Assurance checks
- Supplies needed by intake staff in order to determine eligibility <u>and will not</u> <u>be used for any other purpose in the agency</u>
- Client outreach initiatives focused solely on EAP
- Technology needs that will <u>only be utilized by EAP staff</u> and will <u>only</u> be used for the purposes of <u>eligibility determination</u>, <u>intake</u>, <u>or outreach</u>
- Language translation services



UNALLOWABLE 0&E

What may <u>not</u> be considered allowable Outreach and Eligibility Determination charges?

- Salaries/payroll for management, executive, supervisory, fiscal, or other support staff, whether direct salary or spread, regardless of duties being performed
- Supplies that will be used by the agency at large or by other departments outside of EAP
- Client outreach initiatives that promote the agency as a whole or any other agency program, whether or not EAP is included as a component
- Technology needs that will be used by other agency departments outside of EAP or will be used within EAP for any purpose other than intake, eligibility determination, or outreach
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UNALLOWABLE 0&E

What may **not** be considered allowable Outreach and Eligibility Determination charges?

- Any rent or utilities, even if it is for an office location that only provides EAP services
- Any indirect or allocated costs
- To reiterate: Payroll for management, executive, supervisory, or agency clerical/support staff may not be charged to Outreach and Eligibility Determination, even if a manager or supervisor only oversees EAP.
 - All such expenses must be charged to Administrative Expenses or paid from unrestricted funds. This is based on IHCDA interpretation of a federal rule related to the definitions of Administrative expenses and program costs.



REGULAR AND CRISIS BENEFITS

- Regular benefits are awarded based on matrix points that are worth \$25 each, plus a variable electric benefit of between \$50-\$125.
- Crisis benefits are variable based on the exact amount needed for restoration or disconnection prevention, up to a maximum of \$400 per utility/\$800 per household.
- All LSPs are required to allocate at least 8% of their total award amount to Crisis Benefits through March 15th.





BENCHMARK CHANGES

The benchmarks will be adjusted as follows:

Benchmark #1: 50% of available benefit funds obligated by January 15, 2026

Benchmark #2 (Final): 75% of available

75% of available benefit funds obligated by March 15, 2026



LINE ITEMS REVIEW

Line Item	Maximum Percentage	Calculation based on
Eligibility/Admin	7.5%	Obligations/ Expenditures
Outreach and Eligibility Determination	4.5%	Total Award
Regular Benefits	None	N/A
Crisis Benefits	None; minimum allocation of 8% through March 15 th	Total Award





SUBRECIPIENT AGREEMENTS, AMENDMENTS AND BUDGET MODIFICATIONS



SUBRECIPIENT AGREEMENTS

We currently have no insight into when we might expect the first release of PY2026 funds, nor what the amount of our award might be this year.

We do anticipate operating under a Continuing Resolution. However, we do not know how the release of funds will be structured, and we **cannot promise** that we will enjoy the release of 90% of the funds as we have in the past.

IHCDA will share information with everybody as we learn more.



AMENDMENTS

When IHCDA receives funding from HHS, it will put the funding through the allocation table and issue amendments to all active LSP subawards.

Amendments may also be issued as a result of:

- An involuntary deobligation of funding (e.g., due to an LSP not meeting benchmarks)
- A voluntary deobligation by an LSP,
- An approved request for additional funding by the LSP (provided IHCDA has the funds available).



AMENDMENTS

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



WHEN TO ISSUE ADDITIONAL FUNDING REQUEST

- LSPs are expected to issue a request for additional funding once it has obligated 90% of its benefit lines.
- Additional funding requests must be reviewed by the Community Programs team and approved by IHCDA's Executive Director before being granted.
- IHCDA reserves the right to partially approve a request.



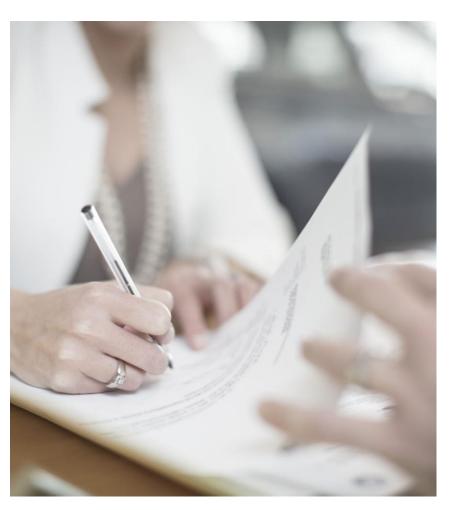
ADDITIONAL FUNDING REQUESTS

Additional funding requests must include the following information:

- Estimated number of clients to be served, including summary of existing appointments scheduled and mail-in applications received
- Average benefit per client
- Estimated amount of funds to be used for Program Administration
- Total amount of funds requested
- Estimated length of time the requested funds would cover.



ADDITIONAL FUNDING REQUESTS



- Must be submitted on LSP letterhead
- Must be signed by the LSP's Executive Director



BUDGET MODIFICATIONS

A budget modification may be submitted at any time without a corresponding amendment.

- Must be signed by the LSP EAP Manager or a designee. Authorized designee lists should be submitted to IHCDA.
- Community Programs staff will review the request and ensure that all line items meet applicable requirements with regard to minimum or maximum amounts of allocation.
- If a budget modification is not signed, or does not meet policy requirements for any given line item, the budget modification <u>will not be approved</u> and Community Programs staff will request a new modification.



LIHEAP Budget and Award Management and Claims

BEST PRACTICES

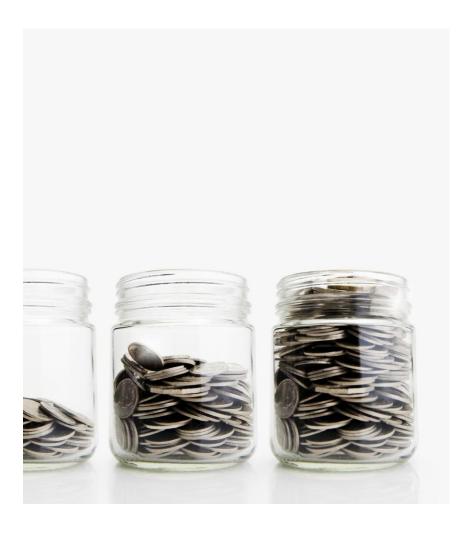


BEST PRACTICES

- 1. Monitor Your Obligations Regularly
- 2. Consider How You Might Maximize Your Ability To Completely Obligate Your Funding
- 3. Always Round Down
- 4. Look At Your LSP's Track Record On Obligations
- 5. Submit Your Claims Regularly
- Cultivate Culture Of Proactive Communication Between Program And Fiscal Teams



MONITOR YOUR OBLIGATIONS REGULARLY



Consider **monitoring daily** once you get close to 75% obligation on your benefit lines

Be proactive in thinking about requesting additional funds

Remember that it takes some time to run requests through leadership and to draft and generate amendments



MAXIMIZE ABILITY TO OBLIGATE FUNDING

Consider how you might maximize your ability to completely obligate your funding.

- For instance, regular benefits will always be in multiples of \$25. Therefore, if you have \$750,002.49 allocated to your regular benefits line, then you will find yourself in a scenario where you will never be able to spend that down completely; you will always leave \$2.49 on the table.
- After allocating your other lines, if you find you have an odd number in your regular benefits, IHCDA expects you to round it down to a multiple of \$25 and put the excess into Crisis Benefits.



ALWAYS ROUND DOWN

To stay within the required caps and to avoid ambiguity, **round down** on line items such as Administrative Expenses and Outreach and Eligibility Determination





LOOK AT YOUR TRACK RECORD

Look at your LSP's track record on obligations.

- How closely you have been able to spend your entire obligation?
- Have you consistently not expended your entire award?
- Take that into account when determining your Administrative Expenses allocation
- Administrative Expenses line is based on total expenditures rather than award
- If you underspend your award but max out your Administrative Expenses line, you may need to pay back a portion



SUBMIT YOUR CLAIMS REGULARLY

- Submitting grantee payment claims (Admin, Outreach & Eligibility Determination) as well as reimbursement claims for biofuel payments made by the agency is a good way to keep your cash flow regular.
- Monthly submission of admin claims is required in the subrecipient agreement.
 Agencies should submit these other claims at the time of submitting Administrative claims.





PROACTIVE COMMUNICATION BETWEEN PROGRAM AND FISCAL TEAMS

Cultivate culture of proactive communication between program and fiscal teams.

- Be sure that your fiscal team has access to the EAP Policies and Procedures manuals and understand the requirements.
- Compare your obligation percentages for your Administrative Expenses to your overall obligations.
- Make sure that the fiscal team and EAP management team are aware of the trends with regard to applications and obligations.
- Let us know if future trainings with a finer focus on fiscal issues would be helpful.



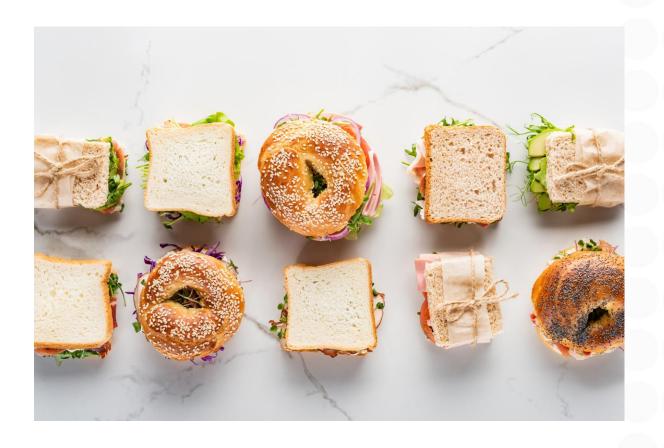
BEST PRACTICE SUGGESTIONS

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





LUNCH BREAK





EAP Intake Overview



WHAT WE'LL COVER

1. Applications

- Statewide Applications
- Online Applications
- Telephonic Applications

2. Changes to Forms

- List of Forms
- Changes/Updates to Forms

3. Documentation Review

- Application
- Identity
- CSBG
- Scanning/Uploading Changes
- Income Documentation
- Utility/Fuel Documentation
- Other Documentation





STATEWIDE APPLICATION

- New application forms will be made available to LSPs shortly.
- IHCDA encourages fillable EAP applications to be made available.
- We will allow LSPs to fill out applications over the phone without obtaining a client signature, but notes must be made in the Statewide database.
- Must have the subrecipient's logo and contact information at the top. At a minimum, this must include address and phone number, and e-mail address.



ONLINE APPLICATIONS

Applicants can apply 24 hours a day, 7 days a week, from any computer or internet-connected mobile device through the online portal.

LSPs will be responsible for:

- Regularly monitoring the online application portal for new applications
 - Particularly for households in crisis
- Developing internal procedures to integrate online applications into their intake workflow

Online applicants are subject to the same rights and responsibilities as households who apply via any other method.



ONLINE APPLICATIONS

All LSPs must provide a link to the online application portal on their website to facilitate equity of access.

This link shall lead applicants to http://eap.ihcda.in.gov.

Please ensure your website links to our landing page, and not directly to the application.



TELEPHONIC APPLICATIONS

- IHCDA will no longer partner with Protiviti contractors working with the state's 2-1-1 service to provide telephonic access to submit an application.
- In order to continue to provide accessible application options for applicants, IHCDA will expect LSPs to directly provide telephonic application support upon request.
- Telephonic applicants, like online applicants, are subject to the same rights and responsibilities as households who apply via any other method.



CHANGES TO FORMS





LIST OF FORMS

Form ADDR-2026 Address Change Form Form APPL-2026 EAP Application Form

Form DBPE-2026 Direct Benefit Payment Election Form

Form DIS-2026 Disability Medical Statement

Department of Workforce Development Release of

Information

Request for Earnings Information Energy Benefit Transfer Request

Income Verification Affidavit

Landlord Affidavit

EAP Benefit Matrix Form

Non-Household Member Declaration Form Request for Utility/Fuel Account Information

Form EARN-2026 Form EBTR-2026 Form IVA-2026 Form LLA-2026 Form MTRX-2026 Form NHMD-2026 Form UFACCT-2026

Form DWD-2026



CHANGES/UPDATES TO FORMS

- All forms and appendices have been updated and renamed.
- All LSPs should be sure to remove previous versions of forms and appendices from their websites and internal archives and recycle any existing hard copies of these forms.
 Please ensure only 2026 forms are being used this year.
- Four forms have been combined into two to reduce the burden during Intake/Outreach.
 - The IVA and Request for Earnings Forms will be combined into one form – we will release this in the coming weeks.
 - The Absent Household Member and Utility Forms have been combined into one form also.





NON-HOUSEHOLD MEMBER DECLARATION FORM

Applicant name:		Bellana Housing & Corri	unity Development Authority	Application Key:
Address: City: State: IN Zip:		Non-Household Men	nber Declaration	Form
City:	Applicant name:			
The individuals below appear on supporting documentation for my Energy Assistance Program application but do not reside in the household as of the date of application: Document	Address:			
Document	City:		State: IN	Zip:
Utility Bill: Casse Other: Utility Bill: Utility Bill: Casse Utility Bill: Utility Bill: Casse Utility Bill: Utility Bill: Casse Utility Bill: Utility Bill	The individuals below app application but do not resid	ear on supporting do le in the household a	ocumentation for s of the date of a	r my Energy Assistance Program pplication:
Utility is listed in the name of legal guardian or power of attorney but is my responsibility.	Document	Name		
□ Cother: □ Utility Bill: □ □ Utility Bill: □ □ Utility Bill: □ □ Cother: □ Utility Bill: □ □ Cother: □ Utility Bill: □ □ □ Cother: □ □ Utility Bill: □ □ Cother: □ □ Utility Bill: □ Cother: □ □ Cother: □ Utility Bill: □ Cother: □ Utility Bill: □ Cother: □ □ Cot	T Hallan Dille			location/contact information
Other:		_		
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- Fulfills functions of <u>Utility</u>
 Affidavit Form and <u>Declaration</u>
 of <u>Absent Household</u>
 Members Form.
- Must be completed whenever eligibility documentation or utility/fuel bill includes the name of an individual not listed in the household.



DOCUMENTATION REVIEW

Intake reviews the application documentation to ensure:

- All required documentation has been submitted
- Fully completed and signed application
- Income documentation for all adult household members
- Utility billing statements
- Any other documentation needed based on specific household circumstances





APPLICATION

- Must be fully completed and signed by a household member age 18 or over.
- May not be signed by a non-household member unless the signing party has power of attorney for a household member.
 - Documentation of PoA must be provided.
- The household must submit a new application:
 - If the signing household member is not an adult
 - If an online application is submitted with a minor listed as the HOH/applicant of record



APPLICATION

- If the application is not fully completed, the intake must obtain the missing information.
- Intake may return the application to the applicant with an incomplete letter instructing them which fields must be completed.
- Intake may also confirm the information telephonically, through e-mail, or through a face-to-face conversation.
- The conversation must be documented in case notes.
 - In the case of e-mail, the discussion thread may be uploaded to the application documents to satisfy this.



SCANNING/UPLOADING CHANGES

- All applications must be entered into the system within 14 days of receipt
- This includes scanning and uploading all documents
- Online applications must be imported into the production environment within 14 days of submission
- All supporting documentation received after the time of application must be scanned and uploaded into the case file within 14 days of receipt





INCOME DOCUMENTATION

Income documentation is required for all adults in the household, as well as any benefit payments received by adult payees on behalf of children in the household.

- Documentation of earned or unearned income (may include a bank statement for fixed income benefit payments only)
- Printout of Uplink records for unemployment, or fully completed Department of Workforce Development Last Known Employer request
- Completed request for earnings statement
- Income Verification Affidavit (IVA)



INCOME DOCUMENTATION

- In general, we count *gross income*, not net income.
- Applicants may not redact or alter the income documentation they
 provide (e.g., an applicant who receives SS income and provides a bank
 statement may not black out other lines on the bank statement).
- If an applicant provides an Uplink printout or an SSA benefit letter, the entire document is required.

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INCOME DOCUMENTATION

- LSPs are to accept IVAs for income only as a last resort.
 - All successive attempts to obtain primary or secondary documentation of earnings must be documented in the case file.
- If an applicant is unable to provide a paystub for their current employment, the LSP shall ask the applicant to complete an IVA as well as sign a Request for Earnings Statement.
- The LSP is then to send the Request for Earnings Statement to the employer.
- If the employer does not return the Request for Earnings Statement within fourteen (14) days, the LSP may then use the IVA.



UTILITY/FUEL DOCUMENTATION

For metered utilities (electricity, natural gas, prepaid electricity), the most recent/current account billing statement as of the date of application is required.



The billing statement must include the following information:

- Vendor name
- Customer billing name
- Service address (this may be different from the billing address and must be specified)
- Account number
- Account type (residential/commercial)
- Breakdown of usage/charges



UTILITY/FUEL DOCUMENTATION

For deliverable fuels (propane, fuel oil), the most recent/current account billing statement is required if the vendor provides account statements.

Otherwise, the most recent delivery receipt may be accepted.

The billing statement or delivery receipt must include the following information:

- Vendor name
- Customer billing name
- Delivery address (this may be different from the billing address and must be specified)
- Account number





UTILITY DOCUMENTATION

All documentation must be complete. For instance, payment return coupons not accompanied by the full statement or only the front page of a multi-page bill is not sufficient; nor is a screenshot of a customer's overall account status. All account details must be available to be reviewed and evaluated, including delivery/service address, services provided, and usage/charges.

Any pages that contain **only** boilerplate information may be omitted.

If the utility is in the name of a non-household member, a Non-Household Member Declaration form is required along with the account statement.

IHCDA has developed a Utility/Fuel Account Information Request form to help streamline and standardize requests for account information from vendors.



OTHER DOCUMENTATION

Other documentation may be required depending on the household circumstances. These may include, but are not necessarily limited to:

- Non-Household Member Declaration form
- Proof of disability if a household member claims they are disabled but does not receive an SSA-administered benefit
- Proof of military service
- Landlord Affidavit if utilities are included in rent
- Direct Benefit Payment form if utilities are included in rent or household heats with biofuel

As with the application form, all supporting documentation requiring a signature may only be signed by an adult household member or a third party legally authorized to sign on a household member's behalf.

Intake must verify signatures.









What forms are being combined this year?









An agency has a budget of \$1M. Which of these budgets is allowable?





QUESTIONS?



Customer Service



OUR AGENDA



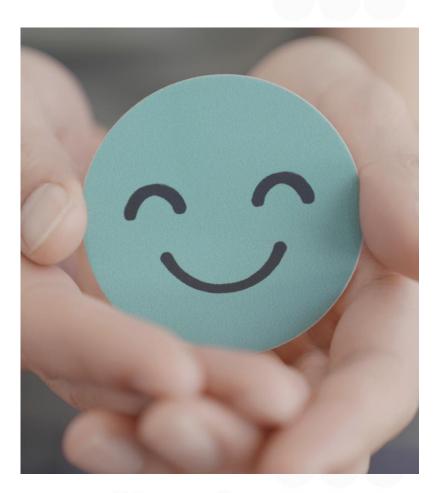
Discussion Points

- Customer Service Basics
- Customer Communication Tips
- Best Practices



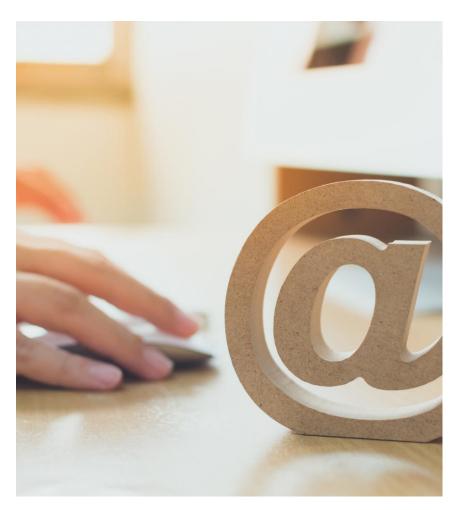
CUSTOMER SERVICE BASICS

- ✓ Be aware of and sensitive to a customer's fragile emotional state and/or financial situation
- ✓ Be compassionate and kind (Without crossing the line)
- Maintain a united front with IHCDA and LSP colleagues
- Offer other possibilities for help when applicable
- ✓ Admit you don't know... and ask for help when you need it





LSP EMAIL



Agencies are **required** to have a public-facing e-mail inbox where applicants can send questions, requests for information, and other correspondence.

This e-mail address must be entered into EAPConnect so that it populates onto notices.



AWARENESS OF AND SENSITIVITY TO CUSTOMER'S SITUATION

When customers first reach out, they may be reaching out during an emotional and/or financial crisis. Their reality may look like this...

- Many families and individuals find it impossible to afford even the basics like rent, utilities, hygienic products, and groceries.
- An unexpected expense say a medical emergency or car repairs could put a household at risk of homelessness.
- Thousands rely on diaper banks, food pantries, and government programs –
 and aren't always treated with dignity and respect by the employees and
 volunteers associated with those agencies/organizations.



THAT REALITY MEANS...

Customers may feel or believe:

- There is a power imbalance between you and them, which is unfair, unjust, or even working against them.
- Scared and anxious because you (this program) are their last hope.
- Pressed for time because of obligations with work, family, and appointments for other programs/services.
- They've already spent a lot of time, energy, and patience on multiple applications and intake appointments. It all feels like unnecessary hoops they must jump through just to obtain basics for survival.
- Ashamed or embarrassed because they need help.

And there may also be a significant barrier preventing them from understanding how to navigate programs – like limited skills with literacy, technology, and/or the English language.



KINDNESS AND COMPASSION ARE VITAL

I'm sorry to hear your power is disconnected. I can help you with completing an application or provide additional resources.

Thanks for taking the time to help me understand your concerns.

It's great you're applying for help. You're right inflation has made it hard!

I hear you saying you're ashamed to ask for help.
Everyone needs support sometimes. That's why we're here to help.

I can't imagine how stressful glad I can help.

Please tell me more about that situation, so I can investigate this for you.



LISTEN FIRST...

Often a customer just wants to be heard first. They want you to hear their story. That story might include details about their negative experience with getting assistance in the past, a recent job loss, a medical emergency, or a miscommunication with their utility company.

- 1. Listen... without losing 30 minutes of your day or letting them spiral into a rage.
- 2. Paraphrase back to them the parts of their story that apply to your program.
 - a) This helps them know you were really listening.
 - b) It also refocuses the conversation on the real reason you're communicating with each other.
- 3. Then they might be more receptive to the information you provide.



BUT TRY TO AVOID...

Guaranteeing
Assistance or
A Positive
Outcome

If you apply for EAP, you'll probably get your whole bill paid off.
They'll get your lights back on today.

I know you're eligible. You just need to apply.

Using
Technical
Jargon or
Pretentious
Wording

The LSP handles the transmittals to the utility vendors.

Due to your failure to comply with program policy, your application was denied. Ergo, you will have to reapply.

Throwing IHCDA or LSP Staff Under the Bus

I can't believe they denied you. They really messed up, and I'm going to make it right.

They should have never said/done that to you.

Adding Your Personal Commentary

Your family deserves this because you actually work.

They should move your application to the top of the stack.

It's only \$50.



OFFER OTHER POSSIBILITIES FOR HELP WHEN APPLICABLE

- Offering other avenues to get help can lead customers to a better quality of life AND provide a "Plan B" if they are being denied by another program.
- Suggestions could include:
 - Other IHCDA programs, like Weatherization
 - Other programs/services with the Community Action Agency near them
 - Township Trustee
 - Utility Vendor Opportunities for Energy Efficiency Assistance and Payment Plans
 - o 211 Resources

This needs to be done with a delicate touch, so it doesn't seem like you are trying to "get rid of them." If the customer doesn't seem open to other options, don't force it.



ADMIT YOU DON'T KNOW... AND ASK FOR HELP WHEN YOU NEED IT

It's totally acceptable to tell a customer, "I need to confer with my team about this. I'll call you back by..." OR "Let me look into this a little more. I'll get you an answer by..."

We are a team, so reach out for help!

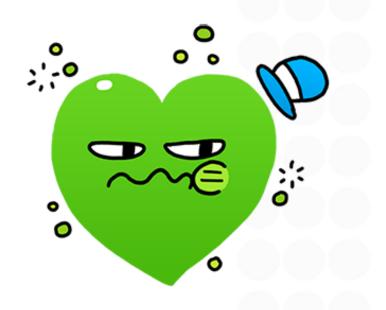
Plus, it shows the customer you want to spend some time on their concern/question and do things correctly.





REMEMBER: PRACTICE SELF-CARE AND GET SUPPORT W/ CONCERNING INTERACTIONS

- Self-care is important. Don't just be kind to customers... be good to yourself too.
- If a customer writes or says something that is concerning, don't be the only one who knows about it. Share that information with your manager or supervisor.
 - Some examples of when to share:
 - Harassment/discrimination/t hreats
 - Suspicion of fraud
 - Mental health concern
 - Abuse/neglect
 - Unsafe conditions





TIPS FOR CUSTOMER COMMUNICATIONS

Timing Consistency (Templates/Scripts) Friendly Bookends Providing Helpful Information



TIMING

- Communicate Within Standard Business Hours
 - Make sure voicemail inbox is cleared out for customers to leave one.
 - Try to make yourselves available as best as you can for customers.
- Prompt Response (within reason)
 - Reply within 24 to 96 hours, when possible, when responding to voicemails, emails, or phone calls where you had to get additional information and call back.
- Call After 9 AM to avoid waking the household
- Make sure you have time for a lengthy call and are ready to be patient/compassionate before you dial



CONSISTENCY

- Use Templates for Written Communications
 - You won't forget important info.
 - You'll be consistent.
 - You'll save time.
 - You can add personal touches when needed.
- Use Scripts for Phone Calls
 - Use your templates to guide phone calls for the same reasons or prepare notes to stay on message when dealing with a unique situation.
 - Don't just read to the customer.



FRIENDLY BOOKENDS

Greetings	Closings
Thanks for calling/contacting [agency name here].	Take care.
I am happy to help. Tell me about your concern.	Do you have any other questions for me?
What can I help you with today?	I appreciate your feedback. It helps us all improve and learn.
Thanks for taking some time to speak with me today.	I hope this phone call was helpful for you.



FRIENDLY BOOKENDS WARNING



Be mindful – If they're being denied or just got disconnected by their utility company, you probably should not close with "Have a great day."



PROVIDING HELPFUL INFO

- Educate your applicants
 - Ex: If an applicant completes a form incorrectly, but it is clear they are trying to do it correctly, explain what is incorrect about it and what is needed to determine eligibility.
 - Ex: When sending letters requesting additional information, don't just put "return these documents to us." Make sure to have a mailing address, e-mail, or any other contact information on how to return it.
- Ensure EAP webpage is up to date and accurate.
- Ensure appropriate documents are up to date.



PROVIDING HELPFUL INFO

- Remember that YOU are the primary point of contact for applicants.
 - Please do not refer applicants to call us directly.
 - We will be referring the applicant back to you, which will lead to frustration for the applicant and could escalate the situation.
 - If escalation to IHCDA is necessary, that escalation must be made by the LSP, not the applicant.



QUESTIONS? COMMENTS? CONCERNS?





HOUSEHOLD ELIGIBILITY



WHAT WE'LL COVER

1. Household Eligibility

- Household Eligibility vs.Benefit Eligibility
- Determination Dates
- Dates
- Dates In EAPConnect
- Household Eligibility Review
- Common Errors





HOUSEHOLD ELIGIBILITY VS. BENEFIT ELIGIBILITY

If a household has a circumstance that is preventing the awarding of a benefit (e.g., inoperable equipment, outstanding deposit on account, etc.), this **does not** impact the determination of overall household eligibility.

- Staff must take care to distinguish between household eligibility and benefit eligibility.
- Household eligibility may be used to determine eligibility for other resources and can qualify households for moratorium protection.
- When household resolves issues preventing benefit payment, household eligibility must not be redetermined.
- Households must not be denied on the basis of not submitting utility bill documentation.



DETERMINATION DATES

The LSP must make a timely and accurate determination of the household's eligibility for benefits within the timeline below:

For appointments: Fourteen (14) calendar days of the application's completion.

For mail-ins: Fifty-five (55) calendar days of received date. The time frame starts November 1.

 Any application received before November 1, 2025 would have to be processed within 55 calendar days of November 1, or December 26.



DATES

Received date: The date an application is received by the LSP.

LSPs must date stamp all incoming mail-in applications when received.

These applications should be processed on a first-received, first-served basis, crisis notwithstanding.





DATES IN EAPCONNECT

Application Date: the date stamp of the application.

Application Entered: the day that the application was entered into the database.

Completion date: The day that the application was completed. This will be mandatory when the client has a claim pending.

Application	Household	Members	Income	Dwelling	Benefits	Status	Crisis	Claims	Documents	Reports	
Application Date			8/1/2020								
Application Entered Date				8/23/2020							
Application Completed Date			8/23/2020								
Application Taken			Online							•	
Site if not Office											



HOUSEHOLD ELIGIBILITY REVIEW

When conducting the household eligibility review, intake is to consider only those factors that contribute to eligibility for the program:

- Indiana residency
- Dwelling characteristics
- Household composition
- Household income

If any documentation related to this information is missing and is preventing intake from being able to accurately determine eligibility, the application is to be considered **Incomplete**, and an Incomplete Letter is to be sent to the applicant.

If information is missing but it is not the applicant's responsibility to provide it (e.g., applicant provided a DWD LKE request and intake is waiting on DWD to return the results), the application is to be placed in **In Progress** status rather than Incomplete.



COMMON ERRORS

Intake should be aware of the following common errors that IHCDA has observed:

- Conflating Household Eligibility determination with Benefit Eligibility determination:
 - Marking household incomplete for missing utility bills
 - Denying a household that meets programmatic eligibility requirements for failure to submit utility bills or for an excessive credit balance
- Failing to deny an application when documentation is not received by the due date on the incomplete letter.





COMMON ERRORS CONTINUED

- Failure to follow up with a household to determine if a member marked as disabled but who does not receive an SSA-administered benefit has documentation that they meet our definition of disabled
- Using incomplete or inappropriate income or utility documentation, including accepting an IVA for earned income without documented attempts to obtain independent documentation of income (e.g., a Request for Earnings Statement)
- Marking an application as Incomplete when waiting on information from a vendor or DWD



EAP Income Eligibility Determination and Calculation Training

PY 2026



WHAT WE'LL COVER

1. Income Eligibility Determination and Calculation

- Income Calculation and Eligibility
- Income Eligibility Determination
- Available Tools
- Benefit of Using Income Calculation Spreadsheets
- Documentation
- Income Documentation Example

2. Sources of Income

- Fixed Income
- Unemployment Benefits
- Self-Employment
- Employment
- Request for Earnings Statement
- Income Verification Affidavit (IVA)





INCOME CALCULATION AND ELIGIBILITY

- Income eligibility will continue to be based on 60% of State Median Income only. We do not switch over to 150% of Federal Poverty Guidelines once FPG outpaces SMI.
- The most recent SMI for a household of four is \$107,555.

HH size	1	month	3	months	12	months
1	\$	2,796	\$	8,389	\$	33,556
2	\$	3,656	\$	10,970	\$	43,882
3	\$	4,517	\$	13,551	\$	54,207
4	\$	5,377	\$	16,133	\$	64,533
5	\$	6,238	\$	18,714	\$	74,857
6	\$	7,098	\$	21,295	\$	85,183
7	\$	7,259	\$	21,779	\$	87,119
8	\$	7,421	\$	22,263	\$	89,055
9	\$	7,582	\$	22,747	\$	90,991
10	\$	7,743	\$	23,231	\$	92,927



INCOME ELIGIBILITY DETERMINATION

For PY 2026, IHCDA is continuing with an eligibility model in which we use **60%** of State Median Income for all households, regardless of size.





INCOME ELIGIBILITY DETERMINATION

When determining a household's income, the eligibility period shall be defined as the **immediate 13 weeks** preceding the date of application.



Routinely requesting three complete months or thirteen complete weeks of documentation from applicant household members will result in monitoring findings.



AVAILABLE TOOLS

IHCDA provides you with tools to facilitate and reduce the burden of income calculation. Subrecipients must train their intake to the use of **all** these tools.

- Excel Workbook for 13-Week Earned Income Calculator
- EAPConnect onboard calculator



BENEFITS OF USING INCOME CALCULATION SPREADSHEETS

Benefits of using Income Calculation Spreadsheets and other tools for calculating income:

- Help to eliminate mathematical errors
- Provide a clear picture of how the income is calculated
- Easy to double check to verify that income is entered correctly
- Show the monitor how the calculations were figured
- Reduce errors in how crisis is calculated



DOCUMENTATION

- If staff uses an Excel spreadsheet to calculate income, that spreadsheet should be scanned or saved and uploaded into the client file to show the calculation.
- In most cases, the manual lists acceptable forms of income for different income sources in order of preference. Whenever a less-preferred form of documentation is accepted, intake shall note in the applicant file why the more-preferred forms were unavailable.
- Income Verification Affidavits should only be accepted as a last resort. For employment income, as an example, a Request for Earnings shall be attempted before accepting an Income Verification Affidavits.



DOCUMENTATION

- Income is always calculated based on the date of application, not the date of application processing or completion date
- If income documentation is current as of the date of application, intake shall use the documentation submitted as part of the application without requesting updated information.



INCOME DOCUMENTATION EXAMPLE

An application is received on December 13, but not processed until February 1, the income eligibility period will be determined based on the application date of December 13.

If the applicant submitted a two-week paystub dated November 05,

The intake shall not request a paystub for December 03 or January 28.

The November 05 paystub is valid because it is within 91 days of the application date.

January 28 would not be a valid check stub since it is outside of the eligibility window.









Which of these are VALID reasons to mark an application incomplete?





QUESTIONS?



SOURCES OF INCOME

- Wages, Salary, tips, bonuses, and commissions
- Self employment
- Profits from a business
- Military Allotments (excluding combat zone pay)
- Disability payments from insurance
- Social Security, SSI
- Railroad retirement and Railroad disability benefits
- Black Lung Survivor benefits
- Income from rental property
- Life insurance payments
- Dividends, interest
- Gambling winnings, awards

- Pensions and Annuities
- Retirement plans
- Royalties
- Strike benefits
- Unemployment benefits
- Veteran benefits
- Regular life insurance payments
- Worker's compensation
- Alimony payments
- Irregular income/odd jobs
- Household support



FIXED INCOME SOURCES

Federally-administered benefits (Examples: Social Security, SSDI, SSI, Railroad Retirement, VA benefits)

- May take current monthly amount and multiply by three to determine eligibility income.
- Exception: in January and February 2026, if applicant presents a letter showing 2025 monthly benefit as well as 2026 benefit with COLA increase, intake should take care to apply the COLA rate to the appropriate months.
- For federally administered benefits **only**, intake should use the net amount after any withholdings and deductions rather than the gross benefit amount.



FIXED INCOME SOURCES

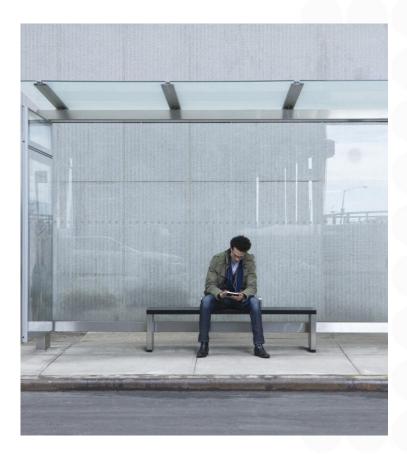
Non-federally-administered benefits (Examples: Pension, recurring payment retirement plans)

- May take current monthly amount and multiply by three to determine eligibility income.
- Our state plan states that we consider the gross amount of this income.
 Therefore, intake shall request a copy of the benefit award letter or a physical check stub showing the full benefit amount prior to withholdings or deductions, rather than a bank statement showing the net amount.



UNEMPLOYMENT BENEFITS

Unemployment benefits may be documented via a Last Known Employer (LKE) report obtained by the LSP from the Department of Workforce Development (DWD), or via an applicant's printout of their benefit status from the UpLink interface.





UNEMPLOYMENT BENEFITS



If the applicant provides an UpLink report, we will require the full report with payment details. A screenshot of the status is not sufficient.

The full state-provided benefit must be considered along with any federal supplemental benefits.



Amount for each week may be calculated by considering Gross Paid plus Total Withholdings.

Processed Date shall be considered as opposed to Claim Date – we are interested in when the payment was realized by the applicant.



SELF-EMPLOYMENT



Self-Employment can include profit or loss from a business, rental income, royalties, partnerships, S-corporations, estates, trusts, farming, or church employee income.

Because of the nature of self-employment income, it is calculated based on the most recent complete tax year. The income for the full year is divided by four to determine representative three-month income.

If the applicant's self-employment income was not present during the previous tax year, intake should attempt to obtain three months worth of receipts accompanied by an Income Verification Affidavit.

If the applicant does not file taxes for the selfemployment income, it is to be considered **irregular or incidental income**, not selfemployment.



SELF-EMPLOYMENT

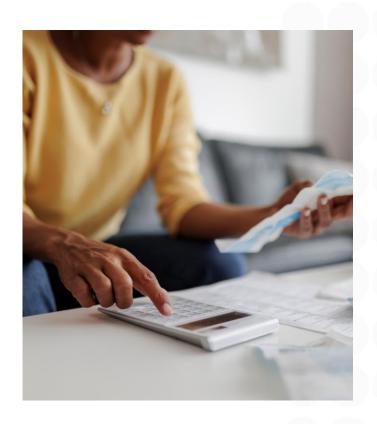
To properly document self-employment income, the applicant must submit their entire previous-year Form 1040 tax return, including any applicable selfemployment schedules.

- Schedule 1 Additional Income and Adjustments to Income
 - Summarizes what kind of income is included in the return and indicates which other schedules should be considered.
- Schedule C Profit or Loss From Business
 - Use line 5, Gross profit
- Schedule E Supplemental Income and Loss
 - Use line 3, Rents received, and/or line 4, Royalties Received
 - For Partnerships and S Corporations, use line 32, Total partnership and S corporation income or loss.
 - o For Estates and Trusts, use line 37, Total estate and trust income or loss.
 - For Real Estate Mortgage Investment Conduits (REMICs), use line 39.
 - For Farm rental income or loss, use line 40.
- Schedule F Profit or Loss From Farming
 - o Use line 9, Gross income.
- Schedule SE Self-Employment Tax
 - Use line 5a, Church employee income, from the Long Schedule SE if it is completed.



SELF-EMPLOYMENT

- On schedule C, one is to use line 5, gross profit, instead of line 7, gross income.
- We no longer add the value of a utility deduction to the income regardless of whether a business is run out of the home address.
- If the applicant's self-employment income is zero or shows a loss, record the income as zero. Do not enter a negative amount. Selfemployed applicants do not have to follow procedures established for zero-income applicants, even if they show no income or a loss.





LSPs are **not** to use an LKE report to identify or determine employment history or income.

Employment income may be calculated using a pay stub or pay statement, a Request for Earnings Statement, or, if neither of these methods are feasible, an Income Verification Affidavit.

W-2s are, in general, usually not going to reflect the time period we are needing for the eligibility determination. Therefore, **W-2s are not generally considered** an acceptable document for employment income in most cases.



If the paystub documentation:

- Discloses both year to date (YTD) gross wages and YTD federal taxable gross wages, intake is to use the <u>federal taxable gross</u>.
 - Federal taxable gross wages are also sometimes notated as FIT (federal income taxable) gross on some paystubs.
- Does not specify the federal taxable gross, intake is to use <u>the gross</u> <u>amount</u>.
 - Intake <u>may not</u> calculate deductions on their own to attempt to determine federal taxable gross wages.



To calculate income using the 13-week method:

- Most recent available paystub is preferred, but you may use any paystub provided as long as it is within the 13-week eligibility window.
- Note whether pay period represents one week or two weeks.
- Determine the week number (out of 52) represented by the pay date on the check. For our purposes, a week is counted each time a Friday falls.
 - If the pay period is two weeks, you will need to round this value up if it is an oddnumbered week.
 - If the applicant started working after the beginning of the calendar year, try to determine when their first pay occurred. Determine the week number of this pay date, subtract 1, then subtract it from the pay date week number.



- Divide the YTD Federal Taxable Gross or YTD Gross by the number of weeks represented on the paycheck. This will give you the representative mean weekly amount.
- Multiply the representative weekly amount by 13. This will give you the eligibility determination period income.
- If the applicant is no longer working at the job, you will need to determine how many weeks have passed since the last pay and adjust the multiplier accordingly. For instance, if the last pay was 4 weeks prior to application date, multiply the representative weekly amount by 9 and count 4 weeks as zero income.
- Similarly, if the applicant has not been working at this job the entire past 13
 weeks, you will need to determine how many potential pay weeks were not
 included and subtract that from 13 to determine the multiplier.



Example: Ash Williams worked as a salesclerk at S-Mart. Ash applies for EAP on April 15, 2025. Ash provides a paystub from March 08, 2025. Ash explains that that was his last pay, and that he no longer works at S-Mart. Ash's paystub shows that his YTD gross was \$6,000, and that he was paid according to a one-week

pay period.





March 08 represents the 10th week of the year. Therefore, \$6,000 divided by 10 weeks equals a mean weekly income of \$600.

Since Ash has not received pay since March 08, we must determine how many weeks to offset the 13-week multiplier by. Because his pay was weekly, we must account for 5 weeks: March 15, March 22, March 29, April 05, and April 12.

Therefore, we can determine that we are to count eight (8) weeks of this employment income for Ash (13-5=8).

During the income eligibility period, Ash received \$4,800 income from S-Mart.

An IVA shall be requested for the month of April to show how Ash met his living expenses without income. The IVA does not need to address March, because Ask received income on March 08.



We know that the 13-week method is complicated and unwieldy for an intake staff to calculate by hand! This is why we have developed a spreadsheet to automate this calculation with some simple data entry.

Excel Workbook for 13-Week Earned Income Calculator

We have proactively tested the 2026 worksheets, and it appears to work as intended. IHCDA strongly encourages all subgrantees to adopt this spreadsheet and ensure their intake staff are trained on its use.



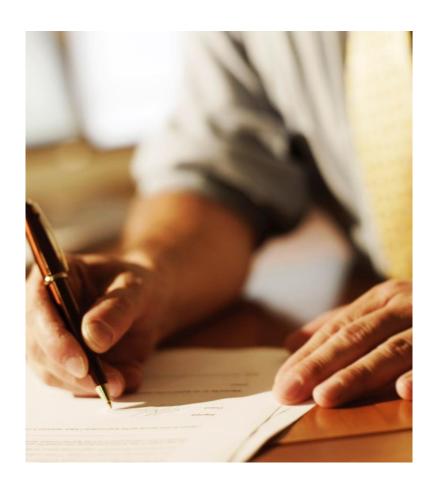
Earned Income Calculation Worksheet - PY2024

2024 Paystub

Household Member:		Ash Williams		Application	n Key:	8675309					
Employer: S-		S-Mart		Application	Date:	4/15/2024	4				
Check Date: 3		3/8/2024		Worked fro	om January 1?	Yes					
Pay Period length: 1		1		If no, appro	If no, approx. first pay?						
YTD Gross Income:		\$ 6,000.00		Still workin	ng?	No					
Eligibility Dates:	1/15/		- 4/15/2024 - 3/8/2024	Eligibility P	ay: 1/15/2024	-	3/8/2024				
YTD Weeks:	10			——— Fligibility \	— Eligibility Weeks: 8						
Mean Weekly Gro		\$	600.00		ibility Income:	\$	4,80	00.00			



REQUEST FOR EARNINGS STATEMENT



Request for Earnings Statement is a form that may be used to get wage information directly from an employer when an applicant is unable to provide paystubs. It may also be helpful for applicants who are involved in gig work and have no concise report of aggregate earnings.

Because of the potential for falsification of this form, LSPs must obtain the applicant's release signature on the form and the employer's contact information and contact the employer directly to send them the form.



INCOME VERIFICATION AFFIDAVIT (IVA)

The Income Verification Affidavit (IVA) allows applicants to declare:

- Any irregular or incidental income
- Declare zero income for any month or all three months of the eligibility determination period
- Declare employment income for which they have no other documentation
 - This is used if documented attempts to obtain paystubs or a Request for Earnings Statement have failed.





INCOME VERIFICATION AFFIDAVIT

We are required to **use gross income for employment**, **not net**.

Best practice is to <u>verify an applicant's pay rate and average number of</u> <u>hours worked per week</u> and document this.

Ensure the **figures provided on the IVA jibe with these**.



INCOME VERIFICATION AFFIDAVIT

his form is to be compl	eted by anyone claiming is preceding application	um Income Verification Affid y zero income or undocume This form must be complet Application Key: /234567	nted income for an ted in its entirety.			orm is to be co three (3) mo	mpleted by onths prec	eding applic	aiming ze ation. Ti	ero incom his form r	ne or und nust be d	locument complete	ted inco d in its		
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\$ \$	\$ \$ \$	\$ 1,200 \$ 1,200 \$ 1,20	00 \$ \$	\$	May	Jun 2023 Jul 2		Sep	Oct	Nov	Dec	Jan 2024		Mar	Apr
May Jun 2023 Jul 2023		t Nov Dec Jan 202	4 Feb Mar	Apr	2023		202		2023	2023	2023		2024		2024
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onths. YOU MUST COMPLET neck all that apply; check at	E THIS SECTION IN FULL IF YO least one item in each catego	wing expenses, if claiming zero inco U INDICATED ANY MONTH OF ZEI ry. parent/spouse/partner/roomma	RO INCOME IN SECTION		months. Check all	2: Please explain h YOU MUST COMF I that apply; check ck here if <u>all belov</u> lortgage	v needs were	ECTION IN FUL e item in each e met by incon es	L IF YOU II	NDICATED /	ANY MONT	TH OF ZERO	o INCOMI e in the he Other Ho	IE IN SECTIO	penses
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☐ Housing Support/voucher ☐ Assistance program: ☐ Have not paid/am behind ☐ Family/friend paid for me ☐ Family/friend lent/gave me money	☐ Included in rent ☐ Assistance program: ☐ Have not paid/am behin ☐ Family/friend paid for m ☐ Family/friend lent/gave me money		☐ Assistance progra ☐ Family/friend paid ☐ Family/friend lent, me money Amount: \$	i for me	☐ Have IX Fami ☐ Fami me r	e not paid/am behi ily/friend paid for ily/friend lent/gavi money punt: \$	nd ⊠ Har me □ Far e □ Far	ve not paid/am nily/friend paid nily/friend lent money nount: \$	behind I for me	☐ Assista		m:		t/gave	
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INCOME VERIFICATION AFFIDAVIT

If an applicant declares zero income for any of the prior three months:

- The applicant must complete section two
- Explain how they have met these financial needs while they had zero income
- If they have declined to answer these questions, the IVA is incomplete and invalid.



If an applicant discloses in section two that they have received cash payments for household support made directly to them, this is to be counted as household income.









What business expenses are allowed to be excluded from self-employment?





An applicant's paystub does not list Federal Taxable Gross. When using YTD Gross, the household is over income. What can intake subtract in order to calculate Federal Taxable Gross?





QUESTIONS?





TIPS AND REMINDERS



TIPS AND REMINDERS

- 1. Income Document Tips
- 2. Chart the eligibility determination and visualize the months being counted
- 3. Simplify Where you can
- 4. Ask the applicant about unexplained deposits
- 5. Know when to follow up on suspected fraud



INCOME DOCUMENTS TIPS

- When looking at a bank statement, recurring payments are often marked PPD.
- Refunds (whether for store returns or bank fees) are not counted as income.
- Applicants may not redact or alter income documentation.
- Individual income amounts under \$1.00 do not need to be counted. For instance, monthly or quarterly interest earned on most applicants' bank accounts can most likely be disregarded.



CHART AND VISUALIZE

- It may help to chart the eligibility determination period for a particular file based on the application date and visualize the months being counted, especially if household members have worked multiple jobs.
- Remember that entering the application date onto the 13-week spreadsheet will calculate and display the income eligibility window for you.



SIMPLIFY WHERE YOU CAN!

- If you have a current paystub where the YTD gross is equal to the current pay, you know that is a first pay stub at a new job.
- There is no need to do any math; just count all the income.
- If you know somebody started a job within the past three months, document that and count the entire paystub as income, as it could not possibly count for more than three months.
 - Remember: You may need an IVA for the period of time prior to when the household member started receiving this income!
 - Remember: that if the paystub is one pay period or more prior to application date, you will need to account for pay received after the paystub



GENERAL TIPS AND REMINDERS

- In general, the only reason to request a LKE report from DWD is for an applicant claiming unemployment income.
- If you have reason to believe an applicant is being deceptive, noncompliant, or potentially fraudulent, you have the right to request this report as part of your investigation.
- If there are unexplained deposits on a bank statement, an intake worker should ask the applicant about them. If they are in the documentation, they are fair game and are subject to monitoring.





GENERAL TIPS AND REMINDERS

But remember, we are not detectives, and while we need to be cognizant of fraud, waste, and abuse, most clients are not trying to defraud the government. Most noncompliance stems from applicants not understanding the requirements or not realizing they need to claim certain pieces of income. Be open, transparent, and communicative, and be ready to educate and give second chances.





TAKEAWAYS

- Income calculation is a little bit of an art and a little bit of a science. Here at IHCDA, we are trying to tip the scales back to science and take away ambiguity for intake as well as for applicants.
- As a rule, income calculation can only be at best as good as the supporting documentation used for determination. This is why the use of less-preferred forms of documentation must be noted.





THANK YOU!



DAY 2



WELCOME!



SLIGHTLY DIFFERENT TRAINING FORMAT

- This year we will be conducting training over two days with a lunch break each day
- The flow of the training will be partially determined by how quickly we move through the information instead of individual module break out
- The slide deck will be provided after training and the trainings will be posted
- There will be a QA session a few weeks after this training so please hold specific questions until you have a chance to review the training and the manual
 - Clarifying questions are fine to ask
 - Specific scenarios walk throughs or more one off situations should be saved for the QA session



AGENDA DAY 2

- 1. Introduction
- 2. Anything from day 1 that was not covered
- 3. Benefits
- 4. Crisis
- 5. Application Approvals or Denials
- 6. Lunch
- 7. Transmittals
- 8. Fiscal Monitoring
- 9. Vendor Review
- 10. Program Integrity



RULES FOR THE DAY

- Please have your camera on
- Please do not work on other things and give the training your full attention
- If you need to take a quick break please do so we will try to have stopping points so people can stretch and refill their coffee but if you need a break before then take it
- Treat yourself and others with respect
- Remember we all share the same mission.



BENEFITS



WHAT WE'LL COVER

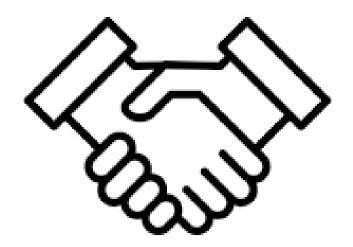
1. Benefits

- Benefits Eligibility Review
- Credit Balance Changes
- Benefit Changes
- Crisis Benefit Changes
- Closed Accounts
- Individual Checks





Note that our MOA with vendors requires that they cooperate with LSPs and IHCDA by providing customer information upon request. This includes billing statements.





If an applicant does not turn in a billing statement for one or more of their utilities:

- Do not mark the application as incomplete
- Do not send an incomplete letter to the applicant requiring them to submit the information.

Instead, intake is to:

- Contact the utility vendor to request a copy of the account statement as of the application date
- Or send a Utility/Fuel Account Information request to the vendor.





REQUEST CORRECT BILLING STATEMENT

If the applicant does not turn in the correct billing statement intake shall request the appropriate billing statement from the vendor or submit a Utility/Fuel Account Information request.

Example: If the billing statement provided is from two months prior to the application



Once Household Eligibility has been determined and the household has been **Approved**, intake may begin to determine benefit eligibility.

For the eligibility review, intake will require:

- Utility information (billing statements/account information)
- Vulnerable population documentation, if applicable

Benefit eligibility review is to be conducted upon household eligibility approval.



If vulnerable population documentation is requested from the applicant, intake shall note the date the request was made to explain why benefit eligibility review is being delayed and note the date the documentation is due (i.e., fourteen days from completion of household eligibility determination).

If the applicant fails to return the documentation by this date, intake shall proceed with benefit eligibility determination without awarding vulnerable population status





In most cases, IHCDA expects benefit eligibility review to be completed, and claims added to approved applications, at the time of household eligibility approval determination. In cases where additional information is needed, IHCDA expects that the claims will be added within 14 days at most from the date of approval.





CREDIT BALANCE CHANGES

Credit Balances

- If an approved applicant household member has a credit balance on a metered utility in excess of \$250, the household will be considered programmatically eligible, but will not receive a benefit on that utility for PY2026 until the credit falls below \$250.
- If an approved applicant household has a credit balance on a deliverable heating fuel account in excess of \$500, the household will be considered programmatically eligible, but will not receive a benefit for that fuel until the credit falls below \$500.



BENEFIT CHANGES

- The average benefit amount per household will increase.
- The increase in benefits will be stratified based on income in order to better target higher benefit levels to those households with the lowest income.



BENEFIT CHANGES-INCOME

Income Matrix Points

Criteria	PY 2025 Points	PY 2025 Award	PY 2026 Points	PY2026 Award
0-30% SMI	6	\$150.00	9	\$225.00
30-45% SMI	4	\$100.00	5	\$125.00
45-60% SMI	2	\$50.00	2	\$50.00
Heat in rent	2	\$50.00	2	\$50.00



BENEFIT CHANGES- DWELLING

Dwelling Matrix Points

Criteria	PY 2025 Points	PY 2025 Award	PY 2026 Points	PY2026 Award
Site-Built Single Home	3	\$75.00	3	\$75.00
Mobile Home	2	\$50.00	2	\$50.00
Multi-Unit	1	\$25.00	1	\$25.00
Heat in rent	0	\$0.00	0	\$0.00



BENEFIT CHANGES- HEATING FUEL

Heating Fuel Matrix Points

Criteria	PY 2025 Points	PY 2025 Award	PY 2026 Points	PY2026 Award
Deliverable bulk fuel	6	\$150.00	6	\$150.00
Biofuel	6	\$150.00	6	\$150.00
Electricity	0	\$0.00	1	\$25.00
Natural Gas	0	\$0.00	1	\$25.00
Any fuel included in rent	0	\$0.00	0	\$0.00



BENEFIT CHANGES- VULNERABLE POPS

Vulnerable Population Matrix Points

Criteria	PY 2025 Points	PY 2025 Award	PY 2026 Points	PY2026 Award
Vulnerable Household	2	\$50.00	2	\$50.00
Nonvulnerable Household	0	\$0.00	0	\$0.00



BENEFIT CHANGES- ELECTRIC ADDER

Electric Adder Benefit

Criteria	PY 2025 Points	PY 2025 Award	PY 2026 Points	PY2026 Award
0-30% SMI	N/A	\$100.00	N/A	\$125.00
30-45% SMI	N/A	\$75.00	N/A	\$100.00
45-60% SMI	N/A	\$50.00	N/A	\$50.00
Electricity in rent	N/A	\$50.00	N/A	\$50.00



CRISIS BENEFIT CHANGES

- Maximum crisis amounts will stay the same \$400 per utility per household, for a total of \$800 per household
- Crisis shall continue to be administered based on the utility bill at the time of application
- If a household goes into crisis while the application is in process, the application should be expedited, but you shall continue to award crisis benefit based on bill at the time of application
- A household may return for additional crisis benefit once if they are experiencing an energy crisis between March 01, 2026 and April 20, 2026



OVERALL BENEFIT CHANGES

Criteria	2025 Minimum	2025 Maximum	2026 Minimum	2026 Maximum
Income	\$50.00	\$150.00	\$50.00	\$225.00
Dwelling	\$0.00	\$75.00	\$0.00	\$75.00
Heating Fuel	\$0.00	\$150.00	\$0.00	\$150.00
Vulnerable Population	\$0.00	\$50.00	\$0.00	\$50.00
Electricity Adder	\$50.00	\$100.00	\$50.00	\$125.00
Matrix Total	\$100.00	\$525.00	\$100.00	\$625.00
Crisis	\$0.00	\$800.00	\$0.00	\$800.00
Total	\$100.00	\$1,325.00	\$100.00	\$1,425.00



CLOSED ACCOUNTS

- An EAP benefit can be applied to a closed account if the client received the pledge or benefit before the account was closed.
- An EAP benefit cannot be applied if the funds are pledged or transmitted to the vendor after the client has closed the account.
- Vendors may not apply EAP benefits to closed accounts with an outstanding balance.
- Benefits may only be awarded to accounts that are scheduled for closure or in "final bill" status if such a benefit will result in the account being reinstated and service continued at the address of record.



CLOSED ACCOUNT EXAMPLE

A client closed an electric account and declared bankruptcy after submitting a mail-in application.

The LSP transmitted a benefit five (5) days after the account was closed.

The utility vendor didn't catch that the account was closed when checking the transmittal and the transmittal was approved.

When the funds were paid to the utility vendor, it applied the funds to the outstanding balance.

The vendor should have rejected the benefit on the transmittal. If it got through the transmittal process and was paid out, the vendor will have to send the entire benefit back to IHCDA.



INDIVIDUAL CHECKS

- LSPs should make every effort to have clients who receive a direct payment benefit sign up for ACH/Direct Deposit, or to waive their direct benefit to a utility that they pay separately.
- IHCDA's banking institution will continue to print and mail the checks and initiate direct deposits.
- If a biofuel client is in crisis and needs an immediate benefit, and the LSP does not enter into MOAs with biofuel vendors, the LSP should issue the client an immediate crisis benefit and submit a claim for reimbursement. The LSP must include a list of clients who received a crisis benefit with the claim submission.
- For clients who have utilities included in their rent, the threshold of monthly rent paid required in order to be eligible for a benefit is \$1.00.



CRISIS



TWO THINGS TO CONSIDER WITH CRISIS

Crisis Mitigation

Taking an action that is likely to result in the crisis situation being resolved without further escalation

Crisis Benefit

A disbursement of funds intended to address and resolve a crisis situation (e.g., utility disconnected, disconnection notice, out of or low on deliverable heating fuel)





CRISIS MITIGATION

- When providing a mitigating action, we do not necessarily need to guarantee that the action we took provided continuing service – sometimes, the needs are greater than the resources we are able to provide.
- All mitigating actions must be documented in the case file.

Examples of mitigating actions:

- Providing referrals to other resources.
- Negotiating an extension or continuation of service with the utility vendor.
- Providing blankets or a portable heater.
- Providing a voucher for a night in a hotel room.
- Providing an air conditioning unit.



CRISIS BENEFIT

- When providing a crisis benefit, we do need to ensure that our benefit actually provides resolution to the crisis in the form of continuing service.
- We are trying to streamline this this year through an additional clause in the vendor MOA.
- This will reduce burden on intake as well as eliminate the need for a customer contribution.

- Applicants may receive up to \$400 per utility/\$800 per household.
- A total electric household may receive both the electric and heating allotments to their electricity.
- Crisis is assessed based on bill at time of application.
- A household may return once for any remaining crisis benefits if they experience a crisis between March 01 and April 20.



APPLICANT APPROVALS OR DENIALS



WHAT WE'LL COVER

1. Notifications

- Applicant Communications
- Policy Changes in Appeal Process
- Applicants Point of Contact





NOTIFICATIONS



 If an applicant has opted in to email communications, LSPs will not be required to send paper notifications.



APPLICANT COMMUNICATIONS

We are about to cover in more depth three types of applicant communications

Applicant Communication when applications are:





Approved



Denied



APPLICANT COMMUNICATIONS- INCOMPLETE

- Upon determination that an application is Incomplete, intake is required to provide written notification to the household of their:
 - Status
 - What is needed
 - How to submit the required information to the LSP
 - The date the documentation is due.
- The LSP is to notify applicants of this by using the incomplete application notification letter generated by the statewide database.
- The notification letter may be supplemented by a phone call or a system notification in the statewide database, but these notifications may not replace the official notification letter.
- If an applicant returns missing documentation in response to an incomplete letter, the LSP shall complete eligibility determination within 14 days of receipt of the information.



APPLICANT COMMUNICATIONS - APPROVED

- Upon determination that an application is Approved, and after benefit determination has been completed and claims entered into the statewide database, intake is required to provide written notification to the household of:
 - Their status
 - Benefit levels
 - Appeal information
- The LSP is to notify applicants of this by using the approval application notification letter generated by the statewide database.
- The notification letter may be supplemented by a phone call or a system notification in the statewide database, but these notifications may not replace the official notification letter.





APPLICANT COMMUNICATIONS- DENIED

- Upon determination that an application is **Denied**, intake is required to provide written notification to the household of their:
 - Status
 - Appeal
 - Reapplication/appeal information.
- The intake is to notify applicants of this by using the denial application notification letter generated by the statewide database.
- The notification letter may be supplemented by a phone call or a system notification in the statewide database, but these notifications may not replace the official notification letter.
- Intake must accurately record the denial reason in the statewide database for tracking purposes.



POLICY CHANGE IN APPEAL PROCESS

As of PY26, there will no longer be a third level IHCDA Appeal available to applicants in the appeal process.

If an applicant believes their denial is based upon an illegal act, they may file a whistleblower complaint on IHCDA's website rather than submitting a third-level appeal.



APPEALS PROCESS

- An applicant may file an appeal with the LSP within 30 days of their denial
- For denied incomplete files, the missing information may be turned in during the appeal window without a formal written appeal.
- The LSP must respond to appeals within 14 days of receipt of appeal.
- Applicants may submit a second appeal to the IHCDA Community Programs
 Manager within 30 days of LSP response to first appeal.
- IHCDA review will not accept new documentation or information, but will only review information available to LSP and LSP's response.
- LSP must upload all appeal correspondence to the case file and log the appeal on the status page.



APPLICANT COMMUNICATIONS

Note that the LSP is to be the primary point of contact with the applicant.

Intake is **not** to direct applicants to call IHCDA directly concerning their application or their benefits.

The LSP shall attempt to address the applicant's issues.

If escalation to IHCDA is necessary, that escalation shall be made by intake or the LSP EAP Manager.

In order to provide the applicant with multiple methods of contacting the LSP, the LSP must make an e-mail address available to all applicants for correspondence, questions, and concerns.









How much time does an applicant have to turn in missing information or documentation from an incomplete application notice?



How much time does an applicant have to turn in information after being denied for an incomplete application?



QUESTIONS?





- LSPs should consider an internal tracking system to ensure that they track incomplete applications, receipt of missing documents, and timely denial of applications in which the applicant fails to return documents, as well as applications in which DWD or vendor information is requested.
- Ensure that applicants have easy access to multiple methods of turning in documents. Minimally, all communications should ensure that the LSP mailing address, phone number, and e-mail address are included. LSPs may also wish to include a fax number.
- Rather than getting into specifics with applicants concerning timeframes, use
 the guidelines. For instance, if an applicant wishes to know when their
 eligibility will be determined, refer to their application date and the 55-day
 guideline. If an applicant is asking about receipt of their direct benefit
 payment, refer to their approval date and the 120-day timeline disclosed on
 their approval letter.



- LSPs must develop their own internal system to track and integrate applications received via different methods (online, mail-in, drop-off, in-office appointments) to ensure all applicants are being addressed fairly in a timely manner and that applicants are not receiving inequitable treatment as a result of how they applied.
- When sending an incomplete letter to an applicant, be sure to review all
 documents and fully determine everything that is missing. This will avoid
 having to send multiple incomplete letters to the household and will lead to a
 more efficient eligibility review.
- Always accurately track the application status, including the denial reason.



If in doubt, please feel free to reach out to IHCDA.





TRANSMITTALS



WHAT WE'LL COVER

- 1. Transmittals
- Components of Transmittals
- Transmittal Process Overview
- Pulling a Transmittal
- Numbers
- Sending to the Vendor
- Making Corrections
- Submitting Transmittal
- 2. Reimbursement Transmittal
- 3. Claim and Transmittal Timelines
- 4. Fiscal Monitoring and Controls





TRANSMITTALS

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

Language in the EAP MOA instructs the vendor to accept the transmittal as being a binding agreement to pay

 This is true even though their MOA exists between them and IHCDA, and not with the subrecipient.

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



TRANSMITTALS

- We do not anticipate any changes to the way transmittals are run this year.
- IHCDA asks that transmittals be sent to vendors electronically.
 - Avoid using regular mail to send transmittals, unless this is the only way a vendor can receive them.
 - Please ensure that you are notifying IHCDA of these exceptions.
- All claims must be transmitted to vendors within fourteen (14) calendar days of claim approval.
- All transmittals must be corrected and sent to IHCDA Fiscal within seven (7)
 calendar days of receipt of approval from vendor.
- IHCDA strongly encourages all LSPs to adhere to a <u>weekly</u> schedule at minimum for both transmittals and submission of signed transmittals to IHCDA Fiscal.

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COMPONENTS OF TRANSMITTALS

Transmittals consist of several components:

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



TRANSMITTALS

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

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

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



TRANSMITTAL PROCESS OVERVIEW

LSP Generates Transmittal LSP sends transmittal to Vendor

Vendor Signs and returns

The LSP reviews

LSP Submits to IHCDA for payment IHCDA makes payment to Vendor

Weekly

- Some LSPs review before
- Reviews for accuracy and closed accounts
- Within 7 days
- Makes changes in EAPConnect or LITT
- Within 7 days of receipt from vendor
- Within 30 days



PULLING A TRANSMITTAL

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

Each transmittal consists of a list of accounts, information about each
account, the benefit amount being pledged for each account, a total number
of pledges on the transmittal, and an aggregate total of pledged funding, as
well as identifying information for the vendor and agency, and a transmittal
number and batch number.



NUMBERS

Transmittal Number

- The transmittal number is a 12-digit number that begins with 150000 (e.g., 150000364894)
- It is generated sequentially based on the number of transmittals that are created network-wide.
- Useful for communication with IHCDA and vendors.

Batch numbers

- The batch number is based on transmittal generated by any given LSP and varies by subrecipient
- Useful for internal LSP use

SENDING TO THE VENDOR

The transmittal is sent to the vendor.

Some agencies sign off on the transmittal **prior to sending** it to the vendor.



Some agencies send the transmittal off **without reviewing**, while some review the transmittals first



More on the pros and cons of these later.



VENDOR REVIEWS AND SIGNS

The vendor reviews and signs the transmittal, signaling acceptance.

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

The LSP reviews and makes corrections in the Statewide Database.

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



SUBMITTING TRANSMITTAL

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

 This must be done within <u>seven calendar days of receipt</u> of the accepted and/or corrected transmittal from the vendor.

You will be issued a seven-digit claim receipt number.

- Use this number to check the status of a claim in IHCDAOnline.
- It is most useful for communicating with claims or accounting staff about the status of a claim.



CLAIM STEPS FOR IHCDA

The internal steps for IHCDA are:

- Claims Review
- Accounting Review
- ACH Approval

Each step typically takes about a week.

A vendor will typically get paid about three weeks after you submit the transmittal to IHCDA fiscal.

This is why the timeframes early on are so important.



GENERATION, REVIEW, AND MANAGEMENT

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



TO SIGN OR NOT TO SIGN?

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



MAKING AND VERIFYING CORRECTIONS

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



COLLABORATION BETWEEN PROGRAM AND FISCAL

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





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

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



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



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





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



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

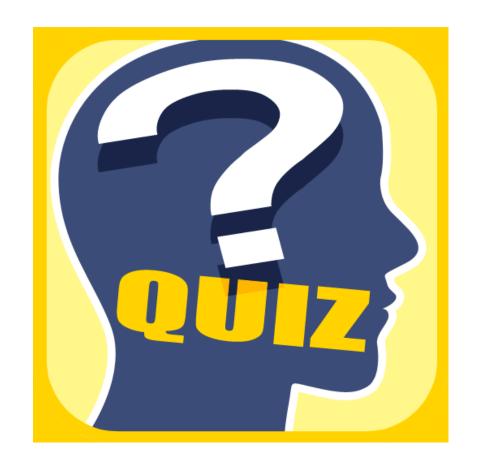


	Regulated Utility – Non-Crisis	Regulated Utility – Crisis	Biofuel/Bulk Commodity Heating Fuel	Indirect Energy Burden (i.e., included in rent)
IHCDA Fiscal reviews / processing	21 days	21 days	21 days	21 days
Final payment of benefit (assuming 7 days for vendor approval)	Within 104 days of application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



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









When can a vendor accept benefit for a closed account?





QUESTIONS?





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



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



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



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



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





QUESTIONS



THANK YOU



Moratorium and Vendor Updates PY2026

Henry Lowry Vendor Analyst



TODAY WE WILL COVER

Today's training will cover updates on vendor relations, changes and looking forward to the coming program year.



MORATORIUM

Statewide utility shutoff moratorium begins Monday, **December 01, 2025**.

- Applicants are granted protection from utility disconnect by non-bulk fuel utility vendors upon successful submission of an application for energy assistance, until such time as household eligibility has been determined.
- LSPs must notify utility vendors of a household's application if they are aware that a household is facing an imminent disconnection and they are not able to immediately determine eligibility.
- Documentation of such notification in a client file will count as crisis mitigation.





MORATORIUM

- Notifying the vendor does not relieve the LSP of the responsibility to prioritize eligibility determination of households that are presenting with an energy crisis.
- Vendors who indicate they do not intend to observe moratorium protection should be reminded of their legislative requirement to do so. If a vendor continues to indicate it will not observe moratorium, please escalate to IHCDA.



END OF MORATORIUM

Statewide utility shutoff moratorium ends at 11:59pm on **Sunday, March 15, 2026**.

 Utility vendors may disconnect households regardless of eligibility status, including households who were previously approved and who are now in arrears.



PY2025-COMMON ISSUES

Takeaways:

- Full year of reporting
- ~179 Vendors vs ~113 vendors in PY24
- ~897 contacts/issues
- Vendor Portal top issue

Utility Vendor	Count of Issues
Centerpoint	39
Duke Energy	33
Ohio Valley Gas	30
NIPSCO	20
Citizens	13
Keystone Coop	10
Amerigas	9
Citizens Energy Group	9
Ferrell Gas	9
Rising Sun Municipal Utilities	9
Shelby County COOP	9
Southeastern Indiana REMC	9
Decatur County REMC	8
MFA Oil	8
Utilities District of Western Indiana REMC	8
AEP	7
AES	7
Bargersville	7
Legacy Propane	7
Jackson County REMC	6

Top Issues	Count of Issue
Vendor Portal	94
Performance Measures	67
•	49
Contact Update	49
Payment Issue	
Transmittal Issue	30
MOA	23
Moratorium	21
Overpayment and Refund Poli	20
Pledge Policy	19
Credit Balance Policy	17
LSP Portal	17
Vendor Training	15
Funding Update	12
ACH Update	11
Program Accounting Request	11
Roeing Issue	11
IERA Referral	9
Return of Funds	8
Monitoring	7
Client Issue	6



FURTHER ENHANCED TRAINING

- Yearly Programmatic Training in September
 - Metered Municipalities
 - Metered COOP & Investor owned
 - Unmetered Bulk fuels
- MOA Training in July
- Training and Onboarding for Pilots in September
 - ~35 Vendor pilots
 - Large vendors tech training and testing for new EDI
- Targeted monthly outreach covering program updates and common issues
- Periodic Town Halls
- Monthly meetings with Big 6
 - General updates, marketing pushes
- Overhaul and update of Vendor Guide



PY26 UPDATES-MOA UPDATES/CHANGES

- MOA good for two years- going out in July to Vendors via AdobeSign
- Expect list of approved vendors by start of PY-weekly distribution
- Changes:
 - IHCDA now asking that vendors share access to client billing portals
 - 14 Day shutoff suspension (outside of Moratorium timeframe)
 - Metered vs Unmetered Utilities
 - Potential change: Acceptance of EAP benefit maintains or reestablishes service for 30 days
 - Deliverable fuel acceptance guarantees a delivery
- Odds and Ends:
 - Collecting EINs
 - Better Contacts
 - Collecting counties vendors operate in



VENDOR ETIQUETTE

- Share respect
- Email etiquette:
 - Professionalism
 - No caps lock
- Remember these are our partners
- No need to engage- route issues to Vendor inbox



UPCOMING YEAR-BEST PRACTICES

- Encourage usage of Vendor portal
- Expect confusion and questions from pilot utilities
- Continue routing major issues to <u>vendors@ihcda.in.gov</u>





QUESTIONS?



Program Integrity and Fraud, Waste, and Abuse



PURPOSE OF TRAINING

The purpose of this training is to provide guidance on the role of program integrity in EAP, address fraud, waste, and abuse, and provide guidance on conducting investigations.

AGENDA

- 1. Program Integrity, Noncompliance, Fraud, Waste, and Abuse
- 2. Addressing Noncompliance
- 3. Investigating Alleged or Suspected Fraud, Waste, or Abuse
- 4. Considerations and Best Practices



DEFINITION OF PROGRAM INTEGRITY

Program Integrity refers to the ability of a federal, state, or local government agency to fulfill its mission while addressing fraud, waste, and abuse. It is a fundamental aspect of being a good steward of public funds.

- According to Amelia Hilliker, JD, Program Integrity can be broken down as ensuring that the money goes to:
 - The right **provider**, for
 - The right service, for
 - The right **member**, at
 - The right **amount**, at
 - The right **time**.
- The best way for us to ensure these "five rights" is to enforce compliance to the application requirements, ensure that the documentation in the file supports the information provided on the application, and empower intake to approach applications with a critical eye.



- Noncompliance is defined as an applicant's failure to adhere to the instructions or requirements of the application process.
- Noncompliance can include, but is not limited to, misrepresenting facts about the household, failing to disclose requested information about the household (including failure to disclose all household members or all sources of household income), signing forms that the applicant is not legally authorized to sign, or providing false, misleading, or invalid documentation.
- Noncompliance can be intentional or unintentional. In general, noncompliance may be engaged in by applicants.



- Both noncompliance and fraud both refer to a misrepresentation of facts (including misrepresentation by omission) during the application process or failure to adhere to the requirements of the application process.
- In order for noncompliance to rise to the level of fraud, the LSP must be able to demonstrate both:
 - That the misrepresentation, omission, or failure to adhere to requirements was willful and intentional; and
 - That the misrepresentation, omission, or failure to adhere to requirements was
 carried out with the intention of personal or financial gain, either by
 receiving a larger benefit than the household is actually eligible to receive,
 or by receiving a benefit that the household is in fact not eligible to receive
 at all.
- Fraud can be engaged in by applicants, subrecipient staff, utility/fuel vendors, or grantees.
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- Waste refers to excessive or improper use of resources, or the use of resources in a manner contrary to the legal rules for their use.
 - An example of waste within EAP is sending the incorrect amount of benefit to a
 utility vendor, then sending a negative transmittal to the vendor in order to
 correct it. This process demands more work from program staff, the utility
 vendor, and IHCDA staff, which has a negative effect on our use of
 administrative funds.
 - Waste can be the result of applicant noncompliance, subrecipient error, utility partner error, or IHCDA error.



- Abuse is defined as excessive or improper use of a thing, or to use something in a manner contrary to the natural or legal rules for its use. Abuse can occur in financial or nonfinancial settings.
 - Examples of abuse within EAP can include a utility vendor applying LIHEAP funds to unallowable costs; equipment purchased using LIHEAP funds being used for other purposes; or subrecipients claiming ineligible expenses in connection with Administrative, Outreach and Eligibility, or Assurance 16 budget line items.
 - Abuse can be engaged in by subgrantee staff, utility/fuel vendors, or grantee staff.



- **Fraud** is often a criminal act with more severe consequences for the individuals engaging in deception or intentional misrepresentation.
 - Fraud may also have consequences for other parties impacted by the fraud, although these consequences are less severe.
- While waste and abuse are not criminal acts, they may still have serious consequences for the parties directly responsible, and the consequences may extend to other involved parties if proper controls were not in place to protect against the waste or abuse, or if such controls were not correctly implemented.
- The best way to fight fraud, waste, and abuse is to have a strong, proactive defense against them. This is our model for program integrity.



PROGRAM INTEGRITY OVERVIEW

Because we are administering a taxpayer-funded, income-eligible assistance program, ensuring program integrity is an integral part of what we do, and must be a consideration that is addressed in our program design.

However, we must also strive to deliver positive customer service experiences to our applicants and not to approach every situation from the mindset that the applicant is going to defraud the program.

It can be a delicate balance, but it is possible to do both, and this must be the standard we strive for.



PROGRAM INTEGRITY OVERVIEW

Our subrecipient and vendor monitoring processes are required by HHS in order to ensure program integrity. However, in order to have an effective program integrity approach, we must also incorporate proactive measures to detect and prevent fraud, waste, and abuse before they happen.

IHCDA's position is that in programs such as EAP, some level of attempted fraud and noncompliance will take place. Likewise, waste and abuse is inevitable in programs like this. However, this does not mean that **all** applicants are attempting to defraud the program, and applicants shall be given the benefit of the doubt unless the agency or IHCDA is given reason to suspect that a conscious attempt to defraud the program was made.

We believe that most application noncompliance is not fraudulent in nature, but is rather a result of applicants not understanding the requirements or the application process.



PROGRAM INTEGRITY OVERVIEW

- In general, the applicant is to be given the benefit of the doubt and their statements should be taken at face value.
- Where statements conflict with each other or with other documentation, intake
 must be able to recognize these conflicts and be empowered to work to
 resolve them.
- If the conflicts cannot be easily resolved, the subrecipient must escalate an investigation.
- The investigation must discern between application noncompliance and application fraud.
- If noncompliance is found not to be fraudulent, any measures taken against the applicant shall by corrective/educational in nature, not punitive.



IDENTIFYING NONCOMPLIANCE

- While we do not expect nor want intake to "play detective" while processing EAP applications, it is still important for intake to be able to observe and identify apparent conflicts or contradictions in the application information and to think critically about the information being provided.
- If the information being provided by the applicant is inconsistent or does not make sense, then intake is justified in asking follow-up questions or requesting additional information/corroboration.
- Consistently following up with applicants about these issues and openly communicating with them about what we need and why is also a good way of "training" our applicants to the requirements and expectations, and hopefully resulting in higher-quality, more complete applications in the future.



IDENTIFYING NONCOMPLIANCE

Common errors we see in which potential noncompliance is not caught/addressed by intake:

- Additional deposits on bank statements that are not questioned.
- IVAs incomplete or completed incorrectly.
- LLA indicates that landlord/property owner lives at same address, but is not on application.
- LLA handwriting/signature matches applicant handwriting/signature, indicating landlord/property owner did not review or complete form.
- Names of non-household members appear on supporting documentation but is not addressed.



IDENTIFYING NONCOMPLIANCE

Common errors we see in which potential noncompliance is not caught/addressed by intake:

- Household member marked as disabled without documentation that they
 meet the state definition for at-risk status.
- Household member marked as a veteran without documentation that they meet the state definition for at-risk status.
- EAPConnect warning that a household member appears on another application that is disregarded by intake/acknowledged without being followed up on.



STRATEGIES FOR IDENTIFYING NONCOMPLIANCE

- Intake must be trained to read all EAPConnect warnings and errors and evaluate them, rather than complacently acknowledging them.
 - Often, EAPConnect will give an indication that something is incorrect or inconsistent, but intake sometimes does not respond to the prompt.
- Intake must be both trained and empowered to review all forms with a critical eye, especially for entries that require a response from the applicant.
 - For example, on an IVA, the applicant must indicate how they met household expenses for any months with zero income. Intake should be reviewing those answers to ensure they make sense and are consistent with household composition, and any payments made directly to applicant are to be counted as income.
 - For further example, when an applicant submits an LLA, the intake should be
 actively checking to make sure that the landlord indicates they do not live on the
 premises and also ensuring that the landlord section does not appear to have
 been completed and signed by the applicant.



STRATEGIES FOR IDENTIFYING NONCOMPLIANCE

- Training should explore the boundary between looking for fraud/ noncompliance and being observant of potential fraud/noncompliance.
 - While it can sometimes be easy to focus on the data entry elements of this kind of work, it is important to remember that critical thinking is an essential skillset for our intake.



ADDRESSING NONCOMPLIANCE

- The easiest and most direct way of addressing noncompliance is to contact the applicant and ask directly about the discrepancy.
 - In many cases, the conversation can be documented in the case notes and no further action is necessary.
 - In cases involving income attestation or the LLA, a new signed form, completed correctly, may be needed.
- If the intake is unable to reconcile any conflicting information or other apparent application noncompliance, they may need to escalate the application to management for further investigation.









True or false: All noncompliance is fraud?





True or false: all fraud is noncompliance?





Which is an example of waste?





Which is an example of abuse?





Which is an example of fraud?





QUESTIONS?



INVESTIGATIONS





INVESTIGATIONS

- If an application requires investigation, it should be handled by the EAP
 Manager/Director or by another designated staff member (e.g., Team
 lead/supervisor, QA staff, et cetera). Intake staff should not be tasked with
 performing noncompliance/fraud investigations. Most fraud is uncovered
 as a result of a whistleblower.
- This whistleblower is not necessarily an insider often, it is a neighbor or acquaintance who has heard that a person qualified for more benefit than they themselves did through misrepresentation, either intentional or unintentional.
- It is vital that LSPs acknowledge all whistleblower reports of potential fraud, communicate such reports to IHCDA within 48 hours of the report being received, and investigate all such reports.



INVESTIGATIONS

- Each agency must have policies and procedures for investigations that details
 who is tasked with carrying out the investigation, general procedures and
 guidelines, communications with IHCDA concerning the investigation, and
 actions to be taken if noncompliance or fraud is substantiated.
 - These internal policies and procedures should conform with IHCDA investigation polices as described in Section 12.11 of the policy manual.
 - The LSP must communicate openly with IHCDA concerning the investigation.
 - LSPs do not need to prescribe specific consequences/actions to be taken for substantiation of noncompliance or fraud, but a range of possible actions, along with triggers for different levels of actions, should be present.



DOCUMENTATION

Six basic questions to consider while collecting information during the course of any investigation:





WHO?





WHAT?





WHEN?





WHERE?



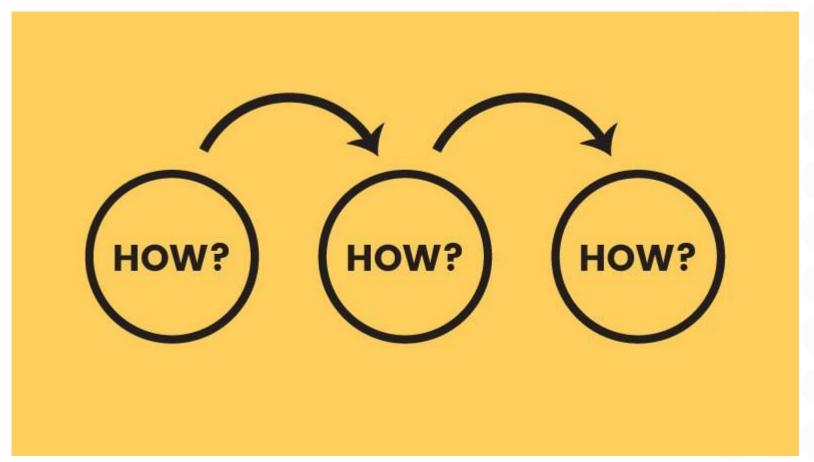


WHY?





HOW?





• The more people who know about an investigation, the greater the chances of the subject finding out.





- Carefully document all contacts you make with regard to an investigation, and keep a separate file to keep this documentation together.
- Do not make unnecessary leaps of logic or draw conclusions that are not present within the documentation.
- Keep your questions as objective and demonstrable as possible.
 - Focus your questions on who, what, when, why, and how.
- Be consistent.
- Use IHCDA as a resource or a sounding board.



- Use the tools available to you!
 - GIS/Assessor's office.
 - Indiana Secretary of State Business search: https://inbiz.in.gov
 - Indiana Courts: https://mycase.in.gov
 - Indiana Courts' Marriage License Public Lookup: https://publicaccess.courts.in.gov/mlpl/
 - Our own signed certification statements.
 - Our forms: Request for Earnings Statement, DWD Wage and UI Inquiry, Landlord Affidavit.
 - Public social media posts.
 - Previous applications (ask IHCDA if you need previous records from a different county).
 - Utility/fuel vendor's records.



- Keep IHCDA apprised of the findings once the investigation is completed.
- If fraud is substantiated, inform the applicant in writing of the finding and any consequences/penalties.
 - At a minimum, for substantiated fraud, we have a responsibility to rescind any
 awarded benefit. If the utility/fuel provider cannot return this benefit, or if the
 applicant was awarded a direct benefit payment, the applicant will be required to
 pay back the benefit in full. The applicant shall be suspended from further
 participating in the program until the benefit has been repaid in full.
 - If it is determined that the applicant engaged in fraud, the subrecipient may
 choose to debar the applicant from participating in the program for a specified
 period of time as a penalty. It is strongly recommended that any such
 debarment not be indefinite, except for especially egregious cases. In these
 cases, the subrecipient must discuss the case with IHCDA prior to issuing
 the written notification.
 - The written notification must explain the applicant's appeal rights and appeal procedure.



CONSIDERATIONS

Before issuing a substantiated finding of fraud, consider the situation from the applicant's point of view and review the methods you used.

- Were all LSP policies and procedures followed?
- Did intake follow up with the applicant to educate them on the requirements and give them an opportunity to correct the information?
- Was the applicant provided with copies of the appropriate forms as well as instructions on using those forms? I.e., were they set up to succeed?
- Has this applicant presented issues or concerns before?
- Could the noncompliance be explained without intent to defraud? Did the applicant know that by being noncompliant, they would receive additional benefit, and is it likely that motivated or influenced their decisions?
- Does the objective documentation and evidence support the finding?
- If you are imposing a penalty on the applicant, is it appropriate and proportional? Does the punishment fit the crime, so to speak?



PROGRAM INTEGRITY BEST PRACTICES

- Develop a strong training program for your intake staff. Ensure your training is covering the fundamentals and underlying concepts, and not just the procedures.
- Empower your staff to apply the fundamentals and concepts.
- Perform enhanced QA on new staff; consider QA rates of 50-100% in the first week or two, and reduce as appropriate.
- Track types of errors found in QA for specific intake staff members, and use that data for targeted retraining as needed.



PROGRAM INTEGRITY BEST PRACTICES

- Review transmittals before sending them out. It is easy to note incorrect
 account number formats, missing account numbers, missing billing names,
 and inconsistent benefit amounts when visually scanning a transmittal before
 sending it. (Remember, regular benefits should always be in multiples of \$25
 only!)
- Have a system in place to ensure that any corrections/rejections from the vendor are made prior to submitting the transmittal to fiscal.
- QA early and often! If you begin the year by QAing a high percentage of applications, it will be easier to maintain your percentage throughout the program year. If you start slowly, it will be harder and harder to catch up as the



PROGRAM INTEGRITY BEST PRACTICES

- Develop a culture that encourages asking questions and sharing information.
- Train using real examples rather than hypotheticals.
- Review errors with staff and have them make their own corrections. Note that
 if the error effects the benefit, it becomes time-sensitive and you may need to
 hold a one-on-one session to review the error.
- Develop a culture of critical thinking and discourage complacency. Reinforce that an error notification in EAPConnect needs to be taken seriously!



WRAP-UP

- We have a responsibility to be aware of and monitor the potential for fraud with these funds, but it is central to our mission that we make all applicants feel welcome and safe applying.
- The best way that we can protect against fraud, waste, and abuse is by approaching EAP with a Program Integrity mindset and adhering to our Internal Operations and Controls throughout the application process.
- Investigations are vital as a final line of defense, but ideally we will prevent issues from getting to that point.









What tools are open to you to investigate suspected or reported fraud?



