

ROAD HOME HOUSING ASSISTANCE CENTERS



PERFORMANCE AUDIT
ISSUED MARCH 28, 2007

**LEGISLATIVE AUDITOR
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FOR QUESTIONS RELATED TO THIS PERFORMANCE AUDIT, CONTACT
PATRICK W. GOLDSMITH, PERFORMANCE AUDIT MANAGER,
AT 225-339-3800.

Under the provisions of state law, this report is a public document. A copy of this report has been submitted to the Governor, to the Attorney General, and to other public officials as required by state law. A copy of this report has been made available for public inspection at the Baton Rouge office of the Legislative Auditor.

This document is produced by the Legislative Auditor, State of Louisiana, Post Office Box 94397, Baton Rouge, Louisiana 70804-9397 in accordance with Louisiana Revised Statute 24:513. Eleven copies of this public document were produced at an approximate cost of \$27.17. This material was produced in accordance with the standards for state agencies established pursuant to R.S. 43:31. This report is available on the Legislative Auditor's Web site at www.lla.state.la.us. When contacting the office, you may refer to Agency ID No. 9726 or Report ID No. 07501088 for additional information.

In compliance with the Americans With Disabilities Act, if you need special assistance relative to this document, or any documents of the Legislative Auditor, please contact Wayne "Skip" Irwin, Director of Administration, at 225-339-3800.



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March 28, 2007

Jerry Luke LeBlanc
Commissioner of Administration
Division of Administration

Dear Commissioner LeBlanc:

This report provides the results of our performance audit on six Road Home Housing Assistance Centers. The audit was conducted under the provisions of Title 24 of the Louisiana Revised Statutes of 1950, as amended.

The report contains our conclusions and recommendations. Appendix A contains the Office of Community Development's response to our recommendations. I hope this report will benefit you in your decision-making process.

Sincerely,

Steve J. Theriot, CPA
Legislative Auditor

SJT/dl

RHHAC07

Office of Legislative Auditor

Steve J. Theriot, CPA, Legislative Auditor

Road Home Program Review of Six Housing Assistance Centers

March 2007



Audit Control # 07501088

Objectives and Results

We worked in coordination with the Office of Community Development (OCD) Road Home monitoring staff to conduct a performance audit of certain activities at six of the Road Home Program's Housing Assistance Centers (centers). The objectives of our audit and the corresponding results of our work are summarized below.

Objective 1: Are centers conducting certain activities consistently?

Results: Because of the lack of formal policies and procedures, centers are not conducting certain activities consistently. For example, centers are reviewing applicant folders inconsistently.

Objective 2: Are centers providing sufficient information to homeowners about the program?

Results: Centers are not always providing sufficient information to homeowners during interviews. For example, critical information such as details on eligibility, program options, and covenant requirements were not addressed in some of the interviews we observed.

Background

There are currently ten centers in the state and one in Houston. Advisors at these centers are responsible for conducting interviews to provide homeowners with information about the Road Home and to obtain necessary information to submit homeowner applications to the computer system (eGrants) for processing.

According to ICF, International, the state's contractor for the Road Home program, approximately 255 advisors have completed 74,404 appointments with homeowners.¹ It is estimated that anywhere from 100,000 to 120,000 homeowners may be eligible for the program. OCD also expects that some homeowners will have second interviews. Therefore, it is vital the homeowners receive accurate and consistent information on the program.

Audit Initiation and Scope and Methodology

This audit is the first in a series of reports that reviews various processes within the Road Home Program. We are coordinating our reviews of processes with monitoring staff from OCD. OCD staff reviewed our fieldwork plan and

¹ Per the ICF pipeline report, as of 2/8/07.

accompanied us on visits to all of the centers. OCD will continue to monitor the centers for a variety of issues, including the problems identified in this report. OCD's response to specific recommendations is found in Appendix A.

For this audit, we developed a plan to review the performance of centers. This plan was based on a review of policies and procedures, an analysis of previous quality assurance and quality control work performed by ICF, and interviews with ICF and OCD staff.

We piloted the plan at the Baton Rouge center and then conducted our review at five additional centers (Calcasieu-Lake Charles, Vermilion, New Orleans (Poydras location), Jefferson, and St. Bernard). OCD monitoring staff accompanied us to all of the centers. At each center, we performed the following procedures using the standardized monitoring plan:

- Interviewed the ICF manager²
- Interviewed two ICF team leaders³
- Interviewed two ICF advisors
- Observed two appointment sessions
- Reviewed a random sample of applicant files for evidence of quality control and data accuracy purposes

We conducted this performance audit under the provisions of Title 24 of the Louisiana Revised Statutes of 1950, as amended. We followed the generally accepted government auditing standards as promulgated by the Comptroller General of the United States.

² In Vermilion, there was no manager on site.

³ In Vermilion, there was only one team leader.

Results from our observation of advisor interviews can be found in Appendix B.

Centers Do Not Have Written Performance Goals

None of the centers we visited had written performance goals for any of the activities that they conduct. Performance goals are important because they allow management to measure and evaluate staff and center performance.

All of the centers we visited said that an hour is the unwritten goal or expectation for how long the homeowner appointment should last. Some advisors said they were held accountable to this goal and others said they were not. Because the goal is not formally established, it is difficult to hold advisors accountable to these goals. In addition, because the goal is not defined in writing, individual centers are capturing data related to the goal differently as noted in the next section.

In addition, a few advisors told us that the one-hour goal may not be sufficient time to conduct a thorough interview and provide good customer service. This situation may explain why some of the interviews we observed appeared rushed (see the third section of the report for further details on this issue).

Recommendation 1: OCD should consider requiring that ICF develop written performance goals or expectations for advisor interviews and other activities at the center. These goals should focus both on the efficiency of center activities and the effectiveness of the activities related to quality and customer service.

Management’s Response: OCD concurs that ICF needs to develop “written” performance goals or expectations for which advisors can be held accountable. OCD will require ICF to develop these written procedures by April 1, 2007, but with a broad enough scope to permit center managers to assure that improved efficiencies go hand in hand with enhanced customer service.

Centers Use Inconsistent Sources of Data to Measure Progress Toward Unwritten Goal

To measure progress toward meeting the unwritten goal of one-hour appointments, centers record time on a tracking sheet where various staff record start and end times of different activities (i.e., time registered with front desk, time of initial meeting with advisor, time the documents are scanned). Center staff then input these times into a “life of folder” report that is compiled daily and sent to ICF management for its review. ICF uses this report as the basis for data in the weekly pipeline report to OCD. Center management may also use this report to evaluate advisor productivity and to measure whether advisors are meeting the unwritten goal of one hour.

We found that two centers (St. Bernard and Jefferson) were not using the tracking sheet as the source for this report. At the Jefferson center, the report was generated using times from the receptionist’s sign-in log. At the St. Bernard center, the report was generated from advisor and receptionist memory. Therefore, when we compared the tracking sheet to the report for these centers, none of the times matched. In addition, the New Orleans center was not generating the report at all. The new manager in Orleans said that the

previous manager did not generate the “life of folder” report and they were just starting to compile this report.

Recommendation 2: OCD should require that ICF’s performance goals include a consistent methodology for measuring progress toward or attainment of goals.

Management’s Response: OCD concurs that each housing assistance center must employ a consistent methodology for measuring progress for written goals so that ICF can collectively collect consistent data. OCD will direct ICF to develop policies for measuring goals as part of the deliverable associated with Recommendation 1.

Advisors Did Not Always Provide Required Information on the Program During Interviews

We observed 12 interviews using a checklist of 28 questions we developed that was based on center policies and procedures of what should take place during a homeowner interview. Overall, we found that some advisors did not provide homeowners with sufficient information on the program.

While the advisors provided most of the required information on the program (see Appendix A for all results), some critical information was not communicated during the interviews. The following chart details those areas that need improvement.

Observation	Percentage	
	Yes	No
Advisor provided overview of the Road Home Program at beginning of interview	41.7%	58.3%
Advisor provided information on eligibility requirements	66.7%	33.3%
Advisor provided information on options	75.0%	25.0%
Advisor provided information on how assistance is calculated	66.7%	33.3%
Advisor provided information on the obligations of the covenant	75.0%	25.0%

In addition while the advisors provided most of the required information, some of the interviews we observed seemed rushed as some of the advisors could have discussed some aspects more thoroughly and developed more rapport with the applicant. Furthermore, some advisors we interviewed said that the one-hour time frame for the interview was not sufficient to thoroughly explain the program.

The issue of advisors not addressing all aspects of the program was also identified by ICF’s subcontractor (Deltha Corporation). Deltha Corporation is responsible for conducting various quality assurance and quality control activities. In October and November, Deltha conducted 13 advisor observations and identified the following issues:

- Five (36%) advisors did not describe the program details, including compensation, options, timing, and covenants.
- Six (43%) advisors did not describe the program consistent with established Road Home policies.
- Eight (57%) advisors did not adequately explain the affordable loan.

We also found that fact sheets on the program were not always distributed during the interview. One way to ensure that all fact sheets are distributed is to organize all fact sheets into a folder. For example, Vermilion organized all fact sheets and other documents related to the program in a folder that was given to the applicants when they arrived at the center. This process allowed the applicants time to read the sheets if they chose to and possibly ask more informed questions during the interview.

Recommendation 3: OCD should require that ICF distribute all fact sheets to applicants. One possible way to do this is similar to the “best practice” identified in Vermilion. Vermilion was distributing fact sheets when applicants arrived at the center so that applicants had time to review the sheets before the interview.

Management’s Response: OCD concurs that ICF must ensure that each applicant receives all of the pertinent information concerning their application and the program in general. This will go a long way in providing assurance to each applicant that they will be treated equally and fairly and receive their compensation. To this end, ICF is directed by April 1, 2007 to assure that all centers are providing this information in a manner similar to the “best practice” identified in Vermilion center.

Recommendation 4: OCD should require that ICF develop a system to ensure that all employees at the centers provide homeowners with all required information. Once ICF has a system, OCD should continue its monitoring efforts to ensure that this system is working.

Management’s Response: OCD concurs that ICF must do a better job of assuring that all employees at the housing assistance center provide each homeowner with all required information. To this end, ICF will be required to develop a system by April 1, 2007, that assures that this recommendation is fulfilled. OCD staff will monitor the centers for implementation of the system developed by ICF.

Centers Conducted Quality Assurance and Quality Control Procedures Inconsistently or Not at All

Application File Review. We found that centers perform quality control on applicant folders inconsistently. The chart below details the various quality control procedures performed by team leaders (supervisors) at the centers we visited.

Center	Description of Team Lead QC	Evidence of Team Lead QC
Baton Rouge	Reviews application folder, one team leader had a checklist for the review however not everyone at BR used this standardized checklist	Checks “quality control checklist completed” on tracking sheet and initials
Vermilion	None	No evidence
Lake Charles	Reviews application folder, but no standardized checklist is used	No evidence
St. Bernard	Reviews application folder using a standardized checklist of what should be in the folder	Team leader signs folder protocol sheet
Jefferson	Reviews application folder using a standardized checklist of what should be in the folder	Team leader records any issues identified on quality control log spreadsheet
Orleans	Reviews application folder and previously used standardized checklist of what should be in folder, but now all team leaders know what should be in folder and no longer use a checklist	No evidence

As the chart illustrates, the centers we visited perform different quality control procedures using various checklists and/or protocol on application folders and data.

Quality control is important because it helps ensure that advisors obtain required information from applicants and that they submit accurate application information to eGrants. For example, according to Jefferson’s quality control log on January 23, 2007, the following quality control issues were identified:

- Wrong address on home evaluation work order
- Power of Attorney is in wrong name
- Application is not signed or dated
- Insurance settlement amount not correct
- Wrong parish on home evaluation work order

Because such quality control issues need immediate resolution and if undetected could result in delays for the applicant, it is important that centers conduct comprehensive and consistent quality control on application information and have evidence that they conducted their review so that these issues are detected before applications are submitted to eGrants.

Electronic File Review. Team leaders should also ensure that scanned applicant documentation is attached correctly to the application. Advisors are required to upload all homeowner documents into eGrants once these documents have been scanned by housing specialists in the centers. It is important that documents be scanned and attached correctly to the application before uploading into eGrants. However, this procedure was not always done consistently at the centers we visited. According to one team leader, advisors no longer have time to do this procedure.

Advisor Observations. Centers do not have a formal policy that requires supervisors (team leaders) to observe and evaluate advisor interviews with homeowners. Observing advisor interviews would allow management to determine whether advisors are communicating accurate and consistent information on the program to applicants. This observation is especially important since policies and procedures change so frequently in the program.

While none of the centers we visited had a formal policy, all of the centers had informal processes to observe advisors. For example, in Orleans, team leaders told us that they observe new advisors when they first start. Other centers, like Jefferson, Vermilion, and Baton Rouge, told us that they occasionally observe advisors or “walk the floors” to listen in on interviews. Although these centers have informal mechanisms to observe advisors, all of the centers observed inconsistently and none of the centers documented the results of the observations. Having a formal policy with a standardized checklist to record observations would help ensure that advisors are communicating accurate and consistent information about the program.

Recommendation 5: OCD should ensure that ICF develop a formal policy on how both physical and electronic applicant files should be reviewed. This policy should include the following:

- Who should review the files
- When the files should be reviewed
- How many files should be reviewed

- A checklist that details what exactly will be reviewed in each file and the checklist should also have an area that includes signatures of who reviewed the file

Management’s Response: OCD concurs with this recommendation. ICF is taking steps to address this recommendation by creating a process quality definition template. ICF must expand on this by April 1, 2007, with appropriate spelled out formal policies.

Recommendation 6: OCD should ensure that ICF develop and implement a formal policy that requires team leaders to observe advisor interviews. This policy should include the following:

- Extent of the observation (walk-through versus sitting down for the entire interview)
- When/how often observations should be conducted
- How the observation will be documented (standardized checklist, narrative, et cetera)

Management’s Response: OCD concurs with this recommendation. ICF will be directed to develop a formal policy by April 1, 2007.

*Centers Need Better System
to Ensure Advisors Understand
New Policies*

Although centers have a mechanism to disseminate information on new policies, centers also need to ensure that advisors and other staff thoroughly understand new policies and procedures as well.

All of the centers we visited have an informal system to communicate new policies and procedures to staff. Generally, staff are required to read the ICF portal every day for policy updates. However, some advisors we interviewed said they did not have time to check the portal or had difficulty accessing the portal. In addition to checking the portal, most centers send out e-mail updates and some hold informal team meetings to discuss new policies. Centers also hold a meeting each Wednesday where policies may be communicated.

The timely communication of updated policies and procedures is important because policies have changed so frequently in the program and there is a risk that outdated policies may be incorrectly communicated to applicants. Therefore, it is vital that centers not only ensure that policies are communicated to staff, but also that staff thoroughly understand the policies so that they can effectively communicate the policies to homeowners.

Jefferson had a system to communicate policies that appears to be a best practice. At the Jefferson center, one person was designated as the trainer. This person was responsible for checking the portal every day, sending out an e-mail to all staff on what policies were changed or updated, and holding an informal training as needed on the policy change. This best practice allowed advisors to focus on interviews instead of checking the portal for updates.

Recommendation 7: OCD should ensure that ICF develops a formal systematic method that is used by all centers to ensure that updates to policies and procedures are communicated efficiently and effectively to advisors. For

example, ICF could designate one person at each center as the trainer, similar to the “best practice” that the Jefferson center is doing. This best practice, if used in conjunction with the advisor observations recommended previously, should provide OCD more assurance that policies are being communicated timely and effectively to homeowners.

Management’s Response: OCD concurs with this recommendation. ICF will be directed to develop a process by April 1, 2007, similar to the “best practice” found at the Jefferson center to assure that all policies are properly communicated and understood by each advisor.

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APPENDIX A: MANAGEMENT'S RESPONSE



Kathleen Babineaux Blanco
GOVERNOR

State of Louisiana
DIVISION OF ADMINISTRATION

OFFICE OF COMMUNITY DEVELOPMENT

Jerry Luke LeBlanc
COMMISSIONER OF ADMINISTRATION

March 14, 2007

Steve J. Theriot
Louisiana Legislative Auditor
P.O. Box 94397
Baton Rouge, LA 70804-9397

Dear Mr. Theriot:

Steve Thanks for the help.

The purpose of this letter is to forward to you the responses of the Office of Community Development, Disaster Recovery Unit (DRU), to the audit report dated February 2007, audit control #0751088. This audit report deals with the review of six Housing Assistance Centers under the Road Home Program.

The DRU responses address each of the seven recommendations contained in the audit report, as well as two additional recommendations/requirements from the DRU. Collectively, the recommendations are for the purpose of improving efficiencies within each center and to enhance services provided to each Road Home applicant. In some instances these recommendations may be too late, but as the centers move to schedule second appointments, they may serve to improve services.

We would like to thank Ms. Karen LeBlanc and her team for the cooperative nature in which this audit review was conceived and conducted with involvement and participation of DRU staff. The format developed will continue to be used for future monitoring of the centers by the DRU staff. Ms. LeBlanc and her team provided invaluable guidance and training to the DRU staff that will enable future monitoring efforts of the centers to be conducted in a consistent manner, as the staff reviews for implementation of each recommendation.

Should you have any questions pertaining to the DRU responses, please don't hesitate to call.

Sincerely,

Mike Taylor
Mike Taylor, Director
Disaster Recovery Unit

MT/lj

cc: Suzie Elkins
Mike Spletto
Richard Gray
Attachments

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Appendix A: OCD Responses to Legislative Audit Report Dated February 2007

As noted in the audit report, this report is the first in a series of reports of audits that review various program implementation processes within the Road Home Program. These audits are being performed in a coordinated manner between the Office of Community Development (OCD), Disaster Recovery Unit (DRU), and the Office of Legislative Auditor. This coordination is for the purpose of fulfilling auditing and monitoring responsibilities of both state agencies; for minimizing duplication of efforts; and for developing the long-term monitoring requirements and procedures for the Disaster Recovery Unit with respect to the performance of ICF, International and its subcontractors.

The Office of Community Development, Disaster Recovery Unit, has reviewed the results of the audit report and has the following comments pertaining to the seven recommendations continued within:

1. OCD concurs that ICF needs to develop "written" performance goals or expectations for which advisors can be held accountable. However, in addition to enhancing the efficiency of each center, OCD is concerned with written policies to improve customer service and the understanding of each applicant about the programs, especially in terms of when an applicant may expect to receive a compensation award and the processes leading up to that award. OCD will require ICF to develop these written procedures by April 01, 2007, but with a broad enough scope to permit center managers to assure that improved efficiencies go hand in hand with enhanced customer service.

OCD is concerned that too many applicants leave their advisor appointment without fully understanding the program, leading to numerous unnecessary complaints and a lack of understanding of what to expect or how to proceed, especially when time constraints become the overriding concern. This is evidenced by the numerous requests for assistance received by the Disaster Recovery Unit.

2. OCD concurs that each housing assistance center must employ a consistent methodology for measuring progress for written goals so that ICF can collectively collect consistent data". OCD will direct ICF to develop policies for measuring goals as part of the deliverable associated with Recommendation 1.
3. OCD concurs that ICF must ensure that each applicant receives all of the pertinent information concerning their application and the program in general. This will go a long way in providing assurance to each applicant that they will be treated equally and fairly and receive their compensation. To this end, ICF is directed by April 01, 2007, to assure that all centers are providing this information in a manner similar to the "best practice" identified in the Vermilion center. It should be noted that on March 08, 2007, staff of the Disaster Recovery Unit, observed a similar best practice being used in the Slidell center.

4. OCD concurs that ICF must do a better job at assuring that all employees at the housing assistant center provide each homeowner with all required information. To this end, ICF will be required to develop a system by April 01, 2007, that assures that this recommendation is fulfilled. OCD staff will monitor the centers for implementation of the system developed by ICF.
5. OCD concurs with this recommendation. ICF is taking steps to address this recommendation (see attached document entitled "The Road Home Process Quality Definition Template"). ICF must expand on this by April 1, 2007, with appropriate spelled out formal policies.
6. OCD concurs with this recommendation. ICF will be directed to develop a formal policy by April 01, 2007.
7. OCD concurs with this recommendation. ICF will be directed to develop a process by April 01, 2007, similar to the "best practice" found at the Jefferson center to assure that all policies are properly communicated and understood by each advisor.

In addition to the concerns of the Legislative Auditors that are delineated in this report, OCD has the following concerns that need to be addressed:

1. Center Managers and Team Leaders feel helpless in providing information to applicants to try to resolve issues. With the maturation of eGrants and the increased use of issue tracker, this frustration should be eased. However, when information is not available and Managers and Team Leaders must call in, they must be able to have a designated resolution team member to provide dedicated assistance. By April 01, 2007, ICF must submit its plans to the OCD for this process to work.
2. A major concern learned and experienced by OCD staff is the inability to determine if and when an options letters has been mailed. This has also been identified in a separate OCD review of mail room operations. By April 01, 2007, ICF must provide OCD with its plans for assuring that information about if and when an options letter was mailed is readily available.

The Road Home Process Quality Definition Template

Functional Area:

Housing Assistance Centers

Manager:

Center Manager

Process Definition *(describe the sub process):*

Applicant Intake

Product(s) *(describe the product(s) of the process):*

Completed Application, Privacy/Release Forms, Home Evaluation Work Order

Process Point Of Contact *(individual responsible for this assessment):*

Housing Advisors, Team Leads, Assistant Center Managers, Center Managers & Regional Managers

Identify Risks *(to product quality in this process):*

1. Incomplete/inaccurate application information in egrants interrupts application verification processing
2. Incomplete/inaccurate income information interrupts ACL processing.
3. Incomplete/inaccurate HE work order information interrupts home evaluation process.
4. Accurate scanning and uploading of documents needed for successful application processing.
5. Inaccurate/outdated program information transmitted to applicants.

Identify Internal Controls *(necessary to mitigate risk):*

1. Expand Quality Assurance Procedures, to include income calculations and validation of appraisal information and document/data comparisons.
 - Implement a QC folder checklist for Housing Advisors and Team Leads
 - Develop document scanning QA procedures. Implement eGrants Quality Procedure Team Results Scorecard
 - Track and report on QC results. Identify weak area/employees. Take corrective actions.
 - Provide up-to-date communication within twenty-four (24) hours, and/or training in order to implement policy and procedural changes

Identify External Controls *(to be completed by Deltha QA/QC personnel):*

QA/QC will implement a batch sampling plan to an Acceptable Quality Level.

Identify Roles and Responsibilities *(for the controls):*

- Regional Managers will prepare QA policies/procedures to be used uniformly throughout all Housing Assistance Centers;
- Regional Managers and Center Managers will conduct training;
- Regional Managers will provide status reports to Deputy Director;
- Center Managers and Assistant Managers will implement procedures;
- Center Managers and Assistant Managers will conduct a random sampling of each team's files using the eGrants Quality Procedure Checklist;
- Team Leads will use the tools provided when reviewing files prior to and after submission and take corrective action, when necessary to improve performance;
- Team Leads will recognize high performers;
- Team Leads will make disciplinary recommendations for consistently less than satisfactory performers;
- Advisors will strictly adhere to the procedures utilizing the tools provided;
- QA/QC members will conduct an audit of Centers' hard copy and eGrants electronic files;
- QA/QC members will provide Center Managers and Regional Managers with the eGrants Team Results Scorecard;
- Advisors will correct errors.

Identify Documentation Requirements *(necessary to accomplish the internal controls identified):*

- QC folder checklist will be signed and dated by Housing Advisors and Team Leads;
- Housing Advisor QC Folder Results Scorecard will be emailed to Center Manager/Assistant Manager by Team Leads;
- All six (6) tools identified below will be maintained by the Center Manager.

Identify Tools *(necessary to accomplish the internal controls identified):*

- eGrants Quality Procedures
- QC folder checklist
- Housing Advisor QC Folder Results Scorecard
- eGrants Quality Procedures checklist
- eGrants Quality reports by team, center and employee
- Team Lead Feedback Letter

Identify Human Resource Requirements *(necessary to accomplish the internal controls identified):*

- Administrative Assistant
- QA/QC team

Identify Training Requirements *(associated with the identified internal controls):*

- Additional eGrants training (procedural)
- Procedural training including checklists, scorecards, results, income calculation and appraisal validation
- QA/QC training to include editing in eGrants.

Identify Performance Measures *(to track success of internal controls identified):*

- Document number of files submitted per day and by team
- Document total number files audited per team, per day
- Document total number complete and error free files per team, per day
- Document by type, total number of errors found and corrected, per day, per team per employee
- Based on errors found, Center Manager will take corrective action.

APPENDIX B: OBSERVATION RESULTS

Questions		Baton Rouge		Lake Charles		Vermilion		St. Bernard		Jefferson		Orleans		TOTAL	Percent	
		Advisor 1	Advisor 2	Advisor 1	Advisor 2	Advisor 1	Advisor 2	Advisor 1	Advisor 2	Advisor 1	Advisor 2	Advisor 1	Advisor 2			
1. Did advisor provide overview?	Yes	1			1		1		1		1		1	5	41.67%	
	No		1	1		1				1	1	1	1	7	58.33%	
	N/A													0	0.00%	
2. Did advisor review application and documents?	Yes	1	1	1	1	1	1	1	1	1	1	1	1	12	100.00%	
	No													0	0.00%	
	N/A													0	0.00%	
3. Did advisor discuss the following areas:																
	Eligibility	Yes	1		1	1		1	1				1	1	8	66.67%
	No		1				1				1	1		4	33.33%	
	N/A													0	0.00%	
	Options	Yes	1	1	1	1	1	1	1				1	1	9	75.00%
	No						1				1	1		3	25.00%	
	N/A													0	0.00%	
	Assistance Calculation	Yes			1	1	1	1	1		1	1		8	66.67%	
	No	1	1								1		1	4	33.33%	
	N/A													0	0.00%	
	Calculator Fact Sheet	Yes		1	1	1	1	1	1				1	1	9	75.00%
	No	1									1	1		3	25.00%	
	N/A													0	0.00%	
	Verification	Yes	1	1	1	1	1	1	1				1	1	10	83.33%
	No										1	1		2	16.67%	
	N/A													0	0.00%	
	Covenant Obligations	Yes		1	1	1	1	1	1				1	1	9	75.00%
	No	1									1	1		3	25.00%	
	N/A													0	0.00%	
3a. Was this information accurate?	Yes			1	1	1	1	1	1			1	1	9	75.00%	
	No													0	0.00%	
	N/A	1	1								1			1	8.33%	
4. Did advisor discuss affordable loan?	Yes	1	1	1	1	1	1	1	1	1	1	1	1	11	91.67%	
	No										1			1	8.33%	
	N/A													0	0.00%	
a. Did applicant complete the applicant information form for CDBG reporting?	Yes	1	1	1	1	1	1	1	1	1	1	1	1	12	100.00%	
	No													0	0.00%	
	N/A													0	0.00%	
(1) If no, did applicant complete waiver?	Yes													0	0.00%	
	No													0	0.00%	
	N/A	1	1	1	1	1	1	1	1	1	1	1	1	12	100.00%	
5. If applicant is low income based on above, did advisor complete income verification and certification worksheet?	Yes	1		1	1				1	1			1	6	50.00%	
	No													0	0.00%	
	N/A		1				1	1			1	1	1	6	50.00%	

HOUSING ASSISTANCE CENTERS

Questions	Baton Rouge		Lake Charles		Vermilion		St. Bernard		Jefferson		Orleans		TOTAL	Percent	
	Advisor 1	Advisor 2	Advisor 1	Advisor 2	Advisor 1	Advisor 2	Advisor 1	Advisor 2	Advisor 1	Advisor 2	Advisor 1	Advisor 2			
5. If applicant is low income based on above, did advisor complete income verification and certification worksheet?	Yes	1		1	1			1	1			1	6	50.00%	
	No												0	0.00%	
	N/A		1				1	1		1	1	1	6	50.00%	
a. Did applicant bring in sufficient documentation for review?	Yes	1		1	1				1			1	5	41.67%	
	No							1					1	8.33%	
	N/A		1				1	1		1	1	1	6	50.00%	
(1) If yes, did the advisor review the documentation?	Yes	1		1	1				1			1	5	41.67%	
	No												0	0.00%	
	N/A		1				1	1	1	1	1	1	7	58.33%	
(2) If no, did the advisor check that further documentation was required in the Egrants?	Yes							1					1	8.33%	
	No												0	0.00%	
	N/A	1	1	1	1	1	1		1	1	1	1	11	91.67%	
6. Did advisor explain the home evaluation process?	Yes	1	1	1	1	1	1	1	1			1	1	10	83.33%
	No										1		1	8.33%	
	N/A									1			1	8.33%	
a. Did advisor complete the work order online?	Yes	1	1	1	1	1	1	1	1			1	1	10	83.33%
	No										1		1	8.33%	
	N/A									1			1	8.33%	
b. Did advisor provide a fact sheet?	Yes	1	1	1	1	1	1	1	1			1	1	10	83.33%
	No										1		1	8.33%	
	N/A									1			1	8.33%	
7. Did advisor explain elevation and mitigation activities?	Yes		1	1	1	1	1	1	1		1	1	1	10	83.33%
	No	1											1	8.33%	
	N/A									1			1	8.33%	
a. Did advisor provide a fact sheet?	Yes	1		1	1	1	1	1	1			1	1	9	75.00%
	No		1								1		2	16.67%	
	N/A									1			1	8.33%	
8. Did advisor discuss next steps and closing information?	Yes	1	1	1	1	1	1	1	1			1	1	10	83.33%
	No									1	1		2	16.67%	
	N/A												0	0.00%	
a. Did advisor provide a fact sheet?	Yes	1		1	1	1	1	1	1			1	1	8	66.67%
	No		1							1	1		3	25.00%	
	N/A												0	0.00%	

Questions		Baton Rouge		Lake Charles		Vermilion		St. Bernard		Jefferson		Orleans		TOTAL	Percent
		Advisor 1	Advisor 2	Advisor 1	Advisor 2	Advisor 1	Advisor 2	Advisor 1	Advisor 2	Advisor 1	Advisor 2	Advisor 1	Advisor 2		
9. Did advisor answer applicant questions or try to obtain accurate answers if she/he did not know the answer?	Yes	1	1	1		1	1	1	1	1	1	1	1	10	83.33%
	No													0	0.00%
	N/A				1					1				2	16.67%
10. Did the advisor give the applicant a list of missing documents if necessary?	Yes			1	1			1	1			1		5	41.67%
	No	1	1			1								3	25.00%
	N/A						1			1	1		1	4	33.33%
11. Did advisor print out application and review with applicant for accuracy?	Yes	1	1	1	1	1	1	1	1	1	1	1	1	12	100.00%
	No													0	0.00%
	N/A													0	0.00%
a. If errors were made, did advisor correct them?	Yes	1	1		1		1					1		5	41.67%
	No													0	0.00%
	N/A			1		1		1	1	1	1		1	7	58.33%
12. Did advisor give the applicant his or her contact information?	Yes	1	1	1	1	1	1	1	1	1	1	1	1	11	91.67%
	No									1				1	8.33%
	N/A													0	0.00%

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