

2021 – OVERVIEW SELF-MONITORING RESULTS

This year Samish has continued using the self-monitoring plans for recipients, as provided by HUD on their website one the Grant Oversight and Monitoring page, to complete our required annual self-monitoring. During this year we completed the following monitoring plans as applicable to current Samish NAHASDA programs and any areas of non-compliance or improvements needed are noted:

A. APR & IHP Compliance

Issue: No areas of non-compliance or improvement noted.

Corrective Action Plan/Taken: N/A

Improvement:

We found that the fair market rent, area median income, and the ERRs failed to be published to the Housing section of the Samish website for 2021 operations and thus were not available for public review as required; however, we are confident this was an isolated oversight due to our transition to remote operation during Covid-19 and does not represent a systemic failure. Samish facilities continue to be closed due to C19 and the program will continue to utilize the Samish website to make public disclosures and allow for public access of records as required under regulations, so the program will be creating a formal checklist to outline this procedure for 2022 forward. The Checklist will track declarations and notices and their website uploads as needed to ensure program compliance. The HHS Specialist will be responsible for completion and upload of these required records moving forward, and the Program Director will review to ensure timely completion.

B. Draft Lead-Based Paint

Issue:

We identified a lack of confirmation that common areas were being inspected for Lead-Based paint deterioration in residences built before 1978 that have children under 6 in residence. The HUD standard inspection form only notes this in a single cell as “other areas of concern” and that section showed no comments, but the program did not feel that these areas were being inspected.

Corrective Action Plan/Taken:

The program reviewed all current client files and identified those that lived in a unit built before 1978 and had a child under 6 in residence, which included 2 households; this week they went on-site and completed visual inspections of these common areas to make certain these clients files were in compliance. To ensure this more detailed record is part of the inspection for clients moving forward, the program has created an addendum, pg 20, to add to the standard HUD Inspection form that identifies all of the specific common areas requiring inspection for these residences. This form will now be completed as applicable with the pre-occupancy and the annual inspection to capture greater detail of the common areas inspected. This new form was also used to complete the corrective action this year.

Improvement:

As an improvement to make certain that we have correctly identified the age of a home for lead-based paint determination and that the client file does contain support documentation for that age, the HUD inspection template used for pre-occupancy and for annual inspections has been modified to add a question for the inspector to answer the source of the age documentation. Additionally, the Housing Director or the Lead Housing Support Specialist will verify the client file has documented verification of the age of the unit as part of their approval of client inspections.

C. Environmental Review Compliance

Issue: No areas of non-compliance or improvement noted.

Corrective Action Plan/Taken: N/A

D. Organization & Structure

Issue: No areas of non-compliance or improvement noted.

Corrective Action Plan/Taken: N/A

Improvement: Several revisions to the Housing policy are in draft form and have been under since 2019. These revisions are necessary to ensure the program policy accurately reflects current program procedures. We understand they are incorporated with policy edits to add new activities under the program, and that has been causing their stagnant progress, but we advise they move forward as soon as possible to ensure that compliance it maintained by having program operations in line with approved policy.

E. Procurement & Contract Administration

Issue: No areas of non-compliance or improvement noted.

Corrective Action Plan/Taken: N/A

F. Section 504 Accessibility

Issue: No areas of non-compliance or improvement noted.

Corrective Action Plan/Taken: N/A

G. IHBG Self-Monitoring

Issue: No areas of non-compliance or improvement noted.

Corrective Action Plan/Taken: N/A

H. Admissions & Occupancy

Issue:

We identified four current clients that had intake done between 2013-2016, at a time when the program had failed to correctly recognize the real or apparent conflict present for Tribal Council members both through the declarations in the file and in lacking sufficient documentation to prove the required public posting and ONAP notifications occurred in the file.

Corrective Action Plan/Taken:

As a result, those clients' conflict of interest public posting and notification were redone now to ensure we are in compliance. This corrective action was complete before the monitoring for this year was concluded. In order to make certain this issue does not occur again in 2022, additional procedures have been created to cross-check its completion. Moving forward, the Client In-take Checklist now includes both the public posting and the ONAP notification listed as part of the formalized in-take procedure. Additionally, this thorough review of client in-take this year also alerted us that the clients should have the enrollment and conflict of interest verification done annually since that status can change. The program has integrated that into its annual recertification process moving forward.

Comments:

The program was again advised that policy to include how internal program conflicts will be managed is advisable as a best practice in maintaining proper internal controls. Formalizing conflict procedures that outline that those with a conflict do not engage with a conflicted client or their services would ensure clear and transparent program operations are in place. This is strongly advised to be in place prior to planned program growth.

I. Financial & Fiscal Management (including Appendixes 1-8)

Issue: No areas of non-compliance or improvement noted.

Corrective Action Plan/Taken: N/A