

Dear [INSERT CONTACT NAME]

In 2012, the LIHEAP Program Integrity Working Group (PIWG) provided a general analysis of various internal controls and requested that the U.S. Department of Health and Human Services Office of Community Services (OCS) conduct an in-depth cost-benefit analysis of third-party automated verification systems. As a result, OCS is overseeing a project to implement recommendations from the PIWG concerning 3rd party verification. This two-year project includes an Accountability and Third-Party Verification Assessment, which was distributed to nine grantees in December 2012, and this grantee capacity questionnaire. This data will be used to inform and populate the cost-benefit analysis to be completed in 2014. The project will result in recommendations for grantees on how to improve their program integrity and third-party verification processes.

This questionnaire represents a maturity model – a process for determining the existing capabilities of programs. Respondents are asked to indicate the level of maturity, or sophistication, of their program across multiple areas of evaluation. The data collected will be analyzed to identify strengths and weaknesses among programs and determine opportunities for improvement. This questionnaire is designed to identify and organize the systems, processes and activities that are critical to your state's LIHEAP program. **Each section is focused on a different part of the overall program, and as such may be best answered by an individual with expertise in that specific area of the program.** Below we have provided a link to the data collection instrument along with a description of the questions asked in each section. Please forward the link to the individual or individuals who are most qualified to respond to these questions, or answer them yourself, if you are the most appropriate person to respond. When you click on the link, you can access any section by choosing it from the list provided.

While completing this questionnaire you may find it helpful to reference your state's LIHEAP Household Report, Federal Grantee Survey (issued December 2012) and/or expenditure report.

The link to your state's questionnaire is: INSERT LINK

I. Information Systems (INF) – This section addresses how information is organized for LIHEAP recipient households, the data collected from LIHEAP recipient households, your interactions with electricity and heating fuel vendors, how your intake agencies function, other state/utility funded energy programs and the follow-up activities your state conducts with program participants.

II. Structure (STR) – This section includes questions about the general characteristics of the program including the department in which it is administered, overall budget and program statistics.

III. System (SYS) – This section is designed to collect details of the grantee's data management system.

IV. Process (PRO) – Questions in this section relate to the ways in which grantees interact with applicants, eligibility verification and reporting.

V. Controls (CO) – This section addresses your state’s process for eligibility determination and benefit calculation.

VI. Security (SEC) – Questions about security and fraud prevention procedures and your ability to meet SSA data exchange requirements are included in this section.

VII. Monitoring of Local administering agencies (or local offices) (MON) – The questions in this section are about processes for managing local administering agencies (or local offices) and controls in place to ensure compliance.

VIII. Training (TTA) – In this section, questions are about opportunities for employee training at the grantee and local administering agency (or local office) levels.

For the questions in sections II-VIII, we ask that you indicate the maturity level that is the best fit for your state’s current practices. If it varies by benefit type, answer based on standard ("regular") benefits. For example, for the question “how do vendors allow local administering agencies (or local offices) to verify customer energy obligation,” you should answer based on the largest vendors that account for most LIHEAP cases. Therefore, if the largest vendors provide a web-portal that is accessible to local administering agencies, the correct response would be web-portal, even though many smaller vendors may not provide one.

Due to variation between programs, the maturity levels provided may not perfectly describe the situation in your state. Please make an effort to select the level that is closest to your current system. Special circumstances should be described in the text box beneath each question, as needed. For example, if you believe your state’s program achieves the same level of maturity as one of the options listed, but implements it differently, you should indicate the details of your state’s process in the text box below the question.

In cases where a particular question is not relevant, please respond with Not Applicable and provide details regarding your response in the text box beneath the question.

Sample Question:

How do vendors allow local administering agencies (or local offices) to verify customer energy obligation?

Maturity Level:

- 1. Customers provide recent energy bill (lowest maturity level)
- 2. Vendors provide individual verification or periodic data sharing (middle maturity level)

- 3. Local administering agency-accessible web portal (highest maturity level)
- Not applicable/other - please explain below

Explain your response as needed:

If you require technical assistance while filling out the survey, please feel free to contact either Leah Harrell of APPRISE at 609-252-0035 or Cassandra Lovejoy of NEADA at 202-333-5915.

Please make every effort to complete this questionnaire on or before September 20, 2013. Thank you in advance for your cooperation with this important data request.

Sincerely,



Executive Director
National Energy Assistance Directors' Association



Managing Director
APPRISE

This document has been prepared and is being administered for the Office of Community Services' Division of Energy Assistance by APPRISE Incorporated and the National Energy Assistance Directors Association under contracts #HHSP233201250020A and #HHSP233201250025A.

OMB Control No: 0970-0401

Expiration Date: 1/31/2015

This data is being collected to identify and organize the systems, processes and/or activities that are critical for supporting your state's LIHEAP program.

Public reporting burden for this collection of information is estimated to average 1 hour 45 minutes per questionnaire, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer.

I. INFORMATION SYSTEMS MODULE

In this section of the questionnaire, we are asking you to tell us how information is organized for LIHEAP-recipient households. We will start with questions about how you track clients for your Heating Assistance program and then continue with questions about your other benefit types. If you choose to exit this module of the questionnaire before completing it your responses WILL be saved, and you will be able to continue the questionnaire where you left off when you re-open the link. Once you complete this module of the questionnaire, you will no longer be able to access it.

INF1. What unique identifier(s) do you use for each Heating Assistance-recipient household? [SELECT ALL THAT APPLY]

- 1 APPLICANT’S SOCIAL SECURITY NUMBER
- 2 OTHER TRACKING NUMBER ASSIGNED BY LIHEAP PROGRAM OFFICE
- 3 HEAD OF HOUSEHOLD’S NAME AND ADDRESS
- 4 SOMETHING ELSE [PLEASE SPECIFY: _____]
- 5 NO UNIQUE IDENTIFIER

INF2. Do you have a centralized information system that records information for Heating Assistance-recipient households?

- 1 YES, FOR ALL RECIPIENTS
- 2 YES, BUT ONLY FOR SOME RECIPIENTS
- 3 NO

[IF INF2 = “02 – YES, BUT ONLY FOR SOME RECIPIENTS”, ASK INF3, ELSE SKIP TO INSTRUCTIONS BEFORE INF4]

INF3. For approximately what percentage of Heating Assistance households do you have data recorded in your information system?

- 1 RECORD PERCENTAGE: _____
- 97 DON’T KNOW

[IF INF2 = “01” OR “02” ASK INF4, ELSE SKIP TO INF7]

INF4. Which of the following types of information is tracked for each LIHEAP-recipient household by your Heating Assistance information system? [PLEASE CHOOSE “YES” EVEN IF ONLY ONE PIECE OF INFORMATION IS TRACKED FOR AN ITEM IN THE LIST BELOW.]

	YES	NO
Client address	<input type="radio"/>	<input type="radio"/>
Household income	<input type="radio"/>	<input type="radio"/>
Household vulnerability indicators (e.g., elderly, young child, disabled)	<input type="radio"/>	<input type="radio"/>
Other household demographics (e.g., age, education, household size, etc.)	<input type="radio"/>	<input type="radio"/>
Housing Unit Characteristics (e.g., housing unit type, main heating fuel, type of air conditioning, etc.)	<input type="radio"/>	<input type="radio"/>

Heating assistance benefit information (e.g., date, amount, type)	<input type="radio"/>	<input type="radio"/>
Energy expenditures	<input type="radio"/>	<input type="radio"/>
Energy consumption	<input type="radio"/>	<input type="radio"/>
Receipt of other means-tested benefits (e.g. SNAP, TANF, etc.)	<input type="radio"/>	<input type="radio"/>

[IF INF2 = "01" OR "02" ASK INF5, ELSE SKIP TO INF7]

INF5. How many years of program data are maintained in your information system excluding the current federal fiscal year?

- 1 NUMBER YEARS OF PROGRAM DATA: _____
- 97 DON'T KNOW

[IF INF2 = "01" OR "02" ASK INF6, ELSE SKIP TO INF7]

INF6. How many additional years of program data, if any, are archived in a system that is separate from your active information system?

- 1 NUMBER YEARS OF PROGRAM DATA ARCHIVED SEPARATELY: _____
- 97 DON'T KNOW

[ASK INF7 AND THEN REPEAT INF8-INF16 FOR THE **NEXT OFFERED BENEFIT** IN THE LIST.]

INF7. In addition to your Heating Assistance benefit, which of the benefits listed below do you offer?

	YES	NO
Winter or year-round crisis assistance	<input type="radio"/>	<input type="radio"/>
Cooling assistance	<input type="radio"/>	<input type="radio"/>
Summer crisis assistance	<input type="radio"/>	<input type="radio"/>
Weatherization assistance	<input type="radio"/>	<input type="radio"/>
Home energy equipment repair or replacement assistance	<input type="radio"/>	<input type="radio"/>
Heat-or-eat (SNAP) assistance	<input type="radio"/>	<input type="radio"/>
Other LIHEAP assistance (specify):	<input type="radio"/>	<input type="radio"/>

[PROGRAMMER: ASK INF8 ONLY FOR BENEFITS OFFERED, 'YES' IN INF7]

INF8. Do you use the same identifier that was assigned to a household who received a Heating Assistance benefit when that same household is awarded a [INSERT BENEFIT] benefit?

- 1 YES
- 2 NO

[IF INF8 = "NO" ASK INF9, ELSE SKIP TO INSTRUCTIONS BEFORE INF10. IF NO BENEFITS REMAIN, SKIP TO CLIENT INFORMATION SECTION]

INF9. What unique identifier do you have for each [BENEFIT]-recipient household?

- 1 APPLICANT'S SOCIAL SECURITY NUMBER

- 2 OTHER TRACKING NUMBER ASSIGNED BY LIHEAP PROGRAM OFFICE
- 3 HEAD OF HOUSEHOLD'S NAME AND ADDRESS
- 4 SOMETHING ELSE [PLEASE SPECIFY: _____]
- 5 NO UNIQUE IDENTIFIER

[IF INF2 = "01" OR "02" ASK INF10, ELSE SKIP TO INSTRUCTIONS BEFORE INF11]

INF10. Earlier you reported that you have a centralized information system that records information on all or some Heating Assistance-recipient households. Does that information system also record information for your [BENEFIT]-recipient households?

- 1 YES, FOR ALL RECIPIENTS
- 2 YES, BUT ONLY FOR SOME RECIPIENTS
- 3 NO

[IF INF10 = "02" ASK INF11, ELSE SKIP TO INSTRUCTIONS BEFORE INF12]

INF11. For approximately what percentage of [BENEFIT] households do you have data recorded in your information system?

- 1 _____ % _____
- 97 DON'T KNOW

[IF INF10 = "03" ASK INF12, ELSE SKIP TO INSTRUCTIONS BEFORE INF13]

INF12. Do you have a centralized information system that records data for [BENEFIT]-recipient households?

- 1 YES, FOR ALL RECIPIENTS
- 2 YES, BUT ONLY FOR SOME RECIPIENTS
- 3 NO

[IF INF12 = "02" ASK INF13, ELSE SKIP TO INSTRUCTIONS BEFORE INF14]

INF13. For approximately what percentage of [BENEFIT] households do you have data recorded in your information system?

- 1 _____ % _____
- 97 DON'T KNOW

[IF INF12 = "01" OR "02 ASK INF14, ELSE SKIP TO INSTRUCTIONS BEFORE INF15]

INF14. Which of the following types of information are tracked for clients by your [BENEFIT] information system? [PLEASE CHOOSE "YES" EVEN IF ONLY ONE PIECE OF INFORMATION IS TRACKED FOR AN ITEM BELOW.]

	YES	NO
Client address	<input type="radio"/>	<input type="radio"/>
Household income	<input type="radio"/>	<input type="radio"/>
Household vulnerability indicators (e.g., elderly, young child, disabled)	<input type="radio"/>	<input type="radio"/>
Other household demographics (e.g., age, education, household size, etc.)	<input type="radio"/>	<input type="radio"/>
Housing unit characteristics (e.g., housing unit type, main heating fuel, type of air conditioning, etc.)	<input type="radio"/>	<input type="radio"/>

Heating assistance benefit information (e.g., date, amount, type)	<input type="radio"/>	<input type="radio"/>
Energy expenditures	<input type="radio"/>	<input type="radio"/>
Energy consumption		
Receipt of other means-tested benefits (e.g. SNAP, TANF, etc.)		

[IF INF12 = "01" OR "02 ASK INF15, ELSE SKIP TO INSTRUCTIONS BEFORE INF16]

INF15. How many years of program data are maintained in your information system excluding the current federal fiscal year?

- 1 NUMBER YEARS OF PROGRAM DATA: _____
- 97 DON'T KNOW

[IF INF12 = "01" OR "02 ASK INF16, ELSE SKIP TO NEXT BENEFIT. IF NO BENEFITS REMAIN, SKIP TO CLIENT INFORMATION SECTION]

INF16. How many additional years of program data, if any, are archived in a system that is separate from your active information system?

- 1 NUMBER OF ADDITIONAL YEARS OF PROGRAM DATA ARCHIVED SEPARATELY: _____
- 97 DON'T KNOW

[CONTINUE TO NEXT OFFERED BENEFIT. IF NO BENEFITS REMAIN, CONTINUE TO CLIENT INFORMATION SECTION]

CLIENT INFORMATION

In this section, we are asking you to tell us whether you collect certain data needed for Performance Measurement from your LIHEAP-recipient households.

C1. Which of the following data items do you collect from an *individual* who applies for energy assistance?

	YES	NO
Age or date of birth	<input type="radio"/>	<input type="radio"/>
Disability status	<input type="radio"/>	<input type="radio"/>
Income from employment	<input type="radio"/>	<input type="radio"/>
Income from Means-Tested Programs (e.g. SNAP, TANF, etc.)	<input type="radio"/>	<input type="radio"/>

C2a. Do you collect those same pieces of information for each *adult* in the household?

- 1 YES
- 2 NO

C2b. Do you collect age or date of birth for each *child* in the household?

- 1 YES
- 2 NO

C2c. Do you collect disability status for each *child* in the household?

- 1 YES
- 2 NO

C3. Which of the following data items do you collect for the housing unit in which the LIHEAP recipient lives?

	YES	NO
Housing unit type	<input type="radio"/>	<input type="radio"/>
Main heating fuel	<input type="radio"/>	<input type="radio"/>
Air conditioning equipment type	<input type="radio"/>	<input type="radio"/>
Supplemental heating fuel	<input type="radio"/>	<input type="radio"/>
Main heating fuel payment status (active, disconnect or non-delivery notice, shutoff)	<input type="radio"/>	<input type="radio"/>
For households who <u>do not</u> heat with electricity, electric payment status (active, disconnect notice, shutoff)	<input type="radio"/>	<input type="radio"/>
For households who heat with deliverable fuel, available supply of deliverable fuel (out of fuel, e.g., less than a 30-day supply, 30-day supply of fuel or more)	<input type="radio"/>	<input type="radio"/>
Main heating equipment status (working, needs work, broken)	<input type="radio"/>	<input type="radio"/>

C4. Do you collect electric account numbers for LIHEAP-recipient households who pay an electric bill?

- 1 YES, FOR ALL LIHEAP-RECIPIENT HOUSEHOLDS
- 2 YES, FOR SOME LIHEAP-RECIPIENT HOUSEHOLDS
- 3 NO

[IF C4 = "02" ASK C4a, ELSE SKIP TO C5]

C4a. For which LIHEAP-recipient households do you collect electric account numbers?

C5. Do you collect heating-fuel account numbers for LIHEAP-recipient households who pay a heating bill?

- 1 YES, FOR ALL LIHEAP-RECIPIENT HOUSEHOLDS
- 2 YES, FOR SOME LIHEAP-RECIPIENT HOUSEHOLDS
- 3 NO

[IF C5= "02" ASK C5a, ELSE SKIP TO NEXT SECTION]

C5a. For which LIHEAP-recipient households do you collect heating-fuel account numbers?

ELECTRICITY VENDORS

In this section of the questionnaire, we are asking you to furnish information about how you interact with your electricity vendors.

E1. Do you have a vendor agreement with the electricity suppliers in your state who participate in LIHEAP?

- 1 YES, FOR ALL SUPPLIERS WHO PARTICIPATE IN LIHEAP
- 2 YES, BUT ONLY FOR ALL REGULATED SUPPLIERS WHO PARTICIPATE IN LIHEAP
- 3 YES, BUT ONLY FOR SOME SUPPLIERS WHO PARTICIPATE IN LIHEAP
- 4 NO
- 5 OTHER [PLEASE SPECIFY:]_____

[IF E1 = "01", "02" OR "03" ASK E2, ELSE SKIP TO NEXT SECTION]

E2. Does your vendor agreement stipulate that the vendor will furnish electric-expenditure data for LIHEAP-recipient households?

- 1 YES FOR ALL LIHEAP-RECIPIENT HOUSEHOLDS
- 2 YES, BUT ONLY FOR ELECTRIC-HEATING CUSTOMERS
- 3 NO
- 5 OTHER [PLEASE SPECIFY:]_____

[IF E1 = "01", "02" OR "03" ASK E3, ELSE SKIP TO NEXT SECTION]

E3. Does your vendor agreement stipulate that the vendor will furnish electric consumption data for LIHEAP-recipient households?

- 1 YES FOR ALL LIHEAP-RECIPIENT HOUSEHOLDS
- 2 YES, BUT ONLY FOR ELECTRIC-HEATING CUSTOMERS
- 3 NO
- 5 OTHER [PLEASE SPECIFY:]_____

[IF E1 = "01", "02" OR "03" ASK E4, ELSE SKIP TO NEXT SECTION]

E4. Does your vendor agreement stipulate that the vendor will furnish electric customer payment data for LIHEAP-recipient households?

- 1 YES FOR ALL LIHEAP-RECIPIENT HOUSEHOLDS
- 2 YES, BUT ONLY FOR ELECTRIC-HEATING CUSTOMERS
- 3 NO
- 5 OTHER [PLEASE SPECIFY:]_____

HEATING FUEL VENDORS

In this section of the questionnaire, we are asking you to furnish information about how you interact with your heating fuel vendors, other than those who provide electricity.

H1. Do you have a vendor agreement with the heating fuel suppliers in your state?

- 1 YES, FOR ALL HEATING FUEL SUPPLIERS
- 2 YES, BUT ONLY FOR ELECTRIC AND NATURAL GAS SUPPLIERS
- 3 NO
- 5 OTHER [PLEASE SPECIFY:]_____

[IF H1 = "01" OR "02" ASK H2, ELSE SKIP TO NEXT SECTION]

H2. Does your vendor agreement stipulate that the vendor will furnish heating fuel expenditure data for LIHEAP-recipient households?

- 1 YES, FOR ALL LIHEAP-RECIPIENT HOUSEHOLDS
- 2 YES, BUT ONLY FOR ELECTRIC AND NATURAL GAS CUSTOMERS
- 3 NO
- 5 OTHER [PLEASE SPECIFY:]_____

[IF H1 = "01" OR "02" ASK H3, ELSE SKIP TO NEXT SECTION]

H3. Does your vendor agreement stipulate that the vendor will furnish heating fuel consumption data for LIHEAP-recipient households?

- 1 YES, FOR ALL LIHEAP-RECIPIENT HOUSEHOLDS
- 2 YES, BUT ONLY FOR ELECTRIC AND NATURAL GAS CUSTOMERS
- 3 NO
- 5 OTHER [PLEASE SPECIFY:]_____

[IF H1 = "01" OR "02" ASK H3, ELSE SKIP TO NEXT SECTION]

H4. Does your vendor agreement stipulate that the vendor will furnish heating fuel customer payment data for LIHEAP-recipient households?

- 1 YES FOR ALL LIHEAP-RECIPIENT HOUSEHOLDS
- 2 YES, BUT ONLY FOR ELECTRIC AND NATURAL GAS CUSTOMERS
- 3 NO
- 5 OTHER [PLEASE SPECIFY:]_____

INTAKE AGENCIES

In this section of the questionnaire, we are asking you to furnish information about how you interact with your local intake agencies.

A1. Do you have a contract, memorandum of understanding (MOU) or other written agreement with your intake agencies?

- 1 YES, WITH ALL AGENCIES
- 2 YES, BUT ONLY WITH SOME AGENCIES
- 3 NO

[IF A1 = "01" OR "02" ASK A2, ELSE SKIP TO A4]

A2. Does your contract, MOU or other written agreement stipulate that the intake agency will furnish information on what other energy and non-energy programs LIHEAP-recipient households are referred to?

- 1 YES
- 2 NO

[IF A1 = "01" OR "02" ASK A3, ELSE SKIP TO A4]

A3. Does your contract, MOU or other written agreement stipulate that the intake agency will furnish information on energy education provided to LIHEAP recipients?

- 1 YES
- 2 NO

A4. Do you require agencies to track and report to you the number of LIHEAP-recipient households who benefit from home energy advocacy during intake or case management?

- 1 YES
- 2 NO

OTHER STATE PROGRAMS / COORDINATED UTILITY PROGRAMS

The next series of questions are about state- or utility-funded energy programs available in your state.

J1. Does your state have any state-funded energy bill assistance programs?

- 1 YES
- 2 NO

[IF J1 = "01" ASK J2, ELSE SKIP TO J3]

J2. What is the name of each such program?

NAME OF PROGRAM(S): _____

97 DON'T KNOW

J3. Does your state have any state-funded energy-efficiency programs?

- 1 YES
- 2 NO

[IF J3 = "01" ASK J4, ELSE SKIP TO J5]

J4. What is the name of each such program?

NAME OF PROGRAM(S): _____

97 DON'T KNOW

J5. Does your state have any utility-funded energy bill assistance programs?

- 1 YES
- 2 NO

[IF J5 = "01" ASK J6, ELSE SKIP TO J7]

J6. What is the name of each such program?

NAME OF PROGRAM(S): _____

97 DON'T KNOW

J7. Does your state have any utility-funded energy-efficiency programs?

- 1 YES
- 2 NO

[IF J7 = "01" ASK J8, ELSE SKIP TO J9]

J8. What is the name of each such program?

NAME OF PROGRAM(S): _____

97 DON'T KNOW

J9. Do you have a contract, memorandum of understanding (MOU) or other written agreement with your state's Weatherization Assistance Program?

- 1 YES
- 2 NO
- 3 NOT APPLICABLE (I.E., LIHEAP DOES NOT ALLOCATE FUNDS TO THE STATE'S WEATHERIZATION PROGRAM)

[IF J9 = "01" ASK J10, ELSE SKIP TO NEXT SECTION]

J10. Does the contract, MOU or other written agreement stipulate that the Weatherization Program will furnish information on the number of LIHEAP-recipient households served and services delivered using LIHEAP funds?

- 1 YES
- 2 NO

FOLLOW-UP

This series of questions asks about what kinds of follow-up activities you may conduct with program participants and their utilities to assess the impact of the program on LIHEAP-recipient households.

K1. Do you conduct a follow-up questionnaire with LIHEAP-recipient households?

- 1 YES
- 2 NO

K2. Do you conduct any type of follow-up activities with utilities on the payment, arrearage, or shut-off status of LIHEAP-recipient households following receipt of their LIHEAP grants?

- 1 YES
- 2 NO

K3. Do you conduct follow-up activities on the work completed in the homes of LIHEAP recipients?

- 1 YES
- 2 NO

THANK YOU FOR ANSWERING THE QUESTIONS IN THIS MODULE. PLEASE PROVIDE YOUR CONTACT INFORMATION, IN CASE WE NEED TO FOLLOW UP WITH YOU.

NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

Please click the finish button and your responses to this series of questions will be saved. If you have been chosen to answer the questions in additional modules, please click on the appropriate module below to move on to that series of questions. Once you have clicked the finish button on this module, you will not be able to access these questions again.

PROGRAMMER NOTE: SHOW REMAINDER OF MODULES BELOW [NOTE: DO NOT SHOW THE CURRENT MODULE AND DO NOT SHOW ANY MODULES THAT HAVE ALREADY BEEN COMPLETED BY THIS GRANTEE].

II. Structure (STR) – This section includes questions about the general characteristics of the program including the department in which it is administered, overall budget and program statistics.

III. System (SYS) – This section is designed to collect details of the grantee's data management system.

IV. Process (PRO) – Questions in this section relate to the ways in which grantees interact with applicants, eligibility verification and reporting.

V. Controls (CO) – This section addresses your state's process for eligibility determination and benefit calculation.

VI. Security (SEC) – Questions about security and fraud prevention procedures and your ability to meet SSA data exchange requirements are included in this section.

VII. Monitoring of Local administering agencies (MON) – The questions in this section are about processes for managing local administering agencies (or local offices) and controls in place to ensure compliance.

VIII. Training (TTA) – In this section, questions are about opportunities for employee training at the grantee and local administering agency (or local office) levels.

END INFORMATION SYSTEMS MODULE.

II. STRUCTURE MODULE

In this section, you will be asked about general characteristics of the LIHEAP program including the department in which it is administered, overall budget and program statistics.

Many states have taken different approaches to operating their LIHEAP office. Use this section to tell us how *your* program is structured. If you choose to exit this module of the questionnaire before completing it your responses WILL be saved, and you will be able to continue the questionnaire where you left off when you re-open the link. **Once you complete this module of the questionnaire, you will no longer be able to access it.**

[ASK IF STR1a-1 IS PREPOPULATED WITH DATA]

STR1a-1. Our records indicate that LIHEAP is located in [_____] within the state agency structure. Is this correct?

- 01 YES
- 02 NO

[ASK IF STR1a-1=NO OR IF STR1a_1 IS NOT PREPOPULATED]

STR1a-2. In what department is LIHEAP located within the state agency structure?

[ASK IF STR1b-1 IS PREPOPULATED WITH DATA]

[NOTE: DATA FOR PREPOPULATION WILL BE CONTAINED IN MULTIPLE FIELDS]

STR1b-1. Our records indicate that LIHEAP is operated alongside the following means-tested programs: [_____]. Is this correct?

- 01 YES
- 02 NO

[ASK IF STR1b-1=NO OR STR1b-1 IS NOT PREPOPULATED]

STR1b-2. Is LIHEAP operated alongside other means-tested programs such as SNAP or TANF?

- 1 YES
- 2 NO

[ASK STR1b-3 IF STR1b-2=YES]

STR1b-3. Which means-tested programs (e.g. SNAP, TANF, etc.) is LIHEAP operated alongside?

STR1c. What is the total administrative budget of the department in which LIHEAP resides?

STR1d. What is the total administrative budget for the state LIHEAP office?

[ASK IF STR1e-1 IS PREPOPULATED WITH DATA]

STR1e-1. Our records indicate that your state's 2012 LIHEAP program budget was [\$_____]. Is this correct?

- 01 YES
- 02 NO

[ASK STR1e-2 IF STR1e-1=NO OR STR1e-1 IS NOT PREPOPULATED]

STR1e-2. What was the LIHEAP 2012 program budget for your state?

\$ _____

STR1f. What was the average 2012 regular program benefit per beneficiary paid by the state?

\$ _____

Use this section to tell us about the size of your program.

STR2a. What is the name of the LIHEAP information system used by the state? (E.g., eHeat, ClientTrack, eAssist, CAP Systems, LIHEAP Online, MERAC, Consilience, etc.)

STR2b. What is the annual LIHEAP IT system related cost (i.e., software, IT staff)?

\$ _____

STR2c. How many unduplicated households received standard/regular LIHEAP benefits in 2012?

#: _____

STR2d. How many unduplicated households received crisis LIHEAP benefits?

#: _____

STR2e. How many unduplicated households received special LIHEAP benefits (not standard or crisis)?

#: _____

STR2f. How many households are income-eligible for LIHEAP benefits?

#: _____

STR2g. How many LIHEAP state-level full-time equivalent employees (FTE)?

#: _____

STR2h. How many LIHEAP state-level full-time equivalent employees (FTEs) do you have to monitor and perform case reviews on local administering agencies (or local offices)?

#: _____

Please use this section to tell us about your local administering agencies. For the purposes of this section, local administering agencies may include local offices run by the state, community action agencies, county/state-run offices or other local LIHEAP offices.

STR3a. What is the aggregate local-level administrative operating budget?

\$ _____

STR3b. What is the name of the LIHEAP application processing system used by local administering agencies?

STR3c. What is the estimated average annual local IT system related cost (i.e., software, IT staff)?

\$ _____

STR3d. How are local administering agencies operated? Select all that apply.

By the state

By community action agencies

By counties/municipalities

By cities/localities

Other (Please Specify:)

STR3e. How many local administering agencies do you work with?

#: _____

STR3f. What is the estimated aggregate total of local administering agency full-time equivalent employees (FTEs)?

#: _____

Please use this section to tell us about the energy vendors that you work with.

STR4a. How many total energy vendors does the state LIHEAP office work with?

#: _____

STR4b. How many vendors provide natural gas or electric?

STR4c. How many vendors provide oil or propane?

STR4d. How many vendors provide wood?

THANK YOU FOR ANSWERING THESE QUESTIONS. PLEASE PROVIDE YOUR CONTACT INFORMATION, IN CASE WE NEED TO FOLLOW UP WITH YOU.

NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

Please click the finish button and your responses to this series of questions will be saved. If you have been chosen to answer the questions in additional modules, please click on the appropriate module below to move on to that series of questions. Once you have clicked the finish button on this module, you will not be able to access these questions again.

PROGRAMMER NOTE: SHOW REMAINDER OF MODULES BELOW [NOTE: DO NOT SHOW THE CURRENT MODULE AND DO NOT SHOW ANY MODULES THAT HAVE ALREADY BEEN COMPLETED BY THIS GRANTEE].

I. Information Systems (INF) – This section addresses how information is organized for LIHEAP recipient households, the data collected from LIHEAP recipient households, your interactions with electricity and heating fuel vendors, how your intake agencies function, other state/utility funded energy programs and the follow-up activities your state conducts with program participants.

III. System (SYS) – This section is designed to collect details of the grantee's data management system.

IV. Process (PRO) – Questions in this section relate to the ways in which grantees interact with applicants, eligibility verification and reporting.

V. Controls (CO) – This section addresses your state's process for eligibility determination and benefit calculation.

VI. Security (SEC) – Questions about security and fraud prevention procedures and your ability to meet SSA data exchange requirements are included in this section.

VII. Monitoring of Local administering agencies (MON) – The questions in this section are about processes for managing local administering agencies (or local offices) and controls in place to ensure compliance.

VIII. Training (TTA) – In this section, questions are about opportunities for employee training at the grantee and local administering agency (or local office) levels.

END STRUCTURE MODULE

III. SYSTEM MODULE

For the questions in this section, we ask that you indicate the maturity level that is the best fit for your state's current practices. If it varies by benefit type, answer based on standard ("regular") benefits. For example, for the question "how do vendors allow local administering agencies (or local offices) to verify customer energy obligation," you should answer based on the largest vendors that account for most LIHEAP cases. Therefore, if the largest vendors provide a web-portal that is accessible to local administering agencies, the correct response would be web-portal, even though many smaller vendors may not provide one.

Due to variation between programs, the maturity levels provided may not perfectly describe the situation in your state. Please make an effort to select the level that is closest to your current system. Special circumstances should be described in the text box beneath each question, as needed. For example, if you believe your state's program achieves the same level of maturity as one of the options listed, but implements it differently, you should indicate the details of your state's process in the text box below the question.

In cases where a particular question is not relevant, please respond with Not Applicable and provide details regarding your response in the text box beneath the question.

Sample Question:

How do vendors allow local administering agencies (or local offices) to verify customer energy obligation?

Maturity Level:

- 1. Customers provide recent energy bill (lowest maturity level)
- 2. Vendors provide individual verification or periodic data sharing (middle maturity level)
- 3. Local administering agency (or local office)-accessible web portal (highest maturity level)
- Not applicable/other - please explain below

Explain your response as needed:

If you choose to exit this module of the questionnaire before completing it your responses WILL be saved, and you will be able to continue the questionnaire where you left off when you re-open the link. Once you complete this module of the questionnaire, you will no longer be able to access it.

SYS1. Please describe the current type of system used in your state to monitor and/or manage the performance of LIHEAP local administering agencies (or local offices).

Maturity Level:

- 1 DESKTOP SOFTWARE – NOT ON SHARED COMPUTER NETWORK OR WEB-BASED
- 2 CLIENT-SERVER SOFTWARE – ON SHARED COMPUTER NETWORK BUT NOT WEB-BASED
- 3 WEB-BASED APPLICATION
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

SYS2. Please describe the current configuration of the software system used by your state.

Maturity Level:

- 1 LIHEAP SHARES SYSTEM WITH OTHER PROGRAMS; WITH LIMITED LIHEAP TAILORED WORKFLOWS CLIENT-SERVER SOFTWARE
- 2 LIHEAP DEDICATED SYSTEM; OR SHARED WITH WAP WITH TAILORED LIHEAP WORKFLOWS
- 3 LIHEAP SHARES SYSTEM WITH OTHER SOCIAL SERVICE PROGRAMS; AND HAS LIHEAP TAILORED WORKFLOWS
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

SYS3. Please indicate the current accessibility of IT support staff to fulfill LIHEAP requests for system support and enhancement.

Maturity Level:

- 1 MUST REQUEST SUPPORT FROM STATE IT DEPARTMENT OR 3rd PARTY CONTRACTORS (NOT LOCATED IN DIVISION/DEPT)
- 2 SHARES IT STAFF WITH OTHER PROGRAMS IN DIVISION/ DEPARTMENT

- 3 HAS SPECIFIC IT STAFF DEDICATED TO LIHEAP LOCATED WITHIN DIVISION/DEPARTMENT
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

SYS4. Indicate the current number of partial and dedicated LIHEAP IT full-time equivalent employees (FTEs) at the state/grantee level.

- 1 <1
- 2 BETWEEN 1-2
- 3 >2
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

SYS5. Indicate how long the current primary benefit intake system has been in use.

If intake system varies by benefit type, answer based on standard ("regular") benefits.

- 1 BEFORE 2003 (GREATER THAN 10 YEARS)
- 2 BETWEEN 2003 AND 2010 (APPOXIMATELY FIVE YEARS)
- 3 AFTER 2010 (LESS THAN 3 YEARS)
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

SYS6. Please describe your state’s LIHEAP system modernization plans.

Modernization includes implementation of a new software platform, significant upgrades to an existing platform, or LIHEAP tailored workflow integration into a web-based platform currently used by other programs.

Maturity Level:

- 1 PLANNED, BUT LACKING BUDGET APPROVAL
- 2 PLANNED WITH BUDGET APPROVAL
- 3 CURRENTLY CONTRACTED AND UNDER DEVELOPMENT
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

SYS7. How are your state's current intake systems structured?

Your response should apply to intake systems, not reporting, monitoring, or other systems that may be in use.

Maturity Level:

- 1 LOCAL OFFICES OPERATED BY THE STATE
- 2 STATE SYSTEMS SHARED WITH LOCAL ADMINISTERING AGENCIES (OR LOCAL OFFICES)
- 3 LOCAL ADMINISTERING AGENCIES (OR LOCAL OFFICES) MAINTAIN THEIR OWN INTAKE SYSTEMS
- 0 NOT APPLICABLE/OTHER - PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

[IF SYS7=03, SKIP TO SYS10b, ELSE SHOW INSTRUCTIONS AND CONTINUE WITH SYS8]

States maintain a wide range of LIHEAP systems (e.g., state system shared with local administering agencies or state-operated local offices). Please make an effort to select the level that is closest to your state system. Subtle differences can be described in the text boxes below each question as needed.

SYS8. Select the option from the list below that best describes your state's current intake system by benefit type.

Your response should apply to intake systems, not reporting, monitoring, or other systems that may be in use.

Maturity Level:

- 1 DIFFERENT SYSTEMS ARE USED TO PROCESS REGULAR, CIRSIS AND HOME ENERGY BENEFIT
- 2 DIFFERENT SYSTEMS ARE USED TO PROCESS REGULAR AND CRISIS BENEFITS
- 3 THE SAME SYSTEM IS USED TO PROCESS ALL LIHEAP BENEFITS
- 0 NOT APPLICABLE/OTHER - PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

SYS9. How are your state's intake systems currently integrated?

If different intake systems are used for different benefit types, answer based on the system used for standard ("regular") benefits.

Maturity Level:

- 1 STATE OPERATES LOCAL LIHEAP OFFICES

- 2 LOCAL ADMINISTERING AGENCIES (OR LOCAL OFFICES) BATCH UPLOAD APPLICANT INFORMATION INTO STATE MAINTAINED SYSTEMS AT REGULARLY SCHEDULED INTERVALS
- 3 LOCAL ADMINISTERING AGENCIES (OR LOCAL OFFICES) INPUT APPLICANT INFORMATION DIRECTLY INTO A STATE MAINTAINED SYSTEM
- 0 NOT APPLICABLE – PLEASE EXPLAIN BELOW

We understand that local administering agency (or local office) systems and processes may vary greatly. Please respond with what you believe to be most common among *your state's* local administering agencies. For the purposes of this section, local administering agencies may include local offices run by the state, community action agencies, county/state-run offices or other local LIHEAP offices.

SYS10. Select the option that best describes your local administering agency intake system by benefit type.

Responses should apply to intake systems that are most common among local administering agencies, not reporting, monitoring, or other systems that may be in use. If it varies by benefit type, answer based on standard ("regular") benefits.

Maturity Level:

- 1 DIFFERENT SYSTEMS ARE USED TO PROCESS REGULAR, CRISIS AND HOME ENERGY BENEFIT
- 2 DIFFERENT SYSTEMS ARE USED TO PROCESS REGULAR AND CRISIS BENEFITS
- 3 THE SAME SYSTEM IS USED TO PROCESS ALL LIHEAP BENEFITS
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

SYS11. Please describe your local administering agency system configuration.

If the state has local administering agencies that are not required to use a state provided system for intake processing, then describe the most common LIHEAP system configuration. If it varies by benefit type, answer based on standard ("regular") benefits.

Maturity Level:

- 1 DESKTOP SOFTWARE – NOT ON SHARED COMPUTER NETWORK OR WEB-BASED
- 2 CLIENT-SERVER SOFTWARE – ON SHARED COMPUTER NETWORK BUT NOT WEB-BASED
- 3 WEB-BASED APPLICATION
- 1 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

SYS12. Please describe the local administering agency system integration with state-defined work flows.

If the state has local administering agencies that are not required to use a state provided system for intake processing, then identify the most common level of system integration between state and local administering agency systems for processing standard benefits. If it varies by benefit type, answer based on standard ("regular") benefits.

Maturity Level:

- 1 NO INTEGRATION BETWEEN LOCAL ADMINISTERING AGENCY AND STATE SYSTEMS
- 2 LOCAL ADMINISTERING AGENCIES ARE REQUIRED TO INTERACT WITH SOME STATE MAINTAINED SYSTEMS WHEN PROCESSING APPLICANT WORKFLOW
- 3 LOCAL ADMINISTERING AGENCIES ARE REQUIRED TO USE STATE MAINTAINED SYSTEMS FOR END-TO-END APPLICANT PROCESSING
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

SYS13. Please describe the configuration of your local administering agency system.

If the state has local administering agencies that are not required to use a state provided system for intake processing, then describe the most common LIHEAP system configuration. If it varies by benefit type, answer based on standard ("regular") benefits.

Maturity Level:

- 1 LIHEAP DEDICATED SYSTEM
- 2 LIHEAP SHARES SYSTEM WITH WAP OR CSBG
- 3 LIHEAP SHARES SYSTEM WITH OTHER SOCIAL SERVICE PROGRAMS
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

SYS14. Please describe your local administering agency system IT support.

If the state has local administering agencies that are not required to use a state provided system for intake processing, then describe the most commonly used IT support structure. If it varies by benefit type, answer based on standard ("regular") benefits.

Maturity Level:

- 1 REQUESTS IT SUPPORT FROM THIRD PARTY VENDOR
- 2 SHARES IT STAFF WITHIN LOCAL ADMINISTERING AGENCY
- 3 SYSTEM SUPPORTED BY STATE IT
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

SYS15. Indicate approximately how long the local administering agency intake system has been in use.

If intake system varies by benefit type, answer based on standard ("regular") benefits. If the state has local administering agencies that are not required to use a state provided system for intake processing, then describe the estimated average age of local administering agency systems.

- 1 BEFORE2003 (GREATER THAN 10 YEARS)
- 2 BETWEEN 2003 AND 2010 (APPOXIMATELY FIVE YEARS)
- 3 AFTER 2010 (LESS THAN 3 YEARS)
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

SYS16. Please describe your local administering agency system planned modernization (as maintained by the state).

If the state has local administering agencies that are not required to use a state provided system for intake processing, then describe the modernization status of the most commonly used system. If it varies by benefit type, answer based on standard ("regular") benefits.

Maturity Level:

- 1 PLANNED, BUT LACKING BUDGET APPROVAL
- 2 PLANNED WITH BUDGET APPROVAL
- 3 CURRENTLY CONTRACTED AND UNDER DEVELOPMENT
- 0 NOT APPLICABLE – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

SYS17. Provide the approximate local administering agency system IT costs (as a percentage of the local administering agency administrative budget).

If the state has local administering agencies that are not required to use a state provided system for intake processing, then provide an estimated average for local administering agency system IT costs. If it varies by benefit type, answer based on standard ("regular") benefits.

Maturity Level:

- 1 <2.5%
- 2 BETWEEN 2.5% – 8%
- 3 >8%
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

THANK YOU FOR ANSWERING THESE QUESTIONS. PLEASE PROVIDE YOUR CONTACT INFORMATION, IN CASE WE NEED TO FOLLOW UP WITH YOU.

NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

Please click the finish button and your responses to this series of questions will be saved. If you have been chosen to answer the questions in additional modules, please click on the appropriate module below to move on to that series of questions. Once you have clicked the finish button on this module, you will not be able to access these questions again.

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I. Information Systems (INF) – This section addresses how information is organized for LIHEAP recipient households, the data collected from LIHEAP recipient households, your interactions with electricity and heating fuel vendors, how your intake agencies function, other state/utility funded energy programs and the follow-up activities your state conducts with program participants.

II. Structure (STR) – This section includes questions about the general characteristics of the program including the department in which it is administered, overall budget and program statistics.

IV. Process (PRO) – Questions in this section relate to the ways in which grantees interact with applicants, eligibility verification and reporting.

V. Controls (CO) – This section addresses your state’s process for eligibility determination and benefit calculation.

VI. Security (SEC) – Questions about security and fraud prevention procedures and your ability to meet SSA data exchange requirements are included in this section.

VII. Monitoring of Local administering agencies (MON) – The questions in this section are about processes for managing Local administering agencies (or local offices) and controls in place to ensure compliance.

VIII. Training (TTA) – In this section, questions are about opportunities for employee training at the grantee and local administering agency (or local office) levels.

END SYSTEM MODULE

IV. PROCESS MODULE

We recognize that Local administering agencies (or local offices) may have processes that vary depending on the type of benefit being administered (e.g., crisis, standard, etc.). **For the purposes of this section, local administering agencies may include local offices run by the state, community action agencies, county/state-run offices or other local LIHEAP offices.**

For the questions in this section, we ask that you indicate the maturity level that is the best fit for your state's current practices. If it varies by benefit type, answer based on standard ("regular") benefits. For example, for the question "how do vendors allow local administering agencies to verify customer energy obligation," you should answer based on the largest vendors that account for most LIHEAP cases. Therefore, if the largest vendors provide a web-portal that is accessible to local administering agencies, the correct response would be web-portal, even though many smaller vendors may not provide one.

Due to variation between programs, the maturity levels provided may not perfectly describe the situation in your state. Please make an effort to select the level that is closest to your current system. Special circumstances should be described in the text box beneath each question, as needed. For example, if you believe your state's program achieves the same level of maturity as one of the options listed, but implements it differently, you should indicate the details of your state's process in the text box below the question.

In cases where a particular question is not relevant, please respond with Not Applicable and provide details regarding your response in the text box beneath the question.

Sample Question:

How do vendors allow local administering agencies (or local offices) to verify customer energy obligation?

Maturity Level:

- 1. Customers provide recent energy bill (lowest maturity level)
- 2. Vendors provide individual verification or periodic data sharing (middle maturity level)
- 3. Local administering agency (or local office)-accessible web portal (highest maturity level)
- Not applicable/other - please explain below

Explain your response as needed:

If you choose to exit this module of the questionnaire before completing it your responses WILL be saved, and you will be able to continue the questionnaire where you left off when you re-open the link. **Once you complete this module of the questionnaire, you will no longer be able to access it.**

PRO1. Please describe your state's primary client application method.

If it varies by benefit type, answer based on standard ("regular") benefits.

Maturity Level:

- 1 IN-PERSON
- 2 MAIL
- 3 ONLINE
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

[IF PRO1="03" ASK PRO2, ELSE SKIP TO PRO3]

PRO2. Please describe your online application interface.

If online application method varies by benefit type, answer based on standard ("regular") benefits.

Maturity Level:

- 1 HAS NO ELECTRONIC APPLICATION PROCESSING SYSTEM
- 2 HAS ELECTRONIC APPLICATION PROCESSING SYSTEM, BUT DOES NOT HAVE "REAL-TIME" ONLINE INTEGRATION
- 3 HAS ELECTRONIC APPLICATION PROCESSING SYSTEM WITH "REAL-TIME" ONLINE INTEGRATION
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

PRO3. How are benefit applications stored?

Select the highest level that applies (e.g., if you both scan documents to digital archive AND incorporate documents into the online workflow, select '3'). If it varies by benefit type, answer based on standard ("regular") benefits.

Maturity Level:

- 1 STORE PAPER FILES ONLY
- 2 SCANS PAPER FILES INTO DIGITAL ARCHIVE
- 3 SCANS PAPER FILES THAT ARE INCORPORATED INTO ONLINE WORKFLOW
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

PRO4. What is your intake staffing approach?

If intake staffing approach varies by benefit type, answer based on standard ("regular") benefits.

Maturity Level:

- 1 INTAKE STAFF/LOCAL ADMINISTERING AGENCIES ARE ENCOURAGED TO DEMONSTRATE SEPARATION OF DUTIES DURING INTAKE
- 2 INTAKE STAFF/LOCAL ADMINISTERING AGENCIES ARE REQUIRED TO DEMONSTRATE SEPARATION OF DUTIES DURING INTAKE
- 3 SEPARATION OF DUTIES IS VERIFIED DURING STAFF/LOCAL ADMINISTERING AGENCY MONITORING
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

PRO5. Please describe your system generated communications (incomplete, ineligible, benefit award, etc.).

If system communications vary by benefit type, answer based on standard ("regular") benefits.

Maturity Level:

- 1 NO SYSTEM GENERATED NOTICES
- 2 SYSTEM GENERATED NOTICES MUST BE INITIATED BY STAFF
- 3 SYSTEM NOTICES ARE AUTOMATICALLY GENERATED BASED ON APPLICATION STATUS
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

The next few questions address the documentation and verification of applicant eligibility information. Please select the highest verification level that applies to any LIHEAP applicants (i.e., applies to some, but not necessarily all applicants).

PRO6. How do you document applicant address?

If documentation varies by benefit type, answer based on standard ("regular") benefits.

Maturity Level:

- 1 REQUIRE RECENT DOCUMENTATION (E.G., UTILITY BILL)
- 2 REQUIRE RECENT DOCUMENTATION AND CHECK FOR DUPLICATE APPLICANT ADDRESSES IN SYSTEM
- 3 ALL OF THE ABOVE AND VERIFY ADDRESS IN THIRD PARTY INFORMATION DATABASE
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

PRO7. How do you document applicant identity?

If documentation varies by benefit type, answer based on standard ("regular") benefits.

Maturity Level:

- 1 ASK FOR STATE RECOGNIZED ID (E.G., DRIVERS LIC, PASSPORT, SS#, ETC.)
- 2 REQUIRE STATE RECOGNIZED ID
- 3 REQUIRE STATE RECOGNIZED ID, THEN VERIFY THROUGH THIRD PARTY INFORMATION DATABASE
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

PRO8. How do you document applicant income?

If documentation varies by benefit type, answer based on standard ("regular") benefits.

Maturity Level:

- 1 REQUIRE INCOME DOCUMENTATION
- 2 REQUIRE INCOME DOCUMENTATION AND VERIFY INCOME THROUGH THIRD PARTY INFORMATION SOURCES
- 3 REQUIRE INCOME DOCUMENTATION AND VERIFY INCOME THROUGH THIRD PARTY INFORMATION DATABASES IN REAL TIME (E.G. State Online Query System [SOLQ])
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

PRO9. How do you document applicant household count?

If documentation varies by benefit type, answer based on standard ("regular") benefits.

Maturity Level:

- 1 REQUIRE APPLICANT TO PROVIDE SOCIAL SECURITY NUMBER
- 2 REQUIRE ALL HOUSEHOLD MEMBERS TO PROVIDE SOCIAL SECURITY NUMBER
- 3 REQUIRE ALL HOUSEHOLD MEMBERS TO PROVIDE SOCIAL SECURITY NUMBER AND VERIFY THROUGH SSA EXCHANGE
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

PRO10. How do you document applicant energy obligation?

If documentation varies by benefit type, answer based on standard ("regular") benefits.

Maturity Level:

- 1 REQUIRE APPLICANT TO PROVIDE ENERGY BILL OR OTHER PROOF AND DOCUMENTATION OF ENERGY RESPONSIBILITY
- 2 REQUIRE APPLICANT TO PROVIDE ENERGY BILL OR OTHER PROOF AND DOCUMENTATION OF ENERGY RESPONSIBILITY. VALIDATE HOUSEHOLD ACCOUNT WITH VENDOR
- 3 APPLICANT PROVIDES ENERGY BILL OR OTHER PROOF AND DOCUMENTATION OF ENERGY RESPONSIBILITY. AUTOMATED ACCOUNT VERIFICATION PRIOR TO PAYMENT.
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

The next series of questions addresses the integration of state and/or third party databases for verifying eligibility information.

PRO11. How do you verify applicant address?

Please select the highest verification level that applies to any LIHEAP applicants (i.e., applies to some, but not necessarily all applicants) and base your answer on standard ("regular") benefits. Indicate the database(s)/external resource(s) accessed, if any, in the text box below the question.

Maturity Level:

- 1 NO ACCESS TO INFORMATION VERIFICATION DATABASE RESOURCES
- 2 ACCESS TO INFORMATION VERIFICATION DATABASE RESOURCES. NOT INTEGRATED WITH APPLICATION SYSTEM; AND/OR SET AS A PERIODIC BATCH PROCESS (MAY BE POST-CERTIFICATION).
- 3 ACCESS TO INFORMATION VERIFICATION DATABASE RESOURCES. INTEGRATED WITH APPLICATION SYSTEM; AND/OR SET AS A REAL-TIME QUERY PROCESS.
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

PRO12. How do you verify applicant identity?

Please select the highest verification level that applies to any LIHEAP applicants (i.e., applies to some, but not necessarily all applicants) and base your answer on standard ("regular") benefits. Indicate the database(s)/external resource(s) accessed, if any, in the text box below the question.

Maturity Level:

- 1 NO ACCESS TO INFORMATION VERIFICATION DATABASE RESOURCES
- 2 ACCESS TO INFORMATION VERIFICATION DATABASE RESOURCES. NOT INTEGRATED WITH APPLICATION SYSTEM; AND/OR SET AS A PERIODIC BATCH PROCESS (MAY BE POST-CERTIFICATION).
- 3 ACCESS TO INFORMATION VERIFICATION DATABASE RESOURCES. INTEGRATED WITH APPLICATION SYSTEM; AND/OR SET AS A REAL-TIME QUERY PROCESS.
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

PRO13. How do you verify applicant household income?

Please select the highest verification level that applies to any LIHEAP applicants (i.e., applies to some, but not necessarily all applicants) and base your answer on standard ("regular") benefits. Indicate the database(s)/external resource(s) accessed, if any, in the text box below the question.

Maturity Level:

- 1 NO ACCESS TO INFORMATION VERIFICATION DATABASE RESOURCES
- 2 ACCESS TO INFORMATION VERIFICATION DATABASE RESOURCES. NOT INTEGRATED WITH APPLICATION SYSTEM; AND/OR SET AS A PERIODIC BATCH PROCESS (MAY BE POST-CERTIFICATION).
- 3 ACCESS TO INFORMATION VERIFICATION DATABASE RESOURCES. INTEGRATED WITH APPLICATION SYSTEM; AND/OR SET AS A REAL-TIME QUERY PROCESS.
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

PRO14. How do you verify applicant household count?

Please select the highest verification level that applies to any LIHEAP applicants (i.e., applies to some, but not necessarily all applicants) and base your answer on standard ("regular") benefits. Indicate the database(s)/external resource(s) accessed, if any, in the text box below the question.

Maturity Level:

- 1 NO ACCESS TO INFORMATION VERIFICATION DATABASE RESOURCES

- 2 ACCESS TO INFORMATION VERIFICATION DATABASE RESOURCES. NOT INTEGRATED WITH APPLICATION SYSTEM; AND/OR SET AS A PERIODIC BATCH PROCESS (MAY BE POST-CERTIFICATION).
- 3 ACCESS TO INFORMATION VERIFICATION DATABASE RESOURCES. INTEGRATED WITH APPLICATION SYSTEM; AND/OR SET AS A REAL-TIME QUERY PROCESS.
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

PRO15. How do you verify applicant energy obligation?

Please select the highest verification level that applies to any LIHEAP applicants (i.e., applies to some, but not necessarily all applicants) and base your answer on standard ("regular") benefits. Indicate the database(s)/external resource(s) accessed, if any, in the text box below the question.

Maturity Level:

- 1 NO ACCESS TO INFORMATION VERIFICATION DATABASE RESOURCES
- 2 ACCESS TO INFORMATION VERIFICATION DATABASE RESOURCES. NOT INTEGRATED WITH APPLICATION SYSTEM; AND/OR SET AS A PERIODIC BATCH PROCESS (MAY BE POST-CERTIFICATION).
- 3 ACCESS TO INFORMATION VERIFICATION DATABASE RESOURCES. INTEGRATED WITH APPLICATION SYSTEM; AND/OR SET AS A REAL-TIME QUERY PROCESS.
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

PRO16-PRO21.

Please provide information on the frequency of reporting by local systems to the state for the items below. Base your response on Local administering agencies reporting local data to the state and on standard ("regular") benefits. For the purposes of this section, local administering agencies may include local offices run by the state, community action agencies, county/state-run offices or other local LIHEAP offices.

	MATURITY LEVEL. . .				
	1. YEARLY OR QUARTERLY	2. MONTHLY OR WEEKLY	3. DAILY OR REAL TIME	0. NOT APPLICABLE	EXPLAIN YOUR RESPONSE AS NEEDED

Applications submitted (Select the highest reporting frequency level that applies to any LIHEAP applicants (i.e., applies to some, but not necessarily all applicants))	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Applications pending (Select the highest level that applies to reporting local data to the state)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Applications processed (Select the highest level that applies to reporting local data to the state)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Applications denied (Select the highest level that applies to reporting local data to the state)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Applications approved (Select the highest level that applies to reporting local data to the state)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Benefits paid (Select the highest level that applies to reporting local data to the state)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

THANK YOU FOR ANSWERING THESE QUESTIONS. PLEASE PROVIDE YOUR CONTACT INFORMATION, IN CASE WE NEED TO FOLLOW UP WITH YOU.

NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

Please click the finish button and your responses to this series of questions will be saved. If you have been chosen to answer the questions in additional modules, please click on the appropriate module below to move on to that series of questions. Once you have clicked the finish button on this module, you will not be able to access these questions again.

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II. Structure (STR) – This section includes questions about the general characteristics of the program including the department in which it is administered, overall budget and program statistics.

III. System (SYS) – This section is designed to collect details of the grantee's data management system.

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VIII. Training (TTA) – In this section, questions are about opportunities for employee training at the grantee and Local administering agency (or local office) levels.

END PROCESS MODULE

V. CONTROLS MODULE

We recognize that Local administering agencies (or local offices) may have determination methods that vary depending on the type of benefit being administered. (e.g., crisis, standard, etc.). **For the purposes of this section, local administering agencies may include local offices run by the state, community action agencies, county/state-run offices or other local LIHEAP offices.**

For the questions in this section, we ask that you indicate the maturity level that is the best fit for your state's current practices. If it varies by benefit type, answer based on standard ("regular") benefits. For example, for the question "how do vendors allow local administering agencies (or local offices) to verify customer energy obligation," you should answer based on the largest vendors that account for most LIHEAP cases. Therefore, if the largest vendors provide a web-portal that is accessible to local administering agencies, the correct response would be web-portal, even though many smaller vendors may not provide one.

Due to variation between programs, the maturity levels provided may not perfectly describe the situation in your state. Please make an effort to select the level that is closest to your current system. Special circumstances should be described in the text box beneath each question, as needed. For example, if you believe your state's program achieves the same level of maturity as one of the options listed, but implements it differently, you should indicate the details of your state's process in the text box below the question.

In cases where a particular question is not relevant, please respond with Not Applicable and provide details regarding your response in the text box beneath the question.

Sample Question:

How do vendors allow local administering agencies (or local offices) to verify customer energy obligation?

Maturity Level:

- 1. Customers provide recent energy bill (lowest maturity level)
- 2. Vendors provide individual verification or periodic data sharing (middle maturity level)
- 3. Local administering agency (or local office)-accessible web portal (highest maturity level)
- Not applicable/other - please explain below

Explain your response as needed:

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CO1. Who is primarily responsible for determining eligibility?

If different methods are used for different benefit types, answer based on the system used for standard ("regular") benefits.

Maturity Level:

- 1 ASSIGNED INTAKE STAFF
- 2 DEDICATED DETERMINATION STAFF OR SUPERVISOR
- 3 AUTOMATED SYSTEM DETERMINATION (MAY REQUIRE STAFF CERTIFICATION)
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

CO2. Who is primarily responsible for calculating benefits?

If different methods are used for different benefit types, answer based on the system used for standard ("regular") benefits.

Maturity Level:

- 1 ASSIGNED INTAKE STAFF
- 2 DEDICATED DETERMINATION STAFF OR SUPERVISOR
- 3 AUTOMATED SYSTEM DETERMINATION (MAY REQUIRE STAFF CERTIFICATION)
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

CO3. Who is primarily responsible for initial authorization of benefit payments?

Indicate who is primarily responsible for the initial benefit payment authorization (i.e., local administering agency level). If it varies by benefit type, answer based on standard ("regular") benefits.

Maturity Level:

- 1 ASSIGNED INTAKE STAFF
- 2 DEDICATED DETERMINATION STAFF OR SUPERVISOR
- 3 AUTOMATED SYSTEM DETERMINATION (MAY REQUIRE STAFF CERTIFICATION)
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

CO4. Who is responsible for developing and monitoring vendor agreements?

Select the highest verification level that applies to any LIHEAP applicants (i.e., applies to some, but not necessarily all applicants). If approaches vary by benefit type, answer based on standard ("regular") benefits.

Maturity Level:

- 1 DEVELOPED AND MONITORED BY LOCAL ADMINISTERING AGENCY
- 2 DEVELOPED AND MONITORED BY STATE
- 3 DEVELOPED BY STATE AND MONITORED BY LOCAL ADMINISTERING AGENCY
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

CO5. How frequently are local administering agency work plans developed?

Select the highest verification level that applies to any LIHEAP applicants (i.e., applies to some, but not necessarily all applicants). If approaches vary by benefit type, answer based on standard ("regular") benefits.

Maturity Level:

- 1 DEVELOPED EVERY THREE+ YEARS
- 2 DEVELOPED EVERY TWO YEARS
- 3 DEVELOPED EVERY YEAR
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

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NAME: _____

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END CONTROLS MODULE

VI. SECURITY MODULE

The questions in this section apply to your state's intake and application processing system security and fraud prevention procedures. We recognize that Local administering agencies (or local offices) may have security methods that vary depending on the type of benefit being administered. (e.g., crisis, standard, etc.). **For the purposes of this section, local administering agencies may include local offices run by the state, community action agencies, county/state-run offices or other local LIHEAP offices.**

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Due to variation between programs, the maturity levels provided may not perfectly describe the situation in your state. Please make an effort to select the level that is closest to your current system. Special circumstances should be described in the text box beneath each question, as needed. For example, if you believe your state's program achieves the same level of maturity as one of the options listed, but implements it differently, you should indicate the details of your state's process in the text box below the question.

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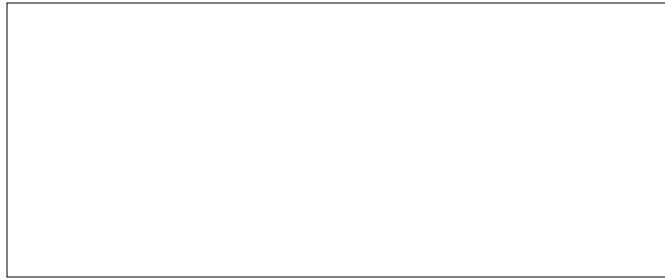
Sample Question:

How do vendors allow local administering agencies (or local offices) to verify customer energy obligation?

Maturity Level:

- 1. Customers provide recent energy bill (lowest maturity level)
- 2. Vendors provide individual verification or periodic data sharing (middle maturity level)
- 3. Local administering agency (or local office)-accessible web portal (highest maturity level)
- Not applicable/other - please explain below

Explain your response as needed:



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SEC1-SEC7.

Please characterize the intake and application processing system security and fraud prevention measures listed below. Select the highest level that applies. If it varies by benefit type, answer based on standard ("regular") benefits.

	MATURITY LEVEL . . .				EXPLAIN YOUR RESPONSE AS NEEDED:
	1. STATE ENCOURAGES	2. STATE REQUIRES	3. STATE REQUIRES AND MONITORS	0. NOT APPLICABLE	
Required user-level background checks prior to providing access to LIHEAP systems (Background checks include criminal history and credit checks.)					
Assigned user-level permissions					
Online applications require customer email verification					
System idle timeout					
System back-up and redundancy					
Scanned document storage redundancy					
Scanned document encryption					

SEC8. Is LIHEAP data accessible by or shared with other programs (SNAP, TANF, WAP, etc.)?

Please respond with what you believe to be most common among local administering agencies (or local offices) and select the highest level that applies.

Maturity Level:

- 1 YES
- 2 YES, BUT ONLY BY SUPERVISORY/REVIEWER PERSONNEL
- 3 NO
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

SEC9-SEC17.

Please indicate the level of security in place for each information exchange task listed below. Select the highest level that applies. If it varies by benefit type, answer based on standard ("regular") benefits.

	MATURITY LEVEL . . .				EXPLAIN YOUR RESPONSE AS NEEDED:
	1. STATE ENCOURAGES	2. STATE REQUIRES	3. STATE REQUIRES AND MONITORS	0. NOT APPLICABLE	
Program applicants are notified that any data they provide is subject to verification					
System has effective administrative, technical, and physical security safeguards					
System enables SSN encryption and/or other protection					
Data received electronically from verification sources are destroyed after application processing					
Data is NOT used for purposes other than verifying eligibility information (Inter-agency data exchange agreements often place limitations how data provided may be used.)					
Tax return data only used to determine program eligibility (If tax return data is used (e.g., to verify income), agreements often limit its use.)					
Data restricted to State employees, contractors, and agents who require it to verify program eligibility					
A written security agreement for any individuals accessing verification data					
Laptops and other electronic devices/media containing					

Personally Identifying Information are encrypted and/or password protected					
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THANK YOU FOR ANSWERING THESE QUESTIONS. PLEASE PROVIDE YOUR CONTACT INFORMATION, IN CASE WE NEED TO FOLLOW UP WITH YOU.

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END SECURITY MODULE

VII. MONITORING MODULE

The questions in this section address your processes for monitoring local administering agencies (or local offices) and controls in place to ensure compliance. **For the purposes of this section, local administering agencies may include local offices run by the state, community action agencies, county/state-run offices or other local LIHEAP offices.**

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Sample Question:

How do vendors allow local administering agencies (or local offices) to verify customer energy obligation?

Maturity Level:

- 1. Customers provide recent energy bill (lowest maturity level)
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- 3. Local administering agency (or local office)-accessible web portal (highest maturity level)
- Not applicable/other - please explain below

Explain your response as needed:

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MON1. How frequently are local administering agency field reviews conducted?

Maturity Level:

- 1 STATE REQUIRES EVERY 2-3 YEARS
- 2 STATE REQUIRES ONCE PER YEAR
- 3 STATE REQUIRES TWICE PER YEAR
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

MON2. How frequently are local administering agency desk reviews conducted?

Desk reviews imply a comprehensive approach to assessing local administering agencies (i.e., more than reviewing general system reporting data).

Maturity Level:

- 1 STATE REQUIRES EVERY 2-3 YEARS
- 2 STATE REQUIRES ONCE PER YEAR
- 3 STATE REQUIRES TWICE PER YEAR
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

MON3. How are cases selected for review?

Indicate how local administering agency cases are selected for desk and/or field review. If it varies by benefit type, answer based on standard ("regular") benefits.

Maturity Level:

- 1 STATE REQUIRES LOCAL ADMINISTERING AGENCY (OR LOCAL OFFICE) SELECTED CASES
- 2 STATE REQUIRES RANDOM SAMPLING OF CASES

- 3 STATE REQUIRES RANDOM SAMPLING OF CASES BASED ON SYSTEM FLAGGED CRITERIA
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

MON4. What is your case review percentage?

Your response should be based on a percentage of all applications processed. If it varies by benefit type, answer based on standard ("regular") benefits.

Maturity Level:

- 1 <5%
- 2 BETWEEN 5% AND 25%
- 3 >25%
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

MON5. Please describe the nature of local administering agency (or local office) self-reviews.

Select the highest level that applies. If it varies by benefit type, answer based on standard ("regular") benefits.

Maturity Level:

- 1 LOCAL ADMINISTERING AGENCIES (OR LOCAL OFFICES) ARE *ENCOURAGED* TO ENGAGE IN FORMAL "SELF-REVIEWS"
- 2 LOCAL ADMINISTERING AGENCIES (OR LOCAL OFFICES) ARE *REQUIRED* TO ENGAGE IN FORMAL "SELF-REVIEWS"
- 3 LOCAL ADMINISTERING AGENCIES (OR LOCAL OFFICES) ARE *REQUIRED* TO ENGAGE IN A MINIMUM NUMBER OF FORMAL "SELF-REVIEWS"
- 0 NOT APPLICABLE/OTHER – PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

THANK YOU FOR ANSWERING THESE QUESTIONS. PLEASE PROVIDE YOUR CONTACT INFORMATION, IN CASE WE NEED TO FOLLOW UP WITH YOU.

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END MONITORING MODULE

VIII. TRAINING MODULE

The questions in this section explore the opportunities for employee training at the grantee and local administering agency (or local office) levels. When responding, select the highest level that applies to state-provided training and technical assistance. **For the purposes of this section, local administering agencies may include local offices run by the state, community action agencies, county/state-run offices or other local LIHEAP offices.**

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Sample Question:

How do vendors allow local administering agencies (or local offices) to verify customer energy obligation?

Maturity Level:

- 1. Customers provide recent energy bill (lowest maturity level)
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- Not applicable/other - please explain below

Explain your response as needed:

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TTA1. Does your state provide FAQ Online Portal or Interactive Online Training Resources?

Select the highest level that applies. If it varies by benefit type, answer based on standard ("regular") benefits.

Maturity Level:

- 1 NO
- 2 NO, BUT PLANNED
- 3 YES
- 0 NOT APPLICABLE/OTHER - PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

TTA2. How frequently are training teleconferences scheduled?

Select the highest level that applies. If it varies by benefit type, answer based on standard ("regular") benefits.

Maturity Level:

- 1 PLANNED ANNUALLY WITH ADDITIONAL CALLS SCHEDULED AS NEEDED
- 2 PLANNED QUARTERLY WITH ADDITIONAL CALLS SCHEDULED AS NEEDED
- 3 PLANNED MONTHLY WITH ADDITIONAL CALLS SCHEDULED AS NEEDED
- 0 NOT APPLICABLE/OTHER - PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

TTA3. How frequently are training memoranda released?

Select the highest level that applies. If it varies by benefit type, answer based on standard ("regular") benefits.

Maturity Level:

- 1 PLANNED ANNUALLY WITH ADDITIONAL MEMORANDA RELEASED AS NEEDED
- 2 PLANNED QUARTERLY WITH ADDITIONAL MEMORANDA RELEASED AS NEEDED
- 3 PLANNED MONTHLY WITH ADDITIONAL MEMORANDA RELEASED AS NEEDED
- 0 NOT APPLICABLE/OTHER - PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

TTA4. How frequently are training meetings or conferences scheduled?

These are in-person meetings/conferences that bring together all local administering agencies (or local offices). Select the highest level that applies. If it varies by benefit type, answer based on standard ("regular") benefits.

Maturity Level:

- 1 PLANNED ANNUALLY WITH ADDITIONAL MEETINGS SCHEDULED AS NEEDED
- 2 PLANNED QUARTERLY WITH ADDITIONAL MEETINGS SCHEDULED AS NEEDED
- 3 PLANNED MONTHLY WITH ADDITIONAL MEETINGS SCHEDULED AS NEEDED
- 0 NOT APPLICABLE/OTHER - PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

TTA5. When are training and technical assistance corrective action visits scheduled?

Select the highest level that applies. If it varies by benefit type, answer based on standard ("regular") benefits.

Maturity Level:

- 1 AFTER MONITORING FINDINGS ARE IDENTIFIED
- 2 AFTER MONITORING FINDINGS ARE IDENTIFIED AND WHEN PROGRAM REPORTS DEMONSTRATE RISK
- 3 AFTER MONITORING FINDINGS ARE IDENTIFIED, WHEN PROGRAM REPORTS DEMONSTRATE RISK AND UPON REQUEST
- 0 NOT APPLICABLE/OTHER - PLEASE EXPLAIN BELOW

EXPLAIN YOUR RESPONSE AS NEEDED:

THANK YOU FOR ANSWERING THESE QUESTIONS. PLEASE PROVIDE YOUR CONTACT INFORMATION, IN CASE WE NEED TO FOLLOW UP WITH YOU.

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END TRAINING MODULE