



Kansas Balance of State Continuum of Care

CoC Program Monitoring Policies and Procedures

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Table of Contents

- 1. Introduction and Purpose 1
- 2. Roles and Responsibilities 1
 - A. CoC Steering Committee 1
 - B. Collaborative Applicant/CoC Lead Agency 2
 - C. Monitoring Staff and Authorized Contractors 2
 - D. Recipients and Subrecipients 2
- 3. Types of Monitoring..... 3
 - A. Projects and Program Components Subject to Monitoring 3
 - B. Risk-Based Monitoring Approach..... 3
 - C. Remote Desk Reviews 3
 - D. On-Site Monitoring..... 3
 - E. Special, Targeted, or For-Cause Monitoring..... 3
- 4. Monitoring Methodology 4
 - A. Monitoring Planning and Scheduling..... 4
 - B. HUD Monitoring Exhibits and CoC Monitoring Tools 4
 - C. File Review and Sampling Methodology 5
 - D. Staff Meetings and Operational Review 5
 - E. HMIS Data Monitoring 5
 - F. Fiscal and Financial Review Methods 6
- 5. Areas of Review 6
 - A. Program Eligibility and Participant Documentation 6
 - B. Housing Related Activities..... 7
 - C. Supportive Services Activities 7
 - D. Grant and Subrecipient Management..... 8
 - E. Financial Management and Cost Allowability..... 8
 - F. Match Requirements 8
 - G. Procurement and Conflict of Interest 9
- 6. Monitoring Report 9
 - A. Findings of Noncompliance..... 9
 - B. Concerns 9
 - C. Recommendations..... 9
 - D. Monitoring Exit Conference 10
 - E. Monitoring Report Timeline..... 10
- 7. Corrective Actions and Resolution..... 11
 - A. Corrective Action Plan Content Requirements..... 11
 - B. Submission Timelines and Extensions 12
 - C. CoC Lead Agency Review and Written Determination..... 12
 - D. Monitoring Closure and Resolution 12
- 8. Enforcement and Remedies 13
- 9. Appeals and Dispute Resolution 14
 - A. Right to Appeal..... 14
 - B. Allowable Grounds for Appeal..... 14
 - C. Appeal Submission Process..... 14
 - D. Review and Decision Authority 14
 - E. Final Determination 15
- 10. Policy Review and Updates 15
 - A. Public Comment Process 15
 - B. Approval and Effective Date 16

1. Introduction and Purpose

The purpose of this Kansas Balance of State Continuum of Care (KS BoS CoC) Monitoring Policy is to establish a clear, consistent, and systematic framework for monitoring recipients and subrecipients of Continuum of Care (CoC) Program funds to ensure compliance with applicable federal statutes, regulations, Notices of Funding Opportunity (NOFO), grant agreements, and local CoC policies. This policy is intended to promote accountability, safeguard federal resources, support program integrity, and ensure that CoC-funded projects operate in accordance with the requirements of the U.S. Department of Housing and Urban Development (HUD).

This policy is pursuant to the Continuum of Care Program Interim Rule at 24 CFR Part 578, including but not limited to §§ 578.7, 578.23, 578.37, 578.51, 578.73, 578.85, and 578.103, and HUD Handbook 6509.2 REV-7, Chapter 29 (Monitoring of Recipients and Subrecipients). Monitoring activities conducted under this policy are further informed by applicable provisions of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards at 2 CFR Part 200, as applicable, as well as the terms and conditions of each CoC Program grant agreement.

This Monitoring Policy applies to all CoC Program recipients and subrecipients operating projects funded under the CoC Program within the KS BoS CoC, including Permanent Supportive Housing, Rapid Re-Housing, Transitional Housing, Supportive Services Only, and Homeless Management Information System (HMIS) projects. The policy applies to all CoC-funded activities regardless of whether monitoring is conducted through desk review, on-site review, remote monitoring, targeted review, or for-cause monitoring.

Monitoring activities are intended to identify compliance with federal requirements, detect and prevent noncompliance, support corrective action where deficiencies are identified, and promote continuous improvement across the homeless response system. The CoC prioritizes technical assistance and corrective action while maintaining the authority to implement enforcement actions when necessary to protect program integrity and ensure compliance with HUD requirements.

2. Roles and Responsibilities

A. CoC Steering Committee

The Kansas Balance of State Continuum of Care (KS BoS CoC) is governed by the CoC Steering Committee. While other Continuums of Care may refer to this governing body as a “Board of Directors,” the CoC Steering Committee serves as the equivalent governing and oversight body for the KS BoS CoC. The CoC Steering Committee holds ultimate responsibility for governance, oversight, and accountability related to compliance with the Continuum of Care Program

requirements. The Steering Committee approves this CoC Monitoring Policy and any subsequent amendments, establishes expectations for recipient and subrecipient compliance, and may receive information regarding monitoring activities, findings, and systemic issues as appropriate.

B. Collaborative Applicant/CoC Lead Agency

The Kansas Statewide Homeless Coalition (KSHC) serves as both the Collaborative Applicant and the CoC Lead Agency for the KS BoS CoC. In this role, KSHC is responsible for carrying out monitoring activities on behalf of the KS BoS CoC in accordance with this policy, HUD Handbook 6509.2 REV-7, and applicable federal requirements. Responsibilities include developing and implementing monitoring procedures, conducting monitoring reviews, issuing monitoring reports, tracking corrective actions, and reporting monitoring outcomes to the CoC Steering Committee as appropriate. The KS BoS CoC is not currently designated as a Unified Funding Agency (UFA); however, the CoC recognizes UFA designation as a strategic goal and will continue to build monitoring, fiscal oversight, and administrative capacity consistent with HUD requirements for UFA designation.

C. Monitoring Staff and Authorized Contractors

Monitoring activities may be conducted by KSHC staff and/or their authorized contractors acting on behalf of the KS BoS CoC. Monitoring responsibilities include, but are not limited to, conducting desk reviews and on-site reviews, reviewing participant and fiscal files, assessing compliance with program and financial requirements, preparing monitoring reports, and verifying corrective actions. Monitoring activities are conducted using HUD monitoring exhibits, locally developed tools, and professional judgment. The CoC Steering Committee reserves the authority to direct or conduct limited, targeted, or supplemental monitoring activities when necessary, and monitoring procedures are not intended to restrict the Steering Committee's discretion to respond to emerging risks, concerns, or compliance issues.

D. Recipients and Subrecipients

Recipients and subrecipients of CoC Program funds are responsible for operating projects in full compliance with applicable federal regulations, grant agreements, CoC policies, and HUD guidance. Recipients and subrecipients shall cooperate with monitoring activities, provide timely access to requested records, documentation, staff, housing units and facilities, and respond to monitoring reports and corrective action requirements within established timelines.

Responsibility for compliance, corrective action, and ongoing internal controls remains with the recipient or subrecipient, regardless of the scope or frequency of monitoring conducted.

3. Types of Monitoring

A. Projects and Program Components Subject to Monitoring

Monitoring under this policy applies to all projects funded through the Continuum of Care Program within the Kansas Balance of State Continuum of Care (KS BoS CoC). Covered projects include, but are not limited to, Permanent Supportive Housing, Rapid Re-Housing, Transitional Housing, Supportive Services Only, and Homeless Management Information System (HMIS) projects. Monitoring may address programmatic, fiscal, administrative, and data-related requirements applicable to each project, consistent with the approved grant agreement and budget.

B. Risk-Based Monitoring Approach

The KS BoS CoC can utilize a risk-based approach to monitoring in order to prioritize oversight activities and allocate monitoring resources effectively. Risk factors may include, but are not limited to, the size of the grant award, complexity of activities, prior findings or unresolved concerns, financial management issues, HMIS data quality concerns, staff or leadership turnover, or information received through complaints or other credible sources. Risk assessments may be updated periodically and may inform the scope, depth, and frequency of monitoring activities.

C. Remote Desk Reviews

Desk reviews may be conducted to assess compliance through the remote review of documentation, records, and data submitted by recipients and subrecipients. Desk reviews may include participant file documentation, financial records, policies and procedures, HMIS reports, and written responses to monitoring inquiries. Desk reviews may be conducted independently or as part of a broader monitoring process.

D. On-Site Monitoring

On-site monitoring may be conducted when necessary to assess compliance, verify documentation, observe program operations, or address identified risks. On-site reviews may include staff interviews, review of original records, and inspection of facilities or housing units, as applicable. On-site monitoring may be comprehensive or targeted to specific program areas or concerns.

E. Special, Targeted, or For-Cause Monitoring

The KS BoS CoC reserves the right to conduct special, targeted, or for-cause monitoring at any time in response to identified risks, complaints, suspected noncompliance, significant changes in operations, or other circumstances that warrant additional oversight. Such monitoring may be limited in scope and focused on specific issues or requirements and may be initiated by the CoC Lead Agency or at the direction of the CoC Steering Committee.

4. Monitoring Methodology

A. Monitoring Planning and Scheduling

The Kansas Statewide Homeless Coalition (KSHC), in its role as the CoC Lead Agency, shall develop an annual CoC monitoring plan on behalf of the Kansas Balance of State Continuum of Care (KS BoS CoC). The monitoring plan shall be presented to the CoC Steering Committee for review and oversight on an annual basis, generally in January, subject to staffing capacity, operational considerations, and other circumstances that may affect implementation. The plan shall identify projects and subrecipients proposed for monitoring during the monitoring cycle and shall be informed by HUD requirements, prior monitoring results, identified risk factors, and CoC capacity.

Recipients and subrecipients selected for monitoring shall be notified by email through their designated CoC representative when the monitoring schedule has been approved. A second notification shall be provided no fewer than thirty (30) calendar days prior to the scheduled monitoring activity. The second notification shall include the scope of the review, the monitoring format (e.g., desk review or on-site review), the client/financial file sampling methodology and detailed documentation and review requirements. Notification timeframes may be modified or waived for targeted, limited, or for-cause monitoring, as determined appropriate by the CoC Lead Agency.

Monitoring schedules may be adjusted during the monitoring cycle to respond to emerging risks, compliance concerns, complaints, or significant changes in program operations. The absence of a project from the annual monitoring plan does not limit the KS BoS CoC's authority to conduct monitoring at any time, nor does it relieve recipients or subrecipients of their responsibility to comply with all applicable federal, state, and local requirements.

B. HUD Monitoring Exhibits and CoC Monitoring Tools

HUD monitoring of Continuum of Care Program recipients and subrecipients is conducted in accordance with HUD Handbook 6509.2 REV-7, Chapter 29, using the applicable HUD monitoring exhibits. These exhibits include, but are not limited to, Exhibits 29-1 through 29-14, and are used by HUD to conduct comprehensive reviews of programmatic, fiscal, administrative, and recordkeeping compliance based on project type and funded activities.

The Kansas Balance of State Continuum of Care (KS BoS CoC), through the CoC Lead Agency, conducts monitoring activities using locally developed monitoring tools that are informed by and aligned with HUD monitoring exhibits. Local monitoring tools may be streamlined and may not include the full scope of the applicable HUD exhibits. CoC monitoring is intended to support recipients' and subrecipients' preparedness for potential HUD monitoring, identify compliance risks early, and promote corrective action and continuous improvement.

Recipients and subrecipients are strongly encouraged to use the full HUD monitoring exhibits for self-monitoring and internal compliance reviews, as CoC monitoring does not replace or supersede HUD's authority to conduct full-scope monitoring.

C. File Review and Sampling Methodology

Monitoring activities shall include the review of participant files, fiscal records, policies and procedures, and other documentation necessary to assess compliance with applicable Continuum of Care Program requirements. File reviews are conducted to verify eligibility determinations, documentation standards, allowable costs, internal controls, and adherence to grant and regulatory requirements.

Monitoring reviews may utilize sampling methodologies that are risk-informed and appropriate to the scope of the monitoring activity. Sampling generally includes a cross-section of records that may consist of active and exited participant files, financial transactions, match documentation, or other records relevant to the funded activities under review. Sample selection may consider factors such as project size, funding amount, number of participants served during the review period, length of operation, prior monitoring results, and identified risk indicators. Sampling may be proportional to project scale and activity level and may be adjusted for projects with a small number of participants served during the monitoring period.

The CoC Lead Agency retains discretion to expand the sample size, request additional records, or conduct a full file review when potential noncompliance, inconsistent documentation, or systemic issues are identified. The use of sampling methodologies does not limit the authority of the CoC Lead Agency to obtain any records necessary to determine compliance.

D. Staff Meetings and Operational Review

Monitoring may include meetings with recipient and subrecipient staff to assess understanding and implementation of program requirements, internal controls, and day-to-day operations. Meetings may be conducted with program, fiscal, and administrative staff, as appropriate. Information obtained through these meetings may be used to clarify documentation, identify training needs, or assess operational risks.

E. HMIS Data Monitoring

General CoC monitoring activities are conducted by CoC program staff within the CoC Lead Agency. With respect to Homeless Management Information System (HMIS) requirements, the CoC Lead Agency also serves as the HMIS administrators for the KS BoS CoC under a Memorandum of Understanding (MOU) with the HMIS Lead and maintains HMIS administrative staff responsible for HMIS operations and oversight.

The HMIS Oversight Committee holds primary responsibility for HMIS oversight and monitoring within the Kansas Balance of State Continuum of Care (KS BoS CoC). The CoC

Lead Agency shall coordinate with the HMIS Oversight Committee to identify HMIS-related risk factors, data quality concerns, and priority areas for review. HMIS administrative staff, acting in their capacity under the HMIS MOU, may conduct HMIS-specific monitoring activities, data reviews, or technical assessments as appropriate.

HMIS-related monitoring activities may be conducted on a schedule separate from CoC program monitoring and may occur independently or in coordination with other monitoring efforts, as determined by the scope and objectives of the review.

Monitoring shall include review of compliance with HMIS participation, data quality, timeliness, privacy, and security requirements established by HUD and the Continuum of Care. HMIS data shall be reviewed to support evaluation of project performance, system outcomes, and HUD-required System Performance Measures, and to ensure the accuracy, completeness, and reliability of data used for HUD reporting, system planning, and performance evaluation.

F. Fiscal and Financial Review Methods

Monitoring shall include review of financial management systems, accounting records, drawdowns, expenditures, match documentation, and internal controls to assess compliance with Continuum of Care (CoC) Program requirements and applicable federal cost principles. Financial reviews shall assess, as applicable, the allowability, allocability, and reasonableness of costs, as well as compliance with grant agreements, approved budgets, and expenditure timeliness standards.

The scope and depth of fiscal monitoring activities shall be commensurate with identified risk, project characteristics, and the objectives of the monitoring review, and may include expanded review when potential noncompliance or fiscal concerns are identified.

5. Areas of Review

A. Program Eligibility and Participant Documentation

Monitoring shall assess whether recipients and subrecipients appropriately determine, document, and maintain program participant eligibility in accordance with Continuum of Care Program requirements and applicable HUD guidance. Reviews shall evaluate compliance with eligibility requirements related to homeless status, at-risk status where applicable, and disability status for projects that require such determinations.

Monitoring shall include review of participant intake and eligibility documentation to verify that determinations are supported by acceptable evidence, including third-party documentation, intake observations, and self-certifications, as permitted by HUD regulations. Reviews shall assess whether documentation is complete, dated, properly executed, and maintained in accordance with recordkeeping requirements, and whether eligibility determinations are

consistently reflected in both participant case files and the Homeless Management Information System (HMIS).

B. Housing Related Activities

Monitoring shall assess whether housing-related activities funded under Continuum of Care (CoC) Program grants are administered in compliance with applicable requirements. Reviews shall address the following areas, as applicable to the funded activities:

- **Type of Housing Assistance**
Leasing and rental assistance provided under the project, and alignment with the approved grant application and budget.
- **Calculation of Housing Assistance and Participant Contributions**
Determination of participant rent contributions, calculation of rental assistance amounts, application of utility allowances where applicable, and compliance with limitations on the type and duration of assistance.
- **Lease and Occupancy Requirements**
Execution and maintenance of leases or occupancy agreements, participant rights and responsibilities, and compliance with applicable occupancy standards.
- **Rent Reasonableness**
Documentation supporting initial and ongoing rent reasonableness determinations, as required.
- **Housing Inspections**
Initial and ongoing compliance with inspections (such as housing quality standards or NSPIRE).
- **Re-evaluations and Continued Eligibility**
Required re-evaluations, continued eligibility determinations, and documentation supporting ongoing assistance.

C. Supportive Services Activities

Monitoring shall assess whether supportive services funded under Continuum of Care (CoC) Program grants are administered in compliance with applicable requirements. Reviews shall address the following areas, as applicable to the funded activities:

- **Eligible Supportive Services**
Provision of supportive services that are eligible and allowable under the CoC Program and consistent with the approved grant application and budget.
- **Service Delivery and Scope**
Delivery of supportive services in accordance with the approved project design, including the type, frequency, and duration of services funded under the grant.

- **Participant Eligibility and Access to Services**

Alignment of service provision with participant eligibility, assessed needs, and housing stability goals/plan, as applicable to the project component.

- **Documentation and Recordkeeping**

Documentation supporting the provision of supportive services, including service delivery records, case notes, and other required records demonstrating compliance with program requirements.

- **Coordination and Integration of Services**

Coordination of supportive services with housing assistance and other mainstream or community-based services, as applicable, to support housing stability and project outcomes.

For projects without a CoC-funded supportive services budget line item, the review of supportive services is limited to confirming that services are offered and delivered in accordance with the project's approved design and purpose. Supportive services funded with non-CoC sources are not subject to financial review unless they are reported as match toward the CoC project.

D. Grant and Subrecipient Management

Monitoring shall assess whether recipients and subrecipients administer CoC Program funds in accordance with grant agreements, subrecipient agreements, and applicable administrative requirements. Reviews may include evaluation of internal controls, oversight of subrecipients, grant administration practices, compliance with grant conditions, and adherence to reporting and documentation requirements. Monitoring may also assess whether recipients and subrecipients have adequate policies and procedures to support compliance.

E. Financial Management and Cost Allowability

Monitoring shall assess financial management systems and the allowability of costs charged to CoC Program grants. Reviews may include examination of accounting records, internal controls, audit/financial reviews, drawdowns, expenditures, supporting documentation, and compliance with applicable cost principles. Monitoring will assess whether costs are allowable, allocable, reasonable, and consistent with the approved grant budget and federal requirements, as well as compliance with timeliness standards.

F. Match Requirements

Monitoring shall assess compliance with CoC Program match requirements, including the required percentage of match, eligibility of match sources, and adequacy of match documentation. Reviews may include assessment of both cash and in-kind match contributions and verification that match is properly valued, documented, tracked, and reported in accordance with federal requirements and grant conditions.

G. Procurement and Conflict of Interest

Monitoring shall assess compliance with applicable procurement standards and conflict-of-interest requirements. Reviews may include evaluation of procurement policies and procedures, procurement transactions, documentation of competition, cost or price analysis, and adherence to conflict-of-interest standards. Monitoring will also assess whether recipients and subrecipients maintain written standards or policies and procedures of conduct governing employees engaged in procurement activities.

6. Monitoring Report

Monitoring activities conducted under this policy may result in the identification of findings, concerns, and recommendations. Monitoring results are classified to clearly distinguish between violations of applicable requirements and issues that warrant attention but do not rise to the level of noncompliance. Classifications are intended to support consistency, transparency, and proportional corrective action. Monitoring reports shall specify required timelines for submission of corrective action plans (CAPs) and supporting documentation.

A. Findings of Noncompliance

A finding of noncompliance is issued when monitoring identifies failure to comply with a statutory, regulatory, Notice of Funding Opportunity (NOFO), grant agreement, or other HUD-imposed requirement. Findings are supported by documentation and shall clearly identify the requirement violated, the nature of the noncompliance, and the evidence supporting the determination. Findings require corrective action and formal resolution in accordance with this policy.

B. Concerns

A concern may be identified when monitoring reveals deficiencies, weaknesses, or practices that do not constitute a violation of a specific requirement but may increase the risk of noncompliance or negatively impact program performance or system outcomes. Concerns may relate to documentation practices, internal controls, policies and procedures, staff capacity, or other operational issues. Concerns may require corrective action or technical assistance but do not constitute findings of noncompliance.

C. Recommendations

Recommendations may be issued to identify opportunities for improvement, strengthen compliance practices, or promote consistency and efficiency across the Continuum of Care. Recommendations are advisory in nature and do not require corrective action unless otherwise specified. Recommendations may be used to support continuous quality improvement, system planning, or future monitoring priorities.

D. Monitoring Exit Conference

Prior to issuance of the formal monitoring report, the CoC Lead Agency shall conduct a monitoring exit conference with the recipient or subrecipient. The exit conference provides an opportunity for the CoC Lead Agency to present preliminary monitoring determinations, including draft findings of noncompliance, concerns, and recommendations, and for the recipient or subrecipient to ask questions, provide clarifying information, and discuss potential corrective actions or technical assistance needs.

The exit conference is intended to promote transparency, support a shared understanding of monitoring results, and allow agencies to raise factual questions or provide additional context before determinations are finalized. Input received during the exit conference will be considered by the CoC Lead Agency prior to issuance of the final monitoring report. The exit conference does not constitute a formal appeals process and does not obligate the CoC Lead Agency to modify its determinations, but responses provided shall be documented and considered in finalizing the report.

The CoC Lead Agency shall document that an exit conference was offered and, where conducted, shall note the date, participants, and any substantive points raised. If a recipient or subrecipient declines the opportunity for an exit conference, the CoC Lead Agency may proceed with issuance of the monitoring report.

E. Monitoring Report Timeline

The monitoring report serves as the formal mechanism by which the CoC Lead Agency communicates monitoring results, including findings of noncompliance, concerns, and recommendations, to recipients and subrecipients. Following completion of a monitoring activity and finalization of monitoring determinations, the CoC Lead Agency shall prepare and issue a written monitoring report documenting the results of the review.

The monitoring report shall be issued within a reasonable timeframe following the conclusion of the monitoring activity, taking into consideration the scope of the review, the complexity of the issues identified, and the volume of documentation reviewed. As a general practice, the CoC Lead Agency shall endeavor to issue initial monitoring reports within thirty (30) calendar days of completion of the monitoring activity. If the CoC Lead Agency determines that additional time is needed, the CoC Lead Agency shall notify the recipient or subrecipient in writing prior to the expiration of the thirty (30) day period, stating the reason for the extension and the anticipated revised issuance date. Circumstances that may warrant an extension include staffing capacity, the need for additional review or clarification, coordination with other oversight bodies, or other documented circumstances.

The monitoring report shall be transmitted to the recipient or subrecipient through their designated CoC representative and shall serve as the official record of monitoring results and required follow-up actions.

7. Corrective Actions and Resolution

When a monitoring report identifies findings of noncompliance or concerns requiring remediation, recipients and subrecipients shall be required to submit a Corrective Action Plan (CAP) as specified in the monitoring report. The CAP serves as the formal response to monitoring findings or concerns and documents either the actions the recipient or subrecipient will take to achieve compliance and prevent recurrence, or the recipient or subrecipient's position that the finding is not valid and the basis for that position, or both.

A. Corrective Action Plan Content Requirements

Corrective Action Plans shall be specific, responsive to the issues identified in the monitoring report, and aligned with applicable federal requirements. At a minimum, a CAP shall address each finding or concern identified in the monitoring report. For each item, the recipient or subrecipient shall indicate whether they are submitting a corrective action response, contesting the validity of the finding, or both. Based on that indication, the CAP shall include the following:

For corrective action responses:

- A description of the specific corrective actions to be taken
- Identification of staff responsible for implementing each corrective action
- A description of measures to prevent recurrence of the identified issue
- Identification of documentation or evidence that will be submitted to demonstrate compliance
- Proposed target dates for completion of each corrective action

For contestations of a finding:

- A written statement identifying the specific regulatory, statutory, or programmatic basis for the contestation
- All supporting documentation relevant to the contested finding

A recipient or subrecipient may submit both a corrective action response and a contestation for the same finding where circumstances warrant.

Corrective actions shall address the root cause of the identified issue and not solely the immediate deficiency.

B. Submission Timelines and Extensions

Unless otherwise specified in the monitoring report, recipients and subrecipients shall submit a written Corrective Action Plan within thirty (30) calendar days of receipt of the monitoring report.

Recipients and subrecipients may request an extension of the CAP submission deadline. Extension requests must be submitted in writing prior to the applicable deadline and include justification for the requested extension. Extensions may be granted at the discretion of the CoC Lead Agency based on documented circumstances and shall be confirmed in writing.

Failure to submit a CAP within the required timeframe, or within an approved extension period, may result in escalated monitoring status, referral to the Performance and Compliance Committee, or other remedial action as determined by the CoC Lead Agency.

C. CoC Lead Agency Review and Written Determination

The CoC Lead Agency shall review submitted CAPs and supporting documentation and issue a written determination within thirty (30) calendar days of receipt of a complete CAP submission. The written determination shall state whether the CAP is accepted, whether revisions are required, or whether the CAP or compliance-based response is rejected.

Where a recipient or subrecipient has contested the validity of a finding, the CoC Lead Agency's written determination shall specifically address the compliance argument raised, identify the basis for accepting or rejecting that argument, and cite applicable federal requirements, HUD guidance, or other relevant authority supporting the determination.

Where revisions are required, the written determination shall specify what additional information, documentation, or corrective actions are needed and the timeframe for resubmission. The CoC Lead Agency may also request additional documentation or conduct follow-up monitoring to verify implementation and compliance.

A recipient or subrecipient who disagrees with the CoC Lead Agency's written determination rejecting a compliance-based response may initiate the appeal process as described in Section 9 of this policy.

D. Monitoring Closure and Resolution

Corrective action review may involve one or more written exchanges between the CoC Lead Agency and the recipient or subrecipient to clarify corrective actions, request additional documentation, or verify compliance. Submission of a Corrective Action Plan or supporting documentation does not, by itself, constitute resolution of a finding or concern.

Findings and concerns shall be considered fully resolved only after the CoC Lead Agency has verified that all required corrective actions have been completed. Upon verification of resolution,

the CoC Lead Agency shall issue a formal written notification to the recipient or subrecipient documenting closure of the monitoring review. This notification, referred to as the ***Monitoring Closure and Resolution*** letter, shall serve as the official record that monitoring findings and concerns have been resolved.

8. Enforcement and Remedies

The KS BoS CoC encourages recipients and subrecipients to proactively request technical assistance to support compliance with CoC Program requirements and to address potential issues before they rise to the level of formal findings.

Outside of the monitoring period, the KS BoS CoC prioritizes technical assistance and informal resolution as the primary means of supporting recipients and subrecipients in understanding requirements, strengthening compliance capacity, and correcting minor or isolated issues in a timely manner. Informal resolution may be appropriate when issues are promptly corrected and do not pose a significant risk to program integrity.

When formal monitoring identifies findings of noncompliance, recipients and subrecipients are required to complete a Corrective Action Plan (CAP) within the timeframe specified by the KS BoS CoC or HUD, as applicable. Technical assistance may be provided in conjunction with a CAP to support resolution, but does not replace the requirement to complete corrective action.

When findings are not resolved through corrective action, or when the nature, severity, frequency, or impact of noncompliance warrants stronger intervention, the KS BoS CoC may implement progressive enforcement actions. Enforcement actions will be proportionate to the circumstances and may take into account the recipient's or subrecipient's compliance history, responsiveness, and demonstrated corrective efforts.

As an enforcement measure, the Performance and Compliance Committee may recommend that the CoC Steering Committee imposes conditions related to continued participation in the CoC Program. Conditions may include, but are not limited to, increased monitoring, required technical assistance, submission of additional documentation, or other measures intended to mitigate risk and ensure compliance. Conditions are intended to promote corrective action and protect program integrity. In cases of unresolved or serious noncompliance, ineligible costs, or misuse of CoC Program funds, enforcement actions may include repayment of funds, de-obligation of unexpended funds, or termination of CoC funding, as permitted by federal regulations and grant agreements. Such actions may be taken when required to protect federal resources or to comply with HUD requirements and may be coordinated with HUD as appropriate.

9. Appeals and Dispute Resolution

A. Right to Appeal

Recipients and subrecipients may appeal a finding of noncompliance issued under this policy only after a Corrective Action Plan has been submitted that includes a formal contestation of the finding and the CoC Lead Agency has issued a written determination rejecting that contestation. Appeals are limited to findings of noncompliance and do not apply to concerns or recommendations. The exit conference and CAP process are the expected venues for resolving factual questions, providing documentation, and clarifying the application of requirements. The appeal process is not a substitute for those steps and is available only where a formal contestation has been submitted and rejected through the CAP process.

B. Allowable Grounds for Appeal

An appeal will only be considered on the following grounds:

1. The CoC Lead Agency's rejection of the contestation was unreasonable or inconsistent with the regulatory, statutory, or programmatic basis and supporting documentation provided by the recipient or subrecipient in the CAP.
2. The CoC Lead Agency's written determination failed to adequately address the specific basis for the contestation as required under Section 7 of this policy.
3. The finding or CAP process was materially flawed in a procedural manner that prevented the recipient or subrecipient from having a reasonable opportunity to respond.

Disagreement with the monitor's professional judgment, new policies or practices implemented after the monitoring period, and issues raised and considered during the exit conference do not constitute allowable grounds for appeal.

C. Appeal Submission Process

Appeals must be submitted in writing to the Performance and Compliance Committee within fifteen (15) calendar days of the CoC Lead Agency's written CAP determination rejecting the contestation. Appeal submissions must clearly identify the finding being appealed, the specific allowable ground on which the appeal is based, and include all supporting documentation. The appeal record shall include the original monitoring report, the CAP submission, and the CoC Lead Agency's written determination. Appeals that are incomplete, untimely, do not cite an allowable ground, or lack supporting documentation may be denied without further review.

D. Review and Decision Authority

Appeals shall be reviewed by the Performance and Compliance Committee. Members who were directly involved in the original monitoring activity or CAP determination shall recuse themselves from the appeal review.

The Performance and Compliance Committee's review is based on the CoC Lead Agency's rejection of the contestation and is limited to determining whether that rejection was reasonable given the documentation and information provided. The Committee may uphold or modify the CoC Lead Agency's determination based on that review.

The Committee may rescind the original finding only where the record demonstrates that the recipient or subrecipient provided sufficient documentation or evidence in the CAP contestation to establish compliance, that the cited requirement does not apply to the program type, component, or activity in question, or that a material procedural flaw prevented the recipient or subrecipient from having a reasonable opportunity to respond during the monitoring or CAP process.

The Committee's review shall not re-examine the original monitoring determination independently of the CAP record and is not an opportunity to introduce new issues or expand the scope of review beyond the finding being appealed. In conducting its review, the Committee may consult applicable HUD guidance, regulatory requirements, and other relevant technical or legal resources as appropriate.

E. Final Determination

A written determination shall be issued by the Performance and Compliance Committee within thirty (30) calendar days of receipt of a complete appeal submission. The determination shall be final and shall not be subject to further appeal under this policy. Issuance of a final determination does not preclude HUD from exercising its independent authority to review, monitor, or enforce CoC Program requirements.

10. Policy Review and Updates

This CoC Monitoring Policy shall be reviewed periodically to ensure continued alignment with applicable HUD regulations, guidance, and the operational needs of the Continuum of Care. Reviews may be conducted on a scheduled basis or as necessary in response to changes in federal requirements, HUD guidance, monitoring findings, or system-wide considerations.

Proposed revisions to this policy may be initiated by the CoC Lead Agency, the Performance and Compliance Committee, or at the direction of the CoC Steering Committee. All proposed amendments shall be documented and submitted for public comment prior to submission to the CoC Steering Committee for review and approval.

A. Public Comment Process

In keeping with the CoC's commitment to transparency and inclusive governance, proposed amendments to this policy shall be made available for public comment prior to final approval. The public comment period shall provide CoC members, CoC-funded agencies, community

stakeholders, and other interested parties with a meaningful opportunity to review proposed changes and submit feedback, recommendations, and suggestions.

Proposed amendments shall be distributed through CoC communication channels and posted in a manner accessible to CoC members and funded agencies. The public comment period shall remain open for no less than thirty (30) calendar days from the date of distribution. Comments and recommendations received during the public comment period shall be reviewed and considered by the Performance and Compliance Committee prior to submission of the proposed amendment to the CoC Steering Committee. A summary of comments received and the CoC Lead Agency's response to substantive feedback shall be included in the materials submitted to the CoC Steering Committee for approval.

B. Approval and Effective Date

Final authority for approval of this CoC Monitoring Policy and any substantive amendments rests with the CoC Steering Committee. Upon approval, the policy shall take effect as specified and shall remain in force until amended or superseded by subsequent action of the CoC Steering Committee.