

# FY26 CSB Monitoring Training Q&A



## A Considered Response to Partner Agencies' Annual Monitoring Questions

### Partner Agency Whitepaper

June 2026

#### Questions by Participant:

**Christina Bournique, Southeast**

#### **1. What counts as third-party verification for establishing homelessness? Would a hotline referral count?**

A: Third-party verification generally includes written documentation from an independent source, such as HMIS, a comparable database, an outreach provider, shelter record, institution, public system, or another service provider. A hotline referral may support the file, but by itself it should only be treated as third-party verification if it clearly documents the household's homeless status, date, source, and basis for the determination. HUD also states that lack of third-party documentation must not prevent immediate emergency shelter access.

#### **2. What serves as verification for Emergency Shelter?**

A: For entry into Emergency Shelter, verification is not required before admission. The shelter stay itself may serve as documentation for later eligibility determinations by permanent housing programs. This was also answered in the chat by Jennifer McCloskey-Haas.

**Katie Elsass, CHN**

#### **1. What is the HAST? Is that the USHS packet PSH programs use?**

A: HAST was used to prioritize RRH clients and has been replaced by the RPT, the Rapid Rehousing Prioritization Tool. It is not the PSH packet.

#### **2. What are the requirements for documenting disability? Is a new COD required each year?**

A: For PSH eligibility, disability must be documented in accordance with HUD CoC recordkeeping requirements. Provided that the original eligibility documentation is complete and retained in the client file, a new disability certification is not generally required on an annual basis.

However, an annual reassessment of service needs is required. As part of that reassessment, the case manager should discuss the participant's current condition and needs and document any relevant changes.

Program delivery staff are responsible for remaining informed of changes to eligible disability categories and other applicable requirements as federal regulations and guidance are updated.

**3. How should PSH programs handle clients who refuse to participate? Are programs expected to evict?**

A: No. HUD guidance does not support terminating or evicting participants solely because they fail to meet with a case manager. Programs should continue engagement efforts and document outreach attempts, barriers, offers of assistance, and participant responses. However, a participant's lack of engagement does not relieve the program team of its responsibility to maintain the documentation required by HUD.

Because each situation is unique, there is no universal decision tree. Clients should be evaluated on a case-by-case basis, and any termination must be based on a violation of program requirements and carried out in accordance with due process requirements. Program staff are responsible for establishing clear expectations for participation and using professional judgment to determine whether the program remains an appropriate fit for the participant while balancing client choice, housing stability, and compliance obligations.

**4. Should zero income be monitored more frequently than annually?**

A: For PSH, no less frequently than annually. Best practice is to complete an interim update if the client gains employment or income before the next annual assessment. This was answered in the chat by Jennifer McCloskey-Haas.

**5. Is a case note needed when a lease automatically converts month-to-month?**

A: HUD requires programs to maintain lease and occupancy documentation. As a best practice, if a new lease is executed during the monitoring period, a copy of that lease should be retained and provided as supporting documentation. However, some landlords allow participants to transition to a month-to-month arrangement without executing a new lease.

In those situations, there may not be a definitive answer beyond maintaining documentation that explains the participant's current housing status. A case note documenting the transition to month-to-month occupancy is helpful because, absent such documentation, it is difficult to determine whether a lease is missing, expired, or simply no longer required. The key is to ensure that the client file accurately reflects the participant's occupancy arrangement and provides a reasonable explanation for any change.

**6. Where is it clearly defined which source documents support each HMIS data element?**

A: CSB guidance indicates that HMIS data should be supported by intake and eligibility documentation, case notes and service records, financial assistance records, and housing placement documentation.

If the question is whether there is an exhaustive list of source documents for every HMIS data element and every possible circumstance, the answer is no. Such a list would be difficult to maintain and could never account for every situation encountered in practice. Instead, the monitoring tools include examples of common source documents for each section.

Ultimately, programs are expected to exercise professional judgment when selecting supporting documentation. The goal is not to identify a single "correct" document, but rather to ensure that the documentation maintained in the client file reasonably supports the HMIS data entered and tells a clear and accurate story of the participant's experience. If additional clarification is needed, the monitoring team will request it.

**7. Have case note requirements changed?**

A: For FY26, PSH programs may use quarterly notes. Beginning FY27, monthly case notes tied to housing stability and IHSP progress apply system wide. So, the expectation is not entirely new, but the frequency and consistency expectation is being strengthened for FY27.

**8. The PSH tool does not distinguish between case file items and data items. Is something missing?**

A: The HMIS data elements are reviewed using a separate Data Monitoring Tool. Release of that tool has been delayed slightly due to the recent Clarity upgrade, but it will be available before the start of monitoring.

Please note that the PSH Monitoring Tool and the Data Monitoring Tool are reviewed independently. While there may be overlaps between the two, each tool focuses on different aspects of compliance and should be prepared separately.

**9. Will there be a sample data-file organization similar to the client file organization?**

A: No. See the answer above. Once the DATA tool is released, the uploaded data file is expected to follow the order of the items listed.

**10. Are agencies editing the Monitoring Handbook PDF for narratives?**

A: No, agencies should edit the MS Word file uploaded into their folders on the SharePoint site. The PDF on the website is just for informative and training purposes.

**11. Which organizational documents go on SharePoint? Should agencies follow old standards?**

A: Organizational documentation is identified in both the Internal Controls Questionnaire (ICQ) and the CSB UFA Monitoring Handbook. These materials address organizational, fiscal, and procedural requirements and should be submitted through SharePoint.

Client files and HMIS supporting documentation are monitored separately and should not be uploaded to SharePoint. Agencies should follow the applicable FY26 monitoring tools and requests for each type of review. Prior practices or standalone standards should not be relied upon unless CSB specifically directs otherwise.

In short, organizational monitoring and client file monitoring are distinct processes with separate documentation requirements and submission methods.

**12. What has changed regarding HMIS data quality requirements?**

A: The core HMIS data quality concepts—completeness, accuracy, timeliness, and consistency—have not changed. What has changed is CSB's increased emphasis on source documentation, accuracy thresholds, and alignment between HMIS data and the client file.

**13. What file documentation will D&E require to support HMIS data?**

A: CSB's Handbook identifies intake and eligibility documentation, case notes and service records, financial assistance records, and housing placement documentation as acceptable sources of supporting documentation. It is unlikely that a comprehensive, element-by-element list of source documents can be developed to account for every circumstance.

Ultimately, agencies are expected to exercise professional judgment when selecting supporting documentation. If the documentation provided is determined to be insufficient to support a data element, programs should be prepared to provide additional information upon request.

**14. How quickly will the Q&A white paper be released?**

A: Now 😊

**15. Could CSB hold a separate Q&A session focused on FY26 monitoring?**

A: Yes, June 18<sup>th</sup> at 10:00 am for 1 hour. Meeting invites will be sent out by COB Friday.

**Jennifer Gulley**

**1. What happens if a client's disability cannot be re-verified?**

A: If the original PSH disability documentation was valid and retained in the client file, HUD

generally does not require annual re-verification. However, if the original documentation is missing or insufficient, documentation of SSI disability benefits may be used to establish eligibility.

If SSI documentation is not available, the program should develop a plan to obtain appropriate third-party documentation, which may include an evaluation by a licensed physician or other qualified professional, in accordance with HUD requirements.

## **Stan Gunther, CHN**

### **1. What documents constitute the initial assessment? Is it simply the initial IHSP?**

A: The initial assessment should document the participant's eligibility, needs, barriers, housing and service goals, and the basis for the assistance being provided. While the IHSP may be incorporated into the initial assessment, it should not be the sole source of documentation unless it captures all required assessment elements.

The assessment process should demonstrate that the program team gathered and evaluated information regarding the participant's needs, barriers, income and financial status, and other factors relevant to housing stability and service delivery.

### **2. How much emphasis will be placed on HMIS forms for PSH?**

A: HMIS records will be reviewed against source documentation. The emphasis is not on the HMIS forms themselves, but on whether the data entered into HMIS accurately reflects the client file. Particular attention will be given to eligibility, entry and exit dates, disabling condition, income, housing move-in date, services provided, and other required data elements.

### **3. Is it identified which forms go into the client file versus data file?**

A: CSB requires two files for each sampled client: a Client Case File Documentation file and a Client HMIS Data Supporting Documentation file. The applicable monitoring tools identify the documentation to be included in each file.

Because some documents support both program compliance and HMIS data elements, certain items may need to be included in both files. Programs should organize each file according to the applicable monitoring tool to ensure completeness and facilitate review.

### **4. How will program start date be verified? Is a single intake document sufficient?**

A: The program start date should match the actual date the client began participation according to HMIS data standards and source documentation. A single intake document may be sufficient if it clearly supports the start date and aligns with HMIS, but CSB should confirm what document types are acceptable for each program model.

E: RRH and PSH

Program Start Date = date admitted to the project, **not necessarily the move-in date**. Supporting documents may include referral acceptance, Intake packet, Initial assessment, Service agreement, or Case note documenting acceptance. The Housing Move-In Date is a separate data element and may occur later.

**Robyn Haycook, CMHA**

**1. Will monitoring require rent calculations and leases from CMHA?**

A: If I understand the question correctly, the answer is generally no. Rent calculations and leases associated with CMHA-funded assistance are typically subject to CMHA's monitoring requirements, as those funds are passed through from HUD by CMHA.

However, if the rental assistance is provided through the CoC contract or CSB Housing Department, the documentation identified in the applicable monitoring tool should be provided. Where requested, this would generally include a copy of the rental assistance request and any other supporting documentation necessary to demonstrate compliance.

**Tiffany McCoy, Home for Families**

**1. Should RRH programs conduct ongoing inspections?**

A: For the current monitoring cycle, only the initial inspection is required. However, as a best practice going forward, case managers should meet with participants in the home at least quarterly to assess ongoing habitability and identify any issues that may affect housing stability.

RRH programs are responsible for ensuring that units meet applicable housing quality, habitability, or inspection standards before assistance begins and throughout the assistance period, as required by the funding source and local policy. In addition, CSB reserves the right to conduct random inspections of federally funded units.

**2. Are agencies expected to comply with anticipated NOFO changes before the NOFO is finalized?**

A: No. Current monitoring requirements do not apply unfinalized future NOFO requirements retroactively. As previously communicated, the FY26 monitoring changes were not driven by anticipated NOFO standards.

However, many of the themes emphasized in the current NOFO reflect HUD regulations, guidance, and best practices that have been published over the past several years. No requirements unique to the new NOFO that are not already contained within existing HUD regulations or guidance have been incorporated into this monitoring cycle.

**3. What is the start date on this as this is an ENTIRELY new process??**

A: The updates to the monitoring process aim to reduce risk and strengthen our alignment

with HUD expectations. The guidance and materials developed and distributed to Partner Agencies have been intended to provide greater transparency regarding the source and purpose of those requirements. While the content and procedures have been updated, the overall process has remained relatively unchanged.

The FY26 Monitoring Guide is marked final 4/17/2026 and voted on by the CoC Board for the monitoring cycle from July 1, 2025, through June 30, 2026.

**4. Will other agencies be able to see uploads in Clarity?**

A: I have been informed by the D&E team that the files being uploaded can be made private to the Partner Agency and Monitoring Team. I will share that process before July 1.

**5. How many CSB staff will conduct desktop monitoring?**

A: The primary members of the monitoring team are Timothy Mercer and Jennifer McCloskey-Hass. Additional staff may be asked to assist, as their responsibilities permit, particularly when monitoring Partner Agencies with a higher-than-average number of programs. Staff assigned to monitoring are expected to complete their reviews within the five-day monitoring period.

**6. For on-site monitored programs, will uploads to Clarity still be required?**

A: HUD guidance states that, with the exception of DV programs, all client-level documentation should be uploaded into Clarity. For the current monitoring cycle, however, if only a single program is being reviewed on-site that day, a physical client file with clearly labeled tabs identifying the requested documentation will be acceptable and will facilitate the review process.

I believe there are several practical steps agencies can take to distribute the work and minimize the burden on any one individual:

**1. Develop a Documentation Checklist**

- The agency's monitoring lead should create a document checklist based on the applicable monitoring tool and distribute it to program staff.

**2. Leverage Existing Case Management Systems**

- Because each sampled client is assigned to a case manager, the case manager most familiar with that client can retrieve the requested documentation directly from the case management system.

**3. Create Electronic Files**

- Rather than printing and scanning paper records, staff can use the system's **Print to PDF** feature to create electronic copies of the required

documentation. This approach reduces staff time and minimizes wear and tears on office equipment.

#### **4. Conduct an Internal Quality Review**

- Once the case manager has assembled the file, it can be routed to a supervisor or designated reviewer to ensure the documents are complete and arranged in the same sequence as the monitoring tool.

#### **5. Upload Final Files to Clarity**

- After the quality review is complete, the finalized files can be uploaded to Clarity for review by the PR&C team.

This approach distributes the workload to the staff most familiar with the clients, strengthens internal quality assurance, and helps ensure that monitoring documentation is complete and organized. The intent of the revised monitoring process is not to create unnecessary burden, but to satisfy HUD requirements while making the best use of everyone's time and resources.

### **Beth**

#### **1. Will anticipated NOFO changes apply across all CSB-funded programs?**

A: No, not until they are finalized, adopted, and communicated as applicable standards. Current monitoring applies existing HUD regulations, current contracts, written standards, and CSB-published monitoring requirements.

#### **2. Will there be community discussions about the CoC response to the NOFO?**

A: Yes, according to chat responses from Sara Dodeci and Kimberly Sanders, additional updates will be shared as CoC strategy and prioritization are discussed and determined.

### **Meghann Cicola**

#### **1. How should longstanding clients with historical "Not Collected" data be handled?**

A: For historical missing data, agencies should not recreate information that cannot be supported. Instead, they should update current information when available, document the reason historical information is missing, and enter a case note explaining the limitation.

As noted in the CSB UFA Monitoring Handbook, use of "Data Not Collected" should be minimal unless expressly permitted. Missing or unknown data elements should be explained through appropriate case notes and supporting documentation.

It is important to remember that monitoring is conducted for a specific period: July 1, 2025, through June 30, 2026. For missing data, particularly HUD critical data elements, programs should be able to demonstrate documented efforts to obtain and verify the information.

For participants who have been enrolled for a year or more, it is reasonable to expect that HUD may question why missing or "Data Not Collected" elements have not been addressed. Accordingly, programs should document outreach efforts, barriers to obtaining the information, and any explanations for why the data remains incomplete.

## **Betty**

### **1. How should case notes and engagement be handled when a case manager is on vacation?**

A: Programs should have coverage procedures to ensure required engagement continues when staff are unavailable. If contact does not occur, the file should document the reason, coverage attempts, and any follow-up.

HUD would note concern about programs that have not assigned coverage when team members are unavailable due to extended leave, medical coverage, etc.

### **2. Are weekly engagement notes still required for Emergency Shelter?**

A: Yes, even if they are just case notes following progress into other housing programs, or other housing opportunities. Since often part of this effort is to determine if clients are ready for housing, it is important to case note attempts to make contact and client's missed appointments.

## **Katie Farabee**

### **1. Should agencies keep paper files and upload only requested documentation?**

A: Your agency does not need to keep paper files. Agencies may maintain paper files under their own records system, but for monitoring they should upload only requested documentation into Clarity, except DV programs.

### **2. Should agencies follow their own records retention/destruction policies?**

A: Generally, yes, provided those policies meet HUD, funder, and legal retention requirements (Bottom of page 46 in the CSB UFA Monitoring Handbook). HUD-funded records must be retained and available for review according to applicable federal requirements, usually a minimum of 5 years.

### **3. What has changed regarding HMIS data quality expectations?**

A: Nothing has changed regarding HUD's expectations for HMIS data quality. What has changed is CSB's emphasis on existing HUD standards for completeness, accuracy, timeliness, and consistency.

There may have been a lack of communication in the past regarding the use of "Data Not Collected" and "Information Not Available" responses. Under HUD data quality standards, these responses should be used sparingly and, unless expressly permitted, may result in a finding if they are not adequately explained and supported.

#### **4. What documentation is required to support HMIS data?**

A: Intake and eligibility documentation, case notes and service records, financial assistance records, housing placement documentation, and other source documents that verify the data entered in HMIS. The revised Data Monitoring Standard will be released as soon as the upgrades to Clarity have been implemented. This standard tool should provide a sample list of valid supporting documentation.

#### **5. How should continuous improvement and internal audits be tracked/communicated to CSB?**

A: Internal audits and continuous improvement are identified in the CSB UFA Monitoring Handbook as best practices, not requirements. Agencies that choose to conduct quarterly internal file reviews may receive credit for that effort, with up to 25% of the files reviewed during annual monitoring drawn from those internally monitored files.

The CSB UFA Monitoring Handbook further states that documentation of internal reviews should be submitted by the end of the first month following the quarter being reviewed. SharePoint will include a designated location for uploading internal file review results.

This provision was added as an incentive for Partner Agencies to conduct internal monitoring in real time and promote continuous quality improvement. The process and associated SharePoint functionality will be available beginning with the next monitoring cycle.

#### **6. How quickly will the Q&A white paper be released?**

A: Now 😊

#### **7. Are paper files uploaded only for sampled files or for all files?**

A: Only clients identified for monitoring. This was answered in the Teams chat by Jennifer McCloskey-Haas.

**Cara Cox**

#### **1. Will separate guidance be issued for DV programs that do not upload to Clarity?**

A: Yes. I will reach out to each agency to determine how we will access the information to ensure the safety of the client in the DV program.

Just a thought for consideration regarding a potential process.

Programs would generate two PDFs for each sampled client: one for the Client File Review and one for the HMIS Data Review. The Client File PDF would be emailed to me, and the Data Review PDF would be emailed to Jennifer. To protect confidentiality, the subject line would contain only the Client ID number.

The files would be maintained on our secure site until the final monitoring report has been issued and accepted. At that point, the client files would be deleted from our system.

This is simply a potential approach for discussion and consideration.

### **Meredith Leider**

#### **1. Should all progress notes/case notes be uploaded to Clarity?**

A: HUD would like all of Partner Agencies in the CoC to document everything in Clarity but have only directed that activity to required data points. However, based on HUD best practices, CSB materials state that a representative sample from the most recent six months is acceptable and that documentation should demonstrate consistent, meaningful engagement. Agencies should upload requested notes, not every note unless specifically directed.

This is an important question; thank you for asking it. The monitoring focus is on engagement notes that directly relate to progress toward completing the client's Individualized Housing Stability Plan (IHSP). For example, if the client's goal is to identify three apartment options per week, case notes should document the client's efforts to achieve that goal, the extent to which the goal was met, and any barriers that interfered with progress.

The expectation is not that every client interaction be documented in detail. Routine touchpoints, such as providing pantry items or other incidental contacts, are generally not the focus of review unless they are directly related to the client's housing goals, barriers, interventions, or outcomes.

### **Jenny Crabtree**

#### **1. Should documents already in Clarity be moved into one FY26 Client File Documentation upload?**

A: Jennifer McCloskey-Haas stated a preference that documents already uploaded to Clarity is not moved if they already exist. I agree with this as well. It would be helpful if there was a summary page added to the uploaded documentation packet identifying which items are already in Clarity.

In an ideal world, all shelter programs within a CoC would use a single case management system, such as Clarity, that interfaces directly with the HMIS database. This would make data collection, reporting, and monitoring significantly more efficient.

However, HUD and the CoC recognize that many Partner Agencies provide services beyond their shelter programs and rely on other case management systems to support those broader community interactions. As a result, agencies that do not maintain all client-level documentation in Clarity will need to upload the required supporting documentation to facilitate monitoring and ensure compliance with HUD requirements.

**Amanda Frankl**

**1. Will there be a file size limit when uploading documents? That way staff do not have to do it more than once.**

A: We have had files uploaded into Clarity up to 175 pages in the past. I would say that if the file is more than 150 -175 pages, then it could be split into two or more sets.