



FINAL REPORT
LEGAL SERVICES CORPORATION
Office of Compliance and Enforcement

Philadelphia Legal Assistance Center
September 21-25, 2009
Case Service Report/Case Management System Review

Recipient No. 339000

I. EXECUTIVE SUMMARY

Finding 1: PLA's automated case management system ("ACMS") and intake procedures are insufficient to ensure that CSR information is accurately reported and case file information is accurately and timely recorded.

Finding 2: PLA's intake procedures and forms are not standardized which has led to inconsistent intake practices and acceptance policies. As a result, non-complaint cases have been reported to LSC.

Finding 3: PLA does not maintain the income eligibility documentation required by 45 CFR Part 1611.

Finding 4: PLA does maintain asset eligibility documentation as required by 45 CFR §§ 1611.3(c) and (d), CSR Handbook (2001 Ed.), ¶ 5.4, and CSR Handbook (2008 Ed.), § 5.4.

Finding 5: PLA is in non-compliance with 45 CFR Part 1626 (Restrictions on legal assistance to aliens).

Finding 6: PLA is in substantial compliance with the retainer requirements of 45 CFR § 1611.9.

Finding 7: PLA is in compliance with the requirements of 45 CFR Part 1636 (Client identity and statement of facts).

Finding 8: Sampled cases evidenced compliance with the requirements of 45 CFR § 1620.4 and § 1620.6(c) (Priorities in use of resources).

Finding 9: PLA is in substantial compliance with CSR Handbook (2001 Ed.), ¶ 5.1 and CSR Handbook (2008 Ed.), § 5.6 (Description of legal assistance provided).

Finding 10: PLA's application of the CSR case closure categories is inconsistent with Section VIII, CSR Handbook (2001 Ed.) and Chapters VIII and IX, CSR Handbook (2008 Ed.). At the time of the visit, PLA still utilized expired closing codes.

Finding 11: PLA is not in compliance regarding the requirements of CSR Handbook (2001 Ed.), ¶ 3.3 and CSR Handbook (2008 Ed.), § 3.3. (Timely Closing)

Finding 12: Sample cases evidenced compliance with the requirements of CSR Handbook (2001 Ed.), ¶ 3.2 and CSR Handbook (2008 Ed.), § 3.2 regarding duplicate cases.

Finding 13: PLA is in compliance with the requirements of 45 CFR Part 1608 (Prohibited political activities).

Finding 14: Sampled cases evidenced compliance with the requirements of 45 CFR Part 1609 (Fee-generating cases).

Finding 15: PLA is in compliance with 45 CFR § 1610.5 (Written notification of LSC restrictions to donors).

Finding 16: PLA is in non-compliance with 45 CFR Part 1614's oversight requirements of PAI files.

Finding 17: PLA has three sub-grant agreements that were approved for funding for 2009 as required by 45 CFR Part 1627.

Finding 18: PLA is in compliance with 45 CFR Part 1635 (Timekeeping requirement).

Finding 19: Sampled cases evidenced compliance with the requirements of 45 CFR Part 1642 (Attorneys' fees).

Finding 20: Sampled cases and documents reviewed evidenced compliance with the requirements of 45 CFR Part 1612 (Restrictions on lobbying and certain other activities).

Finding 21: PLA's Bank Reconciliations are performed timely and accurately. However, they are not reviewed timely.

Finding 22: PLA has a Fiscal Procedures Manual (Manual) that is adequately documented and generally complies with the requirements of the 1997 Accounting Guide for LSC Recipients ("AGLSCR").

Finding 23: PLA does not have adequate segregation of duties and internal controls.

Finding 24: PLA does not comply with its salary advance policy.

Finding 25: Sampled cases evidenced compliance with the requirements of 45 CFR Parts 1613 and 1615 (Restrictions on legal assistance with respect to criminal proceedings and actions collaterally attacking criminal convictions).

Finding 26: Sampled cases evidenced compliance with the requirements of 45 CFR Part 1617 (Class actions).

Finding 27: Sampled cases evidenced compliance with the requirements of 45 CFR Part 1632 (Redistricting).

Finding 28: Sampled cases evidenced compliance with the requirements of 45 CFR Part 1633 (Restriction on representation in certain eviction proceedings).

Finding 29: Sampled cases evidenced compliance with the requirements of 45 CFR Part 1637 (Representation of prisoners).

Finding 30: Sampled cases evidenced compliance with the requirements of 45 CFR Part 1638 (Restriction on solicitation).

Finding 31: Sampled cases evidenced compliance with the requirements of 45 CFR Part 1643 (Restriction on assisted suicide, euthanasia, and mercy killing).

Finding 32: Sampled cases evidenced compliance with the requirements of certain other LSC statutory prohibitions (42 USC 2996f § 1007 (a) (8) (Abortion), 42 USC 2996f § 1007 (a) (9) (School desegregation litigation), and 42 USC 2996f § 1007 (a) (10) (Military selective service act or desertion)).

II. BACKGROUND OF REVIEW

On September 21-25, 2009, the Legal Services Corporation's ("LSC") Office of Compliance and Enforcement ("OCE") conducted a Case Service Report/Case Management System ("CSR/CMS") on-site visit at Philadelphia Legal Assistance Center ("PLA"). The purpose of the visit was to assess the program's compliance with the LSC Act, regulations, and other applicable laws. The visit was conducted by a team of two (2) LSC attorneys, one (1) attorney consultant, and one (1) LSC fiscal analyst.

The on-site review was designed and executed to assess the program's compliance with basic client eligibility, intake, case management, regulatory and statutory requirements and to ensure that PLA has correctly implemented the 2008 CSR Handbook. Specifically, the review team assessed PLA for compliance with regulatory requirements of 45 CFR Part 1611 (Financial Eligibility); 45 CFR Part 1626 (Restrictions on legal assistance to aliens); 45 CFR §§ 1620.4 and 1620.6 (Priorities in use of resources); 45 CFR § 1611.9 (Retainer agreements); 45 CFR Part 1636 (Client identity and statement of facts); 45 CFR Part 1608 (Prohibited political activities); 45 CFR Part 1609 (Fee-generating cases); 45 CFR Part 1610 (Use of non-LSC funds, transfers of LSC funds, program integrity); 45 CFR Part 1614 (Private attorney involvement);¹ 45 CFR Part 1627 (Subgrants and membership fees or dues); 45 CFR Part 1635 (Timekeeping requirement); 45 CFR Part 1642 (Attorneys' fees); 45 CFR Part 1630 (Cost standards and procedures); 45 CFR Part 1612 (Restrictions on lobbying and certain other activities); 45 CFR Parts 1613 and 1615 (Restrictions on legal assistance with respect to criminal proceedings and Restrictions on actions collaterally attacking criminal convictions); 45 CFR Part 1617 (Class actions); 45 CFR Part 1632 (Redistricting); 45 CFR Part 1633 (Restriction on representation in certain eviction proceedings); 45 CFR Part 1637 (Representation of prisoners); 45 CFR Part 1638 (Restriction on solicitation); 45 CFR Part 1643 (Restriction on assisted suicide, euthanasia, or mercy killing); and 42 USC 2996f § 1007 (Abortion, school desegregation litigation and military selective service act or desertion).

The OCE team interviewed members of PLA's upper and middle management, staff attorneys and support staff. PLA's case intake, case acceptance, case management, and case closure practices and policies in all substantive units were assessed. In addition to interviews, a case file review was conducted. The sample case review period was from January 1, 2007 through July 31, 2009. Case file review relied upon randomly selected files as well as targeted files identified to test for compliance with LSC requirements, including eligibility, potential duplication, timely closing, and proper application of case closure categories. In the course of the on-site review, the OCE team reviewed 313 case files which included 61 targeted files.

PLA is a LSC recipient that operates out of one (1) office. PLA was created in 1995 and began operating in 1996. PLA was created as result of LSC's prior recipient Community Legal Services' ("CLS") decision not to accept LSC funds after restrictions were attached to LSC funds beginning in 1996.² At the time of the OCE visit, PLA received \$3,653,055 as LSC Basic Field and \$176,728 for Migrant funding.

¹ In addition, when reviewing files with pleadings and court decisions, compliance with other regulatory restrictions was reviewed as more fully reported *infra*.

² In 2008 PLA and CLS combined their Boards to create a 36 member Board.

PLA's office is located in Philadelphia, Pennsylvania and utilizes three floors of one building. The Executive Director, Managing Attorney, family and consumer units are located on the 5th floor. The public benefits unit is located on the 4th floor with the Private Attorney Involvement ("PAI") entities Philadelphia VIP ("VIP"), Homeless Advocacy Project ("HAP"), and the Consumer Bankruptcy Assistance Project ("CBAP"). The migrant and fiscal units are located on the 15th floor. Each of the substantive law units conducts intake and closes cases that are reported to LSC. In addition to staff cases, PLA reports PAI cases in its CSRs. PLA had three (3) LSC approved sub-grant agreements in 2009; with VIP, CBAP and HAP. LSC eligible cases closed by VIP and CBAP are reported to LSC as PAI cases.

OCE last conducted a CSR/CMS visit to PLA on June 18-22, 2001. A Final Report was issued June 3, 2002 in which 13 corrective actions were listed. Several possible violations of program integrity were noted during the CSR/CMS visit and as a result, a Program Integrity Investigation (45 CFR Part 1610) was conducted on November 26-30, 2001. A Draft Report was issued in which 10 corrective actions were listed. PLA submitted comments to the Draft Report but a Final Report was not issued by LSC.³

Since 2003, PLA has reported, on average, 5,225 closed cases. The highest amount of PLA cases were reported in 2004 with 6,975 and the lowest amount of cases were reported in 2008 with 3,677. For 2007, PLA reported 4,950 closed cases in its CSR data. PLA's 2007 self-inspection report indicated a 4.6% error rate with exceptions noted in 7 files out of the 150 cases reviewed. The problem areas identified were: one case in which asset information was not recorded; one case with no written evidence of advice or representation; and five non-telephone cases which lacked a citizenship attestation or documentation of alien eligibility (and client not eligible under VAWA 2006 or TVPA-*see* Program Letters 05-2 or 06-2). According to the 2007 self-inspection, no corrective action was taken regarding the above-cited issues.

For 2008, PLA reported 3,677 closed cases in its CSR data. PLA's 2008 self-inspection report indicated a 6.7% error rate with exceptions noted in 11 out of the 150 cases reviewed. The problem areas identified were: three cases in which asset information was not recorded; one non-telephone cases which lacked a citizenship attestation or documentation of alien eligibility (and client not eligible under VAWA 2006 or TVPA-*see* Program Letters 05-2 or 06-2); six cases in which there is no written evidence of advice or representation and one case in which the client is not identified by name. According to the 2008 self-inspection, no corrective action was taken with respect to the above-cited issues.

By letter dated July 15, 2009, OCE requested that PLA provide a list of all cases reported to LSC in its 2007 CSR data submission ("closed 2007 cases"), a list of all cases reported in its 2008 CSR data submission ("closed 2008 cases") a list of all cases closed between January 1, 2009 and July 31, 2009 ("closed 2009 cases"), and a list of all cases which remained open as of July 31, 2009 ("open cases"). OCE requested that the lists contain the client name, the file identification number, the name of the advocate assigned to the case, the opening and closing dates, the CSR case closing category assigned to the case and the funding code assigned to the case. OCE requested that two sets of lists be compiled-one for cases handled by PLA staff and the other for cases handled through PLA's PAI component. PLA was advised that OCE would

³ PLA's Executive Director was advised in December 2007 that a Final Report would not be issued by LSC.

seek access to such cases consistent with Section 509(h), Pub.L. 104-134, 110 Stat. 1321 (1996), LSC Grant Assurance Nos. 10, 11 and 12, and the LSC *Access to Records* (January 5, 2004) protocol. PLA was requested to promptly notify OCE, in writing, if it believed that providing the requested material, in the specified format, would violate the attorney-client privilege or would be otherwise protected from disclosure.

Thereafter, an effort was made to create a representative sample of cases which the team would review during the on-site visit. The sample was created proportionately among 2007, 2008, and 2009 closed and 2009 open cases, as well as a proportionate distribution of cases from PLA's various units. The sample consisted largely of randomly selected cases, but also included targeted cases selected to test for compliance with the CSR instructions relative to timely closings, proper application of the CSR case closing categories, duplicate reporting, etc.

During the visit, access to case-related information was provided through staff intermediaries. Pursuant to the OCE and PLA agreement signed August 31, 2009, PLA staff maintained possession of the file and discussed with the team the nature of the client's legal problem and the nature of the legal assistance rendered. VIP and CBAP staff also served as intermediaries during the review of PAI files. In order to maintain confidentiality, such discussion, in some instances, was limited to a general discussion of the nature of the problem and the nature of the assistance provided.⁴ PLA's management and staff cooperated fully in the course of the review process. As discussed more fully below, PLA was made aware of any compliance issues during the on-site visit. This was accomplished by informing intermediaries of any compliance issues during case review as well as PLA's Managing Attorney and the Executive Director.

In addition, during the current on-site visit, a fiscal review was conducted. The fiscal review expanded beyond the reporting period of January 1, 2007 – July 31, 2009. The fiscal review included the reporting period of 2005 – July 31, 2009. PLA was advised in the 2002 Final Report for the 2001 CSR/CMS visit and in the 2004 Draft Report for the 2001 Program Integrity Investigation that sub-grant agreements were required for funds expended to PLA's three PAI entities-VIP, CBAP and HAP. PLA did not submit sub-grant applications for 2003 – 2007. In 2008, PLA submitted unsuccessful sub-grant applications for the three entities. The applications were denied because they lacked monetary information and did not meet the requirements set forth in 45 CFR Part 1627. PLA was also advised that LSC cannot grant retroactive approvals of sub-grant applications thus the dates of any re-submitted sub-grants needed to be changed. In November 2008, PLA submitted unsuccessful 2009 sub-grant applications with a proposed start date of January 1, 2009 and applied again in May 2009. The sub-grant applications submitted in May 2009 were approved but not for a full year. As explained in the approval letter, LSC cannot grant retroactive approvals thus, the VIP sub-grant was approved for the period of 8/15/09 - 12/31/09 and the CBAP and HAP sub-grants were approved for the period of 7/1/09 -12/31/09. PLA was advised in the 2009 sub-grant approval letters that any LSC funds expended by the VIP, CBAP or HAP prior to the approval of the sub-grant agreements were subject to question cost proceedings per 45 CFR § 1627.3(a)(3). In addition, the sub-grant approval letters advised that during the September 2009 CSR/CMS review, OCE would review PLA's sub-grant funding.

⁴ In those instances where it was evident that the nature of the problem and/or the nature of the assistance provided had been disclosed to an unprivileged third party, such discussion was more detailed, as necessary to assess compliance.

On September 29, 2009, after the conclusion of the OCE on-site visit, an exit conference was conducted via conference call during which PLA was made aware of the areas in which a pattern of non-compliance was found. PLA was advised that they would receive a Draft Report that would include all of OCE's findings and they would have 30 days to submit comments.

OCE cited instances of non-compliance in the areas of intake, case management, income and asset documentation, execution of citizenship attestations, application of closing codes, and PAI oversight. Several of the areas noted for non-compliance were also noted previously in the 2002 Final Report. Interviews and the review of case files evidenced that PLA did not take ample measures to cure the corrective actions cited in the 2002 Final Report. Several of the issues cited in this Draft Report are due to lack of oversight of staff and PAI files. PLA has been lax in ensuring that the files reported to LSC are compliant. PLA has not adopted standards and ongoing procedures for the oversight of case files by unit supervisors as required by the 2002 Final Report. Although the instant on-site review was not designated as a follow-up review of the 2001 CSR/CMS review, it was clear from staff interviews, document review, and case review that the program continues to have compliance issues due, in part, to its insufficient progress in implementing at least 6 of the 13 corrective actions required by the 2002 Final Report. It was also evident that PLA failed to implement corrective actions as its substantive units continue to operate with great autonomy and utilize different intake and compliance oversight procedures. There is a lack of communication between units and between management and staff. In addition, it was clear that PAI files are routinely reported to LSC as cases without key compliance information in the files. Overall, information gathered on-site evidenced a less than optimal effort by the program since 2002 to put into practice policies and procedures to bring PLA into compliance with LSC regulations and requirements.

Consequently, OCE required PLA to submit proof of completed corrective actions in timely intervals. The corrective actions and the due dates of such corrective actions were cited after each Finding and in the Required Corrective Actions section of the Draft Report ("DR"). It should be noted that there are no conclusions on sub-grant agreements for the period 2002 through December 31, 2008. The issue with the use of LSC funds for the operations of VIP, CBAP, and HAP will be dealt with through a separate process⁵.

By letter dated January 12, 2010, OCE issued a DR detailing its findings, recommendations, and required corrective actions. PLA was asked to review the DR and provide written comments. By email dated April 15, 2010, PLA requested an extension until April 19, 2010 to submit its comments. By email dated April 19, 2010, PLA submitted its comments to the DR. As required, PLA has taken several corrective measures in response to the DR, which have been detailed in their comments to the DR. Furthermore, PLA noted a few exceptions to the Findings. OCE has carefully considered PLA's comments and has responded accordingly. PLA's comments, in their entirety, are attached to this Final Report.

⁵ Please refer to Finding 17 for further details and explanation.

III. FINDINGS

Finding 1: PLA’s automated case management system (“ACMS”) and intake procedures are insufficient to ensure that CSR information is accurately reported and case file information is accurately and timely recorded.

Recipients are required to utilize ACMS and procedures which will ensure that information necessary for the effective management of cases is accurately and timely recorded in a case management system. At a minimum, such systems and procedures must ensure that management has timely access to accurate information on cases and the capacity to meet funding source reporting requirements. *See* CSR Handbook (2001 Ed.), ¶ 3.1 and CSR Handbook (2008 Ed.), § 3.1.

The 2002 Final Report required PLA to remove the zero asset and citizenship defaults in the ACMS. In the comments to the DR, PLA stated that its computer specialist was re-programming the Kemps software to remove all defaults and implementing the modified software by January 1, 2002. During the 2001 visits, PLA utilized Kemps and according to PLA in January 2008, it upgraded to Prime Sequel Version 8 as its ACMS. During the current visit, PLA’s ACMS was assessed to determine if it met the requirements of the CSR Handbook (2008 Ed.), § 3.1 and other applicable authority. More specifically, PLA’s ACMS was assessed to ensure that there was no asset and citizenship eligibility defaults as required by Program Letter 02-06 and the 2002 Final Report. The assessment of the ACMS evidenced that the citizenship attestation default was removed as required. However, the in-house default in the ACMS leads to confusion in regard to whether a citizenship attestation is required. (Did the client have a face to face intake?) PLA was advised that it must remove the in-house intake default to alleviate confusion regarding citizenship verification requirements.

Although, the citizenship default was removed, the zero asset default still remains an issue for PLA and OCE discovered an income zero default. PLA was unaware of the income default. As such, unless there is supporting information in the case notes or on the intake application, cases that rely on defaulted fields alone for documentation of eligibility are non-compliant. According to PLA the zero asset default was removed however, when PLA updated to Prime in January 2008, zero defaults were included in the ACMS and check boxes were included in the asset field for staff to check. PLA staff is required to check the appropriate boxes when an applicant has zero assets. Also, there is a check box if the applicant receives a government benefit. The check box indicates that assets were not screened because the applicant receives a government benefit. However, regardless if a box is checked, the asset columns are defaulted to zero and the total asset amount is defaulted to zero. A review of the sample case files revealed that the check boxes are not reliable in determining household assets. PLA staff is not checking the asset and government benefit check boxes consistently as required by PLA’s policy. If PLA decides to keep the asset check boxes, staff needs to be trained regarding when the asset check boxes should be utilized. (This is discussed further in Finding 4).

Selected sampled case files reviewed revealed instances in which the information in PLA’s ACMS did not match the file information or the information in the one of the PAI entities’

ACMS. Case file review evidenced that inconsistent information included instances in which dormant or rejected files were reported to LSC; missing files; closed cases with different closing years, and inconsistent PAI referral information. *See* case nos. 04E-I 076731; 4608E-10106913; 08E-IOI06914; 1020246; 08E-10119320; and 09E-10121560. PLA must ensure that the information in its ACMS matches the information in the case files and the information in the VIP or CBAP ACMS. Also, PLA must close any open cases that could not be found during the visit and ensure they are not reported to LSC.

Also, during the current on-site visit, PLA was asked why the CSR totals for the case lists submitted prior to the visit did not match the CSR totals reported to LSC for the reporting years of 2007 and 2008. Prior to the visit, PLA was required to submit case lists for cases reported in 2007 and 2008, cases closed in 2009 and cases remaining open. According to the 2007 CSRs, PLA closed 4,950 LSC reportable cases. According to the case lists submitted, PLA closed 4,886. For 2008, PLA reported 3,695. According to the case lists submitted, PLA closed 4,649 and an on-site test equaled 3,677. PLA was asked to recreate its 2007 and 2008 CSRs. PLA recreated the query used to generate the CSRs but could not recreate the same numeric outcomes reported for the years 2007 and 2008. At the time of the visit, PLA was not sure what caused the discrepancies. PLA is reminded that it should be able to recreate their CSR numbers submitted to LSC.

A review of the submitted case lists and the review of the case sample revealed that 2008 and 2009 closed cases were closed with expired LSC closing codes. An assessment of PLA's ACMS revealed that PLA had not removed the expired closing codes C, E, D and J. The closing codes were to cease being used as of December 31, 2007 and should have been removed from PLA's ACMS. Instead, a notation in red was placed in the ACMS near the defunct closing codes indicating that the closing code should not be used. However, staff still utilized the closing codes when closing case files in 2008 and 2009. PLA stated that they were under the impression that if they removed the closing codes from the ACMS, they would lose all prior years' data regarding the defunct closing codes. OCE advised that PLA's understanding was incorrect and that prior years' data could still be obtained. Therefore, the expired closing codes should be removed as soon as possible so that staff will cease using them.

Based on a comparison of the information yielded by the ACMS to information contained in the case sample and case lists, PLA's ACMS is in non-compliance of the requirement to ensure that information necessary for the effective management of cases is accurately and timely recorded. There were instances of inconsistent information in the ACMS and the case files, inconsistent CSR data, eligibility defaults, and closing code errors. PLA must ensure that: the correct information is entered into the ACMS, cases appear on the appropriate case lists, the information in PLA's ACMS matches that of VIP or CBAP, and PLA's CSR data is preserved for duplication.

Further, it is clear from the issues of non-compliance and inconsistencies cited above that PLA's CSR may not be relied upon as accurate in describing the number of LSC-eligible, CSR-reportable cases which were undertaken by the program. According to interviews, unit managers are to review files. Also, one file clerk is responsible for reviewing all program cases, including the compliance checklist, after case closing. However, the review the clerk performs does not

include all required compliance elements. It is recommended that the program provide the clerk with additional training regarding LSC requirements and have staff undertake more comprehensive reviews of all closed cases. This is, however, a significant task for one staff member and more staff should be tasked to compliance review. Therefore it is highly recommended that unit managers be trained to become more pro-active in reviewing closed cases before they are entered in the ACMS

PLA must remove the zero income and asset and in-house defaults to be in compliance with LSC Handbook (2008 Ed.) and Program letter 02-06. As such, PLA was directed to, within 30 days of receipt of the Draft Report, forward to OCE a capture of the eligibility screen proving that the zero defaults have been removed in the income, asset and the total asset fields, and that the in-house default and the expired closing codes in the ACMS have been removed. PLA was also directed to submit a revised case file checklist which includes all compliance elements. As recommended in the 2002 Final Report, LSC is again highly recommending that additional personnel are hired or cross trained to review cases for compliance.

In response to the DR, PLA addressed the removal of the asset and in-house default but not the income zero default. However, on January 29, 2010, OCE received a screen capture of PLA's ACMS which provides evidence that the asset and income defaults had been removed. However, PLA asserts in the comments to the DR that the in-house defaults were not originally removed because it "seems to have little impact on the determination of eligibility and in fact would be an unreliable source for evaluating the need for documentation of citizenship or alien status." This analysis is incorrect and the in-house default should have been removed when the new ACMS was installed.

In addition, in response to the DR, PLA provided several reasons as to why, the 2007 and 2008 case lists submitted for the on-site review did not coincide with the CSR numbers that were submitted to LSC for the 2007 and 2008 reporting years. However, PLA's comments do not provide a definitive explanation as to why the inconsistent numbers exist but, instead provide the impression that PLA does not understand the importance of the ability to recreate its CSR reported totals. PLA is reminded that the 2008 CSR Handbook (2008 Ed.), § 3.4 requires all LSC recipients to have the capacity to generate a detailed listing of open and closed cases to support case service information reported to LSC.

Finding 2: PLA's intake procedures and forms are not standardized which has led to inconsistent intake practices and acceptance policies. As a result, non-complaint cases have been reported to LSC.

It is important for all LSC recipient eligibility screeners and intake staff to apply LSC and program compliance requirements correctly and consistently during intake. This ensures that LSC's compliance requirements are met for all applicants and the regulations are applied fairly to all applicants regardless of who performs the screening. Specific OCE team members were responsible for interviewing intake staff, reviewing intake forms, and assessing PLA's case management system. OCE team members interviewed staff in all of PLA's offices (including those individuals who conduct intake for PLA's special projects) regarding the implementation

of PLA's intake procedures and LSC's requirements. Intake staff were asked to recite screening and intake questions, income and asset policies, and intake procedures and to provide forms used during the screening and intake process. In addition, PLA's case management system was tested to ensure compliance. A review of PLA's intake case acceptance and case management practices revealed that, at the time of the OCE visit, client information regarding eligibility was not recorded consistently and accurately as required by 45 CFR Part 1611 and the LSC CSR Handbook (2008 Ed.).

The 2002 Final Report required PLA to update and document intake, intake oversight, case-management and case closure procedures; establish standard reviews of open cases, including the case management database to ensure that cases are timely closed or properly held open; and to hire or cross train additional personnel to ensure efficient follow-up on file maintenance and case closing tasks. Case file review and interviews with staff revealed that PLA has not taken sufficient steps to implement procedures to complete the above mentioned corrective actions.

Presently, and it was PLA's practice during the OCE 2001 on-site CSR/CMS Review, each of PLA's substantive units conduct intake. Staff interviews and review of documentation revealed inconsistent intake policies, procedures, and forms throughout PLA's substantive units. In general, cases are screened and accepted pursuant to individual substantive unit policies and procedures which vary widely depending on unit. In addition, it was clear that there are varying levels of supervisory oversight of compliance and legal work depending on unit. Again, both issues had been raised in 2001 and were subject to corrective actions in the 2002 Final Report. Further, some areas of the program's Personnel Manual, which includes compliance policies, have not been updated since 1996. To the extent that some areas have changed since that time, the program must revisit its Personnel Manual to ensure it is up-to-date with all LSC regulations and requirements.

The most significant issues noted regarding intake are:

- a. The program's ACMS contains unacceptable defaults in key compliance fields such as income, assets, and citizenship eligibility. This was discussed in Finding 1.
- b. Differing intake policies, procedures, and forms revealed that the program does not uniformly screen and accept applicants for services. This practice may lead to differing results for the same applicant depending on which substantive unit is performing intake screening. PLA's Executive Director stated that the program has no uniform case acceptance policy and that case acceptance is based on substantive unit policy.
- c. Not all forms include an inquiry regarding an applicant's assets. PLA must create consistent and compliant intake policies, procedures, and forms for mandated use throughout the program. Any additional information required by substantive units may be appended to a uniform intake form.
- d. PLA's over-income case acceptance policy and procedures require standardization and training. The program's policy was not always followed by staff in practice. This is discussed further in Finding 3.

e. The program does not inquire as to prospective income as required by 45 CFR § 1611.7(a). This is discussed further in Finding 3.

f. PLA's Board must revise its Government Benefits Exemption policy as it is too broad and does not comply with 45 CFR Part 1611. This is discussed further in Finding 4.

g. PLA utilizes five (5) different citizenship attestations but only one is fully compliant with LSC requirements. The fully compliant citizenship attestation was developed and is used independently by the Managing Attorney. This is discussed further in Finding 5.

h. There are no standards for case reviews within the program. Substantive units have differing procedures to review cases for compliance issues, such as open and untimely case closures. In addition, substantive units have differing levels of supervision of paralegals for sufficiency of legal assistance. In some units there is no supervision at all as required by the CSR Handbook (2008 Ed.). The program must create and enforce standardized procedures throughout the program for reviewing cases for compliance issues, such as open and untimely case closures.

PLA has not instituted consistent intake procedures and case management procedures to ensure compliance with the LSC regulations and the CSR Handbook. PLA should institute standardized citizenship attestations (Finding 5), eligible alien determination forms (Finding 5), and compliance checklists so that management can be assured that all compliance requirements are met (Finding 1); develop written standardized program intake policies and procedures that include a script of eligibility screening questions; and conduct training for staff and supervisors regarding program-wide policies and compliance requirements.

As such, PLA was required to submit to OCE, within 45 days of receiving the Draft Report, standardized intake procedures and a standardized intake sheet that all staff members are required to use. Individuals units can append the form with additional information as needed but the core eligibility information must be included on all intake forms.

PLA was also directed to submit to OCE, within 30 days of the receipt of the Draft Report, a copy of its local rules regarding the supervision of paralegals and a copy of program policy regarding the supervision of paralegals and, within 60 days of receipt of the Draft Report, to provide a status as to the revision of the compliance section of its Personnel Manual.

In response to the DR, PLA stated that it disagrees with the finding in the DR and asserted that the distinction between PLA's substantive units' eligibility screening and case acceptance procedures was not made clear during staff interviews. PLA further asserted that PLA uses the same intake procedures for eligibility screening across substantive units and that case acceptance is based upon criteria established by each substantive unit based upon the priorities of the unit and availability of staff. OCE has considered PLA's comments regarding the DR finding and has concluded that PLA's comments do not consider nor negate all of the facts regarding the DR finding such as the non-compliant intake forms discovered during the on-site visit and the non-compliant cases that resulted due to PLA's inconsistent intake procedures. As such, the DR finding of non-compliance remains.

In addition, PLA's revised intake questionnaire form does not screen for assets and a supplemental asset sheet was not submitted. Therefore, PLA is required to revise its intake sheet to screen for household assets as well as income.

Finding 3: PLA does not maintain the income eligibility documentation required by 45 CFR Part 1611.

Recipients may provide legal assistance supported with LSC funds only to individuals whom the recipient has determined to be financially eligible for such assistance. *See* 45 CFR § 1611.4(a). Specifically, recipients must establish financial eligibility policies, including annual income ceilings for individuals and households, and record the number of members in the applicant's household and the total income before taxes received by all members of such household in order to determine an applicant's eligibility to receive legal assistance.⁶ *See* 45 CFR § 1611.3(c)(1), CSR Handbook (2001 Ed.), ¶ 5.3, and CSR Handbook (2008 Ed.), § 5.3. For each case reported to LSC, recipients shall document that a determination of client eligibility was made in accordance with LSC requirements. *See* CSR Handbook (2001 Ed.), ¶ 5.2 and CSR Handbook (2008 Ed.), § 5.2.

In those instances in which the applicant's household income before taxes is in excess of 125% but no more than 200% of the applicable FPG and the recipient provides legal assistance based on exceptions authorized under 45 CFR § 1611.5(a)(3) and 45 CFR § 1611.5(a)(4), the recipient shall keep such records as may be necessary to inform LSC of the specific facts and factors relied on to make such a determination. *See* 45 CFR § 1611.5(b), CSR Handbook (2001 Ed.), ¶ 5.3, and CSR Handbook (2008 Ed.), § 5.3.

For CSR purposes, individuals financially ineligible for assistance under the LSC Act may not be regarded as recipient "clients" and any assistance provided should not be reported to LSC. In addition, recipients should not report cases lacking documentation of an income eligibility determination to LSC. However, recipients should report all cases in which there has been an income eligibility determination showing that the client meets LSC eligibility requirements, regardless of the source(s) of funding supporting the cases, if otherwise eligible and properly documented. *See* CSR Handbook (2001 Ed.), ¶ 4.3(a) and CSR Handbook (2008 Ed.), § 4.3.

The 2002 Final Report required that the income default be removed and that PLA ensure that clients who are over the standard income level, and are accepted as exceptions, are clearly documented as exceptions. PLA has established financial eligibility policies, including annual income ceilings for individuals and households as required by 45 CFR § 1611.3. However, PLA is not compliant regarding the screening of income eligibility. As stated in Finding 1, PLA has a zero income default that must be removed. Also, interviews with staff and the assessment of the ACMS evidenced that PLA does not screen for prospective income as required by 45 CFR Part 1611. The regulation requires that LSC recipients screen for prospective income. LSC's Office

⁶ A numerical amount must be recorded, even if it is zero. *See* CSR Handbook (2001 Ed.), ¶ 5.3 and CSR Handbook (2008 Ed.), § 5.3.

of Legal Affairs recently wrote an opinion regarding this issue. It is highly recommended that PLA review OLA opinion AO-2009-1002.

In addition, a review of the case sample files revealed patterns of non-compliance regarding the documentation of income. In some instances, there was missing income documentation or missing exceptions and authorization for the acceptance of over-income applicants. PLA staff is inconsistent regarding documenting the exceptions considered when accepting over-income applicants. PLA's policy requires that intake staff seek the Managing Attorney's approval when seeking to accept an over-income applicant. However, staff interviews evidence confusion as to over-income case acceptance procedures with varying methods applied in the various substantive units. In some instances PLA's staff is considering the exceptions but is not seeking the Managing Attorney approval. For instance, one of PLA's units handles some cases entirely on the computer and does not produce a paper file. In reviewing these cases it was found that whenever a client's income exceeded 125% of the FPG but did not exceed 200% there was no 45 CFR § 1611.5 exceptions listed or Managing Attorney approval as required by PLA's income eligibility policy. It should be noted that these cases were not emergencies where action needed to be taken on them immediately. As such, the program should standardize its over-income case acceptance procedures and create a uniform, program-wide over-income case acceptance policy. *See* case nos. 04E-1 077219; 08E-10108368; 09E-10127687; 09-10119932; 09E-10127582; 09E-10126742; 09-10126606; 08E-10112323; 09E-10120516; 08-10114008; 09E-10123797; 98-1017548; 07E-7000932; and 07E-1000551.

Lastly, food stamps are listed in the program's ACMS as income. Although staff indicated that PLA does not count food stamps as income, case files reviewed evidenced a few instances in which an applicant's food stamp value was used to determine household income. *See* case nos. 04E-1074812 and 03-1060229. PLA should remove the food stamp inquiry from its ACMS.

PLA was required to submit verification to OCE, within 45 days of receipt of the Draft Report, that staff have been instructed to screen for prospective income and that PLA's ACMS has been revised to capture the applicant's response regarding prospective income. PLA was also directed to provide the date or future date in which staff will be trained on: how to inquire and document prospective income; how to document an applicant's income; and the procedures regarding the acceptance of over-income clients. PLA was further directed to provide a copy of the training materials and the attendance sheet (all intake staff and unit managers must attend), once the training has been conducted.

The DR directed PLA's Managing Attorney to submit, in writing, to OCE every quarter how many over-income applicants were accepted in a quarter until further notice is given. The first quarterly report was to be submitted on or before April 15, 2010.

In response to the DR, PLA stated that PLA's practices and procedures regarding the determination of client eligibility is in substantial compliance with LSC requirements as set forth in 45 CFR Part 1611 and the CSR Handbook (2008 Ed.) Also, PLA's comments provided explanations for non-compliance regarding prospective income, inconsistent over-income procedures, and the documentation of food stamps. However, PLA's comments did not address all the issues and factors that attributed to the finding of non-compliance. The DR's finding of

non-compliance was based on the factors listed by PLA in its comments as well as the fact that PLA's ACMS included a zero income default, and the case sample evidenced case files without income documentation, 45 CFR Part 1611 exceptions and over-income authorizations as required by PLA's eligibility policy. As such the DR's finding of non-compliance remains.

Finding 4: PLA does not maintain asset eligibility documentation as required by 45 CFR §§ 1611.3(c) and (d), CSR Handbook (2001 Ed.), ¶ 5.4, and CSR Handbook (2008 Ed.), § 5.4.

As part of its financial eligibility policies, recipients are required to establish reasonable asset ceilings in order to determine an applicant's eligibility to receive legal assistance. *See* 45 CFR § 1611.3(d)(1). For each case reported to LSC, recipients must document the total value of assets except for categories of assets excluded from consideration pursuant to its Board-adopted asset eligibility policies.⁷ *See* CSR Handbook (2001 Ed.), ¶ 5.4 and CSR Handbook (2008), § 5.4.

In the event that a recipient authorizes a waiver of the asset ceiling due to the unusual circumstances of a specific applicant, the recipient shall keep such records as may be necessary to inform LSC of the reasons relied on to authorize the waiver. *See* 45 CFR § 1611.3(d)(2).

The revisions to 45 CFR Part 1611 changed the language regarding assets from requiring the recipient's governing body to establish, "specific and reasonable asset ceilings, including both liquid and non-liquid assets," to "reasonable asset ceilings for individuals and households." *See* 45 CFR § 1611.6 in prior version of the regulation and 45 CFR § 1611.3(d)(1) of the revised regulation. Both versions allow the policy to provide for authority to waive the asset ceilings in unusual or meritorious circumstances. The older version of the regulation allowed such a waiver only at the discretion of the Executive Director. The revised version allows the Executive Director or his/her designee to waive the ceilings in such circumstances. *See* 45 CFR § 1611.6(e) in prior version of the regulation and 45 CFR § 1611.3(d)(2) in the revised version. Both versions require that such exceptions be documented and included in the client's files.

The 2002 Final Report stated that a significant amount of PLA's files evidenced overt problems with documenting asset eligibility. PLA was required to ensure that its asset policy was being properly utilized and remove the zero asset default. PLA's comments to the Draft Report from the 2001 CSR/CMS stated that there was a disconnection between PLA's policy and the intake questions asked by staff. PLA anticipated that eliminating the asset default in conjunction with further staff training would eliminate the program's difficulty with documenting asset eligibility in the future. Also, PLA's self-inspection noted files in which asset documentation was missing.

PLA established Board approved asset ceilings to determine an applicant's eligibility to receive legal assistance as required by 45 CFR § 1611.3. However, PLA's eligibility guidelines are inconclusive regarding which government benefits are exempt from screening. Although PLA's eligibility policy includes a government benefit exemption for asset screening, PLA's eligibility policy does not indicate which government benefits PLA's Board approved as exempt. As a

⁷ A numerical total value must be recorded, even if it is zero or below the recipient's guidelines. *See* CSR Handbook (2001 Ed.), ¶ 5.4 and CSR Handbook (2008 Ed.), § 5.4.

result, applicants with different types of benefits were exempted from asset screening. *See* case nos. 08E-10106865; 09E-1012047; and 08E-10106310 (VA benefits). PLA's Board must stipulate in its Board minutes which government benefits are exempted and certify that the selected government benefits asset guidelines are the same or below PLA's.

Sampled case files reviewed revealed that PLA does not maintain asset eligibility documentation as was required by 45 CFR § 1611.6 and as is required by revised 45 CFR §§ 1611.3(c) and (d), CSR Handbook (2001 Ed.), § 5.4, and CSR Handbook (2008 Ed.) § 5.4.⁸ As stated in Finding 1, PLA still has asset defaults. PLA must remove all zero asset defaults as required by Program Letter 02-06 and CSR Handbook (2008 Ed.) § 5.4. Case file review also evidenced that staff is using different acronyms in the asset fields to indicate that assets were not screened because the applicant received a government benefit. The acronyms used included NR and NA which is believed to be "Non-Reportable" and "Non-Applicable". *See* case nos. 06E-1090073 and 07E-1099798. These acronyms were used instead of a typing a numeric value in the asset field or checking the government benefits check box. However, PLA's intake procedures do not indicate that staff should use such acronyms and PLA management was unaware that staff was using the acronyms. According to PLA's asset policy and PLA management, staff is to check the government benefit box if an applicant receives a government benefit.

Also, sample case file review revealed instances in which entries in the asset field consisted of exempt assets. According to PLA's policy, exempt assets are not to be documented. *See* case nos. 08E-10107645; 07E-1101824; and 09E-10128037. There are no entries explaining why exempt assets such as personal property and homes were listed.

Further, several case files were found with no asset documentation. Staff did not check boxes or use acronyms to indicate that the applicant received government benefits. Instead only the defaulted zeros were present in the ACMS. This is of high concern because several of the files were reported to LSC and this was an issue during the OCE 2001 CSR/CMS Review. *See* case nos. 06E-I 091680; 09E-10125999; 09E-10126427; 08E-10113903; 08-10117353; 09E-1012307; 09E-10126742; 09E-1011944; 09E-10128391; 08E-10107101; 07-1101216; 09E-10128160; 09E-10128037; and 09E-10128014.

Therefore, LSC required PLA to take immediate corrective action. PLA was directed to, within 45 days of receipt of the Draft Report, forward to OCE a copy of the amended eligibility policy which clearly states which government benefits are exempted from eligibility screening and a copy of the Board minutes or addendum which certifies that the government benefits listed in PLA's policy have asset guidelines that are below or at PLA's guidelines.

PLA was also directed to submit to OCE, within 30 days of receipt of the Draft Report, intake guidelines that include guidance regarding asset screening. PLA's guidelines must clearly define how assets must be screened and documented, who can approve over asset applicants, and if exempt assets should be documented.

⁸ The revised 45 CFR § 1611.2 defines assets as meaning cash or other resources of the applicant or members of the household that are readily convertible to cash, which are currently and actually available to an applicant. Accordingly, the terms "liquid" and "non-liquid" have been eliminated.

Lastly, PLA was directed to submit, within 45 days of receipt of the Draft Report, the date on which staff will receive or has received training regarding asset screening and documentation. In addition, PLA was ordered to submit the training materials used and a copy of the attendance sheet. All intake staff and unit managers are required to receive the training and PLA must certify that such staff has received the required training.

In response to the DR, PLA stated that the practice of documenting a notation as to the applicability of the asset determination was never eliminated. However, this is contrary to the statements provided by PLA's management during the on-site visit. When asked about the series of notations that were being documented by some staff members, PLA management stated that they were unaware that staff was still making the notations in the file and that staff was instructed to check the government exception box instead of making a notation in the file. Also, when asked PLA management could not explain what "NR" meant. It was assumed it meant Non-Reportable which could be construed to mean that the case is non-reportable or the assets are non-reportable. In the comments to the DR, PLA does not address the issue of inconsistency of the intake staff nor the fact that management was unaware of such inconsistency. As stated in the DR, due to PLA's inconsistency, one could not determine if an applicant had been screened for assets, particularly in instances when the government exemption box was not checked or when there were no notations in the case file.

Also, in response to the DR, PLA stated that although its policy states that exempt assets are not to be documented, the fact that some staff still document the exempt assets does not affect an applicant's eligibility. However, PLA failed to state that not all intake staff is documenting an applicant's exempt assets therefore providing another example of inconsistent intake practices by PLA's intake staff.

Due to the facts cited in the DR, and above, the DR's finding of non-compliance remains.

Finding 5: PLA is in non-compliance with 45 CFR Part 1626 (Restrictions on legal assistance to aliens).

The level of documentation necessary to evidence citizenship or alien eligibility depends on the nature of the services provided. With the exception of brief advice or consultation by telephone, which does not involve continuous representation, LSC regulations require that all applicants for legal assistance who claim to be citizens execute a written attestation. *See* 45 CFR § 1626.6. Aliens seeking representation are required to submit documentation verifying their eligibility. *See* 45 CFR § 1626.7. In those instances involving brief advice and consultation by telephone, which does not involve continuous representation, LSC has instructed recipients that the documentation of citizenship/alien eligibility must include a written notation or computer entry that reflects the applicant's oral response to the recipient's inquiry regarding citizenship/alien eligibility. *See* CSR Handbook (2001 Ed.), ¶ 5.5 and CSR Handbook (2008 Ed.), § 5.5; *See also*, LSC Program Letter 99-3 (July 14, 1999). In the absence of the foregoing documentation, assistance rendered may not be reported to LSC. *See* CSR Handbook (2001 Ed.), ¶ 5.5 and CSR Handbook (2008 Ed.), § 5.5.

Prior to 2006, recipients were permitted to provide non-LSC funded legal assistance to an alien who had been battered or subjected to extreme cruelty in the United States by a spouse or parent, or by a member of the spouse's or parent's family residing in the same household, or an alien whose child had been battered or subjected to such cruelty.⁹ Although non-LSC funded legal assistance was permitted, such cases could not be included in the recipient's CSR data submission. In January 2006, the Kennedy Amendment was expanded and LSC issued Program Letter 06-2, "Violence Against Women Act 2006 Amendment" (February 21, 2006), which instructs recipients that they may use LSC funds to provide legal assistance to ineligible aliens, or their children, who have been battered, subjected to extreme cruelty, is the victims of sexual assault or trafficking, or who qualify for a "U" visa. LSC recipients are now allowed to include these cases in their CSRs.

In the 2002 Final Report, it was noted that the computer system had a citizenship default and the system defaulted to walk-in. Comments to the 2002 Final Report stated that efforts were made to remove the citizenship default. Also, the 2002 Final Report stated that it was not clear whether citizenship attestations were routinely asked and recorded by PLA intake staff. PLA did not make comments regarding this finding. In addition, PLA's 2007 and 2008 self-inspections included files noted for missing citizenship attestations or alien eligibility.

As stated in Finding 1, PLA must remove its ACMS in-house default. The default creates confusion when trying to determine if citizenship/alien documentation is required. Also, PLA does not document eligible alien information during phone intake as required by Program Letter 99-3. Staff currently only document if the applicant is a citizen or legal alien. PLA must revise its phone intake procedures and its ACMS to capture the oral response regarding citizenship or alien eligibility. PLA must either document in its ACMS case notes or create a field that documents the applicant's oral response regarding the type of documentation they possess to prove eligibility.

Review of PLA's intake forms and staff interviews evidenced that PLA staff utilizes at least five (5) citizen attestations and only one (1) is compliant. The General Intake Unit citizenship attestation form is defective as is the Migrant Unit citizenship form, the Family Unit citizenship form, and the CLS citizenship form which is forwarded to PLA for referrals. All allow an eligible alien to attest to alien eligibility which is non-compliant. The only compliant citizenship attestation is being utilized by PLA's Managing Attorney, the creator of the form. Between the defective citizenship attestations in use throughout the program and the "in-house" default, PLA could conceivably be non-compliant with 45 CFR Part 1626 for all of its cases except for those by the Managing Attorney. The program must implement use of a uniform and compliant citizenship attestation for use program-wide.

Although no patterns of non-compliance were found in obtaining citizenship attestations, a few staff files were reviewed with missing citizenship attestations. *See* case nos. 07-1102266; 97-1001465; 08E-10111034; 09-10127260; 08-10108749; and 00-1033698.

However, due to lack of communication and inadequate office procedures PAI files were reported without citizenship attestations. This is due in large part because of the current PAI

⁹ *See* Kennedy Amendment at 45 CFR § 1626.4.

referral system and PLA's lack of oversight of PAI files. Currently, phone intake files referred to VIP or CBAP do not include citizenship or alien documentation. At the time of the visit, neither VIP nor CBAP screened clients regarding their citizenship status. Consequently, several phone intake PAI referral cases were closed without a citizenship attestation or alien documentation as required by 45 CFR Part 1626. This resulted in non-compliant cases being reported to LSC. This is due in part because PLA does not conduct routine oversight of VIP or CBAP cases. *See* case nos. 02E-1055357; 07E-1098725; and 07E-1103095. This will be discussed further in Finding 16.

PLA must remove the in-house default in its ACMS; have staff use one standardized citizenship attestation form; review all open and closed PAI files to ensure that a citizenship attestation or alien documentation is in the file; review staff files prior to closing to ensure that a citizenship attestation or alien documentation is in the file; and require VIP and CBAP to screen for citizenship status.

PLA must ensure that all forms used are compliant with 45 CFR Part 1626 and the CSR Handbook (2008 Ed.). As such, PLA was directed to submit to OCE, within 30 days of the receipt of the Draft Report, a copy of all citizenship attestations utilized by the program and verification, as stated in Finding 1, that the in-house default has been removed.

In addition, PLA was directed to submit to OCE, within 45 days of receipt of the Draft Report, a copy of the revised intake procedures which require staff to document the response of an eligible alien applicant as required by Program Letter 99-3. PLA was also directed to provide the date on which staff was or will be trained and what instructions staff was given as to how to document the response. PLA was advised that all intake staff and unit managers must attend the training and was further directed to submit a copy of training materials and the attendance sheet.

In response to the DR, PLA stated that since the OCE visit, PLA has modified its intake procedures to ensure that an eligible alien's status is not only verified orally, but recorded in the case notes through the use of a canned note or individual entry. PLA also stated that it has revised its citizenship attestation to be in compliance with the CSR Handbook's (2008 Ed.) requirements.

Finding 6: PLA is in substantial compliance with the retainer requirements of 45 CFR § 1611.9.

Pursuant to 45 CFR § 1611.9, recipients are required to execute a retainer agreement with each client who receives extended legal services from the recipient. The retainer agreement must be in a form consistent with the applicable rules of professional responsibility and prevailing practices in the recipient's service area and shall include, at a minimum, a statement identifying the legal problem for which representation is sought, and the nature of the legal service to be provided. *See* 45 CFR § 1611.9(a).

The retainer agreement is to be executed when representation commences or as soon thereafter is practical and a copy is to be retained by the recipient. *See* 45 CFR §§ 1611.9(a) and (c). The

lack of a retainer does not preclude CSR reporting eligibility.¹⁰ Cases without a retainer, if otherwise eligible and properly documented, should be reported to LSC.

A uniform retainer agreement is used by PLA. The sample case files reviewed revealed that PLA is in compliance with the requirements of 45 CFR § 1611.9. Only a few case sample files did not include a retainer agreement when required. *See* case nos. 05E-1082064; 96-011770; 97-1001465; 09E-10125481; and 09-10123133.

There are no recommendations or corrective actions required.

Finding 7: PLA is in compliance with the requirements of 45 CFR Part 1636 (Client identity and statement of facts).

LSC regulations require that recipients identify by name each plaintiff it represents in any complaint it files, or in a separate notice provided to the defendant, and identify each plaintiff it represents to prospective defendants in pre-litigation settlement negotiations. In addition, the regulations require that recipients prepare a dated, written statement signed by each plaintiff it represents, enumerating the particular facts supporting the complaint. *See* 45 CFR §§ 1636.2(a) (1) and (2).

The statement is not required in every case. It is required only when a recipient files a complaint in a court of law or otherwise initiates or participates in litigation against a defendant, or when a recipient engages in pre-complaint settlement negotiations with a prospective defendant. *See* 45 CFR § 1636.2(a).

The sample case files reviewed demonstrated that PLA is in compliance with the requirements of 45 CFR Part 1636. All case sample files reviewed included a statement of fact or verified compliant when required.

There are no recommendations or corrective actions required.

Finding 8: Sampled cases evidenced compliance with the requirements of 45 CFR § 1620.4 and § 1620.6(c) (Priorities in use of resources).

LSC regulations require that recipients adopt a written statement of priorities that determines the cases which may be undertaken by the recipient, regardless of the funding source. *See* 45 CFR § 1620.3(a). Except in an emergency, recipients may not undertake cases outside its priorities. *See* 45 CFR § 1620.6.

PLA is in compliance with 45 CFR Part 1620. None of the 2007, 2008, and 2009 sampled files reviewed evidenced cases that were outside of PLA's priorities.

¹⁰ However, a retainer is more than a regulatory requirement. It is also a key document clarifying the expectations and obligations of both client and program, thus assisting in a recipient's risk management.

There are no recommendations or corrective actions required.

Finding 9: PLA is in substantial compliance with CSR Handbook (2001 Ed.), ¶ 5.1 and CSR Handbook (2008 Ed.), § 5.6 (Description of legal assistance provided).

LSC regulations specifically define “case” as a form of program service in which the recipient provides legal assistance. *See* 45 CFR §§ 1620.2(a) and 1635.2(a). Consequently, whether the assistance that a recipient provides to an applicant is a “case”, reportable in the CSR data depends, to some extent on whether the case is within the recipient’s priorities and whether the recipient has provided some level of legal assistance, limited or otherwise.

If the applicant’s legal problem is outside the recipient’s priorities, or if the recipient has not provided any type of legal assistance, it should not report the activity in its CSR. For example, recipients may not report the mere referral of an eligible client as a case when the referral is the only form of assistance that the applicant receives from the recipient. *See* CSR Handbook (2001 Ed.), ¶ 7.2 and CSR Handbook (2008 Ed.), § 7.2.

Recipients are instructed to record client *and* case information, either through notations on an intake sheet or other hard-copy document in a case file, or through electronic entries in an ACMS database, or through other appropriate means. For each case reported to LSC such information shall, at a minimum, describe, *inter alia*, the level of service provided. *See* CSR Handbook (2001 Ed.), ¶ 5.1(c) and CSR Handbook (2008 Ed.), § 5.6.

The 2002 Final Report stated that several case files lacked legal advice including PAI cases. Comments to the DR stated that the cases would be removed during the end of the year review by the Executive Director. Also, the comments stated that PLA would work with VIP and HBAP to ensure proper closing codes and documentation of legal advice. In addition, PLA’s 2008 self-inspection noted cases for lack of evidence of legal assistance.

A review of the case sample revealed that PLA is in compliance with CSR Handbook (2001 Ed.), ¶ 5.1(c) and CSR Handbook (2008 Ed.), § 5.6 as there were only few case sample files that did not include documentation of legal advice. *See* case nos. 07E-1104091; 07E-110528213; 04E-1074812; 08E-10109025; 09E-10119966; 09E-10123005; 08E-1011406; and 09E-10127525. These cases and other like them are not CSR-reportable.

During case file review, VIP staff was advised that when a referred client does not show up to the PAI attorney appointment, VIP can send advice letters if client has not rescinded representation. Also, PLA management was advised in instances in which there is no advice given by a private attorney if PLA staff provided advice prior to referring the case, the file can be closed as a staff case.

There are no recommendations or corrective actions required.

Finding 10: PLA's application of the CSR case closure categories is inconsistent with Section VIII, CSR Handbook (2001 Ed.) and Chapters VIII and IX, CSR Handbook (2008 Ed.). At the time of the visit, PLA still utilized expired closing codes.

The CSR Handbook defines the categories of case service and provides guidance to recipients on the use of the closing codes in particular situations. Recipients are instructed to report each case according to the type of case service that best reflects the level of legal assistance provided. *See* CSR Handbook (2001 Ed.), ¶ 6.1 and CSR Handbook (2008 Ed.), § 6.1.

The 2002 Final Report stated that files were found with incorrect closing codes. PLA was required to ensure that all cases evidence legal services provided and that the documentation in the file supports the closing code assigned. Comments to the DR stated that PLA staff would receive training regarding closing codes.

During the current on-site visit, interviews with the staff and management of PLA, VIP and CBAP verified that in 2007 training was provided regarding the 2008 CSR Handbook and the LSC closing codes. However, a review of case sample files evidenced that PAI and PLA staff files were closed with incorrect closing codes and expired closing codes in 2008 and 2009. Also, as stated in Finding 1, an assessment of the ACMS revealed that the expired closing codes are still in the system, although it states in red lettering "do not use", the expired closing codes are still being utilized..

The PAI entity CBAP has an X closing code for rejected cases. However, VIP does not have a closing code for rejected files and has instead been incorrectly utilizing the LSC closing code K. PLA was unaware that VIP was utilizing the closing code K incorrectly. Consequently, rejected files were reported to LSC. Also, interviews with the VIP staff revealed that the staff was unsure of how to apply closing codes and were still utilizing expired closing codes C and E. The VIP staff was also not aware of when to use closing code L and how to apply the sub- categories of closing code I. VIP staff was given instructions on how to apply the LSC closing codes and it was recommended that VIP create an X closing code for rejected cases. *See* case nos. 07E-1099798, 08E-I087637; 08E-I 0 116661; and 08E-I 011936S.

In addition to PAI cases, a review of staff case files demonstrated that PLA's application of the CSR case closing categories is inconsistent with Section VIII, CSR Handbook (2001 Ed.) and Chapters VIII and IX, CSR Handbook (2008 Ed.). There were several CSR reported case files that were noted for closing code errors. The PLA case lists and case file review evidenced: that staff utilized expired closing codes C, D, E, and J in 2008 and 2009; incorrect application of closing code L; and case files closed as a court decision failed to have a sub-category as outlined in CSR Handbook (2008 Ed.) § 6.1. *See* case nos. 08E-10110007; 04-1071748; 07-1105347; 06-1095734; 08E-10112731; 08-10113441; 09E-10124031; 09E-10122609; and 08E-10112117.

Since the incorrect application of LSC closing codes was a finding in the 2002 Final Report and several staff and PAI files were found with incorrect closing codes during this visit, LSC is requiring PLA to take immediate corrective actions regarding this issue. The first is that corrective actions must be taken regarding the oversight of PAI files and providing closing code training to the PAI entities. This will be discussed at length in Finding 16.

Regarding PLA staff, PLA management must ensure that PLA staff is applying closing codes correctly and has a good understanding of the closing codes. Therefore, PLA was directed to, within 45 days of the receipt of the Draft Report, submit to OCE the date PLA staff was trained or will be trained regarding the LSC closing codes. PLA was also directed to submit the training materials used and a copy of the attendance sheet. All staff advocates and paralegals must be provided the training. PLA was directed to submit an internal policy which sets forth who will be in charge of checking staff files prior to closing; the policy must state how frequently the closed files will be checked and who will check them.

PLA was directed to submit, until further notice is given, quarterly certifications documenting when closed files are reviewed. The certification must include: the date of the review; who conducted the review; how many case files were reviewed; how many were closed as LSC reportable; and how many were closed as non-reportable. The first certification was due on or before April 15, 2010.

In addition, PLA was directed submit to OCE, on or before February 1, 2010, the date on which all staff and PAI cases that were closed in 2009 with an I only closing code were reviewed and given a correct closing code of Ia or Ib as required by the CSR Handbook (2008 Ed.) and to certify that all staff cases closed in 2009 with an expired closing code were reviewed and either rejected or given a correct closing code. Also, PLA was directed to review all 2009 PAI cases closed as K, ensure the case is LSC reportable and given a new LSC closing code when applicable or rejected. PLA was directed to certify as to how many cases were reviewed and how many were LSC reportable.

In response to the DR, PLA asserted that OCE's finding is misleading and a distinction must be drawn between the support for the OCE's finding in 2001 and that found as result of the recent review. PLA stated that since the 2001 OCE visit, PLA has received subsequent training from OCE regarding closing codes and the application of the closing codes had become more consistent. PLA further implied that the recent finding of non-compliance is due to PLA continued use of closing codes that became obsolete when the CSR Handbook (2008 Ed.) became effective January 1, 2008. PLA stated that the error of using obsolete closing codes created only a minimal over-counting of cases.

PLA's implications regarding this finding are incorrect. The finding of non-compliance was not solely based on PLA and its sub-grantees' incorrect use of obsolete closing codes but also, due to PLA's current incorrect application of closing codes. It should be noted that the report period for this visit included 2007 closed files. Also, the fact that PLA staff had training regarding the CSR Handbook (2001 Ed.) has no bearing due to the fact that according to PLA's management, staff received training regarding the revised CSR Handbook prior to its launch date of January 1, 2008. However, the case sample review evidenced several closed 2008 and 2009 with incorrect closing codes. Also, as stated in the DR, PLA reported rejected VIP cases due to PLA's failure to realize that VIP was incorrectly closing rejected cases with the reportable CSR closing code K. The case sample review and interviews with staff did not evidence that PLA's application of closing codes at any time had become compliant. As such, the DR's finding of non-compliance remains.

Finding 11: PLA is not in compliance regarding the requirements of CSR Handbook (2001 Ed.), ¶ 3.3 and CSR Handbook (2008 Ed.), § 3.3. (Timely Closing)

To the extent practicable, programs shall report cases as having been closed in the year in which assistance ceased, depending on case type. Cases in which the only assistance provided is counsel and advice, brief service, or a referral after legal assessment (CSR Categories, A, B, and C), should be reported as having been closed in the year in which the counsel and advice, brief service, or referral was provided. *See* CSR Handbook (2001 Ed.), ¶ 3.3(a).¹¹ There is, however, an exception for cases opened after September 30, and those cases containing a determination to hold the file open because further assistance is likely. *See* CSR Handbook (2001 Ed.), ¶ 3.3(a) and CSR Handbook (2008 Ed.), § 3.3(a). All other cases (CSR Categories D through K, 2001 CSR Handbook and F through L, 2008 CSR Handbook) should be reported as having been closed in the year in which the recipient determines that further legal assistance is unnecessary, not possible or inadvisable, and a closing memorandum or other case-closing notation is prepared. *See* CSR Handbook (2001 Ed.), ¶ 3.3(b) and CSR Handbook (2008 Ed.), § 3.3(b). Additionally LSC regulations require that systems designed to provide direct services to eligible clients by private attorneys must include, among other things, case oversight to ensure timely disposition of the cases. *See* 45 CFR § 1614.3(d)(3).

The 2002 Final Report stated that there were several files that were closed untimely especially in the Family Law Unit and the CASC student program. PLA was required to establish standard reviews of open cases, including the case management database, to ensure that cases are timely closed or properly held open. The 2002 Final Report also indicated that PLA should hire and/or cross train additional personnel to ensure efficient follow-up on file maintenance and case closing tracks. PLA did not make comments to this finding in its response to the 2001 Draft Report.

PLA is not in compliance regarding the requirements of CSR Handbook (2001 Ed.), ¶ 3.3 and CSR Handbook (2008 Ed.), § 3.3(a). Per the instructions of the 2002 Final Report, PLA was to review its open case list and purge all of the dormant files. During the current visit, the case list submitted prior to the visit listed over 3,000 open cases as of July 15, 2009. The Executive Director stated that staff is given one day a quarter to review open cases and close files. However, interviews with staff revealed that staff does not adhere to the policy. Since there is no review of files, OCE is concerned that the open files may subject PLA to malpractice due to untimely assistance to clients. Also, the lack of oversight of PAI files which will be discussed in Finding 16 is a contributory factor to dormant and untimely file closings.

The case sample file review evidenced several staff and PAI files that were dormant or untimely closed. *See* case nos. 07E-1099132; 05E-1084924; 99-1027364; 06-1094185; 04-1071748, 06-1095734; 08E-10108403; 08E-10112323; 06E-1095982; 96-011765; 08E-10112323; 07E-

¹¹ The time limitation of the 2001 Handbook that a brief service case should be closed “as a result of an action taken at or within a few days or weeks of intake” has been eliminated. However, cases closed as limited action are subject to the time limitation on case closure found in CSR Handbook (2008 Ed.), § 3.3(a). This category is intended to be used for the preparation of relatively simple or routine documents and relatively brief interactions with other parties. More complex and/or extensive cases that would otherwise be closed in this category should be closed in the new CSR Closure Category “L” (Extensive Service).

1102341; 00-1033742; 04-1073359; and 98-1011905. PLA is reminded that untimely closed and dormant cases are not reportable and should not be included in the CSRs. These files should be given a closing code X to ensure that they are never reported to LSC.

Due to the above-cited issues, PLA was directed to, within 45 days of receipt of the Draft Report, submit a certification to OCE detailing the date that each PLA advocate was provided an open 2009 case list; the date(s) the open case lists were reviewed; the date the dormant cases were closed (PLA is reminded that cases cannot be backdated); the number of reportable cases closed; the number of non-reportable cases closed, and the remaining number of cases open.

Also, PLA is now required to submit to OCE quarterly reports detailing the above-mentioned information until given further notice. The first report regarding the 2009 open case lists was to be submitted no later than February 10, 2010. The second was due April 15, 2010. PLA was further directed to submit in writing, within 45 days of receipt of the Draft Report, a copy of the PLA policy which requires staff to review open case lists on a quarterly basis.

In response to the DR, PLA stated that PLA monitors the timeliness of case closings through a variety of methods and that staff was provided training subsequent to the OCE visit. The methods cited by PLA are the same as those cited to LSC during the on-site review. However, as stated in the DR, interviews with staff and case file review revealed that PLA staff did not conduct such methods thus several untimely closed case files were found. However, PLA has submitted quarterly certificates as required by the DR's corrective actions certifying that open case lists are being reviewed by staff.

Finding 12: Sample cases evidenced compliance with the requirements of CSR Handbook (2001 Ed.), ¶ 3.2 and CSR Handbook (2008 Ed.), § 3.2 regarding duplicate cases.

Through the use of automated case management systems and procedures, recipients are required to ensure that cases involving the same client and specific legal problem are not recorded and reported to LSC more than once. *See* CSR Handbook (2001 Ed.), ¶ 3.2 and CSR Handbook (2008 Ed.), § 3.2.

When a recipient provides more than one type of assistance to the same client during the same reporting period, in an effort to resolve essentially the same legal problem, as demonstrated by the factual circumstances giving rise to the problem, the recipient may report only the highest level of legal assistance provided. *See* CSR Handbook (2001 Ed.), ¶ 6.2 and CSR Handbook (2008 Ed.), § 6.2.

When a recipient provides assistance more than once within the same reporting period to the same client who has returned with essentially the same legal problem, as demonstrated by the factual circumstances giving rise to the problem, the recipient is instructed to report the repeated instances of assistance as a single case. *See* CSR Handbook (2001 Ed.), ¶ 6.3 and CSR Handbook (2008 Ed.), § 6.3. Recipients are further instructed that related legal problems presented by the same client are to be reported as a single case. *See* CSR Handbook (2001 Ed.), ¶ 6.4 and CSR Handbook (2008 Ed.), § 6.4.

PLA is in compliance with the requirements of CSR Handbook (2001 Ed.), ¶ 3.2 and CSR Handbook (2008 Ed.), § 3.2 regarding duplicate cases. The team leader targeted files for possible duplication. Of the targeted files, one set of duplicate files was found in the 2008 case sample. *See* case no. 06E-1093967, case file was incorrectly closed and reported to LSC. The file was closed because a new PAI attorney was assigned as counsel for the case. VIP was advised that an entry should be included in the case notes of the closed file advising that a new case number has been opened. The open case file's case notes should make a reference to this case and advised that once the case is closed it should not be reported to LSC since it was reported in 2008.

There are no recommendations or corrective actions required.

Finding 13: PLA is in compliance with the requirements of 45 CFR Part 1608 (Prohibited political activities).

LSC regulations prohibit recipients from expending grants funds or contributing personnel or equipment to any political party or association, the campaign of any candidate for public or party office, and/or for use in advocating or opposing any ballot measure, initiative, or referendum. *See* 45 CFR Part 1608.

The limited review of accounting records and documentation for the period January 2008 through August 2009 and interviews with staff disclosed that PLA does not appear to have expended any grant funds, or used personnel or equipment in prohibited activities in violation of 45 CFR § 1608.3(b).

There are no recommendations or corrective actions required.

Finding 14: Sampled cases evidenced compliance with the requirements of 45 CFR Part 1609 (Fee-generating cases).

Except as provided by LSC regulations, recipients may not provide legal assistance in any case which, if undertaken on behalf of an eligible client by an attorney in private practice, reasonably might be expected to result in a fee for legal services from an award to the client, from public funds or from the opposing party. *See* 45 CFR §§ 1609.2(a) and 1609.3.

Recipients may provide legal assistance in such cases where the case has been rejected by the local lawyer referral service, or two private attorneys; neither the referral service nor two private attorneys will consider the case without payment of a consultation fee; the client is seeking, Social Security, or Supplemental Security Income benefits; the recipient, after consultation with the private bar, has determined that the type of case is one that private attorneys in the area ordinarily do not accept, or do not accept without pre-payment of a fee; the Executive Director has determined that referral is not possible either because documented attempts to refer similar cases in the past have been futile, emergency circumstances compel immediate action, or

recovery of damages is not the principal object of the client's case and substantial attorneys' fees are not likely. *See* 45 CFR §§ 1609.3(a) and 1609.3(b).

PLA is in compliance with 45 CFR § 1609.4, which requires that each recipient shall adopt written policies and procedures to guide its staff in complying with 45 CFR Part 1609 and shall maintain records sufficient to document the recipient's compliance with this part. None of the sampled files reviewed involved legal assistance with respect to a fee-generating case.

Discussions with the Executive Director also confirmed that PLA is not involved in any fee-generating cases.

There are no recommendations or corrective actions required.

Finding 15: PLA is in compliance with 45 CFR § 1610.5 (Written notification of LSC restrictions to donors).

Part 1610 was adopted to implement Congressional restrictions on the use of non-LSC funds and to assure that no LSC funded entity engage in restricted activities. Essentially, recipients may not themselves engage in restricted activities, transfer LSC funds to organizations that engage in restricted activities, or use its resources to subsidize the restricted activities of another organization.

The regulations contain a list of restricted activities. *See* 45 CFR § 1610.2. They include lobbying, participation in class actions, representation of prisoners, legal assistance to aliens, drug related evictions, and the restrictions on claiming, collecting or retaining attorneys' fees.

Recipients are instructed to maintain objective integrity and independence from any organization that engages in restricted activities. In determining objective integrity and independence, LSC looks to determine whether the other organization receives a transfer of LSC funds, and whether such funds subsidize restricted activities, and whether the recipient is legally, physically, and financially separate from such organization.

Whether sufficient physical and financial separation exists is determined on a case by case basis and is based on the totality of the circumstances. In making the determination, a variety of factors must be considered. The presence or absence of any one or more factors is not determinative. Factors relevant to the determination include:

- i) the existence of separate personnel;
- ii) the existence of separate accounting and timekeeping records;
- iii) the degree of separation from facilities in which restricted activities occur, and the extent of such restricted activities; and
- iv) the extent to which signs and other forms of identification distinguish the recipient from the other organization.

See 45 CFR § 1610.8(a); *see also*, OPO Memo to All LSC Program Directors, Board Chairs (October 30, 1997).

Recipients are further instructed to exercise caution in sharing space, equipment and facilities with organizations that engage in restricted activities. Particularly if the recipient and the other organization employ any of the same personnel or use any of the same facilities that are accessible to clients or the public. But, as noted previously, standing alone, being housed in the same building, sharing a library or other common space inaccessible to clients or the public may be permissible as long as there is appropriate signage, separate entrances, and other forms of identification distinguishing the recipient from the other organization, and no LSC funds subsidize restricted activity. Organizational names, building signs, telephone numbers, and other forms of identification should clearly distinguish the recipient from any organization that engages in restricted activities. *See* OPO Memo to All LSC Program Directors, Board Chairs (October 30, 1997).

While there is no *per se* bar against shared personnel, generally speaking, the more shared staff, or the greater their responsibilities, the greater the likelihood that program integrity will be compromised. Recipients are instructed to develop systems to ensure that no staff person engages in restricted activities while on duty for the recipient, or identifies the recipient with any restricted activity. *See* OPO Memo to All LSC Program Directors, Board Chairs (October 30, 1997).

45 CFR § 1610.5 requires that LSC recipients do not accept funds from any source other than the LSC, unless the recipient provides to the source of the funds written notification of the prohibitions and conditions which apply to the funds. A recipient is not required to provide such notification for receipt of contributions of less than \$250. The review of PLA's donor letters sent to contributors evidenced compliance with the requirements of 45 CFR § 1610.5. The letters notified the donors the prohibitions and conditions which apply to the funds as required by 45 CFR § 1610.5.

In addition, as stated previously, due to the observations of the OCE team during the 2001 CSR/CMS visit, a Program Integrity Investigation was conducted in November 2001. At the time of both visits, PLA was sharing office space with CLS and the three PAI entities without sufficient physical and fiscal independence as required by 45 CFR Part 1610. Several corrective actions were given to PLA in the CSR/CMS Final Report and the Program Integrity Investigation Draft Report.¹²

During the current OCE visit, a general observation of PLA's office space and arrangement with the entities, VIP, CBAP and HAP evidenced that CLS is no longer in the same building as PLA. However, the three aforementioned entities are located in the same space occupied by PLA and share office space with PLA's Public Benefits Unit. This appears problematic. However, due to lack of time on-site to devote to this matter, it could not be thoroughly reviewed. LSC will need to conduct a Program Integrity Review of PLA to conclude this matter and any others if applicable.

¹² As stated in the Background of this report a Final Report was not issued for the Program Integrity visit.

There are no recommendations or corrective actions required.

Finding 16: PLA is in non-compliance with 45 CFR Part 1614 oversight requirements of PAI files.

LSC regulations require LSC recipients to devote an amount of LSC and/or non-LSC funds equal to 12.5% of its LSC annualized basic field award for the involvement of private attorneys in the delivery of legal assistance to eligible clients. This requirement is referred to as the "PAI" or private attorney involvement requirement.

Activities undertaken by the recipient to involve private attorneys in the delivery of legal assistance to eligible clients must include the direct delivery of legal assistance to eligible clients. The regulation contemplates a range of activities, and recipients are encouraged to assure that the market value of PAI activities substantially exceed the direct and indirect costs allocated to the PAI requirement. The precise activities undertaken by the recipient to ensure private attorney involvement are, however, to be determined by the recipient, taking into account certain factors. *See* 45 CFR §§ 1614.3(a), (b), (c), and (e)(3). The regulations, at 45 CFR § 1614.3(e)(2), require that the support and expenses relating to the PAI effort must be reported separately in the recipient's year-end audit. The term "private attorney" is defined as an attorney who is not a staff attorney. *See* 45 CFR § 1614.1(d). Further, 45 CFR § 1614.3(d)(3) requires programs to implement case oversight and follow-up procedures to ensure the timely disposition of cases to achieve, if possible, the results desired by the client and the efficient and economical utilization of resources.

PLA meets its PAI 12.5% requirement through its contributions to VIP, CBAP and HAP. The Audited Financial Statement ("AFS") for Fiscal Year ("FY") Ending December 31, 2008 did report separate expenditures dedicated to the PAI effort, as required by 45 CFR § 614.3(e)(2). PLA reported total PAI expenditures of \$390,019 for 2008 which translates to 13.1% of the total basic field grant (\$2,974,346). PLA allocates attorneys and paralegals direct time associated with PAI activities, and costs calculated based on base salary divided by their annual workable hours, as required by 45 CFR § 1614.3(e)(1)(i). Several costs were reviewed and were found to be allocated and calculated correctly. Indirect costs were tested and found to be allocated on the basis of reasonable operating data.

The review of the 2008 AFS for the three entities through which PLA discharges its PAI effort, CBAP, VIP, and HAP, indicate that PLA provided the three entities with a total of \$414,269 which is reported by the entities as in kind contributions. However, PLA's 2008 AFS indicated that it provided these three entities a total of \$390,019 in in-kind contributions thus, there is a difference of \$24,250. This may be attributed to the fact that 2008 AFS was done for a period of 16 months instead of the customary 12 month period audit.

During the current on-site visit, as part of the assessment of PLA's PAI activity, PLA's Executive Director and the VIP, CBAP and HAP Executive Directors and staff were interviewed, and a review of PLA's PAI plan and sample PAI case files was conducted. Areas

of non-compliance were identified in screening, citizenship verification, closing codes and oversight of files.

The 2002 Final Report stated that the PAI files lacked oversight and noted untimely closings regarding PAI files. PLA was required to ensure communication of case handling standards to private attorneys participating in PAI units; to comply with LSC case screening and limitation requirements; and to maintain better control and oversight over pro-bono cases. PLA did not implement the Draft Report's corrective actions and asserted in the comments to the Draft Report, that the aggregate of activities, such as Board membership on advisory committees, staff availability, periodic meetings among managers, and contact with staff of the PAI programs constitutes sufficient oversight as contemplated by the regulations. OCE strongly noted in the 2002 Final Report that such arm's length oversight falls short of providing the more rigorous follow-up that would ensure the timely disposition of PAI cases and to ensure the efficient and economical utilization of recipients' resources.

Currently, VIP and CBAP report cases to PLA which are reported to LSC. HAP does not report cases to PLA and does not screen clients in most instances. PLA refers cases to VIP and CBAP. Prior to referral, PLA conducts an intake screening for the applicant for LSC eligibility. Intakes are conducted by phone and in person. All PAI clients have a PLA file and a VIP or CBAP file. The PLA file has the client's eligibility information, the date the file was referred, any advice given by PLA staff, the date the file was open, the date the file was closed, and the closing code. The VIP or HAP file has the date the file was referred, the date the file was closed, the legal assistance documentation, and the closing code. Once a file is closed by VIP the information is sent in quarterly reports to PLA. CBAP sends its closing information semi-annually to PLA or when requested. The submitted reports list the client's name, the dates the case was opened and closed, and the closing code. The closing information is entered into PLA's ACMS by the PLA advocate who referred the file.¹³ PLA does not conduct oversight of VIP or CBAP files nor does it review the cases prior to closing the case file in the ACMS.

PLA had stated in their PAI plan and in their 2009 sub-grant applications that oversight of the three (3) PAI entities was being conducted. However, during the current OCE visit, it was again revealed (as during the 2001 on-site visit) that PLA does not exercise oversight over the PAI work conducted at VIP, CBAP and HAP as required by 45 CFR § 1614.(3)(d)(3).

Due to PLA's lack of corrective actions regarding PAI oversight, PLA management was unaware that VIP staff did not have a good grasp of LSC closing codes. Although VIP was provided CSR training regarding the 2008 edition of the CSR Handbook, the VIP staff used expired closing codes and, incorrectly, used closing code K for rejected cases. As a result, PLA reported the rejected files to LSC. It was recommended that VIP create a closing code such as X or R for rejected cases.

Also, due to PLA's lack of oversight, PLA was unaware that when a phone intake is conducted prior to referring a file to VIP or CBAP, a citizenship verification is never obtained as required by 45 CFR Part 1626. Neither VIP nor CBAP screen for citizenship. As a result, PAI cases in which phone intake is conducted and the client is seen by a PAI attorney are not reportable due

¹³ The PLA advocate's name is entered in the ACMS as the attorney not the name of the PAI attorney.

to the lack of citizenship verification. Both VIP and CBAP staff stated that they would start screening referred PLA clients for citizenship. However, it is PLA's responsibility to provide oversight to cases to ensure that applicants are being screened. If PLA does not rely on VIP and CBAP to screen for citizenship status and alien documentation then it must ensure that before a case is referred to either PAI entity, a citizenship attestation must be executed or alien eligibility documentation is included in the files as required by 45 CFR Part 1626.

PLA's case management and referral system needs to be simplified. Currently, PLA's executive staff and staff members are responsible for PAI files. PAI case files originate with a PLA advocate. Any PLA staff member can refer a PAI case. Whichever staff member refers a case, their name is entered as advocate in the case management system. Quarterly and semi-annually reports are sent to PLA's Managing Attorney. The PLA advocate who referred the case is responsible for closing the case in the ACMS. It is not clear how soon after PLA management receives the VIP or CBAP lists that they forward them to staff. As stated in Finding 1, case review revealed that some information in the VIP and CBAP's ACMS was inconsistent from the information in the PLA's ACMS. The Executive Director is the person who conducts training and meets with VIP or CBAP when needed. During the current on-site visit, PLA's Executive Director advised they would be responsible for conducting oversight of PAI files and sub-grant agreements in the future. OCE questions whether the Executive Director can effectively oversight the PAI cases along with all of the duties of an Executive Director. It is highly recommended that PLA research whether it would be prudent to have another staff person refer cases, oversight, and close PAI files.

In addition, the Executive Directors of PLA and HAP advised that as of July 1, 2009, HAP planned to report cases to PLA. However, as of the OCE September 2009 on-site visit, HAP had not reported any LSC reportable cases to PLA.¹⁴ Nor had HAP started screening applicants for LSC eligibility. HAP was advised that their ACMS and intake forms would have to be updated to include citizenship verification. HAP currently does not screen for citizenship because they stated that most of their clients live in a city shelter and you have to be a resident to live in the shelters. HAP was advised that they still have to screen for citizenship and alien eligibility if they plan to report cases to LSC and should screen for them because they receive LSC money. HAP was advised that they cannot report any cases unless the client was screened for citizenship as well as for income, assets and priorities.

OCE is requiring corrective action regarding PAI oversight, file management and reporting. PLA is required to create oversight procedures for cases reported by VIP, CBAP and HAP if applicable. It is recommended that oversight be conducted at least on a quarterly basis. It is highly recommended that one staff member be in charge of the referral, oversight and closing of PAI files.

PLA must create procedures which require review of actual PAI case files at least quarterly to ensure compliance. PLA was required to submit to OCE, within 45 days of receipt of the Draft Report, new oversight procedures for PAI files and directed to revise and submit its PAI Plan

¹⁴ PLA also documented in its 2009 sub-grant application that HAP was closing LSC funded cases.

and 2010 sub-grant applications to include the new oversight procedures.¹⁵ PLA is advised that its assertions in its comments to the 2002 Final Report that sufficient oversight can be conducted with its current procedures will not be accepted. Case file review evidenced that the current oversight is lacking and is not adequate. As such, PLA is now required to submit to OCE quarterly certifications as to when PAI oversight was conducted starting April 15, 2010 and continuing until further notice is given. The certification must include which PAI entities files were reviewed; whether they were open or closed files, how many cases were closed, and how many were CSR reportable.

If HAP intends to report cases to LSC, PLA was directed to submit to OCE, within 45 days of receipt of the Draft Report, the date in which an intake training was or will be provided to HAP regarding screening for LSC eligibility particularly citizenship attestations and alien documentation. PLA was directed to submit copies of training materials and the sign-in sheet for the training. PLA was also directed to ensure that HAP's ACMS and intake form are compliant to capture all of LSC's eligibility requirements and that staff are asking questions during intake to ensure that all required information is captured.¹⁶

PLA was required to submit to OCE, within 45 days of receipt of the Draft Report, a certification that PLA has met with HAP staff and that HAP's ACMS and intake procedures and forms were reviewed to ensure that LSC eligibility information is captured correctly. Also, PLA was directed to, within 45 days of receipt of the Draft Report, certify the date in which HAP will or has started screening clients and reporting cases to PLA.¹⁷

Further, PLA was directed to, within 45 days of receipt of the Draft Report, certify to OCE the date that VIP, CBAP and HAP, if applicable, were given compliant citizenship attestation and alien eligibility forms. PLA must ensure that all three entities screen for citizenship.

Lastly, PLA was directed to, within 60 days of receipt of the Draft Report, certify to OCE the date on which LSC closing code training was or will be provided to VIP, CBAP and HAP staff. PLA was directed submit the training material used and forward the sign-in sheet for the training. PLA was advised that staff members from the PAI entities that report cases or will report cases must attend the training.

In response to the DR, PLA stated that prior to OCE's visit PLA was proceeding with the recommendations that OCE made part of the sub-grant approval. PLA stated that the OCE visit revealed the need for improvement upon several areas that would have been addressed as part of the oversight plan that PLA intended to implement. However, PLA does not address the fact that it did not oversight VIP, CBAP and HAP PAI files as required by 45 CFR Part 1614, by the 2009 OCE approved sub-agreements, and as instructed in the 2002 Final Report.

¹⁵ Currently, PLA's PAI plan and sub-grant applications are inconsistent with PLA's current policies and procedures.

¹⁶ PLA is advised that if HAP does not plan to report cases in the future, then training is not required. PLA must advise in writing that HAP will not report cases to PLA to be included in the CSRs. PLA must ensure that its PAI plan and sub-grant agreement states that HAP will not report cases to PLA and that oversight will not be conducted. PLA must ensure that if HAP decides to report cases to PLA that the HAP staff is given training regarding intake and closing of files.

¹⁷ Id.

According to PLA, since the 2009 OCE on-site review, PLA has designated the Managing Attorney as the PAI Liaison. According to the April 8, 2010 letter forwarded to OCE, the PAI Liaison will refer and oversight the sub-grantees' PAI files. In addition, the liaison will insure that all files will contain a citizenship attestation prior to referral to the sub-grantee.

Also, in the comments to the DR, PLA advised that citizenship and closing code training was given to the three (3) PAI sub-grantees' staff and that obsolete closing codes have been removed from the sub-grantees' ACMS.

Finding 17: PLA has three sub-grant agreements that were approved for funding for 2009 as required by 45 CFR Part 1627.

LSC regulation 45 CFR § 1627.3 requires that all sub-grants must be submitted in writing to the Corporation for prior written approval. The regulation further states that LSC funds may not be used to pay membership fees or dues to any Private or nonprofit organization, whether on behalf of a recipient or an individual. *See* 45 CFR § 1627.4.

A limited review of accounting records and detailed general ledger from January 2007 through August 2009, disclosed that PLA is in compliance with 45 CFR § 1627.4(a), in that PLA pays non-mandatory dues and fees with non-LSC funds.

During the current OCE visit, interviews with staff, review of case files and fiscal documents revealed that PLA has provided LSC funds to VIP, CBAP and HAP for several years without approved sub-agreements contrary to the requirements of 45 CFR § 1627.3. Since 2002, PLA has only received approval for sub-grant agreement for all three entities for the 2009 funding year.¹⁸ A review of PLA's AFS for the funding years of 2005 – 2008 evidenced that PLA provided a total of \$1,382,012 in in-kind contributions to VIP, CBAP, and HAP. This was done despite PLA being notified by LSC in June 2002 through the 2002 CSR/CMS Final Report issued on June 3, 2002 and again in the 2004 Draft Program Integrity Investigation Report that it needed to submit sub-grant agreements for the aforementioned organizations. PLA provided space, services, supplies, etc., to all three entities as part of its PAI plan. 45 CFR § 1627.3(a)(3) states that any sub-grant not approved according to the procedures of paragraph (a)(2) of this section shall be subject to audit disallowance and recovery of all the funds expended pursuant thereto.

The in-kind contributions made to VIP, HAP and CBAP are being reviewed for the funding years of 2005 – 2008. LSC will make a final determination under a separate process. However, one issue needed to be answered in response to the Draft Report. According to the 2006 AFS report for CBAP it recorded \$21,000 in in-kind contributions from PLA. There is a substantial discrepancy in what is reported in 2006 compared to 2005, 2007, and 2008. In order to explain the discrepancy, PLA was directed to, in its comments to the Draft Report, provide to OCE the amount of in-kind contributions from PLA to CBAP for funding year 2006.

¹⁸ PLA submitted sub-grant requests for 2008 but they were denied because they did not meet the guidelines set forth in 45 CFR Part 1627. PLA's 2009 sub-grant requests were pro-rated since LSC cannot grant retroactive approvals.

In response to the DR, PLA stated that prior to OCE's approval of the three (3) PAI sub-grants, PLA continued to meet its PAI obligation through in-kind contributions to VIP, HAP and CBAP in the same manner that it had since 1996. According to PLA, each year PLA provides to each of the PAI programs a break down of the monies that PLA has spent in-kind, in support of each project. PLA reports the aggregate of that number in its own audit. Each of the PAI sub-grantees have their own audit and report in-kind contributions to their auditor as required.

PLA further stated that in 2006, PLA reported in-kind contributions for CBAP for \$101,500 for the fiscal year. The reason that the figures reported by CBAP varied is not known by PLA, but PLA suggested in its comments that a change in the fiscal year start/end dates by the program may have affected the amount reported over a period of two years.

Finding 18: PLA is in compliance with 45 CFR Part 1635 (Timekeeping requirements).

The timekeeping requirement, 45 CFR Part 1635, is intended to improve accountability for the use of all funds of a recipient by assuring that allocations of expenditures of LSC funds pursuant to 45 CFR Part 1630 are supported by accurate and contemporaneous records of the cases, matters, and supporting activities for which the funds have been expended; enhancing the ability of the recipient to determine the cost of specific functions; and increasing the information available to LSC for assuring recipient compliance with Federal law and LSC rules and regulations. *See* 45 CFR § 1635.1.

Specifically, 45 CFR § 1635.3(a) requires that all expenditures of funds for recipient actions are, by definition, for cases, matters, or supporting activities. The allocation of all expenditures must satisfy the requirements of 45 CFR Part 1630. Time spent by attorneys and paralegals must be documented by time records which record the amount of time spent on each case, matter, or supporting activity. Time records must be created contemporaneously and account for time by date and in increments not greater than one-quarter of an hour which comprise all of the efforts of the attorneys and paralegals for which compensation is paid by the recipient. Each record of time spent must contain: a unique client name or case number; for matters or supporting activities, an identification of the category of action on which the time was spent. The timekeeping system must be able to aggregate time record information on both closed and pending cases by legal problem type. Recipients shall require any attorney or paralegal who works part-time for the recipient and part-time for an organization that engages in restricted activities to certify in writing that the attorney or paralegal has not engaged in restricted activity during any time for which the attorney or paralegal was compensated by the recipient or has not used recipient resources for restricted activities.

Interviews with the Finance Director disclosed that there is one attorney, one paralegal, and one support staff working part time and are not engaged in a working relationship with other organizations that do restricted work.

Also, the review of time keeping records for five (5) attorneys and 10 paralegals for the pay period ending on September 15, 2009, disclosed that they are being maintained in accordance with 45 CFR Part 1635.

There are no recommendations or corrective actions required.

Finding 19: Sampled cases evidenced compliance with the requirements of 45 CFR Part 1642 (Attorneys' fees).

Except as provided by LSC regulations, recipients may not claim, or collect and retain attorneys' fees in any case undertaken on behalf of a client of the recipient. *See* 45 CFR § 1642.3. The regulations define "attorneys' fees" as an award to compensate an attorney of the prevailing party made pursuant to common law or Federal or State law permitting or requiring the award of such fees or a payment to an attorney from a client's retroactive statutory benefits. *See* 45 CFR § 1642.2(a).

A limited review of the PLA fiscal records, its 2008 AFS, and interviews with the Finance Director evidenced that there were no attorneys' fees claimed, collected, or retained for cases serviced directly by PLA.

Furthermore, none of the sampled staff case files reviewed contained a prayer for attorneys' fees.

There are recommendations or corrective actions required.

Finding 20: Sampled cases and documents reviewed evidenced compliance with the requirements of 45 CFR Part 1612 (Restrictions on lobbying and certain other activities).

The purpose of this part is to ensure that LSC recipients and their employees do not engage in certain prohibited activities, including representation before legislative bodies or other direct lobbying activity, grassroots lobbying, participation in rulemaking, public demonstrations, advocacy training, and certain organizing activities. This part also provides guidance on when recipients may participate in public rulemaking or in efforts to encourage State or local governments to make funds available to support recipient activities, and when they may respond to requests of legislative and administrative officials.

None of the sampled files and documents reviewed, including the program's legislative activity reports, evidenced any lobbying or other prohibited activities. Discussions with the Executive Director also confirmed that PLA is not involved in this prohibited activity.

There are no recommendations or corrective actions required.

Finding 21: PLA’s Bank Reconciliations are performed timely and accurately. However, they are not reviewed timely.

PLA’s July and August bank reconciliations for operating and client trust accounts were reviewed and found to be reconciled timely. However, as of the date of the on-site visit they had not been reviewed. Reconciliations should be reviewed immediately after being reconciled. There was one check on the operating account still outstanding from January 2009 and five checks still outstanding from the client trust account as back as October 16, 2008. PLA should, as a good business practice, establish a policy that checks outstanding over a period of six months should be investigated and proceed to either reissue the stale check as new or cancel the check. Bank reconciliations should be reviewed immediately after being reconciled.

In addition, the bank reconciliations are being performed by a person who has access to cash, who is a regular check signer, and has bookkeeping duties, contrary to the requirements of the Accounting Guide for LSC Recipients (“AGLSCR”). PLA should take corrective action and have a person without the above mentioned duties perform the bank reconciliations.

PLA was required to, within 30 days of receipt of the Draft Report, certify to OCE the last time bank reconciliations were reviewed and for what month.

In response to the DR, PLA stated that bank reconciliations are usually completed within 10 days of the close of the month. According to PLA, normally, the reviews are within the same week as the completion of the reconciliation. However, during the financial audit periods or when preparation for a LSC audit is required, the period of review may be extended because all fiscal files are retained in the office of the Finance Director.

Finding 22: PLA has a Fiscal Procedures Manual (Manual) that is adequately documented and generally complies with the requirements of the 1997 Accounting Guide for LSC Recipients (“AGLSCR”).

A cursory review of PLA’s Fiscal Procedures Manual disclosed that is adequately documented and generally complies with the requirements of the 1997 AGLSCR.

There are no recommendations or corrective actions required.

Finding 23: PLA does not have adequate segregation of duties and internal controls.

A limited review of the internal controls and the review of payments disclosed that PLA does not have good segregation of duties or internal controls. Deficiencies found are as follows: (a) several payments reviewed disclosed that supporting documents are not being stamped as paid. PLA should take corrective action and mark as paid or otherwise canceled the documents to avoid duplicate payments, as required by the AGLSCR; (b) the Finance Director, the Executive Director, and three additional staff, two of them whom are support staff, all have authorization to sign checks. The PLA support staff also has access to checks and the accounting system and are

able to print checks. During the on-site visit a request was made for the signature card and/or the Board resolution indicating the staff authorized to sign checks, neither one was provided during a telephone conversation with PLA's Finance Director on October 28, 2009, OCE was informed that new cards will be issued because getting documentation from the bank was difficult. As such, PLA should take corrective action by having a Board resolution reflecting the designation of authorization to sign checks; and (c) currently the Finance Director has the following responsibilities: the accounting system, human resources, approvals of salary advances, perform bank reconciliations, prepare check for payments, sign checks, mail or distribute checks, posts entries to check disbursement journal, and maintains control of blank checks, receives cash and checks, posts to the cash receipt journal, endorses checks for deposit, receives duplicate cash receipts, etc. PLA should take corrective action to ensure compliance as required by the AGLSCR Chapter 3-4 titled INTERNAL CONTROLS. The AGLSCR states that "Accounting duties should be segregated to ensure that no individual simultaneously has both the physical control and the recordkeeping responsibility for any asset, including, but not limited to, cash, client deposits, supplies and property. Duties must be segregated so that no individual can initiate, execute, and record a transaction without a second independent individual being involved in the process".

PLA was directed to, within 45 days of receipt of the Draft Report, certify to OCE as to when the new bank cards were received or are expected to be received and when a new Board resolution regarding the designee authorized to sign checks is or will be passed. In addition, PLA was required to provide a copy of newly adopted internal controls which require that payments are marked as paid or are cancelled and the date on which new internal controls were adopted to require segregation of duties to ensure no one employee can initiate, execute, and record a transaction without a second independent individual being involved in the process.

In response to the DR, PLA stated that since the OCE on-site visit, PLA's Board passed a resolution and new signature cards were filled out and sent to their bank. PLA has purchased a "PAID" stamp and will hence forth stamp each invoice "PAID" as required by LSC. In addition, the Finance Director and the Office Manager are no longer authorized check-signers and the Finance Director is solely responsible for the routine preparation of checks. PLA's Managing Attorney was added as a check signer, but no longer reviews bank reconciliations, which are now reviewed by the Office Manager, who no longer signs checks. Amendments to the Financial Manual were made to reflect the above-mentioned changes and the Administrative Assistant was removed as someone who could prepare emergency escrow checks. Changes to the Administrative Manual were forwarded to OCE on February 25, 2010.

Finding 24: PLA does not comply with its salary advance policy.

According to PLA's advance salary policy, salary advances are given in emergency situations or to cover an expense that shall enhance the employee's ability to work i.e. unusual home or family emergency, education, or other educational/work tools that will enhance the employee's work. The policy further states the amount should be repaid within a year or otherwise authorized by the Executive Director.

PLA's fiscal records indicated that as of the time of the on-site visit amounts for salary advances totaled \$13,615.90 for nine (9) employees. One salary advance of \$3,000 was found without the approval of the Executive Director in contradiction to PLA's policy. Instead the advance was approved by the Finance Director. Also, the fiscal records indicated that an employee with an outstanding advance was given a second advance without the approval of the Executive Director as required by PLA's policy.

PLA should follow its salary advance policy by having the Executive Director approve advances in excess of \$3,000, and when an employee with a current salary advance requests a second advance. It is recommended that PLA include as part of the agreement, the reason for the salary advance request especially in those instances when a second advance is requested.

In response to the DR, PLA stated that PLA's salary advance policy requires the Executive Director's approval prior to disbursement of a salary advance but allows the Finance Director the authority to approve advances for \$1,000 or less, if there is no outstanding advance amount. According to PLA, during the prior year two (2) advances were given and approved by the Finance Director. In both instances, these advances were made as emergencies during the absence of the Executive Director. PLA has decided to keep its current policy and continue to prohibit advances not made in accordance with the existing policy even in case of emergency. PLA stated that no further advances will be granted under the above cited similar conditions.

Finding 25: Sampled cases evidenced compliance with the requirements of 45 CFR Parts 1613 and 1615 (Restrictions on legal assistance with respect to criminal proceedings, and actions collaterally attacking criminal convictions).

Recipients are prohibited from using LSC funds to provide legal assistance with respect to a criminal proceeding. *See* 45 CFR § 1613.3. Nor may recipients provide legal assistance in an action in the nature of a habeas corpus seeking to collaterally attack a criminal conviction. *See* 45 CFR § 1615.1.

None of the sampled files reviewed involved legal assistance with respect to a criminal proceeding, or a collateral attack in a criminal conviction. Discussions with the Executive Director also confirmed that PLA is not involved in this prohibited activity.

There are no recommendations or corrective actions required.

Finding 26: Sampled cases evidenced compliance with the requirements of 45 CFR Part 1617 (Class actions).

Recipients are prohibited from initiating or participating in any class action. *See* 45 CFR § 1617.3. The regulations define "class action" as a lawsuit filed as, or otherwise declared by a court of competent jurisdiction, as a class action pursuant Federal Rules of Civil Procedure, Rule 23, or comparable state statute or rule. *See* 45 CFR § 1617.2(a). The regulations also define "initiating or participating in any class action" as any involvement, including acting as co-

counsel, amicus curiae, or otherwise providing representation relative to the class action, at any stage of a class action prior to or after an order granting relief. *See* 45 CFR § 1617.2(b)(1).¹⁹

PLA is in compliance with 45 CFR Part 1617. None of the sampled files reviewed involved initiation or participation in a class action. Discussions with the Executive Director also confirmed that PLA is not involved in this prohibited activity.

There are no recommendations or corrective actions required.

Finding 27: Sampled cases evidenced compliance with the requirements of 45 CFR Part 1632 (Redistricting).

Recipients may not make available any funds, personnel, or equipment for use in advocating or opposing any plan or proposal, or representing any party, or participating in any other way in litigation, related to redistricting. *See* 45 CFR § 1632.3.

None of the sampled files reviewed revealed participation in litigation related to redistricting. Discussions with the Executive Director also confirmed that PLA is not involved in this prohibited activity.

There are no recommendations or corrective actions required.

Finding 28: Sampled cases evidenced compliance with the requirements of 45 CFR Part 1633 (Restriction on representation in certain eviction proceedings).

Recipients are prohibited from defending any person in a proceeding to evict the person from a public housing project if the person has been charged with, or has been convicted of, the illegal sale, distribution, manufacture, or possession with intent to distribute a controlled substance, and the eviction is brought by a public housing agency on the basis that the illegal activity threatens the health or safety of other resident tenants, or employees of the public housing agency. *See* 45 CFR § 1633.3.

None of the sampled files reviewed involved defense of any such eviction proceeding. Discussions with the Executive Director also confirmed that PLA is not involved in this prohibited activity.

There are no recommendations or corrective actions required.

¹⁹ It does not, however, include representation of an individual seeking to withdraw or opt out of the class or obtain the benefit of relief ordered by the court, or non-adversarial activities, including efforts to remain informed about, or to explain, clarify, educate, or advise others about the terms of an order granting relief. *See* 45 CFR § 1617.2(b)(2).

Finding 29: Sampled cases evidenced compliance with the requirements of 45 CFR Part 1637 (Representation of prisoners).

Recipients may not participate in any civil litigation on behalf of a person incarcerated in a federal, state, or local prison, whether as plaintiff or defendant; nor may a recipient participate on behalf of such incarcerated person in any administrative proceeding challenging the condition of the incarceration. *See* 45 CFR § 1637.3.

None of the sampled files reviewed involved participation in civil litigation, or administrative proceedings, on behalf of an incarcerated person. Discussions with the Executive Director also confirmed that PLA is not involved in this prohibited activity.

There are no recommendations or corrective actions required.

Finding 30: Sampled cases evidenced compliance with the requirements of 45 CFR Part 1638 (Restriction on solicitation).

In 1996, Congress passed, and the President signed, the Omnibus Consolidated Rescissions and Appropriations Act of 1996 (the "1996 Appropriations Act"), Pub. L. 104-134, 110 Stat. 1321 (April 26, 1996). The 1996 Appropriations Act contained a new restriction which prohibited LSC recipients and their staff from engaging a client which it solicited.²⁰ This restriction has been contained in all subsequent appropriations acts.²¹ This new restriction is a strict prohibition from being involved in a case in which the program actually solicited the client. As stated clearly and concisely in 45 CFR § 1638.1: "This part is designed to ensure that recipients and their employees do not solicit clients."

None of the sampled files, including documentation, such as community education materials and program literature, indicated program involvement in such activity. Discussions with the Executive Director also confirmed that PLA is not involved in this prohibited activity.

There are no recommendations or corrective actions required.

Finding 31: Sampled cases evidenced compliance with the requirements of 45 CFR Part 1643 (Restriction on assisted suicide, euthanasia, and mercy killing).

No LSC funds may be used to compel any person, institution or governmental entity to provide or fund any item, benefit, program, or service for the purpose of causing the suicide, euthanasia, or mercy killing of any individual. No may LSC funds be used to bring suit to assert, or advocate, a legal right to suicide, euthanasia, or mercy killing, or advocate, or any other form of legal assistance for such purpose. *See* 45 CFR § 1643.3.

²⁰ *See* Section 504(a)(18).

²¹ *See* Pub. L. 108-7, 117 Stat. 11 (2003) (FY 2003), Pub. L. 108-199, 118 Stat. 3 (2004) (FY 2004), Pub. L. 108-447, 118 Stat. 2809 (2005) (FY 2005), and Pub. L. 109-108, 119 Stat. 2290 (2006) (FY 2006).

None of the sampled files reviewed involved such activity. Discussions with the Executive Director also confirmed that PLA is not involved in these prohibited activities.

There are no recommendations or corrective actions required.

Finding 32: Sampled cases evidenced compliance with the requirements of certain other LSC statutory prohibitions (42 USC 2996f § 1007 (a) (8) (Abortion), 42 USC 2996f § 1007 (a) (9) (School desegregation litigation), and 42 USC 2996f § 1007 (a) (10) (Military selective service act or desertion)).

Section 1007(b) (8) of the LSC Act prohibits the use of LSC funds to provide legal assistance with respect to any proceeding or litigation which seeks to procure a non-therapeutic abortion or to compel any individual or institution to perform an abortion, or assist in the performance of an abortion, or provide facilities for the performance of an abortion, contrary to the religious beliefs or moral convictions of such individual or institution. Additionally, Public Law 104-134, Section 504 provides that none of the funds appropriated to LSC may be used to provide financial assistance to any person or entity that participates in any litigation with respect to abortion.

Section 1007(b) (9) of the LSC Act prohibits the use of LSC funds to provide legal assistance with respect to any proceeding or litigation relating to the desegregation of any elementary or secondary school or school system, except that nothing in this paragraph shall prohibit the provision of legal advice to an eligible client with respect to such client's legal rights and responsibilities.

Section 1007(b) (10) of the LSC Act prohibits the use of LSC funds to provide legal assistance with respect to any proceeding or litigation arising out of a violation of the Military Selective Service Act or of desertion from the Armed Forces of the United States, except that legal assistance may be provided to an eligible client in a civil action in which such client alleges that he was improperly classified prior to July 1, 1973, under the Military Selective Service Act or prior law.

All of the sampled files reviewed demonstrated compliance with the above LSC statutory prohibitions. Interviews conducted further evidenced and confirmed that PLA was not engaged in any litigation which would be in violation of Section 1007(b) (8) of the LSC Act, Section 1007(b) (9) of the LSC Act, or Section 1007(b) (10) of the LSC Act.

There are no recommendations or corrective actions required.

IV. RECOMMENDATIONS²²

Consistent with the findings of this report, it is recommended that PLA:

1. Hire a person or cross train staff to review cases for compliance with LSC regulations;
2. Conduct PAI oversight at least on a quarterly basis;
3. Designate one staff member be in charge of the referral, oversight and closing of PAI files;

In response to the DR, PLA stated that the Managing Attorney will assume the duties of oversight and referral of PAI cases.

4. Follow its salary advance policy by having the Executive Director approve advances in excess of \$3,000, and when an employee with a current salary advance requests a second advance. It is recommended that PLA include as part of the agreement, the reason for the salary advance request especially in those instances when a second advance is requested; and

PLA has decided to keep its current policy and continue to prohibit advances not made in accordance with the existing policy even in case of emergency. PLA stated that no further advances will be granted under the conditions cited in the DR.

5. Require VIP to close rejected files as X or R.

²² Items appearing in the “Recommendations” section are not enforced by LSC and therefore the program is not required to take any of the actions or suggestions listed in this section. Recommendations are offered when useful suggestions or actions are identified that, in OCE’s experience, could help the program with topics addressed in the report. Often recommendations address potential issues and may assist a program to avoid future compliance errors.

By contrast, the items listed in “Required Corrective Actions” must be addressed by the program, and will be enforced by LSC.

V. REQUIRED CORRECTIVE ACTIONS

Consistent with the findings of this report, PLA is required to take the following corrective actions:

1. PLA must remove the zero income, asset, and in-house defaults to comply with CSR Handbook (2008 Ed.) and Program letter 02-06. As such, PLA must, within 30 days of receipt of the Draft Report, forward to OCE a capture of the eligibility screen proving that the zero defaults have been removed in the income, asset and the total asset fields. Also, PLA must submit, within 30 days, to OCE a certification that the expired closing codes and the in-house default in the ACMS have been removed. PLA must also revise its current case checklist to include compliance elements and submit the new form to OCE within 30 days;

On January 29, 2010, OCE received by email the above-cited required corrective action documentation. The documentation provided evidenced that PLA is now in compliance with the CSR Handbook (2008 Ed.) and Program letter 02-06.

2. Ensure that CSR numbers can be recreated, this includes ensuring staff does not re-open files once they are closed and reported to LSC;

On February 16, 2010, OCE received by email the above-cited required corrective action documentation regarding the re-opening of files. However, according to its response to the DR, PLA did not take corrective actions to ensure that CSR numbers could be recreated in the future.

3. PLA is required to submit to OCE, within 45 days of receiving the Draft Report, standardized intake procedures and a standardized intake sheet that all staff members are required to use. Individuals units can append the form with additional information as needed but the core eligibility information must be included on all intake form;

On February 26, 2010, OCE received by email the above-cited required corrective action documentation. However, the intake sheet provided did not allow screening for assets.

4. PLA must submit to OCE, within 30 days of receipt of the Draft Report, a copy of its local rules regarding the supervision of paralegals and a copy of program policy regarding the supervision of paralegals and, within 60 days of receipt of the Draft Report, PLA must provide a status as to the revision of the compliance section of its Personnel Manual;

On February 10 and 16, 2010, OCE received by email the above-cited required corrective action documentation. OCE will conduct a future follow-up review to determine if PLA paralegals are supervised in accordance to the local Bar Association rules and the revised PLA Personnel Manual.

5. PLA is required to submit verification to OCE, within 45 days of receipt of the Draft Report, that staff have been instructed to screen for prospective income and that PLA ACMS has been revised to capture the applicant's response regarding prospective income. In addition, PLA must provide the date or future date on which staff will be trained on how to inquire and document prospective income; how to document an applicants household income; and the procedures regarding the acceptance of over-income clients;

On February 25, 2010, OCE received by email the above-cited required corrective action documentation. OCE will conduct a future follow-up review to assess the sufficiency of corrective actions taken.

6. PLA must provide to OCE, within 45 days of receipt of the Draft Report, the training materials used to train staff as required by corrective action #5, along with the attendance sheet. All intake staff and unit managers must attend the training and. PLA's Managing Attorney must submit to OCE in writing every quarter how many over-income clients were accepted in the prior quarter until further notice is given. The first quarterly report must be submitted on or before April 15, 2010;

On January 29, February 25, and April 6, 2010, OCE received by email the above-cited required corrective action documentation. OCE will conduct a future follow-up review to assess the sufficiency of corrective actions taken.

7. PLA must, within 45 days of receipt of the Draft Report, forward to OCE a copy of the amended eligibility policy which clearly states which government benefits are exempted from eligibility screening. A copy of the Board minutes or addendum which certifies that the government benefits listed in PLA's policy have asset guidelines that are below or at PLA;

On January 29, 2010, OCE received by email the above-cited required corrective action documentation.

8. PLA must submit to OCE, within 30 days of receipt of the Draft Report, intake guidelines that include guidance regarding asset screening. PLA must clearly define how assets must be screened and documented, who can approve over asset applicants and if exempt assets should be documented;

On February 25, 2010, OCE received by email the above-cited required corrective action documentation. OCE will conduct a future follow-up review to assess the sufficiency of the corrective actions taken.

9. PLA must submit to OCE, within 45 days of receipt of the Draft Report, the date on which staff will receive or has received training regarding asset screening and documentation. PLA must submit the training materials used and a copy of the attendance sheet. All intake staff and unit managers are required to receive the training and PLA must certify that such staff has received the required training;

On February 25, 2010, OCE received by email the above-cited required corrective action documentation. OCE will conduct a future follow-up review to assess the sufficiency of the corrective actions taken.

10. PLA must submit to OCE, within 30 days of receipt of the Draft Report, a copy of all citizenship attestations utilized by the program and verification as stated in Finding 1 that the in-house default has been removed;

PLA must also submit to OCE, within 45 days of receipt of the Draft Report, a copy of the revised intake procedures which require staff to document the response of the eligible alien as required by Program Letter 99-3. PLA must also provide the date on which staff was or will be trained and what instructions staff was given as to how to document the response. All intake staff and unit managers must attend the training and PLA must submit a copy of training materials and the attendance sheet;

On February 25, 2010, OCE received by email the above-cited required corrective action documentation. OCE will conduct a future follow-up review to assess the sufficiency of the corrective actions taken.

11. PLA must submit to OCE, within 45 days of receipt of the Draft Report, the date PLA staff was trained or will be trained regarding the LSC closing codes. PLA must submit the training materials used and copy of the attendance sheet. All staff advocates and paralegals must be provided the training. PLA must submit an internal policy which sets forth who will be in charge of checking closed staff files prior to closing; the policy must state how frequently the closed files will be checked and who will check them;

On February 25, 2010, OCE received by email the above-cited required corrective action documentation. OCE will conduct a future follow-up review to assess the sufficiency of the corrective actions taken.

12. PLA must submit to OCE, until further notice, quarterly certifications documenting when closed files are reviewed. The certification must include the date of the review; who conducted the review; how many case files were reviewed; how many were closed as LSC reportable; and how many were closed as non-reportable. The first certification is due on or before April 15, 2010;

On April 16, 2010, OCE received by email the above-cited required corrective action documentation. OCE will conduct a future follow-up review to assess the sufficiency of the corrective actions taken.

13. On or before the February 1, 2010, PLA must submit to OCE the date on which all staff and PAI cases that were closed in 2009 with an I only closing code were reviewed and given a correct closing code of Ia or Ib as required by the CSR Handbook (2008 Ed.) and must certify that all staff cases closed in 2009 with an expired LSC closing code were reviewed and given a correct closing code or rejected. Also, PLA must review all 2009 PAI cases closed as K, ensure the case is LSC reportable and given a new LSC

On February 1, 2010, OCE received by email the above-cited required corrective action documentation.

14. PLA must, within 45 days of receipt of the Draft Report, submit certification to OCE detailing the date that each PLA advocate was provided open 2009 case lists; the date the open case lists were reviewed; the date the dormant cases were closed (PLA is reminded that cases cannot be back dated); the number of reportable cases closed; the number of non-reportable cases closed, and the remaining number of cases open. PLA must submit to OCE quarterly reports detailing the above-mentioned information until further notice. The first report regarding the 2009 open case lists should be submitted no later than February 10, 2010. The second is due April 15, 2010. PLA must also submit in writing a copy of the PLA policy which requires staff to review open case lists on a quarterly basis;

On March 1, and April 16, 2010, OCE received by email the above-cited required corrective action documentation. OCE will conduct a future follow-up review to assess the sufficiency of the corrective actions taken.

15. PLA must create procedures which require PLA to review actual PAI case files at least quarterly to ensure compliance. PLA must submit to OCE, within 45 days of receipt of the Draft Report, new oversight procedures of PAI files and PLA must revise and submit its PAI Plan and 2010 sub-grant applications to include the new oversight procedures. PLA must submit to OCE certifications as to when PAI oversight was conducted starting April 15, 2010 and continuing until further notice is given. The certification must include which PAI entities files were reviewed; whether they were open or closed file and how many cases were closed and how many were CSR reportable;

On March 16, and April 8, 2010, OCE received by email the above-cited required corrective action documentation. OCE will conduct a future follow-up review to assess the sufficiency of the corrective actions taken.

16. If HAP intends to report cases to LSC, PLA must, within 45 days of receipt of the Draft Report, submit to OCE the date on which an intake training was or will be provided to HAP staff regarding screening for LSC eligibility particularly citizenship attestations and alien documentation. PLA must submit copies of training materials and the sign-in sheet for the training. PLA must ensure that HAP's ACMS and intake form are compliant to capture all of LSC's eligibility requirements and that staff are asking questions during intake to ensure that all required information is captured.²³

²³ PLA is advised that if HAP does not plan to report cases in 2009 then training is not required. PLA must advise in writing that HAP will not report cases to PLA to be included in the CSRs. PLA must ensure that its PAI plan and sub-grant agreement states that HAP will not report cases to PLA and that oversight will not be conducted. PLA must ensure that if HAP decides to report cases to PLA that the HAP staff is given training regarding intake and closing of files.

In addition, PLA must submit, within 45 days of receipt of the Draft Report, a certification to OCE that the PLA has met with HAP staff and that HAP's ACMS and intake procedures and forms were reviewed to ensure that LSC eligibility information is captured correctly. Also, PLA must, within 45 days of receipt of the Draft Report, certify the date on which HAP will or has started screening clients and reporting cases to PLA;

On February 25 and March 15, 2010, OCE received by email the above-cited required corrective action documentation. OCE was notified that PLA would start reporting HAP PAI cases March 15, 2010.

17. PLA must, within 45 days of receipt of the Draft Report, certify the date that VIP, CBAP and HAP if applicable, were given compliant citizenship attestation and alien eligibility forms. PLA must ensure that all three entities screen for citizenship;

On February 25, 2010, OCE received by email the above-cited required corrective action documentation. On February 23, 2010, the VIP and CBAP were provided training and compliant citizenship attestation forms and HAP was provided training on March 4, 2010.

18. PLA must, within 60 days of receipt of the Draft Report, certify to OCE the date on which LSC closing code training was or will be provided to VIP, CBAP and HAP staff. PLA must submit the training material used and forward the sign-in sheet for the training. Staff members from the PAI entities that report cases or will report cases must attend the training;

On February 25, 2010, OCE received by email the above-cited required corrective action documentation. The three (3) PAI entities were provided training on February 23 and March 4, 2010.

19. PLA must submit to OCE with its comments to the Draft Report the amount of in-kind contributions from PLA to CBAP for funding year 2006; and

In the comments to the DR, PLA reported that the amount of in-kind contributions to CBAP for the fiscal year was \$101,500.

20. PLA must, within 45 Days of receipt of the Draft Report, provide a certification to OCE as to when the new bank cards were received or are expected to be received and when a new Board resolution regarding the designee authorized to sign checks is or will be passed. In addition PLA must provide a copy of newly adopted internal controls which require that payments are marked as paid or are cancelled and the date on which new internal controls were adopted to require segregation of duties to ensure no one employee can initiate, execute, and record a transaction without a second independent individual being involved in the process.

On February 25, 2010, OCE received by email the above-cited required corrective action documentation. PLA has obtained new bank cards and adopted new internal controls. These corrective actions will be reviewed during OCE's future follow-up review.

**RESPONSE OF PHILADELPHIA LEGAL ASSISTANCE CENTER
TO THE DRAFT REPORT OF THE LEGAL SERVICES CORPORATION'S
OFFICE OF COMPLIANCE AND ENFORCEMENT REGARDING THE CASE
SERVICE REPORT/CASE MANAGEMENT SYSTEM ("CSR/CMS") REVIEW OF
SEPTEMBER 21-25, 2009**

Background

Philadelphia Legal Assistance Center, Inc. (PLA) was incorporated in October 1995 by the leadership of the Philadelphia Bar Association (PBA) and began operating in January 1996 as a Legal Services Corporation (LSC) recipient. Since its inception, PLA has been highly regarded as a provider of high volume, high quality legal services and has strived to deliver quality legal services in compliance with LSC regulations, policies and practices.

PLA serves thousands of clients a year with a highly committed staff of 46, including 14 attorneys and 21 paralegals specializing in the areas of public benefits, consumer/housing and family law. More than half of PLA's advocates are highly experienced and have worked for a legal services program for 15 years or more. The financial crisis of 2008 and subsequent economic downturn has measurably increased the number of individuals seeking assistance from PLA in foreclosure, unemployment compensation and family law. The foreclosure crisis, in particular, has led to a serious and rapid rise in client demand for PLA services, placing additional administrative and casehandling burdens on staff, leading to anomalies in data collection during 2008 and 2009. The anomalies in data collection due to increased demand contributed to some of the findings in LSC's Office of Compliance and Enforcement (OCE) Draft Report.

Access to PLA's services is available to the client community through a walk-in or telephone intake system depending upon the nature of the problem and/or client preference. On a daily basis, PLA averages approximately 60 new clients through its various intake systems. Although PLA began with a centralized intake system, it has chosen to de-centralize its intake system to improve efficiencies for clients and staff. Family law intake is conducted by the Family Law Unit; the "Save Your Home Philly" Hotline manages all intake for the Consumer Housing Unit; and General Intake is responsible for intake for all other substantive areas. As a result of this expansion of intake responsibilities throughout the program, PLA has adopted intake procedures, many at the recommendation of LSC's Office of Compliance and Enforcement (OCE) and Office of Program Performance (OPP), that serve to streamline the LSC eligibility process for clients, improve compliance and improve the quality of its delivery system. All advocates are trained in LSC compliance issues and are charged with the responsibility to ensure compliance. The integrity of eligibility information and documentation is reviewed by Unit Supervisors, the Managing Attorney and the Executive Director using a series of routine procedures. Corrective action is taken where necessary. For example, prior to completion of PLA's CSRs each year, reports are obtained from the case management system to determine any

anomalies in the case statistics. In addition, certain cases are targeted and are reviewed by the Executive Director for accuracy of problem codes, closing codes, and client eligibility and corrections are made in the ACMS. A list of recurring or common errors that are not clerical in nature are documented and provided to the Managing Attorney who takes corrective action through a clarification of the CSR handbook, instruction to the staff or through implementation of new policies.

PLA meets its Private Attorney Involvement (PAI) commitment by partnering with three award winning *pro bono* programs, Philly VIP (VIP), the Consumer Bankruptcy Assistance Project (CBAP) and the Homeless Advocacy Project (HAP). PLA provides in-kind contributions to the PAI programs in the form of rent, copying, telephones, mail, etc. Because PLA's PAI model involves working with three independent corporations, each with its own staff and board, complexities arise around issues of program integrity and CSR compliance. PLA has worked diligently to address all issues involving PLA's PAI Plan raised by LSC in recent years. Engaging in a deliberate planning process with three organizations is much more time consuming than making changes to PAI processes in an in-house program, and as a result, the implementation of certain changes has taken longer than expected. However, all parties have willingly worked towards implementing systems and practices that ensure compliance with LSC regulations, policies and recommended practices.

PLA's Board of Directors has, from its inception, maintained a commitment to compliance. Accordingly, the Board has had an LSC Compliance Committee for many years that provides leadership and oversight on compliance issues for PLA and its PAI partners. Such commitment, of course, is carefully balanced against maintaining quality legal services for clients.

The purpose of OCE's September 2009 visit was to review the accuracy of CSR data through the review of open and closed cases and to review the accuracy of PAI expenditures. It is evident, for the reasons articulated below, that the errors found by the OCE are not a result of willful violations or a disregard for oversight but are a reflection of the need for additional staff, training and the implementation of additional safeguards, including new forms of review, to improve the accuracy of data and maintain pace with frequent changes in regulatory and reporting requirements. PLA acknowledges the need to improve its documentation procedures, reduce the number of errors in its data collection and improve its oversight of its PAI subgrantees. However, such an undertaking cannot be successfully accomplished without the re-organization of some staff responsibilities and some additional hiring, which PLA is committed to implementing, despite the impact that this will necessarily have on the number of hours that can be devoted to direct client service. PLA has demonstrated its earnestness to this obligation by promptly implementing the twenty (20) corrective actions required by the OCE report.

Finding 1: PLA's automatic case management system ("ACMS") and intake procedures are insufficient to ensure that CRS information is accurately reported and case file information is accurately and timely recorded.

This singular finding is based upon several assertions that also serve to support additional findings addressed below and include:

- the existence of defaults in the ACMS;
- the existence of obsolete closing codes in the ACMS and their ongoing use; and
- a discrepancy between PLA's reported case numbers and the case numbers generated for the OCE case review.

PLA was first informed that certain defaults in the ACMS needed to be removed in a previous OCE CSR/Case Management Review in 2001 and PLA acted promptly to remove all defaults that impacted the determination of eligibility. Subsequently in 2002, LSC issued Program Letter 02-6 which prohibited the use of defaults in the ACMS specifically where the determination of client eligibility depends upon the data captured in a specific field such as the income, number in household, assets, and citizenship fields. In January 2008, PLA upgraded its ACMS from Kemps Caseworks to the Kemps Prime version and two defaults were reinstalled in the ACMS with that upgrade, one of which, PLA believes, did not impact client eligibility determinations.

The specific ACMS defaults cited by OCE as an impediment to the accuracy of PLA data and accurate reporting are the "Intake Type" field which defaulted to "In-House" and the "Asset Value" field, which defaulted to a value of \$0.00. The Prime version of Kemps, installed in January 2008, included a default to "In-house" in the Intake Type field. This default was left in the system based on PLA's conclusion that the data captured by this field did not impact client eligibility as defined in Program Letter 02-6 as this field simply indicates whether the client appeared in person or initiated service through telephone intake. A determination of client eligibility based upon citizenship or alien status is made by asking the applicant specific questions regarding their citizenship or immigration status and then documenting their response through either a signed citizenship attestation form or copies of an individual's immigration documents. While there are exceptions to the general documentation rules based upon the extent of service and whether the client ever appears in person, there are other indicators to determine whether a proper determination of eligibility was made and whether the basis for such eligibility was ever documented that would most likely be found in the case notes section of the ACMS. Whether the applicant's intake was initiated through "In-house", "Hotline", or "Telephone" seemed to have little impact on the determination of eligibility and in fact would be an unreliable source for evaluating the need for documentation of citizenship or alien status. Absent any guidance to the contrary, PLA accordingly exercised its judgment in deciding to maintain the default to "In-House."

The Prime version of Kempis also re-designed the asset related fields to include check off boxes labeled "none" that were placed alongside the "asset" and "asset value" fields. The "asset value" fields defaulted to \$0.00. This default was not removed based upon PLA's conclusion that the existence of check off boxes served as a verification of the zero defaults in the "asset value" fields. PLA acknowledges that the defaults identified by LSC create confusion when not used uniformly and has eliminated the defaults as evidenced by Corrective Action (CA) #1 attached as Appendix A. Additional check-off boxes have been added to clarify the asset verification and are evidenced by Corrective Action (CA#1) attached as Appendix A.

In 2007, the amended LSC CSR Handbook (2008 Ed.) removed the use of closing codes C,E, D, and J. All PLA and PAI staff were trained in the new CSR changes prior to the implementation date of the changes, January 1, 2008. PLA also decided to upgrade its Kempis ACMS to the Prime version in time for the January 1, 2008 implementation date of the CSR changes. Modifications to the Prime software to meet the new compliance requirements of the CSR Handbook (2008 Ed.) were designed and made by PLA staff and were not part of a packaged modification from the vendor, which was not available at the time. PLA chose to keep the obsolete closing codes but mark them in a way that would warn advocates against their use beyond the January 1, 2008 implementation date. Leaving the codes in the software would leave an audit trail for pre-2008 case closures. Even though the obsolete codes were not removed from the ACMS, and some were incorrectly used, PLA did not report any obsolete closing codes to LSC as part of its yearly case statistics, as evidenced by the 2008 LSC CSR for basic-field, migrant and PAI attached as Appendix B. The reason that the OCE's case lists included obsolete closing codes is that the CSR's were generated by a canned Prime query which automatically excludes obsolete codes. The case data provided to OCE for its review was generated through an Access query written specifically to produce the detailed data requested by OCE for the review and it did not exclude cases that were not reported in the CSR.

The differences in querying methods referred to above could have contributed to the discrepancy in the total number of cases reported in the CSRs versus the total number of cases provided to OCE. Using the case totals provided in the OCE Draft Report, the discrepancies referred to by OCE included a differential of 67 cases between PLA's 2007 reported CSR and the total number of cases provided to OCE for the same year and a differential of 954 cases between PLA's 2008 reported CSR and the number of cases provided to OCE for the same year. A quick query run on-site during the OCE visit revealed a differential of 18 cases between the 2008 CSR and the onsite query. These differentials of 67 cases and 18 cases were out of a total reported of 4610 for 2007 and 3467 for 2008. A review of the case lists provided to OCE and the CSR Reports could not duplicate the case totals arrived at by OCE so that verifying the differentials is not possible.

However, the differentials in case numbers are likely based upon a variety of factors present at the time the query is created. Clearly, the query used to run the report was not identical to that used to run the Prime report. Additionally, cases may have been closed using a 2008 closing date, but physically closed in 2009, after having been given to the clerk for closing.

Such cases would not be reported in 2008 CSR's as they had an untimely closing date.¹ In addition, the ACMS serves a variety of functions including reporting, data collection, compliance and case management. At times, the varying functions impact upon the accuracy of data, especially as the functions of the ACMS become more complicated as public and private funders make greater demands upon programs for data collection and compliance. PLA makes every effort to coordinate and integrate complex funding requirements to maintain efficiencies in data collection and compliance with reporting requirements. While every attempt is made to ensure the accuracy of the data there will inevitably be some margin of error due to the volume of cases and the complexity of the different funding source requirements. Ultimately, the differentials cited by OCE reflect a small percentage of undercounted cases even assuming that all of them were CSR reportable.

Finding 2: PLA's intake procedures and forms are not standardized which has led to inconsistent intake practices and acceptance policies. As a result, non compliant cases have been reported to LSC.

PLA disagrees with this finding and considers that it is based upon a misunderstanding of the purpose and function of the various information sheets PLA uses as part of its intake and case acceptance process. Unfortunately, the distinction between PLA's eligibility screening and case acceptance procedures was not made clear through staff interviews. PLA uses the same intake procedures for eligibility screening across substantive units. Intake screening is guided by the data fields found on the electronic Prime eligibility and intake sheets and this system is used by all PLA's intake systems to determine eligibility. PLA has incorporated supplementary informational forms into the intake process and/or the substantive client interview to supplement information that will eventually be used in determining case acceptance. The information gathered by the supplemental forms differs based upon the particular needs of a substantive unit. For example, the Family Law Unit's supplemental intake form asks for the names of children and opposing parties while these questions are not found on the supplemental forms for general intake.

Determining whether a case will be accepted is based upon criteria established by the substantive units based upon priorities of the unit and available staff. Such criteria will necessarily differ across units. For example, the consumer housing unit has chosen not to accept cases involving single homeowners, finding that the impact of its limited resources is more significant when used to save an entire family from homelessness. Accordingly, a client may be eligible for PLA services but the client's individual case may not be accepted by a particular PLA substantive unit because it does not meet priorities the unit has set for its limited resources. The client may meet the acceptance criteria of one unit but not another. For example, a single individual seeking assistance with unemployment compensation would be served if he or she had a colorable claim, but that same individual would not be represented in a mortgage foreclosure.

¹ PLA staff has been instructed to close these cases as "X" files.

While PLA strives to provide holistic representation to clients, there is an occasional example where due to a lack of resources, a person cannot be fully served.

Finding 3: PLA does not maintain the income eligibility documentation required by 45 CFR Part 1611.

PLA's practice and procedure regarding the determination of client eligibility is in substantial compliance with LSC requirements as set forth in 45 CFR Part 1611 *et seq.* and the CSR Handbook (2008 Ed.) 5.3 and 5.4. The documentation of each applicant's eligibility is recorded electronically in the Kemp's case management system, and includes all income and asset information provided by the applicant from either the written supplemental intake questionnaire and/or the intake interview. As per the CSR Handbook, PLA records the number of people in the applicant's family unit and the total income received by all members of that unit. If an applicant's household has gross income exceeding 125% of the federal poverty guidelines, PLA's practice is to comply fully with 45 CFR Part 1611.4(b) and CSR Handbook ¶ 5.3 by clearly documenting in the Kems system the factual basis for the decision to accept the applicant's case, considering the factors delineated in 45 CFR Part 1611.5. The procedure also included a review by the managing attorney of each over-income applicant and written authorization as per the PLA policy in effect at the time of the OCE review.

The OCE's finding that PLA does not maintain eligibility documentation is based upon assertions that include:

- PLA's failure to inquire into prospective income;
- the disparate treatment of over-income applicants; and
- the inclusion of foodstamps in the itemization of income sources.

As to the first point, LSC's Office of Legal Affairs first issued an External Opinion on the requirement of screening for prospective income on September 3, 2009, shortly before the OCE visit. At the time of the OCE review, PLA had not yet developed a policy or procedures to address this issue. Since the issuance of the OLS External Opinion and the OCE visit, PLA has defined, with staff input, the specific considerations that are part of the inquiry regarding prospective income, drafted and published its policy to staff, conducted trainings on the new requirement and has modified the eligibility sheet in the ACMS to document that the inquiry on prospective income was made. This clarification regarding prospective income did not impact the accuracy of the data for 2008 and 2007. Evidence that PLA has implemented a policy on prospective income is evidenced by Corrective Action (CA#5) and attached as Appendix C.

The disparate treatment of over-income applicants arises primarily from the change in procedures for handling foreclosure intakes through the Save Your Home Philly Hotline. Based upon the high volume of calls received by the Hotline it is more efficient to maintain electronic files instead of paper files especially where the Hotline activities are primarily conducted by telephone. This change in protocol, makes obtaining the written approval of over-income

applicants more complicated and inefficient to obtain. Upon OCE's recommendation, PLA has amended its Financial Eligibility Policy to allow advocates to approve over-income applicants thus preserving the efficiency of the Hotline and placing PLA in compliance with its own policy.

Finally, PLA does not consider "foodstamps" a source of income to be used in the determination of financial eligibility and accordingly "food stamps" is not a choice in the drop down menu for the "source of income" field. The examples referenced in the draft report are incidents where the advocate inserted the food stamps notation into the field and assigned it a value. There is no evidence to suggest that this is a widespread practice or that any eligibility determinations were made based on inclusion of food stamps as income.

Finding 4: PLA does not maintain asset eligibility documentation as required by 45 CFR Part 1611.3(c) and (d) CSR Handbook (2001 Ed.), ¶ 5.4, and CSR Handbook (2008 ED.) 5.4.

The OCE's finding that PLA does not maintain asset eligibility documentation is based upon assertions that include:

- the existence of a zero default in the "asset value" field of the ACMS;
- the non-uniform use of "not applicable" and other notations in the ACMS to indicate a waiver of the asset policy; and
- the recording of the existence of "exempt" assets.

The issue of a zero default in the "asset value" field has already been addressed. The default has since been removed and evidence of that is attached as Appendix A.

The use of notations in the ACMS to indicate a waiver of the asset policy results from the ACMS upgrade which included the addition of a government benefits check off box which the prior ACMS did not contain. In the absence of the check off box, staff was accustomed to providing a clarifying notation as to the applicability of the asset determination policy. This was a practice that was never eliminated and had no impact on the quality or accuracy of the data. If anything, these notations indicate that the advocate reviewed the income for its qualification as an exemption within the policy guidelines.

Finally, while PLA's asset determination policy does not require the recording of exempt assets, the fact that the staff takes the time to do so is actually evidence that the questions are asked and that the determination is made. No clients are determined ineligible due to a listing of an exempt asset on the intake form within the ACMS system.

Finding 5: PLA is non-compliance with 45 CFR Part 1626 (Restrictions on legal assistance to aliens).

The OCE's assertion that PLA is in non-compliance with the restriction on legal

assistance to aliens is based upon:

- the lack of a notation in the file as to the basis for an eligible alien's status;
- the use of different versions of citizenship attestation forms; and
- missing citizenship attestations in PAI files.

For intakes conducted by telephone, citizenship or alien status is verified orally and the individual's status is marked accordingly in the ACMS as a citizen or an "eligible alien". While PLA did inquire and ensure that all clients were eligible for services orally, PLA did not document the basis of an applicant's alien status in the ACMS for intakes initiated by telephone. Nonetheless, PLA agrees that LSC requires that recipients make appropriate inquiry of each and every telephone applicant and record such inquiry and response(s). Program Letter 99-3. Since the OCE visit, PLA has modified its intake procedures to ensure that an eligible alien's status is not only verified orally, but recorded in the case notes through the use of a canned note or individual entry.

In 1999, PLA was the subject of an audit by LSC's OIG which identified the inadequacy of PLA's documentation of citizenship attestations. PLA's corrective action included altering the intake process to require applicants of the walk-in intake system to certify their citizenship or note their alien status upon arrival at PLA on a supplemental intake questionnaire that is completed by the applicant upon arrival at PLA, prior to being interviewed by a paralegal. If the applicant is not a citizen that information is noted on the intake questionnaire and the advocate who conducts the interview is prompted by this disclosure to obtain adequate documentation. This measure has greatly improved the documentation of applicants' citizenship or alien status. However, PLA used a combined format for citizenship attestation and disclosure of immigrant status that was not modified following the issuance of the CSR Handbook (2008 Ed.) that standardized the citizenship attestation. PLA did not consider that the inclusion of questions regarding non-citizen status on the same form as citizenship would invalidate the citizenship attestation.

Missing citizenship attestations in PAI referrals that are generated by telephone is addressed below under Finding 16.

Findings 10: PLA's application of the CSR case closure categories is inconsistent with Section VIII, CSR Handbook (2001 Ed.) and Chapters VIII and IX, CRS handbook (2008 Ed.)

In this finding, OCE indicates that the inconsistent application of closing codes has been an ongoing problem at PLA originally raised in the 2001 review and that has not been addressed. In fairness, this finding is misleading and a distinction must be drawn between the support for the OCE's finding in 2001 and that found as a result of the recent review. In 2001, the OCE's finding was based on the inconsistent application of existing CSR closing codes based upon the limited and insufficient guidance found in the older version of the CSR Handbook (2001 Ed.).

The application of the closing codes was subsequently clarified by a CSR training conducted by OCE staff following their OCE review. The 2007 changes to the CSR handbook have augmented the guidance on the use of closing codes and PLA's application of the codes has become more consistent. The 2009 visit cited the continued use of closing codes that are now obsolete as per the 2007 changes to the CSR Handbook. The total number of cases closed out in PLA's ACMS with obsolete closing codes in 2008 totaled 58. As these cases were not reported to LSC as part of PLA's CSRs, this error created a small undercounting of cases, assuming these cases met the CSR criteria for a reportable case.

VIP was also cited for the use of obsolete closing codes. As evidenced by the CSR reports submitted to LSC and attached as Appendix B, such cases were never reported to LSC and PLA did not take credit for them in their case statistics. A review of obsolete closing codes in the ACMS for VIP cases revealed a total of 4 cases. Again, this error created a small undercounting of cases.

Finding 11: PLA is not in compliance regarding the requirements of CSR Handbook (2001 Ed.) X3.3 and CSR Handbook (2008 Ed.), X3.3 (Timely Closing)

PLA monitors the timeliness of case closings through a variety of methods. Staff is provided with their respective open case reports and one day per calendar quarter is set aside as an administrative day, dedicated to closing files. Secondly, attorney supervisors conduct case reviews at least once a year and advocates are instructed to close out dormant cases. Finally, the Executive Director runs an open case report by advocate name prior to the completion of the Grant Activity Reports to check whether an inordinate number of cases are held open by any single advocate. PLA has recently retrained all staff on the timely closing of cases as part of its CSR training. This recent training will serve to enhance PLA's other existing methods of review.

Finding 16: PLA is in non-compliance with 45 CFR Part 1614's oversight requirements of PAI files.

PLA has been working diligently to enhance its oversight of its PAI partners to improve compliance with subgrant agreements, case documentation and reporting. PLA was proceeding with the recommendations of the OCE made as part of the subgrant approval process prior to the OCE review. The OCE review revealed the need for PLA to improve upon several areas of non-compliance that would have been addressed as part of the oversight plan that PLA intended to implement. As part of PLA's agreement to improve oversight as part of the PAI subgrant agreements which were approved on July 1, 2009, PLA intended to conduct the first review of closed files at the close of the first quarter, September 30, 2009 a date which followed the OCE visit. PLA's review would have revealed the areas of non-compliance in advance of 2009 CSR reporting. However, the OCE review pre-empted PLA's PAI case review and revealed several areas of non-compliance that include:

- Screening of Cases

- Citizenship Verification
- Use of Obsolete Closing Codes
- Lack of Adequate Oversight of PAI Programs

The OCE review revealed that PAI referrals that arise from telephonic intake screening are not fully documented for citizenship verification. PLA refers cases to CBAP and VIP that are screened either during in person or telephone intake. The referrals screened by telephone may not be fully documented prior to referral, depending upon whether a client has a face to face meeting with a PLA staff person before the referral is actually made. Since the OCE visit, PLA has modified its referral process to require that all documentation of citizenship and alien status be obtained by the PLA staff prior to referral of the case to the PAI program, except in case of an emergency or deadline that necessitates prompt action. The PAI programs have been trained on citizenship verification and alien documentation and have been provided with the correct citizenship attestation forms in order to comply with this requirement should the documentation not be obtained prior to referral.

PAI staff has also been trained on the CSR compliance including the use of closing codes and the PAI programs have made modifications to their ACMS to remove obsolete closing codes. Since the OCE review, the PAI programs have reported closed cases to PLA for the recent two quarters that have not included any obsolete closing codes. In addition, PLA has conducted its first quarterly case review of PAI files and will continue to do so to ensure compliance.

Finding 17: PLA has three sub-grant agreements that were approved for funding for 2009 as required by 45 CFR Part 1627.

PLA is operating with three approved sub-grant agreements for its PAI programs and was operating under its PAI plan, prior to approvals in 2009. Sub-grant agreements were being constructed for submission to OCE. While these sub-grant agreements were being constructed, reviewed and edited, PLA continued to meet its PAI obligation through in-kind contributions to VIP, HAP and CBAP in the same manner that it had since 1996.

Each year, PLA provides to each of the PAI programs a break down of the monies that PLA has spent, in-kind, in support of each project. PLA reports the aggregate of that number in its own audit. The PAI projects have a separate audit from PLA and report in-kind contributions to their auditor as required. However, PLA does not meet with the auditors of the other programs and does not review any submissions to the auditors of these programs. In 2006, PLA reported in-kind contributions to CBAP of \$101,500 for that Fiscal Year. The reason that the figure reported by CBAP varied is not known, but a change in Fiscal Year by that program may have effected the amount reported over a period of two years.

Finding 21: PLA's Bank Reconciliations are performed timely and accurately. However they are not reviewed timely.

Bank reconciliations are completed, usually within 10 days of the close of the month. Normally, these are reviewed within the same week as the reconciliation is completed. However, during audit periods or during the preparation for an audit or LSC review, the period for review may be extended as all fiscal files are retained in the office of the Finance Director during such events for review and in preparation for such visits. In the future, all reviews will be completed promptly, regardless of other events that might intervene.

Finding 23: PLA does not have adequate segregation of duties and internal controls.

PLA operates its financial department with minimal staff in order to maximize staff with casehandling responsibilities. Despite this, PLA has made multiple changes to its financial system over the years to ensure that there are strong internal controls and has involved a variety of people in the financial management of the program, in addition to the Finance Director. Specifically, this finding required that PLA obtain new bank signature cards, showing the signatures of approved check signers for the program since the bank does not retain cards once they are received and no copies could be made of the cards. A Board resolution was passed and new signature cards were filled out and sent to the bank. Copies of signature cards were provided to LSC.

Past practice of PLA was to attach a copy of the check that was used to pay bills to the invoice or bill that was paid as evidence that the bill had been paid. This practice allowed those reviewing the payments to see when the payment was made, the amount of the payment and the check number used to make payment. PLA has purchased a "PAID" stamp and will additionally stamp each invoice "PAID" as required by LSC.

Other changes to internal controls were also made following the visit of LSC. The Finance Director and the Office Manager no longer are authorized check-signers and the Finance Director is solely responsible for the routine preparation of checks. The Managing Attorney was added as a check signer, but no longer reviews bank reconciliations, which are now reviewed by the Office Manager, who no longer signs checks. Amendments to the Financial Manual were made to reflect these changes and to remove the Administrative Assistant as someone who could prepare emergency escrow checks. Changes in the Financial Manual were forwarded to LSC on February 25, 2010.

Finding 24: PLA does not comply with its salary advance policy.

PLA has a salary advance policy that requires that any individual obtaining such an advance sign an agreement to repay the advance that includes the amount of the advance, the rate of repayment of the advance and an understanding that advances will be recovered from final checks should the individual leave the program still owing monies on any salary advance. The policy requires the Executive Director's approval but allows the Finance Director the authority to approve advances for \$1000 or less, if there is no outstanding advance amount. During the prior year, two advances were given, one for \$3000.00 and one as a second advance, approved by the

Finance Director. Both of these were made as emergencies during the absence of the Executive Director. PLA has decided keep its current policy and continue to prohibit advances not made in accordance with the existing policy even in case of emergency. No further advances will be granted under similar conditions.

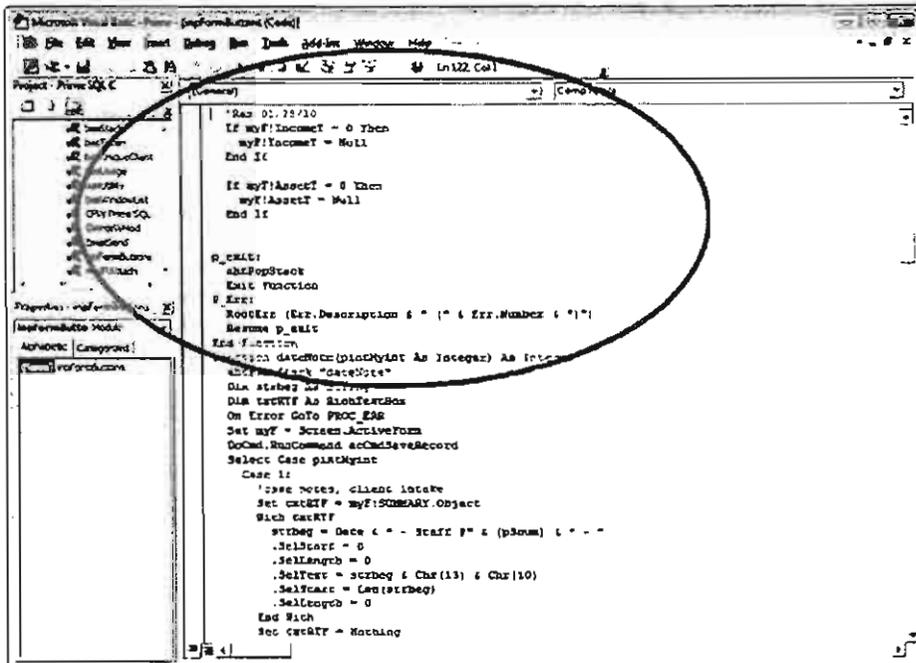
This is a formal response regarding Section V. Part 1 Required Corrective Actions of the Legal Services Corporation findings relevant to Philadelphia Legal Assistance (PLA).

1. PLA must remove the zero income, asset, and in-house defaults to comply with CSR Handbook (2008 Ed.) and Program letter 02-06. As such, PLA must, within 30 days of receipt of the Draft Report, forward to OCE a capture of the eligibility screen proving that the zero defaults have been removed in the income, asset and the total asset fields. Also, PLA must submit, within 30 days, to OCE a certification that the expired closing codes and the in-house default in the ACMS have been removed. PLA must also revise its current case checklist to include compliance elements and submit the new form to OCE within 30 days;

Below are screen captures of the Case Management Software (CMS) PRIME illustrating three possible scenarios an advocate may encounter. The first represents the Eligibility Intake screen using primary access to the form. Restated, an advocate has gone directly to the Eligibility Intake sheet as opposed to using a link from some other area of PRIME.

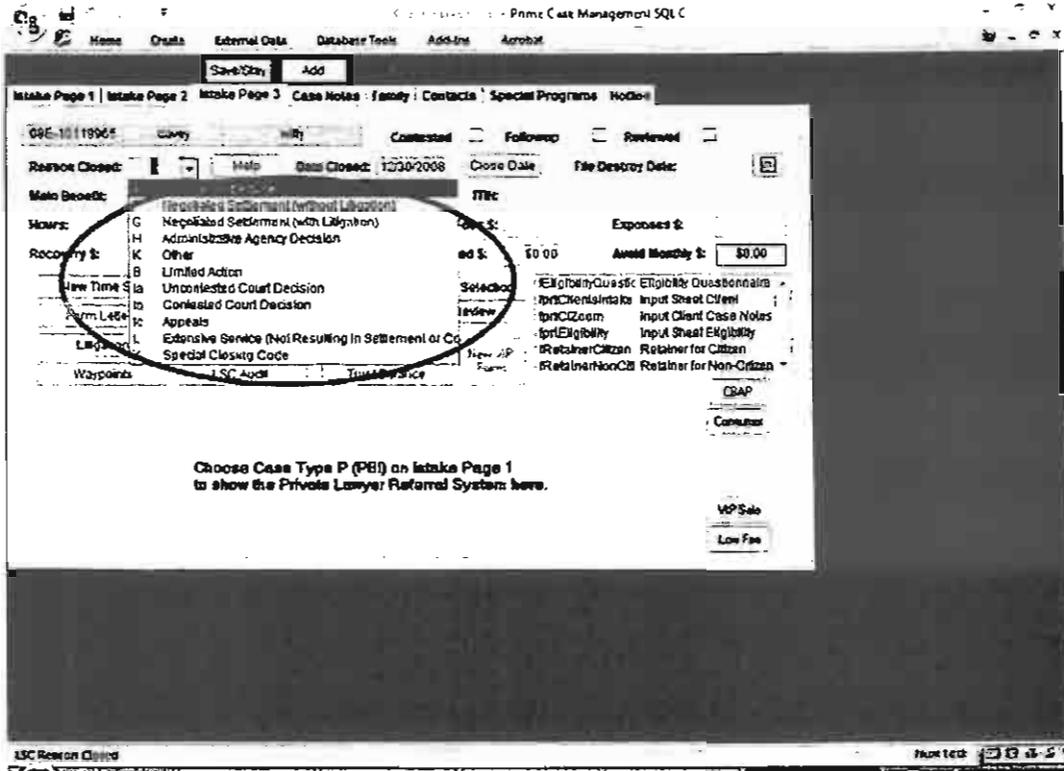
The PRIME CMS allows users to transfer information to and from related intake sections. PLA is set to indirectly enter the Eligibility intake sheet from either a Callback or General Intake sheet. The second scenario illustrates when an advocate may enter the Eligibility Intake sheet from the Callback area of PRIME. Note the Income and Asset fields are blank as opposed to a zero dollar value.

Appendix A

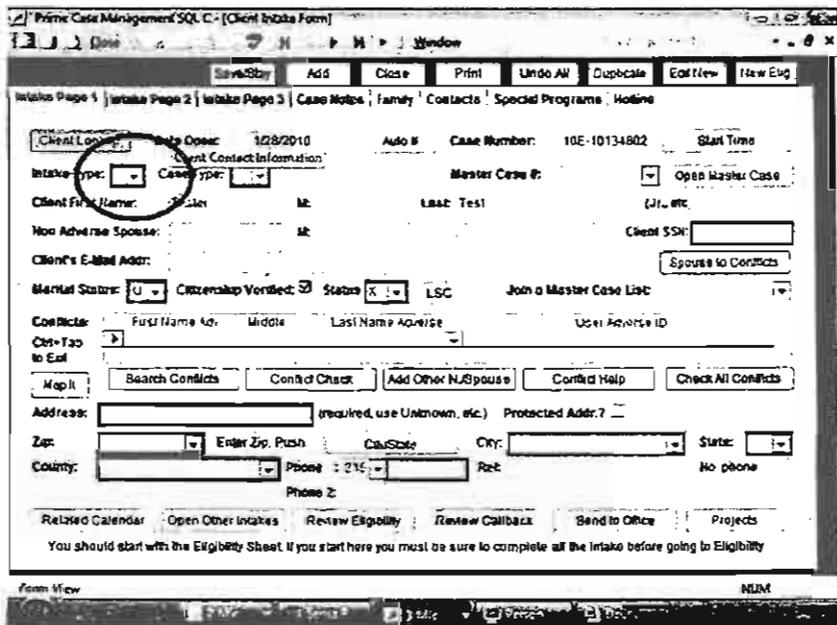


Regarding expired LSC closing codes, the image below illustrates original codes within PRIME. PLA has removed the codes highlighted in yellow, blue highlight represents new additions, a screen snapshot is provided as to current selections available to our advocates.

RCLOSED	RCLOSEDNA
A	Counsel and Advice
B	Brief Services (other than Counsel and Advice)
C	Referred After Legal Assessment
D	Insufficient Merit to Proceed
E	Client Withdrew, Did Not Return
F	Negotiated Settlement (without Litigation)
G	Negotiated Settlement (with Litigation)
H	Administrative Agency Decision
I	Court Decision
Ia	Uncontested Court Case
Ib	Contested Court Case
Ic	Appeals
J	Change in Eligibility Status
K	Other
L	Extensive Services



Next, screen snapshots illustrating that 'in-house defaults' have been removed in favor of null fields and the prospective income modifications have been applied to Eligibility.





Form G-3: Actual Case Services (Staff)

Grantee Information

Recipient Number 339000 Service Area PA-1
 Recipient Name Philadelphia Legal Assistance Center Calendar Year 2009

Information

Did you close any cases funded under Title III or IV of the Older Americans Act? No

If yes, please report the total number of Title III and Title IV cases closed (excluding cases already reported to LSC and excluding cases ineligible for reasons other than client financial eligibility)

Appendix B

Actual Case Services

	A. Counsel and Advice	B. Limited Action	F. Negot. Settlement w/o Litig.	G. Negot. Settlement w/ Litig.	H. Agency Decision	(a). Court Decision Uncontested	(b). Court Decision Contested	(c). Court Decision Appeals	K. Other Closure Method	L. Extensive Services	Total Cases Closed
CONSUMER											
01 Bankruptcy/Debt Relief	191	4	0	0	0	0	1	0	0	0	196
02 Collections/Repossessions	238	43	0	4	0	0	1	0	0	0	286
03 Contracts/Warranties	8	2	0	0	0	0	0	0	0	0	10
04 Collection Practices/Creditor Harassment	3	1	0	0	0	0	0	0	0	0	4

05 Pred. Lending Practices (Not Mortgages)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
06 Loans/Install. Purch. (Not Collections)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
07 Public Utilities	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
08 Unfair/Deceptive Sales/Practices (Not Real Prop.)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
09 Oth. Consumer/Finance	82	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	89
Subtotal Consumer	525	57	0	4	0	0	0	0	0	0	2	0	0	0	0	0	0	588

EDUCATION

	A. Counsel and Advice	B. Limited Action	F. Negot. Settlement w/o Litig.	G. Negot. Settlement w/ Litig.	H. Agency Decision	I(a). Court Decision Uncontested	I(b). Court Decision Contested	I(c). Court Decision Appeals	K. Other Closure Method	L. Extensive Services	Total Cases Closed
12 Discipline (incl. Expulsion & Susp.)	0	0	0	0	0	0	0	0	0	0	0
13 Special Ed./Learning Disabilities	0	0	0	0	0	0	0	0	0	0	0
14 Access (incl. Bilingual, Residency, Testing)	0	0	0	0	0	0	0	0	0	0	0
15 Vocational Ed.	0	0	0	0	0	0	0	0	0	0	0
16 Student Financial Aid	0	0	0	0	0	0	0	0	0	0	0
19 Other Education	0	0	0	0	0	0	0	0	0	0	0
Subtotal Education	0	0	0	0	0	0	0	0	0	0	0

EMPLOYMENT

21 Employment Discrimination	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22 Wage Claims & Oth. FLSA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23 EITC (Earned Income Tax Credit)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
24 Taxes (Not EITC)	5	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
25 Employee Rights	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26 Agricultural Worker (Not Wage Claims/FLSA)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29 Oth. Employment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Subtotal Employment	6	1	0	7														

FAMILY

	A. Counsel and Advice	B. Limited Action	F. Negot. Settlement w/o Litig.	G. Negot. Settlement w/ Litig.	H. Agency Decision	I(a). Court Decision Uncontested	I(b). Court Decision Contested	I(c). Court Decision Appeals	K. Other Closure Method	L. Extensive Services	Total Cases Closed
30 Adoption	1	0	0	0	0	0	0	0	0	0	1
31 Custody/Visitation	544	234	1	9	0	2	16	0	3	33	842
32 Divorce/Separation /Annul.	148	32	0	1	0	15	1	0	1	3	201
33 Adult Guardian./Conservator.	14	0	0	0	0	0	0	0	0	0	14
34 Name Change	13	5	0	0	0	1	0	0	0	1	20
35 Parental Rights Termination	3	2	0	0	0	0	0	0	0	0	5
36 Paternity	7	2	0	0	0	1	0	0	0	5	15

37 Domestic Abuse	56	21	0	5	0	0	1	7	0	1	4	95
38 Support	162	51	0	4	0	0	3	5	0	1	12	238
39 Oth. Family	6	2	0	0	0	0	1	0	0	0	0	9
Subtotal Family	954	349	1	19	0	0	24	29	0	6	58	1440

JUVENILE

	A. Counsel and Advice	B. Limited Action	F. Negot. Settlement w/o Litig.	G. Negot. Settlement w/ Litig.	H. Agency Decision	I(a). Court Decision Uncontested	I(b). Court Decision Contested	I(c). Court Decision Appeals	K. Other Closure Method	L. Extensive Services	Total Cases Closed
41 Delinquent	0	0	0	0	0	0	0	0	0	0	0
42 Neglected/Abused /Depend.	0	0	0	0	0	0	0	0	0	0	0
43 Emancipation	0	0	0	0	0	0	0	0	0	0	0
44 Minor Guardian./Conservator.	0	0	0	0	0	0	0	0	0	0	0
49 Oth. Juvenile	0	0	0	0	0	0	0	0	0	0	0
Subtotal Juvenile	0	0	0	0	0	0	0	0	0	0	0

HEALTH

	A. Counsel and Advice	B. Limited Action	F. Negot. Settlement w/o Litig.	G. Negot. Settlement w/ Litig.	H. Agency Decision	I(a). Court Decision Uncontested	I(b). Court Decision Contested	I(c). Court Decision Appeals	K. Other Closure Method	L. Extensive Services	Total Cases Closed
51 Medicaid	94	53	6	8	1	0	0	0	4	0	166
52 Medicare	0	3	1	0	0	0	0	0	0	0	4
53 Gov't Children's Health Insurance	0	0	0	0	0	0	0	0	0	0	0

	A. Counsel and Advice	B. Limited Action	F. Negot. Settlement w/o Litig.	G. Negot. Settlement w/ Litig.	H. Agency Decision	I(a). Court Decision Uncontested	I(b). Court Decision Contested	I(c). Court Decision Appeals	K. Other Closure Method	L. Extensive Services	Total Cases Closed
54 Home & Community Based Care	0	0	0	0	0	0	0	0	0	0	0
55 Private Health Insurance	0	0	0	0	0	0	0	0	0	0	0
56 Long Term Health Care Facilities	1	0	0	0	0	0	0	0	0	0	1
57 State & Local Health	0	0	0	0	0	0	0	0	0	0	0
59 Oth. Health	0	0	0	0	0	0	0	0	0	0	0
Subtotal Health	95	56	7	8	1	0	0	0	4	0	171
HOUSING											
61 Federally Subsidized Housing	0	0	0	0	0	0	0	0	0	0	0
62 Homeownership/Real Prop. (Not Foreclosure)	216	18	2	6	5	1	0	0	4	0	252
63 Private Landlord/Tenant	6	0	0	0	0	0	0	0	0	0	6
64 Public Housing	1	0	0	0	0	0	0	0	0	0	1
65 Mobile Homes	0	0	0	0	0	0	0	0	0	0	0
66 Housing Discrimination	0	0	0	0	0	0	0	0	0	0	0
67 Mort. Foreclosures (Not Pred. Lend.)	1054	113	6	10	2	0	0	0	13	3	1201
68 Mort. Pred. Lend./Practices	14	1	0	0	0	0	0	0	0	1	16
69 Oth. Housing	35	7	0	0	0	0	0	0	0	1	43
Subtotal Housing	1326	139	8	18	7	1	0	0	17	5	1519

	A. Counsel and Advice	B. Limited Action	F. Negot. Settlement w/o Litig.	G. Negot. Settlement w/ Litig.	H. Agency Decision	I(a). Court Decision Uncontested	I(b). Court Decision Contested	I(c). Court Decision Appeals	K. Other Closure Method	L. Extensive Services	Total Cases Closed
INCOME											
71 TANF	33	20	3	6	0	0	0	0	1	0	63
72 Social Security (Not SSDI)	7	4	0	0	0	0	0	0	0	2	13
73 Food Stamps	144	44	18	7	0	0	0	0	5	0	218
74 SSDI	6	5	0	0	2	0	0	0	0	1	14
75 SSI	41	70	1	0	63	0	0	0	1	6	182
76 Unemployment Comp.	441	44	2	0	72	0	1	0	7	1	568
77 Veterans Benefits	0	1	0	0	0	0	0	0	0	0	1
78 State and Local Income Maint.	8	5	2	1	0	0	0	0	0	0	16
79 Oth. Income Maint.	4	1	0	0	0	0	0	0	0	0	5
Subtotal Income	684	194	26	14	137	0	1	0	14	10	1080

INDIVIDUAL

	A. Counsel and Advice	B. Limited Action	F. Negot. Settlement w/o Litig.	G. Negot. Settlement w/ Litig.	H. Agency Decision	I(a). Court Decision Uncontested	I(b). Court Decision Contested	I(c). Court Decision Appeals	K. Other Closure Method	L. Extensive Services	Total Cases Closed
81 Immigration/Naturalization	1	0	0	0	0	0	0	0	0	0	1
82 Mental Health	0	1	0	0	0	0	0	0	0	0	1
84 Disability Rights	0	0	0	0	0	0	0	0	0	0	0

	A. Counsel and Advice	B. Limited Action	F. Negot. Settlement w/o Litig.	G. Negot. Settlement w/ Litig.	H. Agency Decision	I(a). Court Decision Uncontested	I(b). Court Decision Contested	I(c). Court Decision Appeals	K. Other Closure Method	L. Extensive Services	Total Cases Closed
85 Civil Rights	0	0	0	0	0	0	0	0	0	0	0
86 Human Trafficking	0	0	0	0	0	0	0	0	0	0	0
89 Oth. Individual Rights	0	0	0	0	0	0	0	0	1	0	1
Subtotal Individual	1	1	0	0	0	0	0	0	1	0	3
MISC											
91 Legal Assist. to Non-Profit Org./Group (Incl. Inccorp./Dissolution)	0	0	0	0	0	0	0	0	0	0	0
92 Indian/Tribal Law	0	0	0	0	0	0	0	0	0	0	0
93 Licenses (Drivers, Occupation & Oth.)	18	1	0	0	0	0	0	0	0	0	19
94 Torts	13	0	0	0	0	0	0	0	0	0	13
95 Wills/Estates	104	7	0	0	0	1	0	0	0	0	112
96 Adv. Directives/Powers of Attorney	9	4	0	0	0	0	0	0	0	0	13
97 Municipal Legal Needs	0	0	0	0	0	0	0	0	0	0	0
99 Other Miscellaneous	2	1	0	0	0	0	0	0	0	0	3
Subtotal Misc	146	13	0	0	0	1	0	0	0	0	160
Total	3737	810	42	61	145	26	32	0	42	73	4968



Form G-3(d): Actual Case Services (PAI)

Grantee Information

Recipient Number 339000 **Service Area** PA-1
Recipient Name Philadelphia Legal Assistance Center **Calendar Year** 2009

Information

Did you close any cases funded under Title III or IV of the Older Americans Act?
 If yes, please report the total number of Title III and Title IV cases closed (excluding cases already reported to LSC and excluding cases ineligible for reasons other than client financial eligibility)

No

Actual Case Services

	A. Counsel and Advice	B. Limited Action	F. Negot. Settlement w/o Litig.	G. Negot. Settlement w/ Litig.	H. Agency Decision	(a). Court Decision Uncontested	(b). Court Decision Contested	(c). Court Decision Appeals	K. Other Closure Method	L. Extensive Services	Total Cases Closed
CONSUMER											
01 Bankruptcy/Debt Relief	33	1	0	0	1	76	0	0	0	0	111
02 Collections/Repossessions	1	1	0	4	2	0	2	0	0	0	10
03 Contracts/Warranties	1	0	0	0	0	0	0	0	0	0	1
04 Collection Practices/Creditor Harassment	0	0	0	0	0	0	0	0	0	0	0

05 Pred. Lending Practices (Not Mortgages)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
06 Loans/Install. Purch. (Not Collections)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
07 Public Utilities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
08 Unfair/Deceptive Sales/Practices (Not Real Prop.)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
09 Oth. Consumer/Finance	0	1	0	0	2	1	1	0	0	0	0	0	0	0	0	0	0	4
Subtotal Consumer	35	3	0	0	6	4	4	76	2	0	126							

	A. Counsel and Advice	B. Limited Action	F. Negot. Settlement w/o Litig.	G. Negot. Settlement w/ Litig.	H. Agency Decision	I(a). Court Decision Uncontested	I(b). Court Decision Contested	I(c). Court Decision Appeals	K. Other Closure Method	L. Extensive Services	Total Cases Closed
EDUCATION											

12 Discipline (incl. Expulsion & Susp.)	0	0	0	0	0	0	0	0	0	0	0
13 Special Ed./Learning Disabilities	0	0	0	0	0	0	0	0	0	0	0
14 Access (incl. Bilingual, Residency, Testing)	0	0	0	0	0	0	0	0	0	0	0
15 Vocational Ed.	0	0	0	0	0	0	0	0	0	0	0
16 Student Financial Aid	0	0	0	0	0	0	0	0	0	0	0
19 Other Education	0	0	0	0	0	0	0	0	0	0	0
Subtotal Education	0										

	A. Counsel and Advice	B. Limited Action	F. Negot. Settlement w/o Litig.	G. Negot. Settlement w/ Litig.	H. Agency Decision	I(a). Court Decision Uncontested	I(b). Court Decision Contested	I(c). Court Decision Appeals	K. Other Closure Method	L. Extensive Services	Total Cases Closed
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EMPLOYMENT												
	A.	B.	F.	G.	H.	(a)	(b)	(c)	K.	L.	Total	
	Counsel and Advice	Limited Action	Negot. Settlement w/o Litig.	Negot. Settlement w/ Litig.	Agency Decision	Court Decision Uncontested	Court Decision Contested	Court Decision Appeals	Other Closure Method	Extensive Services	Cases Closed	
21 Employment Discrimination	0	0	0	0	0	0	0	0	0	0	0	
22 Wage Claims & Oth. FLSA	0	0	0	0	0	0	0	0	0	0	0	
23 EITC (Earned Income Tax Credit)	0	0	0	0	2	0	0	0	0	0	2	
24 Taxes (Not EITC)	1	1	0	0	2	0	0	0	0	0	4	
25 Employee Rights	0	0	0	0	0	0	0	0	0	0	0	
26 Agricultural Worker (Not Wage Claims/FLSA)	0	0	0	0	0	0	0	0	0	0	0	
29 Oth. Employment	0	0	0	0	0	0	0	0	0	0	0	
Subtotal Employment	1	1	0	0	4	0	0	0	0	0	6	

FAMILY												
	A.	B.	F.	G.	H.	(a)	(b)	(c)	K.	L.	Total	
	Counsel and Advice	Limited Action	Negot. Settlement w/o Litig.	Negot. Settlement w/ Litig.	Agency Decision	Court Decision Uncontested	Court Decision Contested	Court Decision Appeals	Other Closure Method	Extensive Services	Cases Closed	
30 Adoption	2	1	0	0	0	0	0	0	0	0	3	
31 Custody/Visitation	36	4	0	4	0	0	5	0	2	6	57	
32 Divorce/Separation /Annul.	5	0	0	2	0	0	1	0	0	0	8	
33 Adult Guardian./Conservator.	0	3	0	2	0	1	0	0	0	1	7	
34 Name Change	1	3	1	3	0	10	1	0	0	0	19	
35 Parental Rights Termination	0	0	0	0	0	0	0	0	0	0	0	
36 Paternity	0	0	0	0	0	0	0	0	0	0	0	

37 Domestic Abuse	4	1	0	0	0	0	0	0	0	0	0	1	0	0	6
38 Support	5	1	0	1	0	0	0	0	5	0	0	0	1	0	13
39 Oth. Family	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Subtotal Family	53	13	1	12	0	11	12	0	12	0	3	8	113		

	A. Counsel and Advice	B. Limited Action	F. Negot. Settlement w/o Litig.	G. Negot. Settlement w/ Litig.	H. Agency Decision	I(a). Court Decision Uncontested	I(b). Court Decision Contested	I(c). Court Decision Appeals	K. Other Closure Method	L. Extensive Services	Total Cases Closed
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JUVENILE											
41 Delinquent	0	0	0	0	0	0	0	0	0	0	0
42 Neglected/Abused /Depend.	0	0	0	0	0	0	0	0	0	0	0
43 Emancipation	0	0	0	0	0	0	0	0	0	0	0
44 Minor Guardian./Conservator.	0	0	0	0	0	0	0	0	0	0	0
49 Oth. Juvenile	0	0	0	0	0	0	0	0	0	0	0
Subtotal Juvenile	0										

	A. Counsel and Advice	B. Limited Action	F. Negot. Settlement w/o Litig.	G. Negot. Settlement w/ Litig.	H. Agency Decision	I(a). Court Decision Uncontested	I(b). Court Decision Contested	I(c). Court Decision Appeals	K. Other Closure Method	L. Extensive Services	Total Cases Closed
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HEALTH											
51 Medicaid	0	0	0	0	0	0	0	0	0	0	0
52 Medicare	0	0	0	0	0	0	0	0	0	0	0
53 Gov't Children's Health Insurance	0	0	0	0	0	0	0	0	0	0	0

54 Home & Community Based Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
55 Private Health Insurance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
56 Long Term Health Care Facilities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
57 State & Local Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
59 Oth. Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Subtotal Health	0																

HOUSING

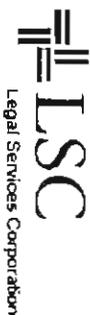
	A. Counsel and Advice	B. Limited Action	F. Negot. Settlement w/o Litig.	G. Negot. Settlement w/ Litig.	H. Agency Decision	I(a). Court Decision Uncontested	I(b). Court Decision Contested	I(c). Court Decision Appeals	K. Other Closure Method	L. Extensive Services	Total Cases Closed
61 Federally Subsidized Housing	0	0	0	0	0	0	0	0	0	0	0
62 Homeownership/Real Prop. (Not Foreclosure)	13	3	0	5	0	0	1	0	0	0	22
63 Private Landlord/Tenant	0	0	0	0	0	0	0	0	0	0	0
64 Public Housing	0	0	0	0	0	0	0	0	0	0	0
65 Mobile Homes	0	0	0	0	0	0	0	0	0	0	0
66 Housing Discrimination	0	0	0	0	0	0	0	0	0	0	0
67 Mort. Foreclosures (Not Pred. Lend.)	137	36	44	10	0	0	0	0	6	1	234
68 Mort. Pred. Lend./Practices	2	0	0	0	0	0	0	0	0	0	2
69 Oth. Housing	4	4	0	3	0	0	0	0	0	0	11
Subtotal Housing	156	43	44	18	0	0	1	0	6	1	269

	A. Counsel and Advice	B. Limited Action	F. Negot. Settlement w/o Litig.	G. Negot. Settlement w/ Litig.	H. Agency Decision	I(a). Court Decision Uncontested	I(b). Court Decision Contested	I(c). Court Decision Appeals	K. Other Closure Method	L. Extensive Services	Total Cases Closed
INCOME											
71 TANF	0	0	0	0	0	0	0	0	0	0	0
72 Social Security (Not SSDI)	0	0	0	0	0	0	0	0	0	0	0
73 Food Stamps	0	0	0	0	0	0	0	0	0	0	0
74 SSDI	0	0	0	0	0	0	0	0	0	0	0
75 SSI	0	0	0	0	0	0	0	0	0	0	0
76 Unemployment Comp.	0	0	0	0	0	0	0	0	0	0	0
77 Veterans Benefits	0	0	0	0	0	0	0	0	0	0	0
78 State and Local Income Maint.	0	0	0	0	0	0	0	0	0	0	0
79 Oth. Income Maint.	0	0	0	0	0	0	0	0	0	0	0
Subtotal Income	0	0	0	0	0	0	0	0	0	0	0

INDIVIDUAL

	A. Counsel and Advice	B. Limited Action	F. Negot. Settlement w/o Litig.	G. Negot. Settlement w/ Litig.	H. Agency Decision	I(a). Court Decision Uncontested	I(b). Court Decision Contested	I(c). Court Decision Appeals	K. Other Closure Method	L. Extensive Services	Total Cases Closed
81 Immigration/Naturalization	0	0	0	0	0	0	0	0	0	0	0
82 Mental Health	0	0	0	0	0	0	0	0	0	0	0
84 Disability Rights	0	0	0	0	0	0	0	0	0	0	0

	A. Counsel Advice	B. Limited Action	F. Negot. Settlement w/o Litig.	G. Negot. Settlement w/ Litig.	H. Agency Decision	I(a). Court Decision Uncontested	I(b). Court Decision Contested	I(c). Court Decision Appeals	K. Other Closure Method	L. Extensive Services	Total Cases Closed
85 Civil Rights	0	0	0	0	0	0	0	0	0	0	0
86 Human Trafficking	0	0	0	0	0	0	0	0	0	0	0
89 Oth. Individual Rights	0	0	0	0	0	0	0	0	0	0	0
Subtotal Individual	0	0	0	0	0	0	0	0	0	0	0
MISC											
91 Legal Assist. to Non-Profit Org./Group (Incl. Inccorp./Dissolution)	0	0	0	0	0	0	0	0	0	0	0
92 Indian/Tribal Law	0	0	0	0	0	0	0	0	0	0	0
93 Licenses (Drivers, Occupation & Oth.)	0	0	0	0	0	0	0	0	0	0	0
94 Torts	0	0	1	2	0	0	3	0	0	0	6
95 Wills/Estates	5	2	4	2	1	0	0	0	0	2	16
96 Adv. Directives/Powers of Attorney	0	0	0	0	0	0	0	0	0	0	0
97 Municipal Legal Needs	0	0	0	0	0	0	0	0	0	0	0
99 Other Miscellaneous	0	0	0	0	0	0	0	0	0	0	0
Subtotal Misc	5	2	5	4	1	0	3	0	0	2	22
Total	250	62	50	40	9	87	18	0	9	11	536



Form G-3: Actual Case Services (Staff)

Grantee Information

Recipient Number 339000 **Service Area** MPA
Recipient Name Philadelphia Legal Assistance Center **Calendar Year** 2009

Information

Did you close any cases funded under Title III or IV of the Older Americans Act? **No**
 If yes, please report the total number of Title III and Title IV cases closed (excluding cases already reported to LSC and excluding cases ineligible for reasons other than client financial eligibility)

Actual Case Services

	A. Counsel and Advice	B. Limited Action	F. Negot. Settlement w/o Litig.	G. Negot. Settlement w/ Litig.	H. Agency Decision	I. Court Decision			K. Other Closure Method	L. Extensive Services	Total Cases Closed
						(a) Uncontested	(b) Contested	(c) Appeals			
CONSUMER											
01 Bankruptcy/Debt Relief	0	0	0	0	0	0	0	0	0	0	0
02 Collections/Repossessions	0	0	0	0	0	0	0	0	0	0	0
03 Contracts/Warranties	0	0	0	0	0	0	0	0	0	0	0
04 Collection Practices/Creditor Harassment	0	0	0	0	0	0	0	0	0	0	0

05 Pred. Lending Practices (Not Mortgages)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
06 Loans/Install. Purch. (Not Collections)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
07 Public Utilities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
08 Unfair/Deceptive Sales/Practices (Not Real Prop.)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
09 Oth. Consumer/Finance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Subtotal Consumer	0																	

	A. Counsel and Advice	B. Limited Action	F. Negot. Settlement w/o Litig.	G. Negot. Settlement w/ Litig.	H. Agency Decision	I(a). Court Decision Uncontested	I(b). Court Decision Contested	I(c). Court Decision Appeals	K. Other Closure Method	L. Extensive Services	Total Cases Closed
EDUCATION											

12 Discipline (Incl. Expulsion & Susp.)	0	0	0	0	0	0	0	0	0	0	0
13 Special Ed./Learning Disabilities	0	0	0	0	0	0	0	0	0	0	0
14 Access (Incl. Bilingual, Residency, Testing)	0	0	0	0	0	0	0	0	0	0	0
15 Vocational Ed.	0	0	0	0	0	0	0	0	0	0	0
16 Student Financial Aid	0	0	0	0	0	0	0	0	0	0	0
19 Other Education	0	0	0	0	0	0	0	0	0	0	0
Subtotal Education	0										

	A. Counsel and Advice	B. Limited Action	F. Negot. Settlement w/o Litig.	G. Negot. Settlement w/ Litig.	H. Agency Decision	I(a). Court Decision Uncontested	I(b). Court Decision Contested	I(c). Court Decision Appeals	K. Other Closure Method	L. Extensive Services	Total Cases Closed
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EMPLOYMENT												
	A.	B.	F.	G.	H.	I(a).	I(b).	I(c).	K.	L.	Total	
	Counsel and Advice	Limited Action	Negot. Settlement w/o Litig.	Negot. Settlement w/ Litig.	Agency Decision	Court Decision Uncontested	Court Decision Contested	Court Decision Appeals	Other Closure Method	Extensive Services	Cases Closed	
21 Employment Discrimination	0	0	0	0	0	0	0	0	0	0	0	
22 Wage Claims & Oth. FLSA	2	1	0	0	0	0	0	0	0	0	3	
23 EITC (Earned Income Tax Credit)	1	7	0	0	0	0	0	0	0	0	8	
24 Taxes (Not EITC)	0	6	0	0	0	0	0	0	0	0	6	
25 Employee Rights	1	0	0	0	0	0	0	0	0	0	1	
26 Agricultural Worker (Not Wage Claims/FLSA)	2	1	0	0	0	0	0	0	0	0	3	
29 Oth. Employment	1	0	0	0	0	0	0	0	0	0	1	
Subtotal Employment	7	15	0	0	0	0	0	0	0	0	22	

FAMILY												
	A.	B.	F.	G.	H.	I(a).	I(b).	I(c).	K.	L.	Total	
	Counsel and Advice	Limited Action	Negot. Settlement w/o Litig.	Negot. Settlement w/ Litig.	Agency Decision	Court Decision Uncontested	Court Decision Contested	Court Decision Appeals	Other Closure Method	Extensive Services	Cases Closed	
30 Adoption	0	0	0	0	0	0	0	0	0	0	0	
31 Custody/Visitation	0	0	0	0	0	0	0	0	0	0	0	
32 Divorce/Separation /Annul.	0	0	0	0	0	0	0	0	0	0	0	
33 Adult Guardian./Conservator.	0	0	0	0	0	0	0	0	0	0	0	
34 Name Change	0	0	0	0	0	0	0	0	0	0	0	
35 Parental Rights Termination	0	0	0	0	0	0	0	0	0	0	0	
36 Paternity	0	0	0	0	0	0	0	0	0	0	0	

37 Domestic Abuse	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
38 Support	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
39 Oth. Family	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Subtotal Family	0																

	A. Counsel and Advice	B. Limited Action	F. Negot. Settlement w/o Litig.	G. Negot. Settlement w/ Litig.	H. Agency Decision	I(a). Court Decision Uncontested	I(b). Court Decision Contested	I(c). Court Decision Appeals	K. Other Closure Method	L. Extensive Services	Total Cases Closed
JUVENILE											

41 Delinquent	0	0	0	0	0	0	0	0	0	0	0
42 Neglected/Abused /Depend.	0	0	0	0	0	0	0	0	0	0	0
43 Emancipation	0	0	0	0	0	0	0	0	0	0	0
44 Minor Guardian./Conservator.	0	0	0	0	0	0	0	0	0	0	0
49 Oth. Juvenile	0	0	0	0	0	0	0	0	0	0	0
Subtotal Juvenile	0										

	A. Counsel and Advice	B. Limited Action	F. Negot. Settlement w/o Litig.	G. Negot. Settlement w/ Litig.	H. Agency Decision	I(a). Court Decision Uncontested	I(b). Court Decision Contested	I(c). Court Decision Appeals	K. Other Closure Method	L. Extensive Services	Total Cases Closed
HEALTH											
51 Medicaid	0	1	0	0	0	0	0	0	0	0	1
52 Medicare	0	0	0	0	0	0	0	0	0	0	0
53 Gov't Children's Health Insurance	0	0	0	0	0	0	0	0	0	0	0

54 Home & Community Based Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
55 Private Health Insurance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
56 Long Term Health Care Facilities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
57 State & Local Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
59 Oth. Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Subtotal Health	0	1	0	1														

HOUSING

	A. Counsel and Advice	B. Limited Action	F. Negot. Settlement w/o Litig.	G. Negot. Settlement w/ Litig.	H. Agency Decision	I(a). Court Decision Uncontested	I(b). Court Decision Contested	I(c). Court Decision Appeals	K. Other Closure Method	L. Extensive Services	Total Cases Closed
61 Federally Subsidized Housing	1	0	1	0	0	0	0	0	0	0	2
62 Homeownership/Real Prop. (Not Foreclosure)	0	0	0	0	0	0	0	0	0	0	0
63 Private Landlord/Tenant	1	1	0	0	0	0	0	0	0	1	3
64 Public Housing	0	0	0	0	0	0	0	0	0	0	0
65 Mobile Homes	0	0	0	0	0	0	0	0	0	0	0
66 Housing Discrimination	0	0	0	0	0	0	0	0	0	0	0
67 Mort. Foreclosures (Not Pred. Lend.)	0	0	0	0	0	0	0	0	0	0	0
68 Mort. Pred. Lend./Practices	0	0	0	0	0	0	0	0	0	0	0
69 Oth. Housing	0	1	0	0	0	0	0	0	0	0	1
Subtotal Housing	2	2	1	0	0	0	0	0	0	1	6

	A. Counsel and Advice	B. Limited Action	F. Negot. Settlement w/o Litig.	G. Negot. Settlement w/ Litig.	H. Agency Decision	I(a). Court Decision Uncontested	I(b). Court Decision Contested	I(c). Court Decision Appeals	K. Other Closure Method	L. Extensive Services	Total Cases Closed
INCOME											
71 TANF	0	0	0	0	0	0	0	0	0	0	0
72 Social Security (Not SSDI)	0	1	0	0	0	0	0	0	0	0	1
73 Food Stamps	0	0	0	0	0	0	0	0	0	0	0
74 SSDI	0	1	0	0	0	0	0	0	0	0	1
75 SSI	1	0	0	0	0	0	0	0	0	0	1
76 Unemployment Comp.	1	2	0	0	0	0	0	0	0	1	4
77 Veterans Benefits	0	0	0	0	0	0	0	0	0	0	0
78 State and Local Income Maint.	0	0	0	0	0	0	0	0	0	0	0
79 Oth. Income Maint.	0	0	0	0	0	0	0	0	0	0	0
Subtotal Income	2	4	0	0	0	0	0	0	0	1	7

	A. Counsel and Advice	B. Limited Action	F. Negot. Settlement w/o Litig.	G. Negot. Settlement w/ Litig.	H. Agency Decision	I(a). Court Decision Uncontested	I(b). Court Decision Contested	I(c). Court Decision Appeals	K. Other Closure Method	L. Extensive Services	Total Cases Closed
INDIVIDUAL											
81 Immigration/Naturalization	0	1	0	0	0	0	0	0	0	1	2
82 Mental Health	0	0	0	0	0	0	0	0	0	0	0
84 Disability Rights	0	0	0	0	0	0	0	0	0	0	0

	A. Counsel and Advice	B. Limited Action	F. Negot. Settlement w/o Litig.	G. Negot. Settlement w/ Litig.	H. Agency Decision	(a). Court Decision Uncontested	(b). Court Decision Contested	(c). Court Decision Appeals	K. Other Closure Method	L. Extensive Services	Total Cases Closed
85 Civil Rights	0	0	0	0	0	0	0	0	0	0	0
86 Human Trafficking	0	0	0	0	0	0	0	0	0	0	0
89 Oth. Individual Rights	0	0	0	0	0	0	0	0	0	0	0
Subtotal Individual	0	1	0	0	0	0	0	0	0	1	2
MISC											
91 Legal Assist. to Non-Profit Org./Group (Incl. Inccorp./Dissolution)	0	0	0	0	0	0	0	0	0	0	0
92 Indian/Tribal Law	0	0	0	0	0	0	0	0	0	0	0
93 Licenses (Drivers, Occupation & Oth.)	0	0	0	0	0	0	0	0	0	0	0
94 Torts	0	0	0	0	0	0	0	0	0	0	0
95 Wills/Estates	0	0	0	0	0	0	0	0	0	0	0
96 Adv. Directives/Powers of Attorney	0	0	0	0	0	0	0	0	0	0	0
97 Municipal Legal Needs	0	0	0	0	0	0	0	0	0	0	0
99 Other Miscellaneous	2	1	0	0	0	0	0	0	0	0	3
Subtotal Misc	2	1	0	0	0	0	0	0	0	0	3
Total	13	24	1	0	0	0	0	0	0	3	41