



Virginia Lead Hazard Reduction Program

Funded by the HUD Office of
Lead Hazard Control and Healthy Homes

Program Manual

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Who we are as an organization:

The Virginia Department of Housing and Community Development partners with Virginia's communities to develop their economic potential, regulate Virginia's building and fire codes, provide training and certification for building officials, and invest more than \$100 million each year into housing and community development projects throughout the state, the majority of which are designed to help low- to moderate-income citizens. By partnering with local governments, nonprofit groups, state and federal agencies, and others, DHCD is working to improve the quality of life for Virginians.

DHCD was awarded a \$5.6 million grant through the Office of Lead Hazard Control and Healthy Homes and launched the Virginia Lead Hazard Reduction Program (LHR) in January 2020. The LHR program will serve 225 households throughout the Commonwealth of Virginia, prioritizing localities who do not have their own funding for this work.

Goals of the organization:

DHCD is committed to creating safe, affordable and prosperous communities to live, work and do business in Virginia.



Location: DHCD is located in Richmond, Virginia, the state capital.

Population: The population of Virginia is \$8.5 million.

Location within the organization:

The LHR program will be housed within the Division of Community Development. Community Development is one of four divisions at DHCD; the others are Housing; Building and Fire Regulations; and Operations, inclusive of the policy and legislative office.

Target population:

- Pre-1978 single family and multifamily housing; presence of lead paint identified by XRF machine
- Pregnant women; child(ren) under 6 residing in home or visiting home regularly
- Household at or below 80% area median income (AMI)
- Priority for children with elevated blood lead levels (EBBL) of 5 µg/dL and above

Target Area Data	Target Area Results	Comparison Data	Comparison Data Results	Justification of Need
Total pre-1978 housing units	1,311,070	Total housing units	2,853,158	46%
Total pre-1940 housing units	171,882	Total housing units	2,853,158	6%
# of children under 6	563,167	Total population (all ages)	7,709,894	7%
# of families at or below 80% AMI	2,820,992	Total population (all ages)	7,709,894	37%

Chart narrative:

This chart provides target area data on the Virginia Balance of State. Over one-third of the state's population is considered low-income, and at least 7% of households have a child under 6 years of age (not inclusive of children who may visit the home of a program-eligible relative or neighbor). Nearly half of all housing units were built before 1978.

Justification for the selection of these populations:

DHCD elected to make LHR funding available to all parts of the Commonwealth that are not served with lead remediation funding from HUD. While need is certainly great in our denser, more urban areas, it is our goal to ultimately offer this service in every locality.

DHCD will work primarily with our nonprofit housing rehabilitation providers to identify pre-1978 units occupied or frequently visited by children under six, or occupied by pregnant women, whose families meet the eligibility requirements. Priority will be given to children with EBLs, and we will work with local health departments to identify those children.

Goals of the program:

- Make 225 housing units lead-safe for children and pregnant women
- Empower our existing nonprofit partners to leverage the lead funding with other housing rehabilitation projects in order to maximize impact
- Educate and inform our communities and partners on the dangers of exposure to lead paint and encourage more children to be tested for elevated blood lead levels
- Train and certify contractors in the various lead-related disciplines to create future capacity for this work
- Create a sustainable and enduring program for the Commonwealth of Virginia, to ensure that all low-income families in need have access to this service

Project Director

Amanda Healy, Associate Director of Community Development, serves as the Project Director for the LHR program and supervises the Program Manager. Ms. Healy dedicates 10% of her time to ensuring the development and successful implementation of the program. As leveraging the LHR program funding with DHCD's rehabilitation program portfolio is one of the key objectives, Ms. Healy is instrumental in identifying those opportunities.

Program Manager

Susan Hill serves as the Program Manager for the LHR program and dedicates 100% of her time to this role. Ms. Hill is responsible for all stages of program development and delivery. Overall, she administers, implements, and monitors the Virginia LHR program and Healthy Homes Supplemental Funds through the accurate interpretation of all applicable state and federal regulations associated with all the funding sources. This includes the drafting of the workplan and of policies and procedures, coordination of services delivery, promotion of program goals and objectives, and provisions of technical assistance to sub-recipients. This position supports lead abatement activities for the cessation of lead hazards in high-need areas, coordinates lead hazard resources with other DHCD funding sources, and oversees the work of LHR program staff.

LHR Program Sub-recipients

DHCD expects to work with our existing network of providers within our Rehabilitation Program Portfolio to deliver the LHR program. Our providers (grant sub-recipients) have decades of experience working in HUD-funded housing rehabilitation programs and are certified in lead-safe work practices. They are experienced in all facets of housing rehabilitation, including conduction of housing inspections – to include lead inspections, rehabilitation specification writing, bidding jobs and overseeing construction activities and/or conducting the construction activities with in-house staff and/or volunteers, conducting final inspections, and managing punch-list completion. Most of these providers have individuals with lead credentials on staff or under contract. These providers are also experienced in working with housing occupants to ensure that the occupants understand the gravity of exposure to lead-based paint, the importance of lead abatement, and documentation of the same.

DHCD Rehab Program Portfolio and Cost Limits:

Our Portfolio includes the following programs: Acquire, Renovate, Sell (ARS), Affordable and Special Needs Housing (ASNH), Community Development Block Grant (CDBG), Emergency Home and Accessibility Repair Program (EHARP), Indoor Plumbing Rehabilitation (IPR and IPR Flex), Neighborhood Stabilization Program (NSP), Vibrant Community Initiative (VCI), and the Weatherization Assistance Program (WAP).

The following pages contain cost limits for standalone projects under the LHR grant, as well as cost limits for combined jobs with IPR and CDBG. Contact the LHR program manager for the applicability of Healthy Homes Supplemental Funding outside of standalone projects. Healthy Homes Supplemental Funding is limited.

Cost Averages for Individual “Standalone” Projects (some costs may vary depending on scope of project)

Lead Hazard Control Activities	Allowance
Lead Inspection/Risk Assessment	\$1,200.00
Temporary relocation and pod rental	\$1,800.00
Lead control work	\$12,000.00
Clearance testing	\$450.00
Program delivery*	\$2,000.00
Healthy Homes Supplemental**	
Healthy home inspection	\$500.00
Work plan development	\$500.00
Home hazard remediation	\$4,750.00
Final inspection	\$250.00

*Program delivery includes (billable by hourly rate):

- Client identification and intake
- Coordination of lead risk assessment and workscope planning
- Selection of subcontractor to perform lead abatement/hazard control work
- Coordination of implementation of lead abatement/hazard control work
- Coordination with client for their 10-day temporary relocation while work is completed
- Scheduling of clearance testing and final assessment
- Completion of all reporting requirements to DHCD, including Tier 2 Environmental Review, Historic Preservation requirement, quarterly reports, and monitoring

** Healthy Homes Supplemental

The application of healthy homes supplemental funding is an optional add-on to LHR jobs. It does not apply to ARS, CDBG, and IPR.

Cost Limits for Leveraged Jobs

CDBG and IPR Lead Hazard Control Activities	CDBG and IPR Allowance
Lead Inspection/Risk Assessment	\$1,200
Scope of Work design	Included in Lead Admin
Lead remediation work	\$12,000+
Clearance testing	\$450 - \$610
Lead Admin	\$5,000
Healthy Homes Supplemental Funding (case-by-case)	\$4,750
Temporary Relocation	\$1,800

ARS Lead Hazard Control Activities	ARS Allowance
Lead Inspection/Risk Assessment	\$1,200
Scope of Work design	\$500
Lead remediation work	\$12,000+
Clearance testing	\$450 - \$610
Support Costs (billable by hourly rate for all staff directly involved in the project)	\$2,000+
Healthy Homes Supplemental Funding (case-by-case)	\$4,750
Temporary Relocation	\$1,800

Policy Guidance Number: 2014-01, Eligibility of Units for Assistance, contains all information for determining eligible units. DHCD will maintain the program portfolio to ensure that units program-wide, in total, meet these requirements.

Occupant Type	Income Level	Child occupant <6 years old
Renter	<ol style="list-style-type: none"> At least 50% units must be less than 50% AMI, and Remaining units (<50%) must be less than 80% AMI 	<ol style="list-style-type: none"> Not required at time of assistance Property owner must give priority to families with child under 6 years old for at least 3 years.
Multifamily Renter (≥ 5 units in same property)	<ol style="list-style-type: none"> 20% of total number of units in same building may exceed 80% AMI Remaining units must meet renter income requirements above 	<ol style="list-style-type: none"> Not required at time of assistance Property owner must give priority to families with child under 6 years old for at least 3 years
Owner (primary residence)	100% of owner-occupied units must be occupied by families with less than 80% AMI	<ol style="list-style-type: none"> At least 90% of total number of owner-occupied units assisted must have one of the following: <ul style="list-style-type: none"> A child under 6 years old in residence, or A child under 6 years old spends a “significant amount of time” A pregnant woman Less than 10% of total number of units assisted may be occupied by families without a child

Income Verification

All income and asset information must be verified by third party documentation. Gross income of the household from the previous year must be used. Gross income includes wages, tips, self-employment income, alimony, interest, dividends, social security, SSI, public assistance or public welfare, including unemployment, retirement, disability income, VA and insurance payments from all adult individuals residing in the household. It does not include income earned by a child less than 18 years, foster care payments, hostile fire pay, inheritance income, medical cost reimbursements, lump-sum asset payments, educational scholarships or the income of a live-in aide.

The applicant's income eligibility must be documented using either the HUD Household Income Report or the on-line HUD Income Eligibility Calculator as found at <https://www.onecpd.info/incomecalculator/>.

Financial Mechanism

The LHR program will be structured as a grant, and there is no match requirement of investor-owned or owner-occupied properties.

CAMS

DHCD manages its grants through the Centralized Application and Management System (CAMS). During the course of the project, various documents will have to be uploaded into CAMS. All remittances will also be requested through CAMS.

Intake

All sub-recipients will be responsible for tracking applications received, processing dates, and any reasons for denial. Policy Guidance Number: 2017-05, Income Verification Guidance

DHCD does not require a unique application form for the LHR program. Sub-recipients may utilize their own forms and processes for collecting the pertinent information. DHCD will, however, provide a universal application form if requested.

Once preliminary eligibility has been established, a person is ready to complete a full formal application. It is recommended that the application be filled out by the Intake Specialist during an interview. By doing this, the sub-recipient will eliminate inaccurate information due to misunderstanding of the questions by the applicant which could result in time consuming revisions. The application should contain the following information:

- Name, address and phone number;
- Household composition (identified by name, age, relationship to applicant and employment status);
- Frequently Visiting Child Certification (if applicable)
- Race, ethnicity, and disability status of household members;
- Source and amount of income for all household members, including the name, address, and phone number of all employers to all household members;
- Description and amount of all household assets, including name and account number of financial institutions;
- Length of homeownership;
- Mortgage and or lien holders, including the terms and monthly payments and account numbers;
- Homeowners insurance coverage, including the name of insurance company and annual premiums and policy expiration date;
- Medical and other program allowed deductions;
- Utility types and average monthly cost;
- List of property improvements needed;
- Above the signatures a statement stipulating the right to verify all information given with a warning;
- Signature of applicant(s) and persons completing the applications. The application must also include tenant information on rent and utility expenses in the case of investor-owned properties.

Occupant Protection Plan

The Occupant Protection Plan will serve as a guide and reference point for contractors to ensure safety of occupants during the lead paint remediation. The following 3 pages contain all of the check points that the contractor must sign off on and adhere to.

Occupant Location (check all that apply)

- Unit is vacant (no movable objects are in the unit).
- Occupants will be temporarily relocated and stay out of the unit through project completion.
- Occupants will not be allowed within the work area until clearance is achieved.
- Occupants will stay outside the unit during work times but may return each day after cleanup.
- Occupants will have a lead-safe passage to the bathroom, living area, and entry/exit door during lead hazard control.
- Occupants will be provided a lead-safe entry and exit pathway during the project.
- Occupant pets will not be allowed in the work area.

Furniture (check all that apply)

- Furniture, personal items, and appliances will remain in the unit.
- Occupants will remove all personal items and as much furniture as possible.
- Personal items and furniture may be moved removed from work areas. If an item cannot be moved a dust-tight seal will be created using plastic sheeting.

Interior Work (check all that apply)

- No interior work required.
- Pre-cleaning work areas with a HEPA vacuum before setting up containment.
- Will post warning signs at each room entrance where lead hazard control is being conducted.
- Cover entire floor in work areas to include worker pathways to exit and other work areas.
- Plastic will cover floor extending 5 feet beyond the work area in all directions as possible.
- Workers will stay on the plastic in the work areas
- Will secure the work area when not onsite
- Cover doorways used to access work areas with plastic flaps. Other doorways into work areas will be closed and fully sealed with plastic sheeting and tape.
- Turning off the HVAC system and sealing forced air vents within 6 feet of work areas with plastic sheeting and tape.
- A dust room/containment will be constructed for any powered paint removal work such as power sanding or planing

Exterior Work (check all that apply)

- No exterior work required.
- Will remove all movable items (playground equipment, toys, sandbox, outdoor furniture,
- etc.) to approximately 20 feet from the work area or seal them with plastic sheeting and tape.
- Install perimeter barrier tape or temporary fencing around the work area (20 feet as space allows).
- Will close all windows, including windows of adjacent buildings/units, within 20 feet of the work area.
- Will post warning signs on the building exterior near all entryways.

Window Work

- Will tape plastic to the exterior wall when removing windows from the inside.
- Will tape plastic to the interior wall when removing windows from the inside.
- Will use plastic sheeting or landscape fabric on the ground under windows.

Ventilation System

- Will turn off system and seal all vents in the work areas with plastic sheeting
- Will turn off system and seal vents within 5 feet of the work area.

Daily Cleaning

- Will wrap or bag all debris and store in a secure location outside the unit
- Will clean all horizontal surfaces in the work areas with a HEPA vacuum
- Will clean and remove plastic walkways each day and replace with new plastic
- Will clean all walkways used as pathways to the work area with a HEPA vacuum

Final Cleaning

- Will remove all debris and visible dust
- Will HEPA vacuum, wet wash, and HEPA vacuum all horizontal surfaces and trim in work areas
- Will HEPA vacuum, wet wash, and HEPA vacuum all surfaces and floors in work areas and adjacent rooms

Payment of Temporary Relocation

If a client is unable to secure alternative lead-safe housing while the work is performed on their home, they will be eligible for a hotel stipend to defray the cost of lodging expenses. The stipend is based on current GSA lodging rates, how many nights the client is unable to access their home, and the number of hotel rooms required (4 persons per room). The project manager will estimate the number of nights and pay the stipend to the client upfront. If additional nights out of the home are required, the subrecipient will then pay the client an additional stipend for those extra nights. Additional Lead hazard control work and temporary relocation should take no longer than 10 days.

Occupants will be expected to pack up their belongings to allow the contractors access to complete the work. Once the lead remediation activities are completed and clearance standards are met, occupants are allowed to return to the unit.

Temporary relocation is mandatory except in the following circumstances:

- All interior work will be completed in an eight-hour period
- All interior work will be completed in five (5) consecutive days and the bedroom(s), bathroom, and kitchen can be isolated from the rehabilitation work
- Only exterior work will be done.

Before any beneficiary is temporarily relocated, a written agreement should be signed between the beneficiary and the sub-recipient. This agreement must outline the period of time the beneficiary will be relocated, the stipend allocation, who is responsible for identifying where the beneficiary's possessions will be stored during the relocation, and who is responsible for placing the possessions in said storage, being mindful of security of stored items.

When combined with CDBG and IPR, DHCD is prepared to augment relocation allowances during the COVID-19 pandemic, in order to protect safety and improve efficiency.

EBLL Referral

DHCD and the Virginia Department of Health (VDH) will partner on outreach to families with children diagnosed with elevated blood lead levels. Due to recent funding from the Environmental Protection Agency, VDH has been ramping up its testing, data collection, and community outreach efforts. VDH receives lead blood lead level testing from approximately 100,000 children every year; about 1,000 of them present with positive cases of 5 µg/dL and above. It is a timely season for paring VDH's expanded outreach work with DHCD's new LHR program.

VDH is divided into 35 health districts around the state, and there are 21 employed license risk assessors. While capacity varies by district, the framework exists for outreach at both the state and local levels.

For children with EBLLs: DHCD recommends that families work with their pediatrician to perform follow-up testing after the lead remediation is complete.

An EBLL is not a requirement for participation in the LHR program.

Outreach

All of DHCD's sub-recipients will have their own established client pools and community outreach methods, which the LHR program will integrate into. In addition to referrals from local health districts, these individual organizations will be an excellent source for generating referrals and clients for the program. UnitedHealthcare has also offered to create pro bono marketing materials for our sub-recipients and partners to utilize in their outreach efforts. The LHR program will greatly benefit from the professional branding material creation from this partnership. The Virginia Department of Social Services will also share information on the LHR program with its program participants in early childhood programming, day care centers, and nutrition.

Lead Inspection and Risk Assessment

A complete lead-based paint inspection and lead hazard risk assessment, including either separate reports or a combined report are required for all units enrolled under this program. Lead inspections, risk assessments, reporting and documentation must in be accordance with Policy Guidance 2017-01 Rev1; Lead-Based Paint Risk Assessment Policy Guidance 2013-01; 2012 HUD Guidelines Chapter 5, 7 and other appropriate chapters .

Handwritten XRF results are not acceptable. All reports should include the XRF print out readings (straight from the gun). All Lead Inspectors, Risk Assessors, Clearance Examiners, Lead Abatement Project Supervisors and Contractors are required to be licensed in Virginia. Licenses, training, and certifications will be verified by the sub-recipient and LHR Program Manager before entering into a contract.

Dust Sampling

The following action levels apply to lead-based paint hazard risk assessments and clearances following interventions that disturb paint: Policy Guidance 2017-01 Rev1 Dust Lead Action Levels for Risk Assessments and Clearance.

New Dust-Lead Action Levels:

Floors: $\geq 10 \mu\text{g}/\text{sf}$

Window Sills: $\geq 100 \mu\text{g}/\text{sf}$

New Lead Clearance Action Levels:

Interior Floors: $< 10 \mu\text{g}/\text{sf}$

Porch Floors: $< 40 \mu\text{g}/\text{sf}$

Window Sills: $< 100 \mu\text{g}/\text{sf}$

Window Troughs: $< 100 \mu\text{g}/\text{sf}$

Healthy Homes Rating System (HHRS): Categorization of 29 Hazards

DHCD will utilize all HUD-created and provided tools to assess home hazards and their eligibility for Healthy Homes Supplemental Funding. All regulations listed in Policy Guidance 2018-01 Revised Purpose and Use of Healthy Homes Supplement Funding will be applied.

Physiological

- 1. Damp and mold growth
- 2. Excess cold
- 3. Excess heat
- 4. Asbestos, silica and other MMF
- 5. Biocides
- 6. Carbon monoxide and fuel combustion products
- 7. Lead
- 8. Radiation
- 9. Un-combusted fuel gas
- 10. Volatile organic compounds

Psychological

- 11. Crowding and space
- 12. Entry by intruders
- 13. Lighting
- 14. Noise

Infection

- 15. Domestic hygiene, pests, and refuse
- 16. Food safety
- 17. Personal Hygiene, sanitation and drainage
- 18. Water supply

Safety

- 19. Falls associated with baths, etc

- 20. Falling on level surfaces, etc
- 21. Falling on stairs, etc.
- 22. Falling between levels
- 23. Electrical hazards
- 24. Fire
- 25. Flames, hot surfaces, etc.
- 26. Collision & entrapment
- 27. Explosions
- 28. Position and operability of amenities, etc
- 29. Structural collapse and falling elements

Scope of Design

All of the sub-recipients will have an in-house rehab specialist, who will be responsible for creating the workscope. After receiving the Lead Inspection/Risk Assessment (LIRA), the rehab specialist will interpret the report and craft the appropriate interventions to make the home lead-safe. The rehab specialist will have also completed their own inspection to deduce other rehabilitation needs and the potential application of healthy homes supplemental funding. They will then bid out, select, and coordinate the appropriate contractor(s) to perform the work. The scope of design will adhere to the 2012 HUD Guidelines in chapters 2, 5, 7, 8, and 10 through 14; as well as stay in compliance with Title X and state and city requirements.

Abatement and Interim Controls

The Lead Hazard Reduction Program will use a combination of abatement and interim controls to address a home's lead paint hazards. The following lists have been taken directly from HUD's Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing.

Examples of Abatement:

- Building component replacement (such as doors and windows)
- Enclosure systems and encapsulation
- On-site and off-site paint removal
- Soil removal or covering
- Removal and discarding of carpets/rugs that are worn and not cleanable, especially in rooms that contain lead-based paint or have failed dust sampling

Examples of interim controls:

- Repairing all rotted or defective substrates that lead to rapid paint deterioration.
- Stabilizing all deteriorated lead-based paint surfaces. Paint stabilization entails removing deteriorating paint, preparing the substrate for repainting, and repainting.
- Making floors and interior window sills and window troughs smooth and cleanable.
- Eliminating friction surfaces with lead-based paint on windows, doors, stair treads, and floors, when they are generating dust lead hazards.
- Repairing doors and other building components causing impact damage on painted surfaces, if the paint is lead-based paint.
- Treating protruding, chewable surfaces, such as interior window sills, where lead-based paint may be present and there is either visual or reported evidence that children are mouthing or chewing them.
- Dust removal and control – i.e., cleaning surfaces to reduce levels of dust containing lead to acceptable levels, including cleaning carpets, if they are contaminated.
- Covering (with planting, mulch, gravel, or other means) or eliminating access to all bare soil containing excessive levels of lead.

Documentation Review

DHCD will follow all procedures for grant amendments, as detailed in Policy Guidance Number 2013-03. Any necessary changes on the below list of documents will be submitted for approval to our Government Technical Representative (GTR) and Grant Officer (GO).

- Authorizing Official and other Key Personnel
- Budget Allocation, including revisions to Match Commitment
- Period of Performance
- Work Plans or Benchmarks
- Target Area
- Other Significant or Administrative Changes

Procurement and Contracts

DHCD adheres to the Virginia Public Procurement Act for all purchases and contracts. All DHCD sub-recipients are required to follow applicable state and federal procurement procedures. In carrying out its LHR project, a sub-recipient may need to procure many different types of goods and services. Each type may require a different procurement and contract procedure; e.g., small purchases, sealed bids (construction), or competitive proposals (professional and non-professional services). All funds used to purchase services and construction must be obligated through a competitive procurement process, unless work is to be done through the sub-recipient or its public sector agent, or DHCD has given its prior approval. The sub-recipient may not execute a contract, obligate any funds or expend any funds before the effective date of the agreement unless the sub-recipient has received prior written approval from DHCD to do so.

DHCD and sub-recipients will ensure compliance with Policy Guidance 2017-04: Office of Lead Hazard Control and Healthy Homes Procurement Standards and 2 CFR 200.

Unit Monitoring

Each sub-recipient serves as the day-to-day project manager at the local level and are responsible for local project administration, compliance, monitoring, and the oversight of lead abatement contractor's performance.

On-going desk monitoring will occur through the use of project set-up forms, drawdown request forms and project completion forms. Each unit to be assisted with LHR and HH funds will be set up through an approved form, requesting property address, unit type, household composition/income, match source and anticipated funding level, accompanied by a lead paint inspection and risk assessment, to be submitted to the Program Manager prior to commitment of funds. Sub-recipients will submit, via CAMS, project completion data through the Quarterly Report

Each sub-recipient will be subject to an annual file review. The annual file review will be conducted by the Lead Hazard Reduction program staff on-site of each sub-recipients office to be monitored and will consist of reviewing completed files including: income eligibility and documentation, lead paint inspection and risk assessment documentation, work specifications, contractor procurement, contract payments, administrative expenses. Completion reports will be submitted to the Program Manager upon clearance of an assisted unit on an approved form. The completion report must be accompanied by a copy of the clearance report.

To ensure the project complies with DHCD's program requirements, the Program Manager and the Technical Specialist will conduct on-site compliance reviews. Prior to the compliance review, the Grantee will receive a letter that will announce the date, time, and place of the review, and identify the program areas to be reviewed. Each applicable area is reviewed through source documentation so it is imperative that the Grant Manager makes sure the program files are complete and up to date.

In addition to reviewing the project files, the Community Development Specialist will inspect at least 10% of all completed units. The compliance review letter specifies what corrective action, if any, needs to be taken to resolve any findings or concerns.

Clearance Testing

Clearance examinations shall include a visual assessment, dust sampling, submission of samples for analysis for lead in dust, interpretation of sampling results, and preparation of a report. Clearance testing should follow regulations listed in Policy Guidance 2017-01 Rev 1- Revised Dust Lead Action Levels for Risk Assessments and Policy Guidance 2013-04 Lead Hazard Evaluation and Control of Lead Dust Hazards in Carpeting.

All soil, paint, dust, and clearance samples are submitted to a laboratory recognized by EPA's National Lead Laboratory Accredited Program (NLLAP). Clearance testing must be conducted on all units where a lead inspection and risk assessment has identified lead-based paint hazards. Hazards below de minimis levels do not exempt the unit from a clearance test.

If clearance is being performed after lead-based paint hazard reduction, paint stabilization, maintenance, or rehabilitation that affected exterior surfaces but did not disturb interior painted surfaces or involves the elimination of an interior dust-lead hazard, interior clearance is not required if window, door, ventilation, and other openings are sealed during the exterior work. If remediation is conducted on porches, all exterior sills and troughs must be prepared for clearance testing.

Cost Reimbursement to Sub-recipients

Each sub-recipient will be reimbursed for the costs of administering the LHR program on a pre-determined schedule. Payments to sub-recipients will be made by the Treasurer of Virginia on receipt of a Remittance Request submitted via CAMS and approved and processed by DHCD. Eligible expenses are defined in Policy Guidance 2015-01, Clarification of Costs for LBPHC and LHRD Grant Programs.

Environmental Review Tier 1 Broad-Level Review

DHCD will complete a Tier 1 Environmental Review in compliance with and consistent with 24 CFR Part 58. Under no circumstances, may a sub-recipient conduct any lead hazard control or healthy homes intervention work (construction) prior to receiving DHCD approval. The following related laws and authorities will be addressed in the Tier 1 Review:

- Coastal Barrier Resources
- Air Quality
- Coastal Zone Management
- Endangered Species
- Explosive and Flammable Hazards
- Farmlands Protection
- Sole Source Aquifers
- Wetlands Protection
- Wild and Scenic Rivers
- Environmental Justice

Environmental Review Tier 2- Site Specific Reviews

For each enrolled unit, the sub-recipient will bear responsibility, in their respective cities for the preparation and implementation of the requirements of the Environmental Review process consistent with the regulations set forth in 24 CFR Part 58. Any remaining issues will be evaluated on the policies established in the broad-level review

as individual sites are selected for review. Together, the broad-level review and all site-specific reviews comprise a complete environmental review record.

The following related laws and authorities will be addressed in the Tier 2 Review:

- Airport Hazards

- Flood Insurance
- Contamination and Toxic Substances
- Floodplain Management
- Historic Preservation
- Noise Abatement and Control

HEROS

DHCD will be responsible for uploading the complete Environmental Review Record in HEROS. If an ERR is completed for CDBG, IPR, or another DHCD housing rehab program, and LHR funds are applied, DHCD will upload that ERR into HEROS.

Post-Lead Hazard Clearance Monitoring

Education of property owners and occupants will be an intricate component of the LHR program. Program participants will be empowered to understand any potential lead risks that exist post-remediation, as well as any maintenance techniques to mitigate those risks. Everyone will be referred to HUD's guidance on *Ongoing Lead-Safe Maintenance* as a resource.

Sub-recipients are not required to perform post-treatment follow-up visits for each unit. However, they are responsible for responding to homeowner inquiries regarding any workmanship failures until the contractor warranty expires at 12 months. The sub-recipient is responsible for contacting the appropriate contractor, if necessary, to address any workmanship issues. The participation agreement, for rental units, mandates that ownership of all enrolled units must be maintained for 36 months after lead hazard control work is completed and must be marketed and rented to income eligible families with young children for a period of 36 months after work is completed. The rental property owner must also adhere to Fair Market Rent values for a period of 36 months after work is completed. Failure by the owner of a participating unit to meet necessary HUD requirements may be cause for recapturing of LHRD funds. The sub-recipient will administer an annual survey to all enrolled and completed clients regarding the current occupancy status of units to ensure all Participation Agreement requirements are being followed.

Healthy Homes Supplemental Reassessment and Clearance

A final inspection, following the completion of the Healthy Homes intervention, must be completed by a trained inspector. The inspector must utilize the original Healthy Homes Rating System to determine that the hazards have been remediated. A Reassessment and Clearance Report must be completed and maintained in the client file. DHCD and all sub-recipients and contractors will adhere to Policy Guidance 2016-01: Purpose and Use of Healthy Homes Supplemental Funding (HHSupp).

Contractor and Staff Training:

DHCD partners with the Virginia Community College Workforce Alliance to offer training in 5 lead paint disciplines: EPA's Lead Renovation, Repair, Paint (RRP), Lead-Based Paint Worker, Lead-Based Paint Inspector, Lead-Based Paint Risk Assessor, and Lead Based-Paint Supervisor. In recent years, there has been a lapse in public funding for remediating lead hazards. While there are some lead abatement firms serving the private residential market, the industry's focus in Virginia has been largely on the commercial sector. Training and certifying lead contractors, as part of early program deliverables, will guarantee that we have the workforce to continue lead paint remediation now and in the future.

Sub-recipient Monitoring

To ensure the project complies with DHCD's program requirements, LHR program staff will conduct on-site compliance reviews. All key staff and consultants should be available to answer questions. The Rehab Specialist should be present for housing inspections and the Finance Manager should be present for the financial review during a compliance review. At the completion of the review, LHR staff will conduct a brief exit conference with the Chief Elected and/or Chief Administrative Official and other key staff.

Because compliance reviews are formal and have official status, after the review, a letter will be sent to the sub-recipient that contains:

1. An assessment of the program management; and
2. Any findings, concerns, or recommendations about the program implementation;
 - a. A finding is a statement of fact that the program is not operating according to the contract or program policies and procedures. A finding stipulates what has occurred, why it is not in compliance, and what must be undertaken to bring the program into compliance.
 - b. If an action will result in noncompliance, if not corrected, a concern will be noted to request the implementation of corrective action. If corrective action is not taken, a finding will be made during a subsequent review.
 - c. If LHR staff determines that there is not a finding or concern, but there is a need for improvement in the Grantee's performance, a recommendation may be made.
 - d. A response to a recommendation is not always required, but careful consideration should be given to the issues addressed.

Sub-recipient Monitoring Continued

3. Questioned costs about financial management: if the review indicates that funds may have been obligated or spent in a manner that is not in compliance, the use of a portion or all affected funds can be questioned. The sub-recipient will be asked to justify the propriety of all questioned costs. Costs which cannot be justified will be disallowed by DHCD and must be repaid by the sub-recipient.
4. Unresolved Issues: Occasionally, there are outstanding issues that the sub-recipient is committed to completing. We may ask that a certification of completion is provided to DHCD.
5. Corrective actions: The last section of the compliance review letter specifies what corrective action, if any, needs to be taken to resolve any findings or concerns. This section will also indicate how and by when a response to DHCD is required. If the compliance review letter requires a response, the sub-recipient must provide documentation within thirty (30) days that any findings or concerns have been resolved or addressed. LHR staff will use standardized checklists during the compliance review.

Reporting

DHCD will follow all regulatory guidelines regarding frequency and type of reporting to HUD. We will create reporting templates, with all pertinent information, for use by our sub-recipients, to ensure uniformity and ease of meeting the requirements.

Sustainability

DHCD is committed to sustaining the LHR program after the initial 42-month grant period. As only 3 localities in the Commonwealth have access to lead remediation funds for low-income families, DHCD has an obligation to successfully administer and maintain this program for its most vulnerable children and families across the state. As DHCD already operates multiple housing rehabilitation programs, we anticipate seamlessly integrating the LHR program into our current program offerings. By investing in training for private contractors and our nonprofit rehab specialists, we will create an enduring workforce to implement this program in future years.