HOUSING ACCOUNTABILITY ARCHIVE

Annual Compliance Review

Public Housing Program Administration

A documentary review of HOPWA program administration in Los Angeles, using Participant Zero as a case study

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CENTRAL REVIEW QUESTION

When governing standards require documentation, can that documentation be independently verified?

Documenting Housing. Advancing Accountability.

Prepared by Housing Accountability Archive | September 2026

SECTION 0

Publication Note

Purpose, limitations, privacy, and evidentiary posture

This report is an independent public-interest documentary review. It is not a HUD audit, an LAHD audit, a judicial decision, a legal opinion, or a determination of civil or criminal liability. Its purpose is narrower: to test whether material administrative actions affecting one HOPWA participant can be reconciled to the governing written framework and to the records made available for review.

The participant whose records anchor this review is identified only as Participant Zero. The underlying source corpus contains sensitive housing and health-program information. The public edition intentionally omits the participant's legal name, street address, private contact information, medical details, and case identifiers. Staff names are generally omitted unless needed to describe an institutional position; organizational roles are favored over personalities.

The review period is July 1, 2025 through June 30, 2026. Evidence created after June 30 is not used to rewrite what was known or resolved at the close of the review period. Later material is considered only as a subsequent event, a provenance record, or a means of locating pre-existing documents, and is labeled accordingly.

EVIDENCE DISCIPLINE

A missing document is not automatically proof that the underlying activity never occurred. But where a governing requirement calls for documentation, the inability to produce or independently verify that documentation is itself a material verification condition.

HAA reviewed the complete Evidence corpus made available for this review: 96 PDF items, representing 90 unique PDF binaries after de-duplication, together with related project records. Text-searchable files were traversed page by page. Image-only records - including the LAHD manual, Alliance/APLA policies, Directive 51-3, notices, monitoring reports, the Individual Housing Plan, and court materials - were reviewed as rendered pages. Duplicate versions were not treated as separate corroboration.

Contents

The final PDF is organized so a reader unfamiliar with HOPWA can understand the program first, then follow the case, then evaluate the findings. Detailed source notes and the authority crosswalk appear in the appendices.

SECTION 1

Executive Summary

What this review examined, what the record establishes, and what remains unresolved

Housing programs are often judged by outcomes: whether a person was housed, whether an application was processed, whether a referral was made. Those questions matter. But publicly funded housing programs are also administrative systems. They are expected to leave a record of eligibility, planning, service delivery, referrals, participant contact, subcontractor oversight, grievance handling, and the decisions that affect housing stability.

This review examines what happened when Participant Zero reached the expected end of a HOPWA-funded transitional-housing term, received departure-related communications, remained program-eligible, obtained a retroactive extension, moved through changing permanent-housing pathways, experienced an active eviction proceeding at the site, filed a formal grievance, and ultimately moved into a separate unit while administrative questions remained open.

THE CENTRAL TENSION

A housing outcome is not the same as an administrative resolution. Participant Zero eventually moved into a separate unit. That later housing outcome does not, by itself, answer what transition planning preceded the July departure actions, what authority governed those actions, what supportive services were documented, how grievance routing was supposed to work, or whether the grievance reached a written final disposition.

Key determinations

The annual review does not simply repeat the eleven findings in the December 2025 participant-prepared report. It re-tests them against the primary record. That process materially changes several conclusions: some factual cores are strengthened, several are narrowed, one original finding is not verified as stated, and the grievance-governance finding is reclassified because a detailed written grievance procedure does exist in Alliance/APLA policy.

NO.	ORIGINAL ISSUE	ANNUAL DETERMINATION	CORE REASON
1	Housing planning, supportive services, permanent-housing transition	**PARTIALLY VERIFIED**	The strongest structured IHP/extension record appears after term end and after departure pressure. Earlier complete service and case-management records have not been reconciled.
2	Unwritten rules / term-end authority	**PARTIALLY VERIFIED - RECLASSIFIED**	Written 12/24-month program language existed, but LAHD later clarified that 24 months was not a mandatory federal cutoff and that extensions could be used to prevent instability.
3	Biased participant framing in policy	**NOT VERIFIED AS STATED**	The reviewed policies contain restrictive behavior provisions, but also extensive rights, grievance, accommodation, confidentiality, and supportive-service protections. The broad bias conclusion is not supported by text alone.

NO.	ORIGINAL ISSUE	ANNUAL DETERMINATION	CORE REASON
4	Reasonable-accommodation process	**PARTIALLY VERIFIED**	Initial insistence on in-person TBRA completion, request for reasons, participant clarification, and senior approval of virtual completion are verified. A legal violation is not determined.
5	Impossible administrative requirement	**VERIFIED - CORRECTED**	The school confirmed the housing authority had to act first; the participant could not independently satisfy the original deadline. The deadline was later extended.
6	TBRA availability communication	**PARTIALLY VERIFIED - LATER EXPLAINED**	October unavailability and November availability are both verified. A later provider email explained that a slot opened when another applicant did not meet program requirements.
7	Coercive/hostile conduct and communications	**PARTIALLY VERIFIED**	The July 16 warning language is verified; the July 9 public-berating allegation remains a contemporaneous participant report without independent corroboration.
8	Retaliation/interference risk	**INDETERMINATE**	The temporal clustering of complaints and displacement-related events is verifiable. Retaliatory motive or causation is not established by the record reviewed.
9	No stabilization response to December 3-day notice	**PARTIALLY VERIFIED**	LAHD acknowledged and forwarded the notice to APLA. HAA did not identify a participant-facing written stabilization plan resolving the site-level risk.
10	Site visit / privacy / consent controls	**PARTIALLY VERIFIED**	Visits and participant objections are documented. Alliance policy requires scheduling, a Home Visit Form, client signature, and documentation; the complete visit-control record has not been reconciled.
11	Internal controls and grievance governance	**RECLASSIFIED / PARTIALLY VERIFIED**	A detailed written grievance procedure exists. The actual 2026 route went through a County unit that later found no jurisdiction; APLA said the grievance remained ongoing in May, and no final written disposition was identified by June 30.

Source note. Primary authorities: LAHD HOPWA Policies and Procedures Manual (Apr. 2022); Alliance for Housing and Healing HOPWA Policies & Procedures (rev. Nov. 18, 2024); City of Los Angeles Contract C-139393; LAHD Directive 51-3 (Nov. 4, 2025). Primary case records are identified throughout the findings and in Appendix D.

The strongest institutional observation

The most consequential pattern in the record is not a single dramatic email. It is the repeated need to reconcile one layer of administration with another: subcontractor action with sponsor oversight; sponsor policy with LAHD interpretation; service billing with service documentation; participant-facing grievance instructions with actual jurisdiction; and an eventual housing outcome with the unresolved administrative record that preceded it.

A RECURRING TEST

A referral is not an outcome. An acknowledgment is not a determination. An investigation is not a finding. A plan is not evidence that the plan was implemented. The review therefore distinguishes activity from documented closure.

SECTION 2

HOPWA: Purpose, Community, and Program Design

What the program is intended to do before this report asks whether the record can show that it did it

2.1 A housing program built around stability

Housing Opportunities for Persons With AIDS (HOPWA) is a federal housing program administered by the U.S. Department of Housing and Urban Development. LAHD's own manual describes HOPWA as designed to provide housing assistance and related supportive services to low-income people living with HIV/AIDS and their families. Its stated strategic objectives include increasing housing stability, expanding access to care, and reducing homelessness.

The population served is not defined simply by homelessness. HOPWA serves eligible low-income persons living with HIV/AIDS and their families; assistance can be used to prevent homelessness, maintain housing, support temporary or transitional arrangements, and connect participants to permanent housing and supportive services.

Source note. LAHD HOPWA Policies and Procedures Manual, Apr. 2022, pp. 3-9; 24 C.F.R. Part 574 as reproduced in the LAHD manual attachment.

Housing plus supportive services

The program framework is deliberately broader than rent payment. The LAHD manual identifies eligible activities including housing information and referral, project- or tenant-based rental assistance, short-term rent/mortgage/utility assistance, supportive services, permanent housing placement, and operating costs. The same manual states that supportive services funded locally include Housing Specialists, case management, resident service coordination, and related support.

Alliance/APLA's own procedures make the connection more concrete. Housing Specialists are expected to work with participants on an Individual Housing Plan, permanent-housing goals, referrals, income and benefit stabilization, service linkages, continuing contact, and documented follow-up. Its policy describes monthly follow-up as a baseline as needed and up to one year of follow-up after a move to permanent or otherwise appropriate housing.

Source note. LAHD Manual, pp. 7-10. Alliance HOPWA P&P, rev. Nov. 18, 2024, Housing Specialist Services / IHP and Follow-Up sections, pp. 40-48.

2.2 The community served

The statutory program name reflects the history of the AIDS housing crisis. In current service delivery, the community includes people living with HIV across a wide range of life circumstances - people already housed but at risk of losing housing, people in temporary or transitional settings, people seeking rental assistance, and families whose housing stability is connected to the eligible household member.

That context matters because HOPWA participants may be navigating housing instability together with health-system, income, disability, stigma, or discrimination pressures. The program materials therefore place unusual weight on confidentiality, reasonable accommodation, informed participation, supportive services, and stable-housing planning.

Source note. LAHD Manual, Program Overview, Confidentiality, Fair Housing, and IHP sections. Alliance HOPWA P&P, client rights, confidentiality, reasonable accommodation, service planning, and grievance sections.

2.3 The paperwork is part of the program

LAHD requires project sponsors to maintain organized, complete participant files. At minimum, those files are expected to contain eligibility documentation, the initial assessment and housing plan and reassessments, services provided, referrals, signed and dated case notes, and follow-up information showing progress and setbacks. The

Alliance/APLA manual separately states that progress notes should document participant interactions and services promptly, and that referral outcomes and continuing follow-up belong in the file.

WHY THIS MATTERS

The paperwork is not separate from the program. The paperwork is how the program demonstrates that the work happened.

Source note. LAHD Manual, p. 7; Alliance HOPWA P&P, client data/progress-note and file-management sections, including pp. 17, 40-48 and 55-59.

SECTION 3

Program Administration and the Accountability Chain

Who sets the rules, who carries out the work, and where responsibility should remain traceable

3.1 Federal to local

HUD establishes the federal HOPWA framework and funds eligible grantees. LAHD administers the Los Angeles HOPWA program and contracts with nonprofit organizations and housing authorities to deliver eligible housing and services. Federal HOPWA rules require the grantee to ensure project sponsors have capacity, cooperate with relevant agencies, maintain confidentiality, preserve financial records, and operate the program in accordance with applicable requirements.

Source note. 24 C.F.R. §§ 574.410, 574.420, 574.440, 574.450, 574.500; reproduced in LAHD Manual, pp. 43-44. LAHD Manual, Grant Administration, pp. 5-6.

3.2 Sponsor and subcontractor responsibilities

City Contract C-139393 required Alliance for Housing and Healing to track client activities in an LAHD-approved database, including intake/assessment, individual housing plans, permanent-housing placement, monthly follow-ups, applications, housing retention, and other services. The contract also required review and payment of subcontractor invoices, monitoring for contract compliance, and site visits to subcontracted providers.

The Alliance/APLA policy similarly describes Regional Office monitoring of subcontractors through scheduled visits, client-file review, progress-note review, home/facility visits, written monitoring reports, and corrective action when deficiencies are identified.

Source note. City Contract C-139393, Scope of Services, reporting/monitoring and Resident Service Coordination provisions, especially pp. 10-14 of the contract scope. Alliance HOPWA P&P, subcontractor monitoring section, p. 17.

3.3 The authority stack used in this review

LEVEL 1 - FEDERAL	24 C.F.R. Part 574 and related federal grant-control requirements. Establishes HOPWA-eligible activities, housing standards, termination safeguards, grantee responsibilities, confidentiality, and program administration.
LEVEL 2 - LOCAL	LAHD HOPWA Manual and LAHD directives. Establishes local program operations, IHP/client-file requirements, monitoring, grievance/appeal expectations, and local interpretations.
LEVEL 3 - CONTRACT	City contracts and statements of work. Assign sponsor deliverables, database reporting, subcontractor monitoring, service coordination, and fiscal/administrative duties.
LEVEL 4 - SPONSOR	Alliance/APLA policies. Operationalizes Housing Specialist work, IHPs, follow-up, home visits, progress notes, subcontractor monitoring, termination, grievance, and records access.
LEVEL 5 - CASE RECORD	Participant-facing notices, emails, IHPs, court records, monitoring records, grievance correspondence, and service/billing documentation. Shows what happened in practice.

SECTION 4

Applicable Standards

The written rules against which the record is tested

4.1 Individual housing planning

LAHD requires project sponsors to develop and maintain an Individual Housing Plan for HOPWA clients, using the LAHD-approved form. For continuing clients, the plan is to be updated quarterly and signed by staff and the participant. It should identify goals and supportive services needed to achieve those goals, including appropriate housing resources with a goal of permanent housing, income stabilization, service referrals, and other supports. Referral and outcome documentation belongs in the client file.

Alliance/APLA policy likewise assigns Housing Specialists responsibility for a participant-led IHP aimed at permanent affordable or otherwise appropriate housing. The policy requires continued contact, progress documentation, service coordination, and reassessment of housing stability.

Source note. LAHD Manual, IHP section, pp. 9-10. Alliance HOPWA P&P, Housing Specialist Services/IHP and Follow-Up sections, pp. 40-48.

4.2 Termination and grievance safeguards

The LAHD manual states that project sponsors must maintain written termination procedures, that assistance should be terminated only in the most severe cases, and that the federal minimum process includes written reasons, an opportunity for review before a person other than or subordinate to the original decision-maker, and prompt written notice of the final decision.

The LAHD manual separately requires written grievance and appeal procedures to be given to the client upon entry and states that sponsor grievance determinations may be appealed to LAHD. Alliance/APLA policy contains a detailed multi-step grievance structure: staff-level resolution, supervisor/manager review, a Regional Office Grievance Committee, a process intended to insulate grievance content from the subcontractor in specified circumstances, a goal of resolution within 30 business days, a written response, and escalation to LAHD when the grievance remains unresolved.

Source note. LAHD Manual, Termination of Assistance, Grievance and Appeal Procedures, pp. 14-15. Alliance HOPWA P&P, suspension/termination/grievance/appeal sections, pp. 72-78.

4.3 Reasonable accommodation and participant access

LAHD policy requires administrative and program processes to comply with applicable disability and fair-housing protections and directs sponsors to maintain a process through which clients can easily request reasonable accommodation. Alliance/APLA policy contains a parallel accommodation framework. For this review, those provisions are used to test whether the accommodation process was visible and consistently administered; this report does not adjudicate a civil-rights claim.

Source note. LAHD Manual, Fair Housing and Equal Opportunity, p. 11. Alliance HOPWA P&P, disability/fair housing and client-rights provisions.

4.4 Monitoring, records, and fiscal traceability

LAHD policy requires program reporting and monitoring, including review of selected client files and program/fiscal performance. City Contract C-139393 links client activity reporting to an LAHD-approved database and requires contractor monitoring of subcontractors. Alliance policy requires progress notes, secure record retention, subcontractor monitoring, and monthly fiscal processes.

These controls become especially important where service delivery and participant-specific billing intersect. A permissible invoice does not by itself prove that a service occurred; a case note does not by itself prove that a particular cost was reimbursed. A complete audit trail should make the two systems reconcilable when a participant-specific cost is claimed.

SECTION 5

Scope and Methodology

How HAA tested the record without converting allegation into fact

5.1 Evidence hierarchy

1. Contemporaneous primary records created by the organization responsible for the action: official notices, agency correspondence, provider correspondence, court documents, participant case forms, monitoring reports, and system records.

2. Governing authority: federal regulations, LAHD policies/directives, City contracts, and sponsor policies applicable to the program.

3. Contemporaneous participant-created records: emails, incident reports, photographs, requests, and objections. These establish what was reported, requested, or observed by the participant; they do not automatically prove a disputed underlying fact.

4. Participant-prepared analyses and later oversight packets. These are treated as roadmaps, claims, and evidence indexes - not independent corroboration of their own conclusions.

5.2 Verification categories

VERIFIED	The material factual proposition is established by primary evidence and the relevant governing standard can be identified.
PARTIALLY VERIFIED	A substantial factual core is corroborated, but a material component remains unresolved or the original characterization was broader than the evidence supports.
INDETERMINATE	The available evidence is insufficient to decide the proposition; a necessary source is missing, incomplete, conflicting, or unavailable.
NOT VERIFIED	The reviewed record does not support the original proposition as stated, or reliable evidence materially narrows or contradicts it.
RECLASSIFIED	The original issue exists in a different form than originally alleged and is restated to match the strongest supported evidence.

5.3 What this review does not infer

No document in HAA's collection does not mean the document never existed.

An adverse event occurring after protected activity does not establish retaliation without evidence of causal connection or motive.

A provider reversal does not automatically establish that the initial decision was unlawful.

A later housing outcome does not establish that earlier transition planning was complete.

A 3-day notice amount is not treated as verified participant debt or verified federal cost.

A subcontractor action is not presumed unauthorized merely because later evidence shows other subcontractor actions were uncoordinated.

A monitoring deficiency in another sampled file is not attributed to Participant Zero.

SECTION 6

Participant Zero: The Housing Transition Becomes a Dispute

The review period opens with a known term end, departure pressure, and an oversight intervention that changes the trajectory

6.1 The date was knowable

Participant Zero entered the transitional-housing setting in June 2023. The stated two-year term therefore had an identifiable expected endpoint: June 2, 2025. The question for this report is not whether the program could predict the exact permanent-housing outcome two years in advance. It could not. The question is whether the record demonstrates that the approaching end of the placement triggered a documented transition process before housing stability became an emergency.

The participant-facing record presently reviewed becomes considerably clearer after the term end than before it. June recertification correspondence shows continued-eligibility activity. In July, the participant received departure-related communications. In August, LAHD paused the eviction process, consulted HUD, determined that Participant Zero should not be exited, and the sponsor documented a retroactive extension together with an IHP and permanent-housing pathways.

6.2 July: the path out becomes visible

On July 3, the site-level provider issued a same-day departure directive connected to a proposed room/lease arrangement. Participant Zero objected in writing. On July 16, Alliance/APLA issued a separate written notice stating that the approved transitional-housing timeframe had ended and directing departure by July 23. The letter warned that remaining beyond the approved term without coordination could affect future housing opportunities.

Months later, Alliance/APLA described the July 16 notice as part of a standard compliance process, said the wording was non-disciplinary, and confirmed that Participant Zero remained an active participant in good standing who continued to receive HOPWA housing support.

Source note. Primary records: July 3/July 6 CERC and participant correspondence; Alliance/APLA July 16, 2025 exit notice; Alliance/APLA Nov. 7, 2025 clarification response.

6.3 August: LAHD changes the trajectory

On August 4, LAHD instructed Alliance/APLA to pause the eviction process while the department investigated. LAHD said it would interview Participant Zero, review available options, and continue discussions with HUD. Alliance/APLA acknowledged the direction and said the subcontractor would be informed.

The same thread contains a separate fiscal question: Alliance/APLA had received a CERC invoice for July and asked whether Participant Zero could still be billed for services because an additional extension had not yet been granted. LAHD answered that because Participant Zero had not been officially exited, services received in July could still be billed.

On August 7, after further HUD guidance and a meeting with Participant Zero, LAHD informed the provider network that Participant Zero should not be exited and remained eligible for transitional-housing funding. LAHD stated that HUD regulations did not impose a mandatory 24-month limit, that the 24-month timeframe was not regulatory, and that extensions could be used where needed to support housing stability and secure permanent housing.

Source note. Primary record: LAHD, “Update on Transitional Housing Case,” Aug. 4-11, 2025 (E-14 source thread).

A TWO-SYSTEM RECONCILIATION TEST

At the same time the housing status was being investigated, the program was asking whether July services remained billable. That does not establish improper billing. It creates a simple documentary test: what July services were received, and what participant-level records support any participant-specific invoice?

6.4 The extension and IHP arrive

On August 15, Alliance/APLA informed Participant Zero that a 90-day extension had been approved for June 2 through August 30 and that another 90-day extension could be requested if needed. The same message said the program was actively working toward PTBRA or TBRA and asked Participant Zero to sign an Individual Housing Plan and provide current income documentation.

The document sequence matters. The clearest participant-facing extension and IHP record identified by HAA came after the original term end, after July departure communications, and after LAHD intervention. That sequence does not prove an earlier IHP did not exist. It does mean the earlier planning history remains a material verification question.

Source note. Primary record: Alliance/APLA email “Re: Individual Housing Plan (IHP),” Aug. 15, 2025; Participant Zero IHP signed in August 2025.

6.5 Fall 2025: the pathway keeps changing

By October 23, Alliance/APLA told Participant Zero that LAHD would approve transitional-housing extension requests related to the case until the participant could transition into permanent housing. On October 31, the provider wrote that TBRA was unavailable, the waitlist was closed, there was no estimated reopening date, and a PTBRA referral had been submitted earlier that month.

On November 12, the provider communicated three possible pathways - ICM, a scattered-site master-leasing option, and a newly available TBRA application due November 24. On November 13, the provider explained the change: a TBRA opportunity had become available because another applicant did not meet program requirements. The record therefore verifies contradictory-looking communications but also contains a later explanation for what changed.

Source note. Primary records: Alliance/APLA Oct. 23 and Oct. 31, 2025 correspondence; “Housing Program Opportunities,” Nov. 12, 2025; provider clarification Nov. 13, 2025.

6.6 Directive 51-3 puts the 24-month question in writing

On November 4, LAHD issued Directive 51-3 addressing exits from HOPWA-funded transitional housing. The directive recognized contractual program language encouraging a 24-month transition, while stating that HUD regulations do not impose a mandatory 24-month limit. It instructed that households should not be exited solely for reaching 24 months where doing so would result in instability or homelessness and required documented planning and LAHD approval for extensions.

The review makes no causal claim that Participant Zero's case produced the directive. The significance is narrower: the interpretation LAHD communicated in Participant Zero's August case was later formalized in written program guidance.

Source note. Primary authority: LAHD Directive 51-3, Nov. 4, 2025.

SECTION 7

The Grievance System Is Tested

What happened after the participant converted the dispute into a written compliance record

7.1 The audit enters the system

At the end of 2025, Participant Zero prepared an eleven-finding compliance report. On January 5, 2026, LAHD acknowledged receipt. On January 7, LAHD identified the Housing Specialist as the point of contact for housing/supportive-service questions and stated that because the concerns involved HSS, APLA would be better positioned to provide current information; LAHD could remain copied so its records stayed current.

On January 9, Participant Zero transmitted the report directly to Alliance/APLA and requested a written, finding-by-finding response by January 26, including identification of the supervisory or compliance-level reviewer. The participant expressly stated that a meeting could supplement but not replace a written response.

Source note. Primary records: LAHD Jan. 5-7, 2026 audit-routing correspondence; sponsor transmittal Jan. 9, 2026.

7.2 County intake creates an apparent pathway

After the participant's requested response date passed without a substantive finding-by-finding response identified in the participant-facing record, Participant Zero used grievance instructions contained in provider registration materials and contacted Los Angeles County Public Health. County staff accepted the matter, sought jurisdictional clarification, and by January 28 routed it to APLA. County staff later communicated that APLA had 30 days to respond and that no additional information was required from the participant at that stage.

At that moment, the process appeared legible: a grievance had been accepted, a responsible organization identified, and a response period communicated.

7.3 Then the site dispute becomes live litigation

On February 5, while the grievance remained within the response period described by the County, Participant Zero reported that unlawful-detainer court papers had been physically posted at the HOPWA site. The court materials reflect a residential unlawful-detainer action against the site operator and related defendants, not a judicial finding that Participant Zero personally owed the asserted amount. The litigation documents trace back to a December 2025 3-day notice and an asserted rent demand of $44,865.

Participant Zero did not ask the County to adjudicate the eviction case and expressly framed the court papers as supplemental information to the existing grievance. County staff acknowledged receipt on February 5 and said they were working with a supervisor on next steps. On February 9, County staff asked whether the court information was a new grievance or additional material; Participant Zero clarified that it was a supplement to the existing grievance.

Source note. Primary records: Feb. 5-9, 2026 grievance escalation chain; Superior Court unlawful-detainer materials reviewed as site-litigation records. The $44,865 figure is treated as an asserted notice amount, not verified debt or questioned federal cost.

7.4 Later on February 9, jurisdiction changes

Later on February 9, the County informed Participant Zero that, after further review, the HOPWA/APLA housing grant fell outside the County division's jurisdiction because the HOPWA housing unit was not funded by that division. The County said it could not continue direct follow-up, formally referred the case back to APLA, and identified APLA's grievance/quality lead as the primary point of contact.

The review does not infer that the February 5 unlawful-detainer escalation caused the jurisdictional review. The documents establish sequence, not causation. What the sequence does establish is that the jurisdictional determination

came only after the County had already accepted the grievance, routed it, communicated a response period, received the court escalation, and begun classifying the supplemental material.

THE ROUTING PROBLEM BECOMES CONCRETE

The participant followed a grievance pathway disclosed in provider materials. The County accepted the complaint, then later determined that the HOPWA housing issue was outside its funding jurisdiction and returned the matter to the provider.

7.5 The County explains the mismatch

In subsequent correspondence, County staff distinguished APLA's multiple funding streams. The County explained that the provider's inclusion of County contact information did not mean the HOPWA housing intake itself was County-funded. County staff also indicated that the relevant materials would be reviewed for clearer distinctions between County-funded and non-County-funded services.

That response does not prove a regulatory grievance violation. It independently corroborates the existence of a routing-clarity problem significant enough for the County to explain the funding distinction and consider clearer participant-facing materials.

Source note. Primary record: County jurisdiction and routing correspondence, Feb. 9-10, 2026.

7.6 APLA investigates; the record remains open

Following the County referral, APLA Risk Management/Compliance became the identified grievance contact. The provider subsequently stated that its HOPWA team was investigating the grievance. By May 5, APLA Risk Management wrote that the grievance resolution process was still ongoing and that a team member would contact Participant Zero regarding the records request.

Those communications are important because they prevent an inaccurate “nobody responded” narrative. APLA did respond, and it described an active resolution process. The narrower annual-review question is whether that process reached a documented endpoint. HAA did not identify a final written grievance disposition, with findings and appeal/closure information, dated on or before June 30, 2026.

Source note. Primary records: County/APLA referral chain; APLA Risk Management and Compliance correspondence including May 5, 2026 statement that the resolution process was ongoing.

7.7 Housing resolution and administrative resolution separate

A May 13 HSS notice states that Participant Zero had moved into a separate unit in March 2026. That is a significant housing outcome. It did not automatically close the administrative questions that had accumulated before the move. The review therefore distinguishes housing stabilization from grievance disposition, records access, and retrospective compliance review.

Source note. Primary record: HSS 30-day personal-property notice, May 13, 2026.

SECTION 8

The Monitoring Record

What LAHD had already seen in sampled provider files before the annual review closed

Participant Zero's case cannot be used to prove a systemwide pattern. The appropriate institutional context comes from LAHD's own monitoring reports. Those reports are limited samples, but they show how LAHD evaluated documentation within the same provider structure.

MONITORING CYCLE	SAMPLED APLA-DIRECT FILES	DOCUMENTATION CONDITION	FORMAL RESULT
2023-2024	10	3 of 10 showed significant service and/or case-note gaps. Provider said records had not been transferred from another database into Eccovia ClientTrack.	No formal findings or concerns.
2024-2025	10	7 of 10 contained missing or incomplete client information; 5 involved clients who had dropped out of contact and were expected to be closed/exited.	No formal findings or concerns; no corrective action required.

Source note. LAHD HOPWA monitoring/progress reports for 2023-2024 and 2024-2025. These samples were APLA-direct Housing Specialist files; the reports do not establish that Participant Zero or a CERC/HSS file was among the sampled records.

THE MONITORING QUESTION

The reports document an increase from 3 of 10 sampled files with significant gaps to 7 of 10 sampled files with missing or incomplete information, while recording no formal findings or concerns in either cycle. The proper oversight question is not why LAHD “punished” or did not punish the provider; it is what threshold converts recurring documentation deficiencies into corrective action.

The monitoring reports do not prove Participant Zero's file was incomplete. They do establish that incomplete service and client-file documentation was a known administrative risk within sampled APLA-direct records. That makes participant-specific verification especially important: the way to determine whether Participant Zero's file was different is to examine Participant Zero's complete file.

SECTION 9

Findings Reconciliation

The original eleven findings tested against the full annual record

The original December 2025 report used federal-style finding labels and severity ratings. This annual review does not adopt those severity ratings. Each issue is re-tested against the governing standard, the primary evidence, the provider/agency response, and the records still needed to resolve uncertainty.

FINDING 1

Housing Planning, Supportive Services, and the Transition to Permanent Housing

THE QUESTION

Before asking whether Participant Zero received enough help, can the program show what help it says was provided?

HOPWA is not structured as a passive bed program. LAHD policy requires an IHP, quarterly updates for continuing clients, referrals, service documentation, case notes, and follow-up. Alliance/APLA policy likewise assigns Housing Specialists responsibility for permanent-housing goals, referrals, continuing contact, progress notes, and follow-up toward stable housing.

The stated transitional-housing term ended June 2, 2025. The clearest participant-facing extension and IHP record reviewed by HAA appears on August 15, after July departure actions and after LAHD paused the eviction process and determined that Participant Zero should not be exited. The August IHP and correspondence document PTBRA/TBRA as active pathways, but the complete pre-June 2 transition-planning record has not been reconciled.

The August LAHD thread adds a fiscal dimension. Alliance/APLA asked whether the subcontractor could still bill Participant Zero for July services; LAHD answered that services received in July could be billed because Participant Zero had not been officially exited. This creates a clean traceability test: any participant-specific July invoice should be reconcilable to the underlying services, dates, and case records.

DATE / RECORD	WHAT IT ESTABLISHES	LIMIT / CAUTION
June 2, 2025	Expected term end was knowable.	Does not establish what internal planning occurred before the date.
July 3 / July 16	Departure-related communications were issued.	Authority/compliance of each notice is addressed separately.
Aug. 4-7	LAHD paused eviction, confirmed no official exit, then determined Participant Zero should not be exited and remained eligible.	Does not by itself prove sponsor nonperformance.
Aug. 15	90-day extension covering June 2-Aug. 30 documented; IHP presented; PTBRA/TBRA identified.	Does not prove this was the first IHP ever created.
LAHD + Alliance policies	IHP, services, referrals, follow-up, case notes and reassessment are required/documented program functions.	Complete participant-level file not available to HAA.

PARTIALLY VERIFIED

The timing and participant-facing planning gap are verified. The complete supportive-service and transition-planning history before June 2 cannot be independently determined without the full case-management record and service-to-billing support.

Required reconciliation: every IHP/revision; Housing Specialist case notes; referrals and outcomes; service/contact logs; extension request/approval records; July participant-specific invoice and supporting service entries; any supervisory case conferences or corrective actions.

FINDING 2

Policy Authority, Exit Decisions, and the 24-Month Rule

THE QUESTION

When a subcontractor or sponsor tells a HOPWA participant to leave, what written authority governs the decision and who approves it?

The original report described an “unwritten rule” problem. The annual review narrows that conclusion. Written program language did exist: Alliance/APLA policy treated crisis/transitional housing as time-limited and described a 12-month term with possible extensions. The July 16 letter was later described by the sponsor as a standard compliance communication tied to the approved period.

But the record also shows that LAHD and HUD guidance mattered to how that time limit could be applied. In August, LAHD stated that the federal HOPWA regulations did not impose a mandatory 24-month cutoff and that Participant Zero should not be exited. Directive 51-3 later formalized the same distinction: 24 months was a best-practice program timeframe, not a mandatory federal termination point; extensions were available where needed to prevent instability and secure permanent housing.

The strongest annual issue is therefore not “there was no written rule.” It is whether participant-facing exit actions were consistently reconciled to the full authority stack - written sponsor policy, extension authority, LAHD interpretation, participant status, and documented housing plan - before the notices were issued.

PARTIALLY VERIFIED - RECLASSIFIED

The original “unwritten rule” description is too broad. Written time-limit language existed, but the record demonstrates a material need for policy-authority reconciliation and supervisory review when the participant remained eligible and extension authority was available.

Source note. Primary evidence: July 16 exit letter; Aug. 4-7 LAHD determination thread; Alliance/APLA Nov. 7 clarification; LAHD Directive 51-3; Alliance HOPWA P&P transitional-housing provisions.

FINDING 3

Participant Framing in Written Policy

THE QUESTION

Does the sponsor policy itself support the original conclusion that participants are framed as inherently problematic or untrustworthy?

The original finding characterized sponsor policy as biased or disrespectful. A full review of the 82-page Alliance/APLA manual does not support that broad conclusion as stated. The policy contains restrictive behavior and service-condition provisions, including rules addressing threats, intoxication, abusive conduct, program compliance, and grounds for limiting services. Those provisions can be consequential and should be administered carefully.

But the same manual contains extensive countervailing provisions: participant rights, confidentiality, informed choice, reasonable-accommodation access, supportive-service obligations, grievance and appeal procedures, service agreements expressly described as non-punitive, supervisor review, records-access procedures, and an escalating grievance structure that can reach LAHD.

The existence of behavior-based rules is not sufficient to prove a policy-level bias against participants. HAA therefore does not sustain the original characterization. Particular wording can still be evaluated for clarity, dignity, or operational risk, but that is different from finding that the policy as a whole depicts participants as inherently untrustworthy.

NOT VERIFIED AS STATED

The broad policy-bias conclusion is not supported by the full text reviewed. The issue is better treated as a policy-drafting and implementation question, not an annual compliance finding of bias.

Source note. Authority reviewed: Alliance HOPWA P&P (all 82 pages), including client rights, limits/conditions, service agreements, termination, grievance, reasonable accommodation, and records-access sections.

FINDING 4

Reasonable Accommodation Process

THE QUESTION

Was the November virtual-TBRA request handled through a clear, consistent accommodation process?

The November record is unusually complete. Participant Zero requested conversion of a scheduled TBRA appointment to a virtual format and gave several reasons, including health-related needs. A program manager responded that the TBRA application “must” be completed in person, offered transportation, and wrote that no reason for the accommodation had been provided. Participant Zero then clarified the reasons and requested the written rule requiring physical presence. Senior management subsequently approved virtual completion.

That sequence verifies a process inconsistency: request, initial refusal/insistence, clarification, escalation, approval. It does not by itself establish unlawful discrimination. HAA has not adjudicated necessity, reasonableness, undue burden, or the staff authority behind the initial response. The stronger compliance observation is that the accommodation pathway was not self-executing or consistently visible at first contact, despite LAHD and sponsor policies requiring an accessible request process.

PARTIALLY VERIFIED The procedural sequence and reversal are verified. Whether the initial response constituted a legal violation is outside this documentary review and remains undetermined.

Source note. Primary record: Nov. 19, 2025 reasonable-accommodation email chain and senior-management override. Authority: LAHD Manual, Fair Housing and Equal Opportunity; Alliance HOPWA P&P accommodation provisions.

FINDING 5

An Administrative Deadline the Participant Could Not Complete Alone

THE QUESTION

Was Participant Zero instructed to meet a deadline dependent on action by another public entity?

In December, Participant Zero was instructed to submit a Verification of Financial Aid form as part of the TBRA/HACLA process. El Camino College responded in writing that the housing authority needed to complete its portion before the school could complete the financial-aid portion. That made the participant's ability to meet the stated deadline dependent on upstream action outside the participant's control.

The program later extended the deadline and coordinated around the dependency. That correction matters. The annual finding is therefore not that the barrier remained unresolved; it is that the original workflow assigned a time-certain requirement to the participant before the upstream prerequisite had been completed.

VERIFIED - CORRECTED

The inter-agency dependency is directly documented by the school and the later extension shows that the workflow was corrected after escalation.

Source note. Primary record: El Camino College financial-aid email, Dec. 15, 2025; related sponsor correspondence extending the documentation timeline.

FINDING 6

TBRA Availability and Communication Control

THE QUESTION

How did TBRA move from unavailable with a closed waitlist to an offered application less than two weeks later?

On October 31, Alliance/APLA wrote that TBRA was unavailable, the waitlist was closed, and there was no estimated reopening date. On November 12, Alliance/APLA wrote that LAHD had notified the team that a TBRA housing-certification application was available for Participant Zero and that it needed to be submitted by November 24.

Taken alone, those messages appear contradictory. The later record supplies an explanation: on November 13, the provider stated that the TBRA opportunity had become available because another applicant did not meet program requirements. HAA has not reviewed the underlying allocation/waitlist record to independently test that explanation, but the annual review cannot accurately say that no explanation was ever provided.

PARTIALLY VERIFIED - LATER EXPLAINED

The communication change is verified. The original “unexplained reversal” conclusion is narrowed because a provider explanation exists; the underlying allocation record remains unverified.

Source note. Primary records: Alliance/APLA Oct. 31, Nov. 12 and Nov. 13, 2025 housing-pathway correspondence.

FINDING 7

Hostile-Conduct Allegation and the July 16 Warning Language

THE QUESTION

What is independently verified, and what remains the participant's contemporaneous account?

Participant Zero documented an alleged July 9 public berating in a contemporaneous letter and later incorporated that account into the December report. HAA has not identified an independent witness statement, recording, provider incident finding, or other primary source sufficient to establish the alleged verbal conduct as fact. The allegation is therefore preserved as a contemporaneous participant report, not an independently verified event.

The July 16 sponsor letter is different. Its wording is independently verifiable: it directed departure by a stated date and warned that remaining beyond the approved period could affect future housing opportunities. In November, Alliance/APLA said the language was standard wording, not disciplinary, and that Participant Zero remained active and in good standing. The sponsor also said it would review the wording for clarity and appropriateness based on the participant's feedback.

PARTIALLY VERIFIED	The warning language and later sponsor explanation are verified. The July 9 public-berating allegation remains indeterminate because HAA lacks independent corroboration.

Source note. Primary records: July 9 participant incident documentation; July 16 sponsor exit notice; Alliance/APLA Nov. 7 clarification response.

FINDING 8

Displacement Pressure After Protected Activity

THE QUESTION

Does the chronology establish retaliation or interference?

The record verifies temporal proximity between protected or oversight activity and multiple housing-stability events: complaints and escalation were followed by additional notices, property-level eviction activity, site visits, and eventually an unlawful-detainer case affecting the housing site. Temporal clustering can justify closer review because it identifies where decision records and non-retaliation controls should be examined.

Temporal sequence is not proof of retaliatory motive. The property owner's rent dispute and unlawful-detainer action involved the site operator and financial obligations not shown to have been created by Participant Zero's complaints. HAA has not identified evidence establishing that the notices or litigation were initiated because Participant Zero exercised protected rights.

The annual review therefore declines to adopt the original retaliation characterization. It preserves the timing as a risk indicator and recommends decision-record review where stability-impacting actions occur during active complaints.

INDETERMINATE - NO RETALIATION FINDING	The chronology is verified. Causation and motive are not established by the record reviewed, so HAA makes no determination that retaliation occurred.

Source note. Primary record: complaint/oversight correspondence; September and December property notices; site-litigation materials; grievance and LAHD correspondence. No causal inference is drawn from timing alone.

FINDING 9

Stabilization Response to the December 3-Day Notice

THE QUESTION

When a time-sensitive site-level eviction notice appeared, what written stabilization response can be verified?

On December 13, Participant Zero observed a 3-day pay-or-quit notice at the site demanding $44,865. On December 15, the participant notified LAHD, requested oversight, a named point of contact, verification of the issue, and a written sponsor stabilization/contingency plan. LAHD acknowledged the development and wrote that it had forwarded the participant's email to APLA, while directing program questions to the Housing Specialist.

That means the original finding's statement that there was “no response” is too broad. LAHD did respond and routed the information. The unresolved question is whether the sponsor created or communicated a specific participant-facing stabilization plan in response to the notice and the underlying site-level rent dispute. HAA has not identified such a written plan in the reviewed record.

The later unlawful-detainer filing confirms that the site dispute did not disappear. It does not prove that an earlier stabilization response would have prevented litigation, nor does it convert the property owner's asserted amount into participant debt.

PARTIALLY VERIFIED	Acknowledgment and referral are verified; a participant-facing written stabilization plan resolving the site-level risk was not identified. The legal validity of the notice and asserted amount is not determined.

Source note. Primary records: Dec. 13 notice; Participant Zero Dec. 15 escalation; LAHD acknowledgment/forward to APLA; 2026 unlawful-detainer records.

FINDING 10

Site Visits, Notice, Privacy, and Documentation Controls

THE QUESTION

Can the November/December site visits be reconciled to the sponsor's own home-visit and monitoring procedures?

Participant Zero documented objections to a November 11 site visit, including disagreement about timing, purpose, scope, and entry into the participant's room. Alliance/APLA later confirmed that the visit was part of monitoring and described follow-up activity. December correspondence shows the participant repeatedly requested written clarification of the November findings, standards used, required corrections, and the purpose of a later follow-up visit.

Alliance/APLA policy is specific enough to create a verification test. Housing Specialist home visits are to be scheduled, documented using a Home Visit Form, and signed by the client; subcontractor monitoring has its own notice/checklist/reporting framework. The current evidence collection does not contain a complete set of forms and signatures sufficient to reconcile every visit to the applicable protocol.

This finding should not be read as a determination that every site visit required participant consent or that the provider lacked inspection rights. It is a documentation finding: the purpose, authority, notice, form, findings, and follow-up for each type of visit should be distinguishable in the record.

PARTIALLY VERIFIED

The visits, participant objections, and provider monitoring rationale are verified. Complete compliance with the sponsor's visit/documentation controls cannot be independently verified from the records reviewed.

Source note. Primary records: Nov. 11 participant incident report; Nov.-Dec. provider correspondence; Alliance HOPWA P&P home-visit, monitoring, file/documentation provisions.

FINDING 11

Grievance Governance and Internal Control

THE QUESTION

Did the program lack a written grievance process, or did the written process fail to map cleanly onto the route the participant was actually given?

This is the finding most materially changed by the annual review. The December report stated that the participant had not located a written sponsor policy identifying grievance review or an independent process. The full Alliance/APLA manual proves that statement incomplete: a detailed written grievance and appeal framework exists.

That framework describes staff-level resolution, supervisory review, a Regional Office Grievance Committee, procedures intended to keep certain grievance content away from the subcontractor, a written response, a 30-business-day resolution goal, and escalation to LAHD if unresolved. LAHD's manual separately states that written grievance/appeal procedures should be given to clients upon entry and that sponsor grievance determinations may be appealed to LAHD.

The 2026 record raises a different problem. Participant Zero relied on a provider registration packet that identified a County complaint/grievance contact. The County accepted the matter, routed it to APLA, communicated a response period, accepted supplemental unlawful-detainer information, and then determined that the HOPWA housing grant was outside its jurisdiction because the relevant HOPWA program was not County-funded. The County referred the matter back to APLA and later explained the funding-source distinction.

By May 5, APLA Risk Management said the grievance resolution process remained ongoing and promised records-access follow-up. HAA did not identify a final written grievance determination issued on or before June 30. The annual issue is therefore not the absence of a written grievance policy. It is the mismatch between written policy, participant-facing routing, funding jurisdiction, and documented closure.

RECLASSIFIED / PARTIALLY VERIFIED	A written grievance framework is verified, so the original “no process” premise is not sustained. A routing-clarity problem and unresolved closure status are independently supported.

Source note. Authority: Alliance HOPWA P&P grievance/appeal sections, pp. 72-78; LAHD Manual, pp. 14-15. Primary records: provider registration packet; County grievance chain Jan.-Feb. 2026; APLA Risk Management May 5, 2026 correspondence.

SECTION 10

Cross-Cutting Administrative Observations

What the eleven findings reveal when read as one system rather than eleven isolated events

10.1 The program could document departure pressure more clearly than earlier transition planning

The July departure records are concrete: dates, deadlines, and potential consequences are visible. The pre-term permanent-housing planning record is less visible in the corpus HAA could verify. By August, a retroactive extension and IHP were documented. This asymmetry does not prove that earlier planning never occurred; it identifies exactly which records should resolve the question.

10.2 Delegation complicated traceability

The record passes through LAHD, Alliance/APLA, Housing Specialists, CERC/HSS, the property owner, County grievance staff, and the housing authority. Later sponsor correspondence confirms that certain subcontractor relocations occurred without direct contemporaneous coordination through APLA program staff. That admission does not prove the July 3 directive was uncoordinated, but it shows why a clear authority matrix and sponsor-level supervisory record matter.

10.3 Monitoring found documentation gaps without formal findings

LAHD's own samples moved from 3 of 10 files with significant documentation gaps to 7 of 10 with missing/incomplete information, yet both monitoring reports recorded no formal findings or concerns. The appropriate annual-review question is how LAHD defines thresholds for corrective action, recurrence, and escalation - not whether HAA should substitute its judgment for LAHD's monitoring methodology.

10.4 Housing eventually stabilized; governance questions did not automatically close

The record supports that Participant Zero moved into a separate unit in March 2026. That outcome is material and should be credited. It does not retroactively establish the completeness of earlier services, the correctness of every notice, or the disposition of the grievance. A program can achieve an important housing outcome while still leaving administrative questions unresolved.

10.5 The most useful unresolved evidence is identifiable

This review is not left with an abstract demand for “more information.” The missing proof is specific: earlier IHP versions; case notes; referral outcomes; participant-specific service/billing support; extension authorization records; July 3 supervisory authority; home-visit forms; grievance intake/log/committee records; written grievance determination; and records-access response. These are discrete records capable of resolving or narrowing the remaining findings.

SECTION 11

Conclusions

What can responsibly be said at the end of the 2025-2026 annual review

The annual review does not validate the December 2025 report wholesale. It does something more valuable: it separates what survives documentary testing from what does not.

The record strongly supports that Participant Zero's transition became administratively contested after the expected term end; that LAHD intervened and materially changed the trajectory; that a formal extension and IHP were documented after that intervention; that housing pathways changed over the fall; that one accommodation request moved from initial in-person insistence to senior-level virtual approval; that the County grievance route ultimately lacked jurisdiction over the HOPWA housing funding stream; and that APLA continued describing the grievance as ongoing in May 2026.

The record does not support every original characterization. The broad policy-bias finding is not verified as stated. The original assertion that there was no written grievance process is contradicted by the Alliance/APLA manual. The TBRA availability change was later explained. Retaliatory motive is not established merely by chronology. These corrections are not concessions that weaken the review. They are the review working as intended.

ANNUAL CONCLUSION

The central administrative risk is not that every allegation was proved. It is that at the moments when clear authority mattered most - term end, exit, subcontractor coordination, service documentation, permanent-housing selection, grievance routing, and records access - the participant-facing record repeatedly required later clarification to explain who was responsible and what process controlled.

The resulting question is therefore less accusatory and more exacting: can the program produce the underlying records that reconcile those points? Where it can, findings should be closed or narrowed. Where it cannot, the verification gap should be treated as an administrative condition requiring corrective attention.

SECTION 12

Recommendations

Controls designed to make housing administration independently traceable

1. Pre-exit transition control

Require a documented transition review no later than 90 days before an expected transitional-housing end date. The review should identify the current IHP, permanent-housing pathways, referrals, barriers, extension criteria, responsible staff, and escalation dates.

2. Authority citation on stability-impacting notices

Every exit, relocation, or stability-impacting notice should identify the written authority relied upon, the approving role, whether sponsor/LAHD approval is required, and the participant's grievance/appeal route.

3. Subcontractor decision-rights matrix

Maintain a written matrix distinguishing site-operator authority, sponsor authority, Housing Specialist responsibilities, and LAHD approval requirements. Require supervisory approval for participant removals or relocations outside routine operations.

4. Service-to-billing traceability

For participant-specific invoicing, preserve a crosswalk linking date, service, provider, case note, eligibility/authorization, invoice line, and payment status. This is a control measure, not a presumption of improper billing.

5. Grievance routing by funding source

Revise participant materials so grievance contacts are labeled by program/funding jurisdiction. HOPWA housing grievances should point directly to the sponsor process and LAHD appeal route identified in the governing manuals; County contacts should be clearly limited to County-funded services.

6. Grievance closure package

Every grievance should end with a dated written disposition identifying issues reviewed, factual findings, corrective action if any, unresolved issues, appeal rights, and closure status. Acknowledgment or investigation notice should not substitute for disposition.

7. Accommodation workflow

Use a standardized accommodation log showing request date, requested modification, information needed, interim measures, decision-maker, rationale, response date, and appeal/escalation path. Staff should not represent a practice as mandatory unless the written requirement can be identified.

8. Visit protocol and documentation

Differentiate monitoring visits, Housing Specialist home visits, habitability inspections, repairs, and emergency entry. For each, use the correct notice, purpose, form, signature/acknowledgment, findings report, and follow-up record.

9. Monitoring escalation thresholds

LAHD should document how repeated or high-percentage client-file deficiencies move from observation to technical assistance, corrective action, enhanced sampling, or formal finding. Recurrence should be visible in the monitoring record.

10. Records-access implementation

Operationalize the sponsor policy for participant record requests with a log, response deadline, custodian, determination, production/inspection method, and written explanation for any withheld or unavailable record.

11. Crisis stabilization trigger

A property-level 3-day notice, unlawful-detainer filing, or comparable displacement event at a HOPWA site should trigger a defined sponsor/LAHD stability review: participant notification, housing-continuity plan, responsible official, and documented follow-up.

12. Annual reconciliation review

At year-end, reconcile participant status, IHP status, supportive-service records, referrals, rental-assistance pathway, grievances, extensions, subcontractor actions, and open records requests before closing or carrying the file forward.

SECTION A

Appendix A - Consolidated Chronology

Key events used for the annual review; dates after June 30 are excluded from the main-period chronology

DATE	DOCUMENTED EVENT
June 2, 2025	Expected end of original transitional-housing term.
June 10-13	Recertification activity initiated/completed; later described as supporting continued eligibility.
July 3	Site-level same-day departure directive connected to room/lease dispute.
July 9	Participant contemporaneously documents alleged public berating; allegation not independently corroborated.
July 16	Alliance/APLA exit-related letter directs departure by July 23 and warns of possible effect on future housing opportunities.
Aug. 4	LAHD instructs sponsor to pause eviction process; says it will investigate and continue HUD discussions. Sponsor asks whether July services can still be billed; LAHD says yes if services were received because participant was not officially exited.
Aug. 7	After further HUD guidance and meeting, LAHD says Participant Zero should not be exited and remains eligible; 24 months is not a mandatory regulatory cutoff.
Aug. 15	Sponsor documents 90-day extension covering June 2-Aug. 30; requests signed IHP and income documentation; identifies PTBRA/TBRA pathways.
Sept. 27	Property-level 3-day pay-or-quit notice reported at site.
Oct. 2	Provider later reports PTBRA referral submitted and received by relevant agency.
Oct. 23	Provider says LAHD will approve necessary extensions until permanent-housing transition.
Oct. 31	Provider says TBRA unavailable, waitlist closed, no reopening estimate.
Nov. 4	LAHD issues Directive 51-3 clarifying 24-month guidance and extension principles.
Nov. 7	Sponsor acknowledges certain HSS relocations were not directly coordinated through APLA program staff at the time; clarifies July 16 letter as non-disciplinary; participant remains active and in good standing.
Nov. 11	Sponsor/site monitoring visit occurs; participant documents objections.
Nov. 12-13	Provider offers TBRA application; later says opportunity opened because another applicant did not meet program requirements.
Nov. 19	Virtual-TBRA accommodation request initially meets in-person insistence; after clarification, senior management approves virtual completion.
Dec. 13	Second property-level 3-day pay-or-quit notice observed, asserting $44,865.
Dec. 15	Participant escalates notice and school-form dependency to LAHD; LAHD forwards to APLA.

DATE	DOCUMENTED EVENT
Dec. 15	El Camino College confirms housing authority must complete its portion before the school can complete financial-aid form.
Late Dec.	Participant-prepared 11-finding compliance report completed.
Jan. 5, 2026	LAHD acknowledges receipt of compliance report.
Jan. 7	LAHD routes provider-specific questions toward sponsor/Housing Specialist while remaining copied for record continuity.
Jan. 9	Participant formally transmits report to sponsor; requests written response by Jan. 26.
Jan. 27-28	Participant submits grievance through County route identified in provider materials; County accepts/routs to APLA.
Feb. 2	County communicates APLA response period and says no further participant information required at that point.
Feb. 5	Participant documents active unlawful-detainer court papers at site and submits them as supplemental grievance information; County acknowledges.
Feb. 9 a.m.	County asks whether Feb. 5 information is supplement or new grievance; participant says supplement.
Feb. 9 p.m.	County determines HOPWA/APLA housing grant is outside division jurisdiction; formally refers matter back to APLA.
Feb.-May	APLA Risk Management/Compliance handles matter; provider later says resolution process remains ongoing.
March 2026	HSS later states Participant Zero moved into a separate unit during March.
May 5	APLA Risk Management says grievance resolution remains ongoing and records follow-up will occur.
May 13	HSS issues 30-day notice concerning removal of belongings from former transitional site.

SECTION B

Appendix B - Authority Crosswalk

What each authority contributes to the review

AUTHORITY / SOURCE	ROLE IN THIS REVIEW
24 C.F.R. Part 574	Federal HOPWA program framework; eligible activities; housing standards; termination safeguards; grantee and project-sponsor responsibilities; confidentiality and records.
LAHD HOPWA P&P Manual, Apr. 2022	Local administration; client files; IHP quarterly update; services/referrals/case notes; fair housing/RA; monitoring; termination; grievance and appeal.
LAHD Directive 51-3, Nov. 4, 2025	Local clarification that 24 months is not a mandatory federal termination point; extensions may support housing stability and permanent-housing transition; documented plan/LAHD approval required.
City Contract C-139393	Sponsor service coordination, client activity reporting, individual housing plan, monthly follow-up, subcontractor invoice review and monitoring, database documentation.
Alliance/APLA HOPWA P&P, rev. Nov. 18, 2024	Operational Housing Specialist duties; IHP; follow-up; progress notes; subcontractor monitoring; home visits; TBRA workflow; termination; grievance/appeal; records access.
Participant-facing records	Tests how the written system operated in practice: notices, emails, IHP, court papers, grievance routing, records requests, provider and agency explanations.
LAHD monitoring reports 2023-24 / 2024-25	Independent institutional context regarding sampled file documentation, reporting, and provider monitoring outcomes.

SECTION C

Appendix C - Records That Would Resolve Remaining Questions

A targeted verification list rather than an open-ended request for "everything"

Transition planning

All IHP versions/revisions from enrollment through permanent placement; pre-June 2 transition notes; permanent-housing goal history; extension requests/approvals.

Supportive services

Housing Specialist case notes; referral logs and outcomes; contact history; case conferences; warm handoffs; post-move follow-up records.

Billing traceability

July 2025 participant-specific invoice line(s), service dates/types, supporting case notes, sponsor review, LAHD payment or rejection record if any.

Exit authority

Internal records authorizing or reviewing July 3 and July 16 actions; applicable template/version; sponsor/subcontractor coordination; LAHD approval requirement if any.

Site visits

Notices, Home Visit Forms, participant acknowledgments/signatures, monitoring checklists, findings reports, photographs, corrective-action records.

TBRA/PTBRA

Referral dates, waitlist/allocation record, availability decision, unit/certification timeline, Housing Authority communication, participant status log.

Grievance

Original intake/log, assigned reviewer, internal investigation notes, Grievance Committee routing if any, findings, corrective action, final written disposition, appeal notice.

Records access

Request log, Director determination, production/inspection record, unavailable/withheld record explanations, custodian/retention information.

Monitoring

Corrective-action thresholds and any enhanced monitoring/technical-assistance records tied to repeated sampled-file documentation gaps.

SECTION D

Appendix D - Principal Source Register

Public-safe descriptions of the records most heavily relied upon

CODE	SOURCE DESCRIPTION
AUTH-01	LAHD HOPWA Policies and Procedures Manual, Apr. 2022 (65 pages).
AUTH-02	Alliance for Housing and Healing HOPWA Policies & Procedures, rev. Nov. 18, 2024 (82 pages).
AUTH-03	City of Los Angeles / Alliance for Housing and Healing HOPWA Resident Service Coordination Contract C-139393.
AUTH-04	LAHD Directive 51-3, “Transitional Housing Guidance - Program Year 51 / Updated Guidelines Around Exit of Clients from HOPWA Funded Transitional Housing,” Nov. 4, 2025.
MON-01	LAHD HOPWA monitoring/progress report, 2023-2024.
MON-02	LAHD HOPWA monitoring/progress report, 2024-2025.
CASE-01	June 2025 recertification and continued-eligibility correspondence.
CASE-02	July 2025 CERC departure/room-assignment notices and contemporaneous participant objections.
CASE-03	Alliance/APLA July 16, 2025 exit-related letter.
CASE-04	LAHD “Update on Transitional Housing Case” thread, Aug. 4-11, 2025.
CASE-05	Alliance/APLA Aug. 15, 2025 extension/IHP correspondence and Participant Zero IHP.
CASE-06	Alliance/APLA Oct. 31, 2025 TBRA/PTBRA status correspondence.
CASE-07	Alliance/APLA Nov. 7, 2025 relocation and July 16 clarification response.
CASE-08	Nov. 11-Dec. 2025 site-visit and monitoring correspondence.
CASE-09	Nov. 12-19, 2025 housing-program opportunity and TBRA communication chain.
CASE-10	Nov. 19, 2025 reasonable-accommodation request, initial response, clarification, and senior approval.
CASE-11	Dec. 2025 3-day notice record and LAHD escalation/forwarding correspondence.
CASE-12	Dec. 2025 school financial-aid dependency correspondence.
CASE-13	Jan. 5-9, 2026 audit receipt/routing and sponsor transmittal.
CASE-14	Jan.-Feb. 2026 County grievance intake, routing, response-window, supplemental court-material escalation, and jurisdiction determination.
CASE-15	2026 unlawful-detainer court materials concerning the transitional-housing site.
CASE-16	APLA Risk Management/Compliance correspondence through May 2026.
CASE-17	HSS May 2026 notice confirming Participant Zero had moved into a separate unit in March and requesting removal of belongings.
CASE-18	Participant Zero July 1, 2026 request for documentation regarding property, mail handling, supportive services, and related administrative records (subsequent event).

CODE	SOURCE DESCRIPTION
SECONDARY-01	Participant-prepared HOPWA Sponsor Compliance Audit Report, 2025 Q3-Q4 (35 pages), used as a roadmap and historical statement of original findings, not as independent proof.

CONFIDENTIAL CORPUS REGISTER

HAA maintains a fuller internal source register for the 96 PDF items reviewed. The public report uses descriptive source labels rather than reproducing filenames that contain Participant Zero's legal name, addresses, personal contact information, case numbers, or other sensitive information.

SECTION E

Appendix E - Subsequent Events After June 30, 2026

Presented for context only; not used to rewrite review-period conclusions

Records created after June 30 show continued efforts to obtain participant records and additional oversight submissions. They are relevant to provenance and the continuation of unresolved questions, but they are not treated as evidence that a matter was or was not resolved by June 30 unless they identify a pre-existing record.

July 1, 2026: Participant Zero sent HSS a written request for documentation concerning personal property, mail handling, supportive services, and related administrative records. Later July correspondence with HSS/CERC reflected continuing disagreement about records custody and responsibility. Because the correspondence post-dates the review period, it is treated as a subsequent event, not proof of the June 30 record state.

LAHD public-records productions and follow-up occurred after the review period. Those productions may inform a later records-verification review but do not change the annual findings unless they produce pre-June 30 source records.

August 2026 submissions to the City Controller and other oversight bodies are later oversight activity. They summarize and frame the underlying evidence; they are not independent proof of the allegations submitted.

CUTOFF RULE

The annual review asks what the administrative record established as of June 30, 2026. Later documents may illuminate that record, but they do not get to retroactively manufacture a decision that was not documented by the cutoff.

HOUSING ACCOUNTABILITY ARCHIVE

End of Annual Review

HAA-2026-001 | Public Housing Program Administration | Review Period July 1, 2025 - June 30, 2026

CLOSING STANDARD

The report does not ask the reader to choose between the participant and the provider. It asks a narrower question: what can the independently reviewable record prove?

Documenting Housing. Advancing Accountability.