

2025 SRM Plan Update

Hello LIA and LCA Partners throughout Oregon. I am excited to offer you the “lightest lift” version of the HRSA Subrecipient Monitoring Plan we could devise given the MIECHV updates in SRM planning. We researched other models across the country and distilled HRSA’s list of subrecipient monitoring topics down to simple focus points and questions.

We developed a 3-year plan – equal with the longest cycle approved for other states. We are splitting the topics into 3 sets, with only one requiring on-site visit and observation/monitoring. This means we expect most, if not all, sites to only require a visit for subrecipient monitoring every three years. This will reduce your burden in time, our burden in time, and our expenditures for travel – freeing more funds for implementation and systems-building!

To implement this, we begin with on-site visits for every site this year to catch the elements not monitored during COVID pandemic response and “catch up” if you will. Then next year, 2026, we will likely visit 1/3 of sites, staggering visits to the other 2 sets of sites over 2027 and 2028.

The exception to this 3-year plan is that sites that require additional attention (an annual visit and monthly or bimonthly virtual meetings) due to challenges they are facing such as: lower than HRSA-accepted caseload, data/reporting accuracy/timeliness challenges, fiscal tracking challenges, etc. This would include any significant area of concern that leads us to establish a Supportive Action Plan. Since we are not a “gotcha” kind of team, any area of deficiency compared to HRSA expectations will be met with curiosity and support from the OR MIECHV team before any other responses. If progress is made and the site comes back into compliance, all is well. If the site refuses to engage the process, then it will be challenging to complete a new/renewed contract given that refusal to engage supportive processes toward compliance.

I have attached the plan as currently developed. We will review the plan and implementation of it, after the first full year. Please review the attached presentation in the next two weeks to acquaint yourself with the process and what we are looking for. Then I will be reaching out to schedule half-day meetings at each site to accomplish the SRM goals not addressed in our meetings the last 2 years or during the pandemic response pause in SRM.

Please reach out with any questions and I will respond as rapidly as possible. I deeply appreciate each of you and your teams and seek to provide the strongest support possible, while causing the least stress possible, and also accomplishing HRSA funding requirements.

All the best to each of you,
Drew Strayer and the OR MIECHV team