

The Oregon Maternal Infant and Early Childhood Home Visiting (MIECHV) Program must provide reasonable assurance that the sub-recipients of these federal funds are in compliance with the laws and regulations, and that the performance goals are achieved. This is accomplished through sub-recipient monitoring, a process whereby programmatic and business management performances are assessed by:

- I. reporting,
- II. audits,
- III. site visits, and
- IV. other sources

Protocol

The MIECHV State Program Lead is the Contract Administrator for all contracts, Intergovernmental Agreements (IGAs) and Interagency Agreements (IAAs) made for services purchased with these federal funds. The State Program Lead is conclusively responsible, as the Program Monitor, for the sub-recipient monitoring required by the US Department of Health and Human Services (HHS). Program Monitor activities can be delegated as allowed by OAR943-060. Any allowable delegation of Program Monitor activities will be outlined in the protocol.

I. Reporting

A. Local Implementing Agencies (LIAs)

The LIA implementing of a home visiting service is responsible for submitting a quarterly report to the Program Monitor using the Program guidance and forms provided (attachments 1 & 2). No identifiable client information is requested, therefore, these reports can be sent electronically without assurance of security.

- i. All work performed by the LIA shall be included in one quarterly report. This includes more than one model of home visiting if this applies. Quarterly reporting is due to the Program Monitor within 45 days following the end of the reporting period.
Within 30 days of receipt, the Program Monitor will:
 - a. Review the report and invoice.
 - b. Clarify any questions or concerns.
 - c. Approve the narrative and invoice.
 - d. Submit the invoice for payment.
- ii. The Program Monitor will file the report electronically as a PDF document using the protocol naming conventions found in section I.E. All approved reports will be stored in the MIECHV Program's shared drive.

B. Local Coordinating Agencies (LCAs)

The LCA contracted for the local home visiting network development is responsible for written reporting quarterly and annually to the Program Monitor using the program guidance and forms provided (attachments 1 & 3). No identifiable client information is requested, therefore, these reports can be sent electronically without assurance of security.

- i. One quarterly report shall be completed to cover the comprehensive body of work for which the LCA is receiving funds, including LIA (home visiting services) if applicable (Attachments 1 & 4). Quarterly reporting is due to the Program Monitor within 45 days following the end of the reporting period. Within 30 days of receipt the Program Monitor will:
 - a. Review the report.
 - b. Clarify any questions or concerns.
 - c. Approve the narrative and invoice.
 - d. Submit the invoice for payment.
- ii. The Program Monitor will file the report electronically as a PDF document using the protocol naming conventions found in section I.E. Approved reports are stored in the MIECHV Program's shared drive.
- iii. An annual report shall be completed by the LCA, in collaboration with each LIA in the community receiving funds. Annual reporting is due to the Program Monitor by August 15th of each year. The State Project Lead will:
 - a. Review and approve the report.
 - b. Distribute the report internally to Program staff.
 - c. Save and file a PDF copy in the electronic file on the Program's shared drive.

C. Others

The Oregon MIECHV Program may request additional reports outside the standard reporting and timeframes as is necessary for the monitoring of grant funds and program activities as necessary federal reporting.

D. Reporting Period

The Oregon MIECHV Program uses the Federal Fiscal Year (FFY) to determine the quarterly reporting period. LCAs and LIAs should use the following guidance for determining the standard reporting periods.

- i. The quarterly reporting is based on the Federal Fiscal Year as follows:
 - a. Quarter One: October 1st through December 31st
 - b. Quarter Two: January 1st through March 31st
 - c. Quarter Three: April 1st through June 30th

- d. Quarter Four: July 1st through September 30th
- ii. The Federal Fiscal Year is the year in which the fiscal year ends. In example the Federal Fiscal Year beginning October 1, 2016 and ending September 30, 2017 is FFY17.
- iii. Annual reporting is based on the state fiscal year starting July 1st and ending June 30th of the following calendar year.

E. Naming Conventions

LCAs and LIAs should use the following naming conventions for standardization and efficient identification of the reports.

a. Quarterly reports

- (1) Name of the community
- (2) Name of the agency
- (3) Quarter as described in I.D.i
- (4) Year as described in I.D.ii

b. Annual reports

- (1) Name of the community
- (2) Name of the agency(ies)
- (3) Year as described in I.D.ii

c. The state Program will provide naming guidance for any ad hoc reporting.

II. Audits

- A. **Expectation**: All programs that are sub-recipients of the MIECHV funds are required to maintain full backup detail for any invoice submitted. These include, but are not limited to, receipts, time sheets and any other documentation that will demonstrate how the funds were expended. Each sub-recipient will be able to produce full backup detail within ten business days of request from the MIECHV Program.
- B. **Timing**: This backup detail will be requested by the State Program Lead or the Financial Analyst (as a delegate) on a randomized basis, but no less frequently than annually.
- C. **Location**: The financial audit may take place either at the state office or on site as part of an annual site review.
- D. **Non-Compliance**: Failure to fulfill the expectations or provide a timely response to the unscheduled audit could result in the sub-recipient being in default of the contract and the MIECHV Program seeking recovery of overpayment.

III. Site Visits

A. Expectation: Each LIA and LCA will cooperate with State Program staff in conducting an annual, on location, site visit using the approved Program Review Instrument (PRI) (attachment 5). The site visit will, at a minimum, cover:

- i. staffing
- ii. training and professional development needs
- iii. enrollment and retention
- iv. sub-award monitoring and compliance (if applicable)
- v. Client records
- vi. data conformity
- vii. model fidelity
- viii. expenditures

The site visit may also include a review of client records which shall be made available upon request.

B. Timing: In-Person site visits shall take place no less frequently than once every Federal Fiscal year. State Program staff may schedule site visits with greater frequency if there is a determined need for program improvement.

C. Non-Compliance: Failure to fulfill these expectations could result in a Program Improvement Plan (PIP) or the sub-recipient being in default of the contract and the MIECHV Program seeking recovery of overpayment.

IV. Other

Other sources of monitoring include, but are not limited to:

- A. Informal consultation
- B. Informal site visits

Attachment 1: Reporting Guidance

Glossary of Terms

EBHV: are Evidence-Based Home Visiting services and programs as determined by the Home Visiting Evidence of Effectiveness (HomVEE) launched by the US Department of Health & Human Services. <http://homvee.acf.hhs.gov/>

FFY: The Federal Fiscal Year beginning October 1st and ending September 30th of the following year. The year is identified by the year in which it ends. In example, the year ending September 30, 2017 is FFY17.

Home Visiting Network: is the array of home visiting services, programs and stakeholders including, but not limited to, the EBHV services and programs funded by the grant.

LIA: is the Local Implementing Agency or the agency contracted to deliver one of the EBHV services including Early Head Start (EHS), Healthy Families America (HFA) or Nurse-Family Partnership (NFP).

LCA: is the Local Coordinating Agency contracted to coordinate grant activities in the community including, but not limited to, facilitating the development of the home visiting network, implementing a shared and coordinated entry process into home visiting services, family partnership and coordinating activities toward accomplishing metrics shared among MIECHV, health system transformation and early learning transformation. The LCA can also be a LIA if they are delivering one of the EBHV services funded by the grant.

Quarter: is the three-month period based on the FFY as follows; first quarter October 1 – December 31, second quarter January 1 – March 31, third quarter April 1 – June 30 and fourth quarter July 1 – September 30.

Reporting Schedule

- **Quarterly reporting** is completed by the all the LIAs and the LCA independently. It is due to the Program Monitor at the MIECHV Program within 45 days following the end of the reporting period. Please see Attachment six for the designated due dates.
- **Annual Reporting** is completed by the LCA and is due to the MIECHV Project on August 15th of the reporting year.

Quarterly Reporting: LIA

Section One: Should be completed in its entirety by each LIA.

- Name of LIA = the name of the agencies delivering one of the EBHV models.
- Model(s) Implemented = are Early Head Start (EHS), Healthy Families America (HFA) or Nurse-Family Partnership (NFP). Please indicate which model is funded in your agency through the grant.
- Quarter Ending = the date of the quarter's end. In example, the first quarter for FFY17 ended 12/31/16.
- Date Submitted = the date you are completing this report.
- Person Completing the Report = your name if you are completing the report.

Section Two: Home Visiting Network (HVN)

- **HVN.2.1:** Provide details on the actions and contributions your organization has taken or made in supporting the LCA to develop an integrated local HVN, including coordinated entry.
- **HVN.2.2:** Describe, from your perspective, any benefits you have identified to being a part of the HVN.
- **HVN.2.3:** Describe, from your perspective, any challenges you have identified in developing a local HVN. Please identify any possible solutions for amelioration of the challenge.

Section Three: Family Enrollment and Retention (FER)

- **CQI.3.1:** Family enrollment at the time of reporting.
- **CQI.3.2:** Contracted enrollment.
- **CQI.3.3:** Percent current enrollment is of the contracted enrollment.
- **CQI.3.4:** Reasons for meeting or not meeting the enrollment expectation of 85%.
- **CQI.3.5:** Actions taken to ensure continuous success in meeting the enrollment expectation of 85% or better.

Section Four: Staff Capacity and Retention (SCR)

- **SCR.1:** Provide the number of home visitor Full Time Equivalency (FTE) hired during the quarter on which you are reporting. In example, if you hire one and one half time home visitors you would report 1.5.
- **SCR.2:** Provide the number of home visitor FTE retained during the quarter on which you are reporting. In example, if you employed three and one half full time home visitors throughout the quarter on which you are reporting you would report 3.5.

- **SCR.3:** Provide the number of supervisor FTE hired during the quarter on which you are reporting. In example, if you hire one and one half time home visitors you would report 1.5.
- **SCR.4:** Provide the number of supervisor FTE retained during the quarter on which you are reporting. In example, if you employed a full time supervisor throughout the quarter on which you are reporting you would report 1.
- **SCR.5:** Provide the number of other MIECHV-funded FTE hired during the quarter on which you are reporting. This includes percentage of administrative support, program management and program administration that are specifically assigned to the work. **This is not intended to report administrative costs or cost allocation.**
- **SCR.6:** Provide the number of other MIECHV-funded FTE retained during the quarter on which you are reporting. In example, if you had an administrative staff doing MIECHV related work 25% of the time, a fiscal person 10% of the time, a program manager using 25% of their time and an agency director spending 5% of their time on MIECHV during the quarter on which you are reporting you would report .65.
- **SCR.7:** Provide the number of home visitor Full Time Equivalency (FTE) vacant during the quarter on which you are reporting. In example, if you half time home visitor vacancy you would report .5.
- **SCR.8:** Provide the number of supervisor FTE vacant during the quarter on which you are reporting. In example, if you had one full time supervisor during the quarter on which you are reporting you would report 1.
- **SCR.9:** Provide the number of other FTE vacant during the quarter on which you are reporting. In example, if you had a quarter time support position vacancy you would report .25.

Section Five: Support

- List any and all support you need from the state Program to be successful. Include training and technical assistance needs. Please identify from whom you are seeking the support, specifically what is needed and the time frame in which it is needed.

Section Six: Budget

- Attach an invoice of expenditures.

Section Six: Family Success

- Please provide a story of success for one of the children, parents or families enrolled in your program through MIECHV funds.

Quarterly Reporting: LCA

Section One: Should be completed in its entirety by each LCA. If the LCA is also an LIA, there is a combined report for reporting all activities funded through these federal funds.

- Name of LCA = the agency in the county who is the lead or coordinating agency for this grant.
- Quarter Ending = the date of the quarter's end. In example, the first quarter for FFY14 ended 12/31/14.
- Date = the date you are completing this report.
- Person Completing the Report = your name if you are completing the report.

Section Two: Home Visiting Network (HVN)

- **HVN1:** Provide details on the actions and steps taken by the HVN to coordinate service entry process among the different home-visiting providers in the community. Briefly describe the status and outcomes of these activities.
- **HVN2:** Describe how the HVN is engaging the Early Learning Hubs and assuring coordination of efforts, including the alignment of metrics among the two.
- **HVN3:** Describe how the HVN is engaging the Coordinated Care Organizations and assuring coordination of efforts, including the alignment of metrics among the two.
- **HVN4:** List other activities, either planned or as a recommendation, that would promote enhanced collaboration with early learning or health care system partners.
- **HVN5:** Describe how parent leaders are involved in planning and governance of the HVN. If they are not, please list the actions you are taking to change this.
- **HVN6:** List or describe other key activities and issues in your community that pertain to the HVN, and in which you are engaged, but are not necessarily an expectation of your MIECHV contract.
- **HVN7:** Describe any contact you have with state partners, other than MIECHV, to promote the sustainability of the HVN and HV service system in your community.
- **HVN8:** Articulate what actions you have taken to promote robust support from community partners and stakeholders for the HVN and HV service system in your community. Include descriptions of all communications regarding education and outreach. Attach examples if available.
- **HVN9:** List events sponsored by you or an organization within your HVN. Please articulate the purpose and outcomes of the event. Attach examples of materials if available.
- **HVN10:** Use this section to promote other accomplishments that may not have already been illuminated in the previous questions.
- **HVN11:** Identify areas of concern. Propose solutions whenever possible.

Section Three: Family Partnership and Leadership (FPL)

- **FPL.1:** List the objective you have identified to work on as listed in the plan submitted to access the funding for family partnership and leadership.
- **FPL.2:** List the activities identified in your family partnership and leadership plan noted above.
- **FPL.3:** Describe your success in completing the activities identified in FPL.2 toward meeting your objective identified in FPL.1.
- **FPL.4:** Describe challenges you have experienced in completing the activities identified in FPL.2 toward meeting your objective identified in FPL.1. Also identify any adjustments or modifications you have undertaken to be more successful.

Section Four: Support:

- List any and all support you need from the State Program to be successful with your system or network development and Continuous Quality Improvement. Include training and technical assistance needs.

Section Five: Budget:

- Attach a copy of expenditures from each LIA and LCA in the form or program you are utilizing to specifically track these funds.

Annual Reporting

Annual reporting is the responsibility of the **LCA**. They will want to collaborate with the LIA's to assure that the community's experience is reflected.

Section One:

- Organization Name: is the legal name of the organization providing the local coordination function.
- Mailing Address: is the mailing, not necessarily the physical, address.
- Primary Contact Info: is the name and contact information for the person assigned the coordination responsibilities.
- Website: is the website address for the organization.

Section Two: The following information will be required for each LIA operating in the community.

- Organization Name: is the legal name of the organization implementing home-visiting services under the grant.
- Mailing Address: is the mailing, not necessarily the physical, address.
- Primary Contact Info: is the name and contact information for the person assigned the coordination responsibilities.
- Website: is the website address for the organization.

Section Three: Each component of this section should be no more than two to three paragraphs.

- Accomplishments: Provide two to five accomplishments over the review period. This could include things like reaching the target caseload, training and workforce development successes, family/parent engagement in delivery and governance or progress toward coordinated referral and a home visiting system.
- Challenges: Describe what have been your key challenges in reaching your goals in the community for service implementation and system collaboration. Also describe what efforts you have made to ameliorate the challenges.

Section Four: Respond to each bullet with specific detail regarding the topic, even if you believe it has been highlighted as an accomplishment or challenge. For example, you may have accomplished a successful coordinated referral and listed it there. In this section you would list the steps and tools used to reach this goal.

Section Five: Respond to each bullet and sub-bullet with specific detail regarding the topic, even if you believe it has been highlighted as an accomplishment or challenge. For example, you may have challenged by reaching your target caseload. In this section you would list the steps and tools used to improve processes that would improve recruitment.

Attachment 2

Maternal Infant & Early Childhood Home Visiting (MIECHV) - LIA Quarterly Reporting Form

Section One: Program Identification

Name of Local Implementing Agency (LIA):		
Model(s) Implemented (EHS, HFA, NFP):		
Quarter Ending:	Year:	Date Submitted:
Name and phone number of person completing the report:		

Section Two: Home Visiting Network

HVN1	Describe your program's participation in and contributions to community home visiting network projects during the quarter.	
HVN2	Identify the benefits to the home visiting network development in your community.	
HVN3	Identify the challenges, and possible solutions, to the home visiting network development in your community.	

Section Three: Family Enrollment and Retention

FER.3.1	Current enrollment		FER.3.3	Percent of enrollment met	
FER.3.2	Contracted Enrollment				
FER.3.4	Reasons for meeting or not meeting the enrollment				
FER.3.5	Actions taken to ensure continuous success in meeting the enrollment				

Section Four: Staff Capacity and Retention

SCR.1	Percent of new Home Visitor FTE	
SCR.2	Percent of continuing Home Visitor FTE	

SCR.3	Percent of new Supervisor FTE	
SCR.4	Percent of continuing Supervisor FTE	
SCR.5	Percent of new other FTE	
SCR.6	Percent of continuing other FTE	
SCR.7	Percent of vacant Home Visitor FTE	
SCR.8	Percent of vacant Supervisor FTE	
SCR.9	Percent of vacant other FTE	

Section Five: Support needed from the MIECHV team: *Please specify what TA or support is necessary and when it is needed.*

Section Six: Financial Report: *Attach the invoice or identify the date it will be submitted and by whom.*

Section Seven: Family success story- *please share a success story of a family/ child in the program that does not include identifying information (attach additional pages if needed).*

Attachment 3

Maternal Infant & Early Childhood Home Visiting (MIECHV) - LCA Quarterly Reporting Form

Section One: Program Identification

Name of Local Coordinating Agency (LCA):		
Quarter Ending:	Year:	Date:
Name of and phone number for the person completing the Report:		

Section Two: Home Visiting Network

HVN1	Describe activities related to and progress of the development of a coordinated home visiting referral process among all home visiting service providers in the community.	
HVN2	List collaborative activities between the Home Visiting Network (HVN) other early learning partners. Please specify the outcomes.	
HVN3	List collaborative activities between the HVN and Coordinated Care Organizations (CCOs). Please specify results.	
HVN4	Identify opportunities to further HVN and early learning or health care partner collaborations.	
HVN5	Describe your efforts and progress toward involving parents as leaders in the HVN.	
HVN5	On what key issue(s) has the local HVN focused during the quarter?	
HVN6	Describe progress toward the establishment of policies, environments and systems that support the HVN.	
HVN7	Describe coordination with state home visiting partners to develop and sustain local and state infrastructure for home visiting.	
HVN8	Describe efforts to foster communication and educate	

	stakeholders, partners and community leaders regarding the HVN.	
HVN9	List any special events in which your home visiting network has participated over the last month (e.g. state conferences, county/community fairs, clinics, etc)	
HVN10	List any other key accomplishments (not otherwise noted above) for the previous month.	
HVN11	Please share additional areas of concern that have emerged over the previous month that are not already stated.	

Section Three: Family Partnership and Leadership

FPL.1	List project objective	
FPL.2	Identify key activities	
FPL.3	Describe progress in accomplishing the activities and meeting the objective	
FPL.4	Describe challenges in accomplishing the activities and meeting the objective and what adjustments have been made to achieve success	

Section Four: Support: *Please specify what TA or support is necessary and when it is needed.*

--

Section Five: Financial Report: *Attach the invoice or identify the date it will be submitted and by whom.*

Attachment 4

Maternal Infant & Early Childhood Home Visiting (MIECHV) – LCA/LIA Quarterly Reporting Form

Section One: Program Identification

Name of Local Coordinating Agency (LCA/LIA):		
Model(s) Implemented (EHS, HFA, NFP):		
Quarter Ending:	Year:	Date:
Name of and phone number for the person completing the Report:		

Section Two: Home Visiting Network

HVN1	Describe activities related to and progress of the development of a coordinated home visiting referral process among all home visiting service providers in the community.	
HVN2	List collaborative activities between the Home Visiting Network (HVN) other early learning partners. Please specify the outcomes.	
HVN3	List collaborative activities between the HVN and Coordinated Care Organizations (CCOs). Please specify results.	
HVN4	Identify opportunities to further HVN and early learning or health care partner collaborations.	
HVN5	Describe your efforts and progress toward involving parents as leaders in the HVN.	
HVN5	On what key issue(s) has the local HVN focused during the quarter?	
HVN6	Describe progress toward the establishment of policies, environments and systems that support the HVN.	
HVN7	Describe coordination with state home visiting partners to develop and	

	sustain local and state infrastructure for home visiting.	
HVN8	Describe efforts to foster communication and educate stakeholders, partners and community leaders regarding the HVN.	
HVN9	List any special events in which your home visiting network has participated over the last month (e.g. state conferences, county/community fairs, clinics, etc)	
HVN10	List any other key accomplishments (not otherwise noted above) for the previous month.	
HVN11	Please share additional areas of concern that have emerged over the previous month that are not already stated.	

Section Three: Family Enrollment and Retention

FER.3.1	Current enrollment		FER.3.3	Percent of enrollment met	
FER.3.2	Contracted Enrollment				
FER.3.4	Reasons for meeting or not meeting the enrollment				
FER.3.5	Actions taken to ensure continuous success in meeting the enrollment				

Section Four: Staff Capacity and Retention

SCR.1	Percent of new Home Visitor FTE	
SCR.2	Percent of continuing Home Visitor FTE	
SCR.3	Percent of new Supervisor FTE	
SCR.4	Percent of continuing Supervisor FTE	
SCR.5	Percent of new other FTE	
SCR.6	Percent of continuing other FTE	
SCR.7	Percent of vacant Home Visitor FTE	
SCR.8	Percent of vacant Supervisor FTE	

SCR.9	Percent of vacant other FTE	
--------------	-----------------------------	--

Section Five: Family Partnership and Leadership

FPL.1	List project objective	
FPL.2	Identify key activities	
FPL.3	Describe progress in accomplishing the activities and meeting the objective	
FPL.4	Describe challenges in accomplishing the activities and meeting the objective and what adjustments have been made to achieve success	

Section Six: Family Success Story: *please share a success story of a family/ child in the program that does not include identifying information (attach additional pages if needed).*

--

Section Seven: Support: *Please specify what TA or support is necessary and when it is needed.*

--

Section Eight: Financial Report: *Attach the invoice or identify the date it will be submitted and by whom.*

Attachment 4

Maternal Infant and Early Childhood Home Visiting (MIECHV)

Annual Reporting Guidance

I. Local Coordinating Agency (LCA) Information

Organization Name:

Mailing Address:

Primary Contact Info:

Website:

II. Local Implementing Agency (LIA) Information (*provide information for each LIA*)

Organization Name:

Mailing Address:

Primary Contact Info:

Website:

III. Accomplishments and Barriers:

- Accomplishments
- Challenges (*include steps taken to ameliorate the challenges*)

IV. Implementation of the State Home Visiting Network/Framework at the local level

- Engaging the community in building a home visiting network including:
 - a. Steps taken to develop an inclusive home visiting network of both MIECHV-funded and non-MIECHV-funded home visiting programs
 - b. Steps taken to implement and sustain coordinated referral and services networks to support the home visiting programs and the families served in the community

- c. Shared marketing strategies
- d. Parent engagement and leadership
- Update on the local coordination between home visiting programs and Early Learning Hubs
- Updates on the local coordination between home visiting programs and Coordinated Care Organizations
- Update on local coordination between home visiting programs and other existing community programs and resources
- Update on recruitment and retention of MIECHV-funded caseload/enrollment (*Please include current enrollment for MIECHV-funded capacity*)
- Number of MIECHV-funded positions and Full Time Equivalency (FTE) at the LCA and in each LIA (*This includes home visitors, administration and support staff. Please also include this information for vacancies. You may use the attached form or develop your own*)
- List of all home visiting programs in the community and the total number of home visitors and program capacity across all home visiting programs (*In this case it is the total number of people with the assigned role of home visitor – even if less than full time*)
- Update on professional development activities (*Concentrate on discussing shared and/or coordinated community training aimed at the home visiting network*)

V. Community CQI Efforts

- Summary of the CQI projects complete or in process within or across the MIECHV-funded LIAs
- Update on processes or procedures improved through the CQI process
- Discussion of any non-MIECHV-funded participation in CQI activities

MIECHV On-Site Monitoring Form

Annual on-site review

Contract Number:	
Contractor Name:	
Contact Name:	
MIECHV Reviewer(s):	
Date(s) of Review	

REVIEW	YES	NO	N/A	COMMENT(S)
CONTRACT REQUIREMENTS				
The LIA maintains 85% of target caseload.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A plan is in place for client recruitment and retention to assure target caseload.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Data is collected and submitted per MIECHV schedules. Missing items are followed up on as requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The LIA engages with MIECHV staff as needed/ requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quarterly reports are submitted on schedule as requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child and family records are kept confidential and in compliance with guidance by the Health Resources and Services Administration (HRSA).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of a Release of Information is maintained in the client file.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The LIA participates in MIECHV evaluation activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

REVIEW		YES	NO	N/A	COMMENT(S)
	MIECHV-funded staff participates in required meetings, training and conference calls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	State is informed of any changes to staffing for MIECHV funded positions within five business days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	The LIA is cooperating with system development efforts by the LCA to: <ul style="list-style-type: none"> ▪ Coordinate intake ▪ Integrate home visiting as a service in a comprehensive service system, and ▪ Align with early learning and health system transformation 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	The LIA is an active participant in CQI activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	The LIA assures the practice of Reflective Supervision for all Home Visitors seeing MIECHV-enrolled families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	The LIA complies with the MIECHV Program protocols for enrollment, including disenrollment, re-enrollment and the prevention of duplicate enrollment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Model Fidelity Requirements					
	The LIA is in compliance with model fidelity verified by their respective model structure. Evidence attached.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FISCAL REQUIREMENTS					
	The LIA complies with Federal expenditure guidelines (45 CFR Part 75).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	The invoiced expenditures reconcile to the General Ledger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

REVIEW		YES	NO	N/A	COMMENT(S)
	The LIA maintains sufficient documentation to show that staff travel expenditures are allowable, necessary and reasonable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	The LIA maintains sufficient documentation to show that payroll expenditures are allowable, necessary and reasonable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Invoices are submitted on a timely basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Allocation of administrative expenses (if applicable) is reasonable, equitable and supported.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	The LIA has procedures to ensure adequate separation of duties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Program is in compliance with Federal audit requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	The LIA has sufficient procedures to address conflicts of interest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	The LIA complies with mandatory reporting requirements of all violations of Federal criminal laws involving fraud, bribery or gratuity violations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	The LIA budget is complete and approved for the most recent award.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	The LIA has current contracts and sub-monitoring procedures for sub-agreements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

_____ Date _____

(Authorized Signature)/Title

_____ Date _____

(Authorized Signature)/Title

Attachment 6**Reporting Schedule for FFY17**

Reporting Period	Time Period Covered	Due to Program Monitor
Quarter One	10/1/16 – 12/31/16	February 15, 2017
Quarter Two	1/1/17 – 3/31/17	May, 15, 2017
Quarter Three	4/1/17 – 6/30/17	August 15, 2017
Quarter Four	7/1/17 – 9/30/17	November 15, 2017
Annual Report	7/1/16 – 6/30/17	August 15, 2017

Designation of Program Monitor Activities

There is currently no delegation of monitoring activities. Please send all reporting to Benjamin Hazelton at benjamin.hazelton@state.or.us