

The Oregon Maternal Infant and Early Childhood Home Visiting (MIECHV) Program must assure that subrecipients of these federal funds comply with MIECHV program activities and requirements outlined in the authorizing legislation, funding announcements and applicable federal regulations. This is accomplished through subrecipient monitoring, a process whereby programmatic and business management performances are assessed through:

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

### **Protocol**

The MIECHV Project Director is the Contract Administrator for all contracts and intergovernmental (IGA) or interagency (IAA) agreements made for services purchased with these federal funds and is the responsible Program Monitor for the subrecipient monitoring required by the US Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA). Program Monitor activities can be delegated as allowed by HHS, HRSA and OAR 943-060. Planned delegation of Program Monitor activities will be reviewed during the contract kickoff conference or subsequent collaborative contact.

#### **I. Reporting**

##### **A. Local Implementing Agencies (LIAs)**

The LIA implementing one or more evidence-based home visiting service is responsible for submitting a monthly report on participant enrollment and staffing along with an invoice 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 using secure email.

- i. The LIA shall send the report and invoice to the Program Monitor within 20 days following the end of the reporting period.
- ii. The Program Monitor will:
  - a. Review the report and invoice.
  - b. Resolve questions or concerns from either the report or invoice.
  - c. Forward approved invoices to the Fiscal Analyst for payment.
  - d. Discuss the reports further with the LIA during collaborative contact described in section II.
- iii. The Program Monitor will retain copies, using the protocol naming conventions, in the contractor's electronic file.

- iv. Invoices received by the 20<sup>th</sup> day following the reporting period, and approved by the Program Monitor, will be submitted for payment by the Fiscal Analyst the first business week of the following month. In example, an October invoice received by the Program Monitor on November 19<sup>th</sup> will be submitted for payment the first week of December.

B. Local Coordinating Agencies (LCAs)

The LCA facilitating the local home visiting network development is responsible for reporting quarterly to the Program Monitor using the Program guidance and forms provided (attachments 1 and 3). No identifiable client information is requested; therefore, these reports can be sent electronically without use of secure email.

- i. The LCA shall send the quarterly report and invoice (if not invoicing monthly) to the Program Monitor within 20 days following the end of the reporting period. In example, first quarter reports covering October 1<sup>st</sup> through December 31<sup>st</sup> are due no later than January 20<sup>th</sup>.
- ii. The Program Monitor will:
  - a. Review the report and invoice.
  - b. Resolve questions or concerns from either the report or invoice.
  - c. Forward invoices to the Fiscal Analyst for payment.
  - d. Discuss the reports further with the LCA during collaborative contacts described in section II.
- iii. The Program Monitor will retain copies, using the protocol naming conventions, in the contractor's electronic file.
- iv. All invoices received by the 20<sup>th</sup> day following the reporting period, and approved by the Program Monitor, will be submitted for payment by the Fiscal Analyst the first business week of the following month. In example, a first quarter invoice covering October through December that is received by the Program Monitor on January 19<sup>th</sup> will be submitted for payment the first week of February.

The LCA facilitating the local home visiting network development is responsible for reporting annually to the Program Monitor using the Program guidance and forms provided (attachment 1). No identifiable client information is requested; therefore, these reports can be sent electronically without electronic email. One annual report shall cover all MIECHV funded activities within the community (county), including home visiting services, even if not directly provided by the contractor. The annual report shall be completed in collaboration with all MIECHV contractors within their community.

- i. The LCA shall submit the annual reporting to the Program Monitor no later than the 20<sup>th</sup> of November, following the fiscal year on which they are reporting.
- ii. The Program Monitor will:

- a. Review and approve the report.
- b. Collate with others for internal distribution and discussion, and inclusion in federal reporting.
- c. Save and file a 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 may be necessary for monitoring grant funds and program activities or required for federal reporting.

D. Reporting Period

The Oregon MIECHV Program uses the federal fiscal year (FY) to determine the quarterly reporting period. LCAs 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 1<sup>st</sup> through December 31<sup>st</sup>
  - b. Quarter Two: January 1<sup>st</sup> through March 31<sup>st</sup>
  - c. Quarter Three: April 1<sup>st</sup> through June 30<sup>th</sup>
  - d. Quarter Four: July 1<sup>st</sup> through September 29<sup>th</sup><sup>1</sup>
- ii. The federal fiscal year is the year in which the fiscal year ends. In example the federal fiscal year beginning October 1, 2020 and ending September 29, 2021 is FY21.
- iii. Annual reporting is based on the federal fiscal year starting October 1<sup>st</sup> and ending September 29<sup>th</sup> 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. Monthly reports
  - (1) Name of the community/county
  - (2) Name of the agency
  - (3) Month of year
  - (4) Quarter as described in I.D.i
  - (5) Year as described in I.D.ii

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<sup>1</sup> The true end of the fiscal year is September 30<sup>th</sup>; however, due to the project period designated by HRSA ending September 29<sup>th</sup>, Oregon MIECHV is using this date as the final day.

- b. Quarterly reports
  - (1) Name of the community/county
  - (2) Name of the agency
  - (3) Quarter as described in I.D.i
  - (4) Year as described in I.D.ii
- c. Annual reports
  - (1) Name of the community
  - (2) Name of the agency(ies)
  - (3) Year as described in I.D.ii
- d. The Program Monitor will provide naming guidance for any ad hoc reporting.

## II. Collaborative Contacts

- A. Expectation: The Program Monitor and subrecipient will establish a schedule for collaborative contacts that assure bidirectional communication and understanding using the Post-Awardee Monitoring Tool as a guide (attachment 4). These collaborative contacts include the Program Monitor and the subrecipient Contract Administrator at a minimum and may include other staff from either the MIECHV Program or subrecipient agency to accomplish the goals of this section. Further, there may be circumstances when all subrecipients within a specific community (county) would be invited to the same collaborative contact to discuss MIECHV impacts in the community more comprehensively.
- B. Timing: The Program Monitor and subrecipient Contract Administrator shall establish the schedule for collaborative contacts at the contract kick-off conference. Collaborative contacts shall take place no less frequently than once per quarter, except in the quarter of the scheduled site visit.
- C. Location: Collaborative contacts are done by phone or interactive video communication but could be done on-site as well.
- D. Non-Compliance: Failure to fulfill the expectations could result in a Program Improvement Plan (PIP) or in the subrecipient being in default of the contract and the MIECHV Program seeking recovery of overpayment.

## III. Audits

- E. Expectation: Subrecipients are required to maintain full backup detail for invoices submitted against these grant funds. These include, but are not limited to, receipts, time sheets and any other documentation that documents how the funds were expended. Subrecipients shall be able to produce full backup detail within ten business days of a request from the MIECHV Program.

- F. Timing: Requests for full backup detail will accompany the annual site visit but may be more frequent as determined necessary for effective financial monitoring.
- G. Location: The financial audit may take place either on-site at the Subrecipient's location or may be done remotely.
- H. Non-Compliance: Failure to fulfill the expectations or provide a timely response to requests for additional financial detail could result in the subrecipient being in default of the contract and the MIECHV Program seeking recovery of overpayment.

#### IV. Site Visits

- A. Expectation: Each LIA will cooperate with State Program staff in conducting an annual site visit, either on-location or remotely, using the MIECHV Post-Contract Review and Monitoring Tool (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. data conformity
  - vi. model fidelity
  - vii. expendituresThe site visit could also include a review of client records which should be made available upon request.
- B. Timing: In-Person site visits shall take place no less frequently than once every federal fiscal year. The Program Monitor 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.

#### V. Other

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

- A. Additional reporting
- B. Informal consultation
- C. 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/>

**FY:** The federal fiscal year beginning October 1<sup>st</sup> and ending September 30<sup>th</sup> 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 or the agency contracted to coordinate the grant activities in the community including, but not limited to, facilitating the development of the network, implementing a shared and coordinated entry to the service, family partnership and coordinating activities to accomplish 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

- **Monthly Reporting** is completed by each LIA. It is due to the Program Monitor within 20 days following the end of the reporting period.
- **Quarterly reporting** is completed by the LCA. It is due to the Program Monitor within 20 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 Program Monitor by the 20<sup>th</sup> day of November following the fiscal year on which they are reporting.

**Monthly Reporting: LIA**

At the start of each contract year each LIA is required to complete the Monthly reporting template in full, including:

- The name and mailing address of the LIA
- The contracted enrollment and current enrollment
- The name, title, role and full-time equivalency (FTE) of every staff allocated to or associated with the grant. Note that we are only asking for the FTE assigned to MIECHV. In example, if a home visitor works full time but is only half-time MIECHV, their MIECHV FTE would be .5
- Provide email and phone contact information for each staff.

Each LIA should retain a copy of their completed LIA specific template for monthly reporting. Each month, the LIA only needs to:

- Update their current enrollment.
- Describe why they are or are not at their target enrollment and their reasons for success or plan to improve.
- Verify that the staffing is the same or make changes for only those staff for whom there was a change

A blank example is provided as attachment two.

**Quarterly Reporting: LCA**

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

- 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: Continuous Quality Improvement (CQI)**



*LCAs need only complete this section if they are engaged in a CQI activity outside those of the LIAs. If this is the case, please use the guidance for section three of the LIA Quarterly Reporting.*

**Section Four: 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 Five: 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. It is necessary to collaborate with all MIECHV subrecipients in the community to assure that the community's experience is reflected. Guidance is provided annually from the Program Monitor to supplement the general guidance below.

**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.

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

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**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**

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

	sustain local and state infrastructure for home visiting.	
<b>HVN8</b>	Describe efforts to foster communication and educate stakeholders, partners and community leaders regarding the HVN.	
<b>HVN9</b>	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)	
<b>HVN10</b>	List any other key accomplishments (not otherwise noted above) for the previous month.	
<b>HVN11</b>	Please share additional areas of concern that have emerged over the previous month that are not already stated.	

### Section Three: Continuous Quality Improvement

#### 3.1 Team

<b>CQI.3.1.1</b>	Team Members and Affiliations:	
<b>CQI.3.1.2</b>	Team Meeting Frequency:	

#### 3.2 Plan

<b>CQI.3.2.1</b>	Problem Statement:	
<b>CQI.3.2.2</b>	Current Process	
<b>CQI.3.2.3</b>	Root causes	
<b>CQI.3.2.4</b>	Solution to test:	
<b>CQI.3.2.5</b>	Aim statement:	

<b>CQI.3.2.6</b>	Success measures	
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**3.3 Do**

<b>CQI.3.3.1</b>	Describe the specific actions taken to implement the solution:	
<b>CQI.3.3.2</b>	Key Dates	

**3.4 Check**

<b>CQI.3.4.1</b>	Describe the results or outcomes of the action taken:	
<b>CQI.3.4.2</b>	Key Dates	

**3.5 Act**

<b>CQI.3.5.1</b>	Describe the plan to build on your learning, e.g. plan for further changes:	
<b>CQI.3.5.2</b>	Key Dates	

**Section Four: Family Partnership and Leadership**

<b>FPL.1</b>	List project objective	
<b>FPL.2</b>	Identify key activities	
<b>FPL.3</b>	Describe progress in accomplishing the activities and	

	meeting the objective	
<b>FPL.4</b>	Describe challenges in accomplishing the activities and meeting the objective and what adjustments have been made to achieve success	

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

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

## Attachment 4

## MIECHV Post-Award Monitoring Tool

<b>Date of Contact</b>		<b>Method of Contact</b>	
<b>LIA</b>		<b>EBHV Model</b>	
<b>Contract #</b>		<b>Present</b>	

<b>State/Federal Updates</b>	<b>LIA Updates</b>
<b>Grant Management</b>	<b>Notes</b>
Contract Requirements <ul style="list-style-type: none"> <li>Budget submitted</li> <li>Contact Sheet</li> <li>Reporting</li> <li>Improvement Plan</li> </ul>	
Fiscal/Budget <ul style="list-style-type: none"> <li>Progress on spend down</li> <li>Anticipated changes to approved budget</li> </ul>	
<b>Program Implementation</b>	<b>Notes</b>
Staffing <ul style="list-style-type: none"> <li>Changes in staff</li> <li>Recruitment success/challenges</li> <li>Retention success/challenges</li> </ul>	
Service Capacity <ul style="list-style-type: none"> <li>Current capacity</li> <li>Reasons for being at or below capacity</li> <li>Plan for improving/sustaining capacity</li> </ul>	
Data Collection <ul style="list-style-type: none"> <li>Success/challenges with data collection</li> <li>Data quality</li> <li>Questions about data points/definitions</li> </ul>	
Continuous Quality Improvement <ul style="list-style-type: none"> <li>CQI success</li> <li>CQI challenges</li> <li>Adjustments to CQI plan</li> </ul>	
Other/General <ul style="list-style-type: none"> <li>Highlights/accomplishments</li> <li>Innovation/lessons learned</li> <li>Family success</li> <li>Concerns not already noted</li> <li>Participation in service integration</li> </ul>	
<b>Training and Technical Assistance</b>	<b>Notes</b>
Professional Development <ul style="list-style-type: none"> <li>Model related training</li> <li>Training attended</li> <li>Training requested</li> </ul>	
Technical Assistance <ul style="list-style-type: none"> <li>CQI</li> <li>Data</li> <li>Grant</li> <li>Fiscal</li> </ul>	



## Attachment 5

## MIECHV Post-Contract Review and Monitoring Form

## 1. Contract Information

<b>Contractor</b>		<b>Contracted Services</b>			
<b>Execution Date</b>		<b>Start work Date</b>	10/1/20	<b>Effective Date</b>	10/1/20
<b>End Work Date</b>	9/29/20	<b>Expiration Date</b>	9/29/21	<b>Amendment</b>	NA
<b>Primary Contact at Contractor (name, title, number(s), email)</b>					

## 2. Contract Administration Team: State/Recipient/Awardee

Name/Title	Contact Information	Role/Responsibilities
Benjamin Hazelton, Home Visiting Policy& System Coordinator, MIECV Program Director	<a href="mailto:benjamin.hazelton@dhsosha.state.or.us">benjamin.hazelton@dhsosha.state.or.us</a>  971-269-9069	Contract Administrator
		Program Coordinator
Tina Kent, MIECHV Data Manager	<a href="mailto:tina.m.kent@dhsosha.state.or.us">tina.m.kent@dhsosha.state.or.us</a> 971-673-0350	Data Manager
Viet-Linh Pham, Fiscal Analyst	<a href="mailto:VIET-LINH.V.PHAM@dhsosha.state.or.us">VIET-LINH.V.PHAM@dhsosha.state.or.us</a>	Fiscal/Contract Coordinator

## 3. Contract Administration Team: Local/Subrecipient/Recipient

Name/Title	Contact Information	Role/Responsibilities
		Contract Administrator
		Program Coordinator
		Data Manager
		Fiscal/Contract Coordinator

## 4. Caseload and Budget

Activity	Units	Total

## 5. Deliverables

Description and Contract Reference/Discussion		Reviewed	Met	Unmet
1	Kick-off Pre-Performance Conference			
	Discussion			
2	Contractor submits staffing plan for Program review			
	Discussion			
3	Contractor assures reasonable staffing of highly qualified professionals			
	Discussion			
4	Contractor demonstrates high-quality Reflective Supervision			
	Discussion			
5	Contractor demonstrates fidelity to the contracted model(s)			
	Discussion			
6	Contractor is timely in communicating staff changes to the Program			
	Discussion			
7	Contractor comports with the MIECHV Enrollment Protocols			
	Discussion			
8	Contractor collaborates with the Program and model to retain clients and sustain 85% enrollment			
	Discussion			
9	Contractor collects, enters and/or reports data per schedule and as requested			
	Discussion			
10	Contractor assures confidentiality of clients and records			
	Discussion			
11	Contractor collaborates with the LCA on the alignment of home visiting services and integration of home visiting within comprehensive early childhood system			
	Discussion			
12	Contractor comports with Subrecipient Monitoring Protocols			
	Discussion			
13	Contractor maintains monitoring protocols for sub-contractors			
	Discussion			
14	Contractor sustains active participation in CQI			
	Discussion			
15	Contractor submits Budget and expenditure plan for Program review			
	Discussion			
16	Contractor expenses are allowable and allocable to the grant			
	Discussion			
17				
	Discussion			
18				
	Discussion			

## 6. Notes

**Attachment 6****Reporting Schedule for FY21**

<b>Reporting Period</b>	<b>Time Period Covered</b>	<b>Due to Program Monitor</b>
Quarter One	10/1/20 – 12/31/20	January 20, 2021
Quarter Two	1/1/21 – 3/31/21	April 20, 2021
Quarter Three	4/1/21 – 6/30/21	July 20, 2021
Quarter Four	7/1/21 – 9/29/21	October 20, 2021
Annual Report	10/1/20 – 9/29/21	November 20, 2021

**Designation of Program Monitor Activities**

There is currently no delegation of monitoring activities. Please send all reporting to Benjamin Hazelton at [benjamin.hazelton@dhsosha.state.or.us](mailto:benjamin.hazelton@dhsosha.state.or.us)