

# Florida MIECHV Initiative Provider Quality Assurance Monitoring Procedure Manual

## Florida MIECHV Initiative

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## Introduction

The Florida Association of Healthy Start Coalitions (FAHSC), Florida Maternal, Infant and Early Childhood Home Visiting (MIECHV) Initiative receives Federal funding from the Health Resources and Services Administration (HRSA) to provide home visiting services for Florida families residing in at-risk communities as identified in the Florida Department of Health's *2010 Florida Home Visiting Needs Assessment*. Beginning in 2013, the Florida MIECHV Initiative implemented three evidence-based home visiting models: Healthy Families America (HFA), Nurse-Family Partnership (NFP), and Parents as Teachers (PAT). Model developers provide detailed guidance, resources, technical assistance and oversight to ensure service delivery meets model fidelity requirements. Florida MIECHV Initiative staff coordinate with Healthy Families Florida (HFF) Central Office, NFP National Service Office (NSO), and PAT National Center staff to complement and not duplicate quality assurance monitoring processes; thereby, achieving effective use of resources.

The Florida Association of Healthy Start Coalitions (FAHSC), Florida Maternal, Infant and Early Childhood Home Visiting (MIECHV) Initiative awards Federal grant funds to local implementing agencies (LIAs) and other entities for provision of home visiting and program support services throughout the state. LIAs are subrecipients of Federal grant funds. Other entities providing program support services are evaluated to make subrecipient/contractor determinations. (See the Florida MIECHV Initiative Subrecipient Fiscal Policy Manual for additional information.) LIAs and other subrecipients are responsible for local oversight of program implementation, including monitoring agreement performance and the appropriate use of funds. This manual will refer to these LIAs and other subrecipients as "Providers." Providers may, in keeping with grant agreement requirements, enter into sub-agreements for the provision of home visiting or support services. This manual will refer to Provider sub-agreement entities as "subrecipients." Provider MIECHV agreement requirements must be included in subrecipient agreements and Federal grant requirements follow Federal funds to all subrecipients.

FAHSC is responsible for informing Providers of Federal award requirements, including Federal audit requirements, and monitoring Provider activities to ensure grant funds are used appropriately, and that performance goals are met. This manual provides detailed information regarding grant agreement requirements, regulatory compliance requirements and program performance expectations related to Florida MIECHV Initiative grants. The implementation of these procedures will ensure home visiting Providers are informed, and prepared to demonstrate their adherence to regulatory requirements and program performance expectations.

## Quality Assurance Monitoring Process

The Florida MIECHV Initiative quality assurance monitoring process has two major goals and two components to address these goals. The first goal and component relate to adherence to evidence-based program model fidelity requirements. Each Provider has an agreement with the program model developer to deliver home visiting services that meet model fidelity. Each model developer is responsible for monitoring Provider service delivery and ensuring compliance with model fidelity. The second goal and component of the Florida MIECHV Initiative is to ensure compliance with Federal MIECHV requirements, including programmatic, administrative and financial management infrastructure requirements.

## Model Fidelity Monitoring

The Florida MIECHV Initiative implements three evidence-based home visiting models. Each model provides specific requirements, and HFF Central Office, NFP NSO and PAT National Center staff conduct quality assurance monitoring to ensure program services are implemented with fidelity. The Florida MIECHV Initiative requests that Providers make our staff aware of HFF Central Office, NFP NSO, and PAT National Center model fidelity site visits. To the extent possible, Florida MIECHV Initiative staff will attend these model fidelity site visits. The Provider submits all model fidelity reports to Florida MIECHV Initiative staff, as stated in the MIECHV grant agreement.

## MIECHV Programmatic, Administrative and Financial Management Infrastructure Monitoring

The MIECHV programmatic, administrative and financial management infrastructure quality assurance monitoring process occurs throughout the year and includes the following activities:

- monthly, quarterly and annual MIECHV data reviews
- monthly, quarterly and annual Provider report reviews;
- audit report reviews;
- subrecipient monitoring report reviews;
- model developer site visit and model fidelity report reviews;
- prior approval of certain activities;
- regularly scheduled phone conferences;
- interviews with or surveys of staff, board members, families or community stakeholders;
- reflective conferencing with Provider leadership; and
- annual on-site and/or quarterly desk monitoring of administrative and fiscal records and documentation.

This quality assurance monitoring process is necessary to assess Provider compliance with programmatic, administrative and financial management infrastructure and operations requirements, which support the delivery of MIECHV services for Florida's families. However, the process is also intended to serve as a management tool for informing Florida MIECHV Initiative staff and Providers of programmatic, administrative and financial management strengths and challenges to ensure collectively we are achieving Florida MIECHV Initiative goals. The ongoing review of program operations from a systems and functions perspective assists Florida MIECHV Initiative staff with the discovery of innovative approaches that may result in program-wide improvements. The quality assurance monitoring process serves as a method of prevention regarding non-compliance with program requirements and prepares the Florida MIECHV Initiative and Providers for state and Federal audits. This ongoing self-assessment will also inform decision-making in the core areas of our program including training, data collection, innovation, and ultimately improved home visiting services delivery.

## Review of Provider Data

The Florida MIECHV Initiative and HRSA require complete and accurate MIECHV programmatic data. The Florida MIECHV Initiative Data Manager conducts ongoing reviews of data and provides technical assistance throughout the year to ensure continued efforts toward improved home visiting services delivery and compliance with performance measurement data reporting. In addition, a File/Data Review (Appendix B) is conducted annually as part of either the on-site visit or desk monitoring.

## Review of Provider Reports

Code of Federal Regulations (CFR), title 45, part 75, subpart F requires recipients, and subrecipients expending Federal funds of \$750,000 or more in a fiscal year to have a single or program-specific audit conducted for that year. Single audit reports must be completed and submitted within 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period, whichever is earlier. Florida MIECHV Initiative staff is responsible for reviewing these required audit reports and issuing a management decision on any audit findings. The Florida MIECHV Initiative *Provider Fiscal Policy Manual* provides detailed information regarding audit requirements.

Providers who enter into sub-agreements for the provision of Florida MIECHV Initiative home visiting services are required to establish subrecipient monitoring procedures and instruments; demonstrate adherence to those procedures by monitoring their subrecipients accordingly; and submit final monitoring reports to their designated Florida MIECHV Initiative contract manager within 10 days of issuance. These subrecipient monitoring reports will be reviewed by Florida MIECHV Initiative staff to ensure sufficient subrecipient oversight and compliance with agreement terms and applicable regulations.

In addition, Providers will submit model developer site visit and annual model fidelity assessment reports to their designated contract manager within 10 days of receipt of these reports. These model developer reports will be reviewed to inform Florida MIECHV Initiative staff of the Provider's adherence to model fidelity. Florida MIECHV Initiative staff will also review monthly and quarterly programmatic and fiscal reports required by the Florida MIECHV Initiative grant agreement to ensure activities and associated expenditures are allowable, reasonable, necessary and appropriately allocated.

## On-site and Desk Monitoring

As provided in the Florida MIECHV Initiative grant agreement, Providers will be assessed to determine the frequency of on-site programmatic quality assurance monitoring. All Providers receive ongoing desk monitoring of data quality. All Providers receive ongoing desk monitoring of administrative and fiscal requirements.

For each on-site quality assurance monitoring, Florida MIECHV Initiative staff and the designated representative of the Provider will agree upon a date and begin coordination of the site visit at least 30 days prior to the site visit date. Financial and administrative documentation will be requested at least two weeks prior to the site visit date, and participant records will be specified by Florida MIECHV Initiative and model developer staff at least two days prior to the site visit date. Advance written notice will include the type of quality assurance monitoring to be conducted; the tentative monitoring schedule, including dates of the on-site visit; the period of the monitoring (months or quarters); and contact information for the Florida MIECHV Initiative staff member responsible for the monitoring. All quality assurance monitoring begins with an entrance meeting, either in-person or by phone. The purpose of the entrance meeting is to review the quality assurance process and ensure clarity regarding the monitoring type, period and requested documentation. During the course of the monitoring, Florida MIECHV Initiative staff may request additional information, documentation or interviews with staff. The purpose of follow-up requests during the monitoring process is to ensure monitoring results are based on complete and accurate information. All quality assurance monitoring will conclude with an exit meeting. The purpose of the exit meeting is to share with the Provider preliminary results of the monitoring, including strengths, concerns, or findings, if any.

Data quality monitoring is conducted each month. Providers receive ongoing feedback and technical assistance regarding data collection and data quality. Administrative and fiscal desk monitoring is conducted each quarter. Documentation to ensure compliance with administrative requirements is reviewed and updated information is requested as needed. Providers report expenditures each quarter. Reporting includes a detailed general ledger. A sample of expense items is selected from the quarterly detailed general ledger and back-up documentation is requested. Quarterly administrative and fiscal monitoring results are compiled and shared with each Provider.

### Concerns and Findings

During the course of a quality assurance monitoring, instances of non-compliance with grant agreement, programmatic or regulatory requirements may be identified. The reviewer will attempt to resolve questions related to concerns or findings prior to finalizing a quality assurance monitoring report. A quality assurance concern will be reported if the monitoring determines that administrative or programmatic controls are not in place to safeguard program assets, records, personnel or clients. The final quality assurance monitoring report will include recommendations to address the concern. A quality assurance finding will be reported if the monitoring identifies a significant issue of non-compliance. A significant issue of non-compliance is an issue that has or may eminently have a negative impact on the program, staff or clients. The report will state the basis for determining the finding; the conditions/situation that was observed; the impact of the conditions/situation; the cause of the conditions/situation, if it can be determined; and the required corrective action. The Florida MIECHV Initiative Project Director will be consulted regarding potential findings and will make the final determination regarding issuance of a finding. The Florida MIECHV Initiative staff will work with Provider staff to develop specific, measurable corrective actions to effectively address a quality assurance monitoring finding.

### Corrective Action Plan

A quality assurance finding will require corrective action. The Provider may address and resolve the finding during the monitoring process. If so, the final quality assurance monitoring report will include a statement of the finding, the corrective action taken, and timeframe for follow-up to confirm the effectiveness of the action taken. Quality assurance findings that are not addressed and resolved during the monitoring process will require a Corrective Action Plan (CAP). The CAP will include a statement of the finding; the impact of the conditions/situation; the cause of the conditions/situation, if it can be determined; the required corrective action(s); Provider staff responsible for implementing the corrective action; the timeline for implementing the corrective action; the timeline for assessing the implementation of the corrective action. The Provider will receive written confirmation of satisfactory implementation of the CAP. Non-compliance with CAP requirements may result in termination of the grant agreement.

### Interviews, Surveys and Reflective Conferencing

During the course of a quality assurance monitoring, questions may arise that may be addressed through interviews. Conversations with staff are often helpful toward achieving a better understanding of the context of the workplace. Surveys may also be employed to gather information in a manner that is considerate of stakeholders' availability. In addition, the quality assurance monitoring process may include a discussion of the potential for improving or replicating processes and services as the Florida MIECHV Initiative matures.

## MIECHV Programmatic, Administrative and Financial Management Infrastructure QA Monitoring Tools

In addition to model fidelity reviews conducted by model developer staff, Florida MIECHV Initiative has specific programmatic goals and compliance requirements. These goals and requirements are provided in the [HRSA MIECHV Performance Measures](#); the [HHS Grants Policy Statement](#), the Provider's MIECHV agreement; the [Florida MIECHV Initiative Data Plan, Policies and Procedures](#); and the [Florida MIECHV Initiative Provider Fiscal Policy Manual](#). The Florida MIECHV Initiative quality assurance monitoring process will include four essential areas of operations: program implementation, data collection, administrative, and fiscal requirements. These areas will be monitored throughout the year and establish the framework for on-site visits and desk monitorings.

### Program Implementation

Florida MIECHV Initiative programmatic monitoring includes a Provider self-assessment, and a MIECHV assessment of the Provider's knowledge of and compliance with MIECHV grant agreement performance objectives and requirements. See Appendix A for the *Florida MIECHV Initiative – Provider Self-Assessment Tool*. See Appendix B for the *Florida MIECHV Initiative – MIECHV Assessment Tool*.

### Annual Data Review

In addition to monthly data quality monitoring, once each year a random sample of MIECHV data files will be reviewed for compliance with data collection requirements, including accuracy, completeness and timeliness. See Appendix B for the *Florida MIECHV Initiative –File/Data Review Tool*.

### Administrative Monitoring

The administrative monitoring is conducted to ensure knowledge of and compliance with grant agreement and Federal regulatory requirements related to business operations, program requirements, personnel, recordkeeping, and equipment inventory responsibilities. See Appendix B for the *Florida MIECHV Initiative – Administrative Checklist*.

### Quarterly Fiscal Monitoring

The quarterly fiscal monitoring is conducted to ensure knowledge of and compliance with grant agreement and Federal regulatory requirements related to financial management, expenditures documentation, and subrecipient monitoring responsibilities. See Appendix B for the *Florida MIECHV Initiative – Fiscal Checklist*.

## Annual Quality Assurance Monitoring Report

### Report Timeline

The quality assurance monitoring process, from notification to issuance of the final report will vary based on circumstances. Florida MIECHV Initiative staff will provide timely reports of quality assurance monitoring results. Reports will be provided within 45 days of conclusion of each stage of the monitoring.

### Report Format

Each quality assurance report will include the following information.

1. Introduction

- a. Monitoring dates, location, reviewers
  - b. Agreement number and period of services under review
  - c. Monitoring methods (on-site or desk monitoring)
2. Background
  - a. Grant award process
  - b. Funding and Agreement Periods
  - c. Staffing
  - d. Subrecipients, if any
3. Report on strengths, and recommendations
4. Concerns and recommendations/required actions
5. Findings and corrective actions, if any
6. Closing
  - a. Timeline and procedures for the Provider's response

## Continuous Quality Improvement

Quality assurance is a vital part of CQI. As quality assurance monitoring is conducted, the reviewer may discuss opportunities for CQI with the Provider. Examining and modifying inefficient processes and conducting small change tests for improvement are often effective methods for improving performance. Upon request, the Florida MIECHV Initiative can provide technical assistance on using CQI techniques to resolve issues identified through the quality assurance process. Feedback from Providers on the quality assurance monitoring process is always welcome, as the Florida MIECHV Initiative staff is committed to improving upon the effectiveness of the tools and procedures.

**Florida MIECHV Initiative – Quality Assurance Monitoring - Provider Self-Assessment Tool**

<b>Provider Name:</b>	<b>Participant Enrollment Capacity:</b>
<b>Prepared by:</b>	<b>Date:</b>

**Provider Self-Assessment Review Items**

See detailed instructions on the last page of this form. Assess your program’s status on the following Florida MIECHV Initiative Programmatic Self-Assessment review items using the status definitions below. Forward the completed self-assessment and supporting documentation to your MIECHV Contract Manager.

<b>Provider Self-Assessment Review Items</b>	<b>Documentation to evidence status determination.</b>	<b>Status</b>
1. Provider has maintained current affiliation/accreditation required by model developer.		
2. Provider has an up-to-date MIECHV program implementation policies and procedures manual. Which includes the following topics. a. intake/enrollment/re-enrollment; b. identification of families most in need of services; c. use of the Coordinated Intake & Referral process implemented by the local Healthy Start Coalition as a source of client referrals; d. description of services provided; e. adverse incident reporting protocols; f. dual enrollment/duplication of services avoidance (non-duplication of services); g. use of emergency family/participant assistance funds; h. use of family/participant incentives; i. confidentiality policies and procedures; j. participant transition/exit parameters and procedures; k. data collection and security procedures; l. documentation requirements; m. staff qualifications, orientation and training; n. reflective supervision practices;		

Provider Self-Assessment Review Items	Documentation to evidence status determination.	Status
<ul style="list-style-type: none"> <li>o. HV safety guidelines and procedures;</li> <li>p. HV training and procedures to support progress in MIECHV performance measures, including the following activities.               <ul style="list-style-type: none"> <li>i. educating caregivers on safe sleep practices;</li> <li>ii. screening primary caregivers with the EPDS, making referrals and follow-up;</li> <li>iii. referring primary caregivers who reported using tobacco or cigarettes for tobacco cessation;</li> <li>iv. screening children using the Ages and Stages Questionnaire (ASQ-3), making referrals and follow-up;</li> <li>v. screening primary caregivers for intimate partner violence, making referrals and follow-up.</li> </ul> </li> <li>q. required model developer policies and procedures; and</li> <li>r. required Florida MIECHV Initiative policies including a description of internal controls to monitor:               <ul style="list-style-type: none"> <li>i. model fidelity</li> <li>ii. family/participant enrollment;</li> <li>iii. the number of completed home visits per month (intensity of services);</li> <li>iv. the length of family/participant participation (duration of services)</li> <li>v. family/participant engagement and retention strategies; and</li> <li>vi. group activities, if required by the model developer.</li> </ul> </li> </ul>		
<p>3. Provider is on track to establish and maintain the minimum number of enrolled participants each month (85 participants per month for funding at 100 unduplicated projected monthly caseload capacity, and/or 43 enrolled participants per month for funding at 50 unduplicated projected monthly caseload capacity).</p>		
<p>4. Provider is on track to establish and maintain the minimum number of completed home visits each month (150 completed home visits per month for funding at 100 unduplicated projected monthly caseload capacity, and/or 75 completed home visits per month for funding at 50 unduplicated projected monthly caseload capacity).</p>		
<p>5. Provider has an up-to-date local Continuous Quality Improvement (CQI) plan.</p>		
<p>6. Staff has participated in appropriate and required MIECHV-sponsored training.</p>		

Provider Self-Assessment Review Items	Documentation to evidence status determination.	Status
7. Provider has emailed the FAHSC contract manager regarding any staffing changes and updated the MIECHV LMS Positions Report and Census and Data Quality Report consistent with agreement requirements.		
8. Provider is monitoring subrecipient(s) including data collection in accordance with Provider procedures/tools, if applicable.		
9. Provider has adopted and utilizes data privacy and security policies consistent with state and Federal laws and FAHSC security and privacy policies.		
10. Provider is in compliance with Health Insurance Portability and Accountability Act (HIPAA), including protecting and sharing of personal health information.		
11. Provider obtains participant consent to share participant data with FAHSC and other evaluation partners.		
12. Provider conducts community activities to educate the public about the MIECHV program, obtain community input and support, and assure Provider sustainability.		
13. Local home visiting advisory council has been designated or established and meets quarterly.		
<p>14. Provider has established and maintained at a minimum an MOU with a community entity that provides support services and to whom participants are referred as a result of a positive screen related to:</p> <ul style="list-style-type: none"> <li>a. Depression</li> <li>b. Child Development</li> <li>c. Intimate Partner Violence</li> </ul> <p><b>At a minimum, each MOU shall include:</b></p> <ul style="list-style-type: none"> <li>a. A description of roles and responsibilities;</li> <li>b. A description of the type(s) of services to be provided;</li> <li>c. A description of how referral to services will occur;</li> <li>d. A person designated within the community agency with whom home visiting staff will communicate regarding services for families, including contact information;</li> <li>e. A description of strategies and activities necessary to achieve the contents of the MOU; and</li> <li>f. Term in effect and review/renewal process.</li> </ul>		

Provider Self-Assessment Review Items	Documentation to evidence status determination.	Status
15. Provider has established and maintained at a minimum an informal partnership with a community entity that provides support services and to whom participants are referred as a result of positive tobacco use screen.		
<p>16. Provider MIECHV publications include the statement: <i>“This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for grant amount (specify grant number, title, total award amount and percentage financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.”</i></p> <p>Grantees/Providers are required to use the specific language provided in the agreement when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA supported publications and forums describing projects or programs funded in whole or in part with HRSA funding. Examples of HRSA supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.</p>		

**Status Definitions**

**Met (M)** = Provider fully adheres to the requirement

**Partially Met (PM)** = Provider has met some of the requirements within category, but not all, or adherence to the requirement was inconsistent.

**Not Met (NM)** = Provider is not currently meeting the requirement.

**Unable to Determine (UTD)** = Reviewer was not able to review the information necessary to make a determination.

**Not Applicable (NA)** = Provider is not required to meet the requirement, because it does not apply to them.

## Instructions

Assess your program's status on the following Florida MIECHV Initiative Programmatic Self-Assessment review items. Recommended reference materials are listed below by review item. List the actual documentation referenced to determine your program's status in the "Documentation to evidence status determination" column. Enter the determined status (using the status definitions provided) in the "Status" column. Forward the completed self-assessment and documentation electronically to your MIECHV Contract Manager on or before the date requested.

1. Provide documentation of Local MIECHV Program's current status with model developer, such as current approved affiliate plan (PAT) or executed agreement or certification.
2. Provide a copy of your current Local MIECHV Program Implementation Policies and Procedures Manual which addresses all topics listed.
3. Reference Census and Data Quality Reports to assess current enrollment and retention of families.
4. Reference Census and Data Quality Reports to assess number of completed home visits.
5. Provide a copy of your most recent CQI Plan.
6. Review MIECHV LMS training completion reports to ensure all staff are engaging in appropriate and required professional development opportunities.
7. Review MIECHV LMS positions reports, Census and Data Quality Reports, assess staff changes and provide response regarding notifications.
8. Provide latest copies of subrecipient monitoring procedures and report(s), if applicable.
9. Provide copy of Provider organization's data privacy and security policies.
10. Provide a copy of Provider organization's HIPAA policy and documentation of HIPAA training by MIECHV-funded staff.
11. Provide a copy of Provider's current participant consent form.
12. Provide documentation of MIECHV participation in community activities.
13. Provide documentation of home visiting advisory council and meetings.
14. Provide copies of MOUs in required MIECHV performance measures.
15. Provide documentation of informal partnership with smoking cessation services entity.
16. Provide copies of Provider organization's publications referencing the MIECHV program.

**Florida MIECHV Initiative – Quality Assurance Monitoring – MIECHV Assessment Tool**

<b>Provider Name:</b>	
<b>Prepared by:</b>	<b>Date:</b>

**MIECHV Assessment Tool Items**

Florida MIECHV Initiative staff will review Provider participation in MIECHV meetings and CQI activities, participant enrollment implementation practices and MIECHV data collection and quality to assess the status of the following requirements.

<b>MIECHV Assessment Tool Items</b>	<b>Status</b>	<b>Comments including how status was determined</b>
1. Provider participates in meetings, workshops, conferences, webinars, and conference calls as directed by FAHSC.		
2. Implementation of HV model is integrated with existing system of home visiting and early childhood services, and Provider utilizes/participates in the Coordinated Intake and Referral system.		
3. Provider collects and reports Federally mandated data in format required by contract and enters it into the FL MIECHV database (FLOHVIS).		
4. Provider follows policies and protocols consistent with the <i>MIECHV Data Collection Manual</i> and <i>FLOHVIS User Manual</i> .		
5. Provider submits timely and accurate monthly, quarterly and close-out reports.		
6. Provider submits timely model developer's model fidelity reports		
7. Provider submits timely subrecipient monitoring reports, if applicable.		
8. Provider submits complete and sufficient financial expenditures documentation.		

**Status Definitions**

**Met (M)** = Provider fully adheres to the requirement

**Partially Met (PM)** = Provider has met some of the requirements within category, but not all, or adherence to the requirement was inconsistent.

**Not Met (NM)** = Provider is not currently meeting the requirement.

**Unable to Determine (UTD)** = Reviewer was not able to review the information necessary to make a determination.

**Not Applicable (NA)** = Provider is not required to meet the requirement, because it does not apply to them.

Florida MIECHV Initiative – Quality Assurance Monitoring – File/Data Review Tool

Florida MIECHV File/Data Review Tool											
Site Name:											
Review Completed:											
	1	2	3	4	5	6	7	8	9	10	
<b>Case # of each file reviewed</b>											<b>Total ratio (N/D)</b>
Current Home Visitor											
Enrollment Date											
Dismissal Date (if applicable)											
Child DOB											
Child Enrollment Date											
Date of Most Recent Home Visit											
# Home Visits since 10/1/16											
Delivery Information											
Household Profile since 10/1/16											
Child Wellness since 10/1/16											
Infancy Questionnaire: 0-1 mo											
Infancy Questionnaire: 2-3 mo											
Infancy Questionnaire: 6-7 mo											
Infancy Questionnaire: 10-11 mo											
IPV Assessment (by 6 mo PE)											
Edinburgh (EPDS) (by 3 mo PP)											
Parent-Child Interaction											
ASQ:3: 10 mo											
ASQ-3: 18 mo											
ASQ:3: 30 mo											
<b>NOTES</b>											
		<b>LEGEND</b> (Refer to MIECHV Data Collection Planner for specific due dates.)									
		<b>NDY</b>	Not Due Yet (If red, due date is close)	<b>E</b>	Early (prior to window)						
		<b>Y</b>	Yes (done on time)	<b>L</b>	Late (after window)						
		<b>N</b>	No (past due)	<b>NA</b>	Not Applicable (including those due prior to 10/1/16)						

Florida MIECHV Initiative – Quality Assurance Monitoring – Administrative Checklist

Florida MIECHV Initiative - Quality Assurance Review - Administrative Checklist						
Provider:	Review Period	thru	Status M=Met PM=Partially Met MR=Met w/Recommendation NM=Not Met	Comments including explanation of PM, MR or NM status determination.		
Contact:	Review Date	Agreement #				
DUN's #	Type of Funding:					
FEIN:	Federal					
<b>1 Department of State - Division of Corporations</b>						
A	Is the Provider legally authorized to conduct business in the State of Florida?				Search DOS registry.	
<b>2 Department of Management Services - Suspension and Debarment</b>						
A	Is the Provider an eligible vendor/contractor/subrecipient?				Search DMS registry.	
<b>3 System for Awards Management - Registration/Exclusion</b>						
A	Is the Provider registered in SAMs?				Search SAM registry.	
B	Is the Provider eligible to enter into an agreement utilizing federal funds?				Search SAM excluded party registry.	
<b>4 Insurance</b>						
A	Did the Provider have adequate liability insurance coverage and hold such coverage at all times during the term of the grant agreement and any extension(s) or renewal(s)?				Request COI.	
B	Workers Comp - \$100,000 per person/accident; \$500,000 aggregate.					
C	General Liability \$1M per occurrence; \$3M aggregate; Name FAHSC additional insured.					
D	Auto \$1M and \$5,000 medical.					
<b>5 Public Access to Records</b>						
A	Does the Provider allow MIECHV staff access to all documents, papers, letters, or other materials required for the review.					
<b>6 Employment</b>						
A	Provider policies in compliance with EEO Assurance in Article VII of the grant agreement.				Request copy of HR policies and procedures.	
<b>7 Record Retention</b>						
A	Does evidence or documentation exist to validate the Provider has complied with the minimum record retention of six years after termination of the contract? (If an audit has been initiated and audit findings have not been resolved at the end of six years, the records were retained until the audit was resolved.)				Request copy of fiscal or operations policies and procedures.	
<b>8 Inventory of Tangible Property</b>						
A	Provider maintains an inventory of tangible property in accordance with federal requirements and Provider policy.				Request copy of equipment inventory purchased by Provider (not subrecipients) with MIECHV funds.	
B	Inventory includes required data.					
C	Physical inventory conducted at least every two years, discrepancies resolved.					
<b>9 Required Policies and Procedures</b>						
A	Personnel policies and procedures to include protection of persons and property				Request copy of HR policies and procedures.	
B	Fiscal policies and procedures to include procurement					
<b>10 Sub-agreements</b>						
A	Did the Provider receive prior written approval from FAHSC to enter into a sub-agreement?				Review agreement file for prior approval.	
B	Does the Provider's subcontract include provisions of FAHSC's agreement?				Request copy of original sub-agreement(s) and amendments, if any.	
C	Does the Provider perform programmatic and fiscal reviews of the subcontractor?				Request copy of subrecipient monitoring procedures.	
D	Did the Provider submit at least annual subrecipient monitoring reports.				Request copy of subrecipient monitoring report(s).	
<b>11 Grant Agreement Contacts Remain Current</b>						
A	Financial and administrative contact tested				Test contacts and contract information.	
B	Representative(s) responsible for the program tested.					

Florida MIECHV Initiative – Quality Assurance Monitoring - Fiscal Checklist

Florida MIECHV Initiative - Quality Assurance Review - Fiscal Checklist						
Provider:		Review Period		thru		<b>Status</b> <b>M=Met</b> <b>PM=Partially Met</b> <b>MR=Met</b> <b>w/Recommendation</b> <b>NM=Not Met</b>
Contact:		Review Date		Agreement #		
DUN's #						
FEIN:			Type of Funding:	Federal		
<b>Comments including explanation of PM, MR or NM status determination.</b>						
<b>1 Maintenance of Separate Accounting of Revenues and Expenditures for MIECHV funds</b>						
A	Did the Provider maintain separate accounting of revenues and expenditures for each MIECHV grant?					Request copy of Provider's chart of accounts.
B	Did Provider's Expenditures Report reconcile to the Provider's GL expenditures?					Review quarterly and final ER and GLs.
C	Did MIECHV disbursements reconcile to the Provider's bank account(s) deposit?					Request copy of Provider's bank statement reflecting deposit of funds.
<b>2 Cost Allocation Methodology</b>						
A	Provider has a cost allocation plan/consistently applies cost allocation methodology?					Request copy of Provider's Fiscal Policies and Procedures or Cost Allocation Plan.
B	Is the Provider's cost allocation methodology supported by competent evidence?					Review allocation of expenditures with expenditures item tests.
<b>3 Separation of Duties</b>						<b>Provider completes items A-D and G by stating person/position responsible for fiscal duty.</b>
A	Person(s) responsible for maintaining financial records and recording transactions					
B	Person(s) responsible for reviewing above person's work					
C	Person(s) receiving and processing invoices for disbursement					
D	Person(s) responsible for approving payments					
E	Duties of financial recordkeeping separate from cash/payment duties?					Review personnel/position responsible for cash/payments.
F	Duties of cash/payment separate from purchasing/receiving/inventory?					Review personnel/position responsible for purchasing/receiving/inventory.
G	Person(s) authorized to sign checks, Is this person bonded?					
H	Internal controls to protect unauthorized access to checks and electronic signatures/stamps.					Review fiscal policies regarding safeguarding checks and signatures.
<b>4 Expenditures Reports</b>						
A	Did the Provider consistently submit Quarterly Expenditures Report on time?					Monitor receipt of quarterly reports.
B	Were Provider's expenditures reports accurate and aligned with planned budget?					Monitor expenditures/budget.
C	Did Provider submit budget amendment(s) in a timely manner?					Monitoring expenditures and request for budget amendment.
<b>5 Expenditures Testing</b>						
A	Travel - Did the Provider maintain sufficient documentation that the expenditures were 1) allowable under the agreement and applicable laws, rules and regulations; 2) reasonable; and 3) necessary in order to fulfill its obligations under the agreement? Are all invoices in accordance with Section 112.061, Florida Statutes? A list of expenditures tested follows:					Expenditure test items will be selected from the requested general ledger.
	Traveler and Event	Travel Begin/End Date	Amount	Check No(s).		
B	Non-Salary - Did the Provider maintain sufficient documentation that the expenditures were 1) allowable under the agreement and applicable laws, rules and regulations; 2) reasonable; and 3) necessary in order to fulfill its obligations under the agreement? A list of expenditures tested follows:					
	Payee	Invoice Date	Invoice No.	Amount	Check No.	
C	Salary - Did the Provider maintain sufficient documentation that the expenditures were 1) allowable under the agreement and applicable laws, rules and regulations; 2) reasonable; and 3) necessary in order to fulfill its obligations under the agreement? A list of expenditures tested follows:					
	Employee	Pay Period End Date	Amount	Check No.		
<b>6 Program Income</b>						
A	Did the Provider generate and account for program income?					Request documentation of any program income earned.
B	If so, were funds used appropriately and timely?					

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	A	Did the Provider generate and account for program income?	
	B	If so, were funds used appropriately and timely?	Request documentation of any program income earned.
<b>7 Interest Earned</b>			
	A	Did the Provider maintain MIECHV funds, including advances in an interest bearing account?	Request documentation of deposit of funds and interest earned.
	B	Did Provider apply interest earnings to administrative costs and return interest earnings in excess of \$500?	
<b>8 Audit Requirements</b>			
	A	Did the Provider submit an annual audit in compliance with 45 CFR §75.501-507?	
	B	Were there audit findings? Management letter required?	
	C	Did Provider state that an audit is not required as stated in 45 CFR §75.501-507?	