

Florida MIECHV Initiative Provider Quality Assurance Monitoring Procedures Manual

Florida MIECHV Initiative

"This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number X10MC31134, titled Maternal, Infant and Early Childhood Home Visiting Grant Program in the amount of \$10,850,099. 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."



Florida
Maternal
Infant &
Early
Childhood
Home
Visiting
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, 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 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 Florida MIECHV Initiative monitoring procedures 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 or desk monitoring quality assurance monitoring and 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.

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 quality assurance monitoring. All Providers receive either an annual on-site monitoring or an annual desk monitoring. All Providers receive ongoing desk monitoring of administrative and fiscal requirements. All Providers receive ongoing desk monitoring of data quality.

For each quality assurance on-site 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. Programmatic, financial and administrative documentation will be requested at least two weeks prior to the site visit date, and if applicable, 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.

For each quality assurance desk monitoring, Florida MIECHV Initiative programmatic, financial and administrative documentation will be requested at least 30 days in advance. The quality assurance desk monitoring includes the same review components as the on-site monitoring process.

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. Expenditures 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 the Provider.

Data quality monitoring is conducted each month. In addition, a comprehensive annual data quality review is conducted. Providers receive ongoing feedback and technical assistance regarding data collection and data quality.

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.

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 Collection Plan](#); [Florida MIECHV Initiative Provider Fiscal Policy Manual](#); and the [Florida MIECHV Initiative Implementation Policies for Local Implementation Agencies](#). 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*.

Data Review

Data quality monitoring is conducted each month with submission and review of data quality reports. A summary of the results of ongoing data monitoring is shared with the Provider annually. See Appendix B for an example of the *Florida MIECHV Initiative –MIECHV Data Review Summary*, which is included either in the on-site monitoring report or in the desk monitoring report.

In addition to monthly data quality monitoring, a comprehensive annual review is performed to assess various indicators of data quality (timeliness, accuracy, and completeness) and performance related to HRSA performance measures. Providers receive detailed and summary reporting on the results of this annual review.

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.

Continuous Quality Improvement

As quality assurance monitoring is conducted, the reviewer may discuss opportunities for CQI with the Provider. Examining and modifying inefficient processes and conducting PDSA tests 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

Provider Name:	Participant Enrollment Capacity:
Prepared by:	Date:

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.

Provider Self-Assessment Review Items	Documentation to evidence status determination.	Status
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"> o. HV safety guidelines and procedures p. HV training and procedures to support progress in MIECHV performance measures, including the following activities: <ul style="list-style-type: none"> i. educating caregivers on safe sleep practices ii. screening primary caregivers with the EPDS, making referrals and follow-up; iii. referring primary caregivers who reported using tobacco or cigarettes for tobacco cessation iv. screening children using the Ages and Stages Questionnaire (ASQ-3), making referrals and follow-up v. screening primary caregivers for intimate partner violence, making referrals and follow-up q. required model developer policies and procedures 		
<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>		

Providers Self-Assessment Review Items	Documentation to evidence status determination	Status
6. Staff has participated in appropriate and required MIECHV-sponsored training.		
7. Provider has emailed the FAHSC contract manager regarding any staffing changes and updated the MIECHV LMS Positions Report, 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 utilized data privacy and security policies consistent with state and Federal laws and FAHSC security and privacy policies.		
10. Provider complies 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"> a. Depression b. Child Development c. Intimate Partner Violence <p>At a minimum, each MOU shall include:</p> <ul style="list-style-type: none"> a. A description of roles and responsibilities; b. A description of the type(s) of services to be provided; c. A description of how referral to services will occur; d. A person designated within the community agency with whom home visiting staff will communicate regarding services for families, including contact information; 		

Providers Self-Assessment Review Items	Documentation to evidence status determination	Status
e. A description of strategies and activities necessary to achieve the contents of the MOU; and f. Term in effect and review/renewal process		
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.		
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> 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.		
17. The extent and results of HHS awarding agency monitoring (e.g., if the subrecipient also receives Federal awards directly from a HHS awarding agency).		

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 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.
17. Provide a copy of HHS/HRSA monitoring report(s) if your organization receives other non-MIECHV HHS/HRSA funds and the program(s) were monitored.

Florida MIECHV Initiative – Quality Assurance Monitoring – MIECHV Assessment Tool

Provider Name:
Prepared by: _____ Date: _____

MIECHV Assessment Tool Items

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

MIECHV Assessment Tool Items	Status	Comments including how status was determined
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 closeout reports.		
6. Provider submits timely model developer's model fidelity reports		
7. Provider submits timely subrecipient monitoring reports, if applicable.		
8. Provider submits timely, 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.

Sample Report

MIECHV Data Review Summary for 2018
 Completed November 9, 2018 by Virginia Holland

This review looks at various indicators of data quality (timeliness, accuracy, and completeness) and performance as evidenced by HRSA performance measures and Florida MIECHV requirements for capacity utilization (enrollment) and intensity of services (home visit completion).

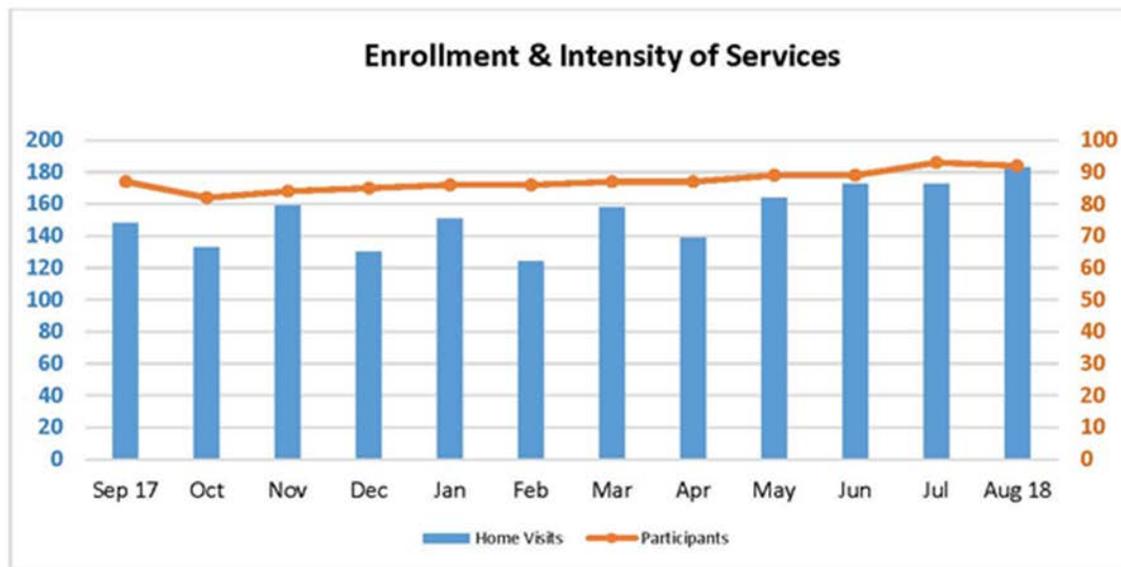
Topics	Results of Review
Participant enrollment	<u>CDQR</u> : See data table and chart on next page. With a funded capacity of 100 and 92 enrolled at the end of August, the program was at 92% capacity.
Completed home visits	<p><u>CDQR</u>: See data table and chart on next page. Home visit completion data show that the program has provided an average of 1.5 or more visits per enrolled family every month in the past year, and for many months the program almost reached the ideal of 2 visits per enrolled family.</p> <p><u>FLOHVIS Report: No Home Visit in 30, 60, 90 Days (11/9/18)</u> # no visit in 90+ days: 3 # no visit in 60-89: 1 # no visit in 30-59 days: 9 #/% of caseload with visit in last 30 days: 76/89 = 85%</p> <p>Please review cases that have not had visits in 60+ days and determine if dismissal is appropriate at this time.</p>
Data quality	Based on complete data rates in the performance measurement reports, data quality looks very good overall.
Performance Measurement Reports	<p><u>MIECHV Demographics and Service Utilization Report (Oct 2017-Sept 2018)</u> The program’s annual report shows high data quality. The program is enrolling some HRSA high priority populations significantly, including families with a history of child abuse or neglect and families with low student achievement.</p> <p><u>FY18 Performance Measurement Progress Report (Oct 2017-Sept 2018)</u> The Program is performing well in some areas, notably in PM 6 Tobacco Referrals, PM 8 Child ER Visits, PM 11 Early Language and Literacy, and PM 19 IPV Referrals. Completed depression referral (PM 17) is a challenge for all MIECHV programs, but expanded availability of the Mothers and Babies Course should help to improve the outcomes for this important area. Some areas that you may want to consider for improvement efforts include safe sleep, PCI completion, and IPV Screening.</p>
<p>Summary: The program has many strengths that are evident in the data review. Maintain good quality and continue working to improve performance measurement outcomes.</p>	

Enrollment and Home Visits

September 2017 – August 2018

Sample

Enrollment & Intensity of Services	Participants	Home Visits
Sep 17	87	148
Oct	82	133
Nov	84	159
Dec	85	130
Jan	86	151
Feb	86	124
Mar	87	158
Apr	87	139
May	89	164
Jun	89	173
Jul	93	173
Aug 18	92	183



Florida MIECHV Initiative – Quality Assurance Monitoring – Administrative Checklist

Provider:	Review Period	thru	Status	Comments including explanation of PM, MR or NM status determination.
Contact:	Review Date	Agreement #	M=Met	
DUN's #			PM=Partially Met	
FEIN:			MR=Met	
		Type of Funding:	w/Recommendation	
		Federal	NM=Not Met	
1 Department of State - Division of Corporations				
<input type="checkbox"/>	A	Is the Provider legally authorized to conduct business in the State of Florida?		Search DOS registry.
2 Department of Management Services - Suspension and Debarment				
<input type="checkbox"/>	A	Is the Provider an eligible vendor/contractor/subrecipient?		Search DMS registry.
3 System for Awards Management - Registration/Exclusion				
<input type="checkbox"/>	A	Is the Provider registered in SAMs?		Search SAM registry.
<input type="checkbox"/>	B	Is the Provider eligible to enter into an agreement utilizing federal funds?		Search SAM excluded party registry.
4 Insurance				
<input type="checkbox"/>	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.
<input type="checkbox"/>	B	Workers Comp - \$100,000 per person/accident; \$500,000 aggregate.		
<input type="checkbox"/>	C	General Liability \$1M per occurrence; \$3M aggregate; Name FAHSC additional insured.		
<input type="checkbox"/>	D	Auto \$1M and \$5,000 medical.		
5 Public Access to Records				
<input type="checkbox"/>	A	Does the Provider allow MIECHV staff access to all documents, papers, letters, or other materials required for the review.		
6 Employment				
<input type="checkbox"/>	A	Provider policies in compliance with EEO Assurance in Article VII of the grant agreement.		Request copy of HR policies and procedures.
7 Record Retention				
<input type="checkbox"/>	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.
8 Inventory of Tangible Property				
<input type="checkbox"/>	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.
<input type="checkbox"/>	B	Inventory includes required data.		
<input type="checkbox"/>	C	Physical inventory conducted at least every two years, discrepancies resolved.		
9 Required Policies and Procedures				
<input type="checkbox"/>	A	Personnel policies and procedures to include protection of persons and property		Request copy of HR policies and procedures.
<input type="checkbox"/>	B	Fiscal policies and procedures to include procurement		
10 Sub-agreements				
<input type="checkbox"/>	A	Did the Provider receive prior written approval from FAHSC to enter into a sub-agreement?		Review agreement file for prior approval.
<input type="checkbox"/>	B	Does the Provider's subcontract include provisions of FAHSC's agreement?		Request copy of original sub-agreement(s) and amendments, if any.
<input type="checkbox"/>	C	Does the Provider perform programmatic and fiscal reviews of the subcontractor?		Request copy of subrecipient monitoring procedures.
<input type="checkbox"/>	D	Did the Provider submit at least annual subrecipient monitoring reports.		Request copy of subrecipient monitoring report(s).
11 Grant Agreement Contacts Remain Current				
<input type="checkbox"/>	A	Financial and administrative contact tested		Test contacts and contact information.
<input type="checkbox"/>	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		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 #							
FEIN:			Type of Funding:	Federal			
1 Maintenance of Separate Accounting of Revenues and Expenditures for MIECHV funds							
	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.
2 Cost Allocation Methodology							
	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.
3 Separation of Duties							
	A	Person(s) responsible for maintaining financial records and recording transactions					Provider completes items A-D and G by stating person/position responsible for fiscal duty.
	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?					
	F	Duties of cash/payment separate from 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.					
4 Expenditures Reports							
	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?					Monitor expenditures and request for budget amendment.
5 Expenditures Testing							
	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.		
6 Program Income							
	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?					
7 Interest Earned							
	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?					
8 Audit Requirements							
	A	Did the Provider submit an annual audit in compliance with 45 CFR §75.501-507?					Request copy of latest audit report.
	B	Were there audit findings? Management letter required?					Review audit report.
	C	Did Provider state that an audit is not required as stated in 45 CFR §75.501-507?					Inquire if audit report not provided.