

# Florida MIECHV Initiative Provider Quality Assurance Monitoring Procedures Manual

## Florida MIECHV Initiative

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**FLORIDA MIECHV**  
Maternal, Infant, & Early Childhood  
HOME VISITING INITIATIVE

FLORIDA ASSOCIATION OF HEALTHY START COALITIONS, INC.  
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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 2020 *Florida Home Visiting Statewide Needs Assessment Update*. 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 National Service Office (NSO) and PAT National Center (PATNC) 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 PATNC 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 Administrative, Financial, Grant Specific, Data and Programmatic Monitoring

The MIECHV administrative, financial, grant specific, data and programmatic quality assurance monitoring process occurs throughout the year and includes the following activities:

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

This quality assurance monitoring process is necessary to assess Provider compliance with administrative, grant specific, financial management, data collection and program implementation 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 administrative, financial management, data collection and program implementation 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 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 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.

#### 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.

#### 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. Selected Providers receive an on-site 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.

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. Quarterly fiscal monitoring includes budget and detailed general ledger review. Annually, a sample of expense items is selected from a quarterly detailed general ledger and back-up documentation is requested. Quarterly administrative and annual fiscal monitoring results are compiled and shared with the Provider.

Data quality monitoring is conducted each month in a limited capacity. 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.

### 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.

### Performance Improvement 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 Performance Improvement Plan (PIP). The PIP 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 PIP. Non-compliance with PIP requirements may result in termination of the grant agreement.

## MIECHV Administrative, Agreement, Financial Management, Data, and Programmatic 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 Manual](#); [Florida MIECHV Initiative Provider Fiscal Policy Manual](#); [Florida MIECHV Initiative Supplemental Policies for PAT Sites](#), 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: administrative, fiscal requirements, data collection and program implementation. These areas will be monitored throughout the year and establish the framework for on-site visits and desk monitorings.

### Administrative and Grant Specific Monitoring

Administrative and grant specific 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 and Agreement (Grant Specific) Checklist*.

### Quarterly and Annual Fiscal Monitoring

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*.

### Data Review

Data quality monitoring is conducted each month with submission and review of data quality reports.

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. 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.

### Program Implementation

Florida MIECHV Initiative programmatic monitoring includes the following checklists: LIA Policy Checklist, LIA Required Training Checklist, LIA MOU 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.



Appendix A: Florida MIECHV Initiative – Quality Assurance Monitoring – Administrative, Fiscal and Agreement Compliance Checklists

Administrative Checklist

<b>Provider:</b>		<b>Review Period</b>		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> <b>NA = Not Applicable</b>	<b>Comments including explanation of PM, MR or NM status determination.</b>
<b>Contact:</b>		<b>Reviewer</b>		<b>Contract #</b>			
<b>SAM ID</b>							
<b>DUN's #</b>							
<b>FEIN:</b>			<b>Type of Funding:</b>	Federal			
<b>1 Department of State - Division of Corporations</b>							
	A	Is the Provider legally authorized to conduct business in the State of Florida?					
<b>2 Department of Management Services - Suspension and Debarment</b>							
	A	Is the Provider an eligible vendor/contractor/subrecipient?					
<b>3 System for Awards Management - Registration/Exclusion</b>							
	A	Is the Provider registered in SAMs?					
<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)?					
	B	Workers Comp					
	C	General Liability - Name FAHSC additional insured.					
	D	Auto Liability					
<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.					
<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.)					
<b>8 Inventory of Tangible Property</b>							
	A	Provider maintains an inventory of tangible property in accordance with federal requirements and Provider policy.					
	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					
	B	Fiscal policies and procedures to include procurement					
	C	Administrative policies and procedures to include distribution of client supports					
<b>10 Sub-agreements</b>							
	A	Did the Provider receive prior written approval from FAHSC to enter into a sub-agreement?					
	B	Does the Provider's subcontract include provisions of FAHSC's agreement?					
	C	Does the Provider perform programmatic, administrative and fiscal reviews of the subcontractor?					
	D	Did the Provider submit at least annual subrecipient monitoring reports?					
<b>11 Grant Agreement Contacts Remain Current</b>							
	A	Financial and administrative contact tested.					
	B	Representative(s) responsible for the program tested.					
<b>12 Evidence-Based Home Visiting Models</b>							
	A	Provider has maintained current affiliation/accreditation required by model developer.					
	B	Submit Model Developer site visit reports and any other reports from the Model Developer to the designated Florida MIECHV Initiative Contract Manager within 10 days of receipt.					
		Parents As Teachers: PAT Performance Measures Report					
		Nurse-Family Partnership: NFP Annual Model Fidelity Report					
		Healthy Families America: HFA Annual QA Monitoring Report					
<b>13 MIECHV Publication Statement</b>							
	A	Provider MIECHV publications include the statement: "This [project/publication/program/website] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$XX with xx percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government."					
<b>14 Did the Provider Receive other HHS/HRSA Funds?</b>							
	A	The extent and results of HHS awarding agency monitoring (e.g., if the subrecipient also receives Federal awards directly from a HHS awarding agency).					

<b>Provider:</b>		<b>Review Period</b>		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> <b>NA = Not Applicable</b>	<b>Comments including explanation of PM, MR or NM status determination.</b>
<b>Contact:</b>		<b>Reviewer</b>		<b>Contract #</b>			
<b>SAM ID</b>							
<b>DUN's #</b>							
<b>FEIN:</b>				<b>Type of Funding:</b>	Federal		

  

<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?					
	B	Did Provider's Expenditures Report reconcile to the Provider's GL expenditures?					
<b>2 Cost Allocation Methodology</b>							
	A	Provider has a cost allocation plan/consistently applies cost allocation methodology?					
	B	Is the Provider's cost allocation methodology supported by competent evidence?					
<b>3 Separation of Duties</b>							
	A	Person(s) responsible for maintaining financial records and recording transactions					<b>Provider completes Items A-D and G by stating person/position responsible for fiscal duty.</b>
	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.					
<b>4 Expenditures Reports</b>							
	A	Did the Provider consistently submit Quarterly Expenditures Report on time?					
	B	Were Provider's expenditures reports accurate and aligned with planned budget?					
	C	Did Provider submit budget amendment(s) in a timely manner?					
<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?					
	B	If so, were funds used appropriately and timely?					
<b>7 Interest Earned</b>							
	A	Did the Provider maintain MIECHV funds, including advances in an interest bearing account?					
	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?					

## Agreement (Grant Specific) Compliance Checklist

<b>Provider:</b>		<b>Review Period</b>		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> <b>NA = Not Applicable</b>	<b>Comments including explanation of PM, MR or NM status determination.</b>
<b>Contact:</b>		<b>Reviewer</b>		<b>Contract #</b>				
<b>SAM ID</b>								
<b>DUN's #</b>								
<b>FEIN:</b>				<b>Type of Funding:</b>	Federal			

### Contract Compliance Confirmation Tool:

Florida MIECHV Initiative staff/Provider staff will review Provider participation in MIECHV meetings, participant enrollment, implementation practices and MIECHV data collection and quality to assess and document compliance of the following contract requirements.

1	Provider developed and maintains Local MIECHV Program Implementation Policies and Procedures Manual which meet guidelines provided in the Florida MIECHV Implementation Policies and Procedures.		
2	Provider's policies and procedures include collaboration with other home visiting and early childhood partners, to ensure sustained services and smooth transitions across a continuum of home visiting and early childhood services for eligible families from pregnancy through kindergarten entry, in alignment with model fidelity requirements.		
3	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: <ul style="list-style-type: none"> <li>a. Depression</li> <li>b. Child Development</li> <li>c. Intimate Partner Violence</li> </ul>		
4	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.		
5	Provider establishes or designates a local home visiting advisory group which convenes, at a minimum, on a quarterly basis and maintains documentation of the meetings.		
6	Provider documents participation in locally established Coordinated Intake & Referral system(s).		
7	Provider attends meetings, workshops, webinars, monthly Florida MIECHV monthly conference calls, participates in CQI activities, and any other activities as directed by FAHSC.		
8	Provider conducts community activities to educate the public about the MIECHV program, obtain community input and support, and assure Provider sustainability.		
9	Provider maintained at least ____ active participants receiving services, or <b>85%</b> of its projected caseload capacity of ____ participants.		
10	Provider completed a minimum of ____ home visits per month. This minimum intensity of service performance expectation is based on an average of <b>1.5</b> completed home visits per month per the Provider's caseload capacity of ____ participants and at least <b>75%</b> of participants should receive at least one visit per month.		
11	Provider completed a minimum of one home visits per month with at least <b>75%</b> of enrolled participants.		
12	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.		
13	Provider is in compliance with Health Insurance Portability and Accountability Act (HIPAA), including protecting and sharing of personal health information.		
14	Provider obtains participant consent to share participant data with FAHSC and other evaluation partners.		
15	Provider has adopted and utilizes data privacy and security policies consistent with state and federal laws and FAHSC security and privacy policies.		
16	Provider is in compliance with the Data Security and Confidentiality Agreement between the Provider and FAHSC.		
17	Provider retains copy of DUA in personnel records.		
18	Provider adheres to the Florida MIECHV Data Collection Manual, and other adopted MIECHV data policies.		
19	Provider works collaboratively with FAHSC to ensure a unified, clear approach to the collection, and submission of the data required to meet federal and state guidelines as outlined in the Florida MIECHV Data Collection Manual, and other adopted MIECHV data policies. Makes available a copy of all datasets (including personal identifiers), dataset documentation, codebooks and data tools related to this Contract as needed to supplement information entered into the designated database system.		
20	Provider requests closure of LMS and FLOHVIS access on or before staff separations.		

## Appendix B: Florida MIECHV Initiative – Quality Assurance Monitoring – Data Review Summary



### MIECHV Data Quality Review

Based on data reported between 10/1/2022 - 2/28/2023

**MIECHV Site:** SITE

**Date of Review:**

**MIECHV Staff:** Karen Chang

MIECHV Data Staff have run the following FLOHVIS reports and have noted missing data or critical errors. Please review these issues and resolve as many as possible. For the Response/Resolution column, add a brief phrase to note that issue was resolved (e.g. “updated” or “complete”), or if unable to resolve, please note the reason why (e.g. “data not collected and case was dismissed” or “will collect next home visit”). If you do not understand what is missing or incorrect, please contact Karen as soon as possible. Return this document with the Response/Resolution column completed for every row no later than March 21, 2023.

#### 1. Report Name: Participants & Children Active During a Timeframe

Case ID(s)	Notes	Response/Resolution
	Participant enrolled with Pregnancy Status “Not Applicable”, but no target child record recorded. The Participant would have to either be “Pregnant” or could be “Not pregnant” but then a target child record should be recorded.	
	Pregnant Participant enrolled 300+ days and no target child record recorded. Has a child been born and enrolled (completed a home visit)?	

#### 2. Report Name: Target Child Record Quality Check

Case ID(s)	Notes	Response/Resolution
	Child Enrollment Date does not match either Program Start Date or Child DOB. (This list only includes children enrolled in 2018 or later.)	

#### 3. Report Name: Delivery Information Summary

Case ID(s)	Notes	Response/Resolution
	Missing Delivery Information TPs	

	Child DOB in Target Child Record TouchPoint and Actual Date of Delivery in Delivery Information TouchPoint do not match.	
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**4. Report Name: Household Profile Summary**

Case ID(s)	Notes	Response/Resolution
	There are 3 Participants who are still active and do not have a Summer Update Household Profile between 6/1/2022 – today. Run the Household Profile Report in FLOHVIS with dates 6/1/2022 – current date to see which Participants are missing the TouchPoint. Complete these ASAP before the end of the reporting year. (You may note in the Response/Resolution cell how many remain incomplete only. I will assume the rest were successfully recorded.)	

**5. Report Name: Child Wellness Update Summary**

Case ID(s)	Notes	Response/Resolution
	These children are still active and missing a Summer Update. Complete these ASAP before the end of the reporting year. Run the Child Wellness Update Summary Report in FLOHVIS with dates 6/1/2022 – current date to see which children are missing the TouchPoint. Complete these ASAP before the end of the reporting year.	

**6. Report Name: Infancy Questionnaire (IQ) Quality Check**

\*\*\*Note: Reporting on Participant data before the window closes only applies to IQ 2-3 mo and IQ 6-7 at the end of the reporting year. This does not apply to any other forms or screens.\*\*\*

Case ID(s)	Notes	Response/Resolution
	These participants have duplicate TPs entered. There can only be one TP per timeframe. Look for a cell that says #MULTIVALUE to identify these. Delete the duplicates TP in FLOHVIS.	
	These Participants have complete 6-7 month questionnaires, but they were taken too early. The Date Taken must be on or after the child's 6-month birthday (182 days after	

	birth). Please confirm the correct answer to the question after the 6-month birthday and edit the date taken to that date, if possible.	
	These Participants are missing the 2-3 month questionnaire or they are missing the postpartum question if a 2-3 month is recorded.	
	These Participants are missing the 6-7 month questionnaire or they are missing the breastfeeding question if a 6-7 month is recorded.	

**7. Report Name: Home Visits Completed in a Date Range**

Case ID(s)	Notes	Response/Resolution
	Duplicate home visit. Delete the duplicate.	
	Missing health insurance question.	
	Missing Child ER Visit question or follow-up questions (date, reason).	

**8. Report Name: Tobacco Referrals**

Case ID(s)	Notes	Response/Resolution
	This Participant is missing a Tobacco Referral. Review case files to determine if a referral was made but not entered into FLOHVIS.	

**9. Report Name: No Home Visit in 30, 60, 90 Days**

Case ID(s)	Notes	Response/Resolution
	These participants have not received a Home Visit in 60 days or more. Has there been a completed Home Visit? If re-engagement is not possible, then consider dismissal.	

**10. Other**

Case ID(s)	Notes	Response/Resolution
	Date of 1st home visit does not match enrollment date.	

**NEW Report Name: Infancy Questionnaire (IQ) Quality Check**

\*\*\*Note: There is no required response/resolution for this table. Please use this table to organize and prioritize data collection for any participants whose data collection window is closed, currently open, or will open before the end of the reporting year (Sep 30, 2022). To view all Participant with a due Infancy Questionnaire for this reporting period, run the Infancy Questionnaire (IQ) Quality Check Report with dates 10/1/21 – 11/30/22\*\*\*

Case ID(s)	Notes
<u>2-3 months</u>	These Participants' data collection windows <b>are open now or will open on the date specified</b> . If there is date next to the participant ID, that is the date the window opens for the corresponding ID. Complete these now or as soon as the window opens for those with a date. These must be complete by 9/30/22 to count as complete data. <i>***Note: Reporting on Participant data before the window closes only applies to IQ 2-3 mo and IQ 6-7 at the end of the reporting year. This does not apply to any other forms or screens.***</i>
<u>6-7 months</u>	

# Appendix C: Florida MIECHV Initiative – Quality Assurance Monitoring – Program Implementation Checklists

## LIA MOU Checklist

<b>Agency Name:</b>		
<b>Role of Agency:</b> <input type="checkbox"/> Developmental Services <input type="checkbox"/> Mental Health <input type="checkbox"/> Domestic Violence Center <input type="checkbox"/> Other _____		
<b>Required Component</b>	<b>Status</b>	<b>Comments</b>
Roles and Responsibilities of both agencies		
A description of the types of services provided		
Confidentiality and information sharing		
Procedures for cross-training staff from both agencies		
Procedures for the referral processes for both agencies		
A designated position dedicated to being a point person for each agency		
Term in effect and review/renewal process		
<b>Agency Name:</b>		
<b>Role of Agency:</b> <input type="checkbox"/> Developmental Services <input type="checkbox"/> Mental Health <input type="checkbox"/> Domestic Violence Center <input type="checkbox"/> Other _____		
<b>Required Component</b>	<b>Status</b>	<b>Comments</b>
Roles and Responsibilities of both agencies		
A description of the types of services provided		
Confidentiality and information sharing		
Procedures for cross-training staff from both agencies		
Procedures for the referral processes for both agencies		
A designated position dedicated to being a point person for each agency		
Term in effect and review/renewal process		
<b>Agency Name:</b>		
<b>Role of Agency:</b> <input type="checkbox"/> Developmental Services <input type="checkbox"/> Mental Health <input type="checkbox"/> Domestic Violence Center <input type="checkbox"/> Other _____		
<b>Required Component</b>	<b>Status</b>	<b>Comments</b>
Roles and Responsibilities of both agencies		
A description of the types of services provided		
Confidentiality and information sharing		
Procedures for cross-training staff from both agencies		
Procedures for the referral processes for both agencies		
A designated position dedicated to being a point person for each agency		
Term in effect and review/renewal process		



## LIA Policy Checklist

Required Policy	Referenced	Status	Policy Name/Number	Comments
Staff recruitment and retention	2.1			
Staff orientation and training	2.2			
Use of participant incentives, if applicable	4.4			
Screening primary caregivers for IPV, making referrals, and follow-up	5.3			
Working with participants experiencing domestic violence	5.4			
Workplace safety for employees experiencing domestic violence and their co-workers	5.5			
Home visitor safety while working in homes where IPV is present	5.5			
Screening children using the ASQ-3, making referrals, and follow-up	6.2			
Screening primary caregivers with the EPDS, making referrals, and follow-up	7.3			
Referring primary caregivers who report using tobacco or cigarettes for tobacco cessation	8.2			
Educating caregivers on safe sleep practices	9.2			
Data collection and security	10.1			

## LIA Required Training Checklist

Staff (Home Visitors, Supervisors, and Data Personnel)	Hire Date	ASQ	CQI 101	CQI 201	Data Collection	EPDS	HIPAA	IPV

Note: If staff attended CQI training before it was split into two parts, both training requirements are considered met.