

Florida Maternal, Infant, and Early Childhood Home Visiting Initiative Quality Assurance Plan

Summary

The federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program is implemented in Florida through a public-private partnership. Led by the Florida Association of Healthy Start Coalitions, Inc. (FAHSC) the goal of the initiative is to improve health and developmental outcomes for families living in high-need communities through voluntary, evidence-based home visiting programs.

Purpose

The purpose of this plan is to set forth a coordinated approach to addressing quality assessment and processes.

In addition, the QA plan establishes a systematic approach to quality assurance and performance improvement activities. QA activities are designed to ensure compliance with HRSA's requirements, and to provide a systematic approach to continuously assess and improve the overall quality of a program or service. This is accomplished by identifying strengths and improvement opportunities within program processes, services, and outcomes.

Methods of Quality Assurance

FAHSC contracts with 15 local implementing agencies (LIAs) to provide MIECHV services. Three evidence-based program models are implemented utilizing MIECHV funds in Florida – Healthy Families Florida, Nurse Family Partnership, and Parents as Teachers. This QA plan is intended to monitor MIECHV-specific requirements only. FAHSC relies on program models to ensure all LIAs are meeting model fidelity.

A. Phase 1

MIECHV contracts require that LIAs meet a minimum caseload and intensity of services – 85% capacity, 1.5 visits per caseload capacity, and 75% of families receive at least one visit per month. Beginning in FY21-22, FAHSC staff will review the Census and Data Quality Report (CDQR) monthly and if a LIA is not meeting contractual requirements for caseload and intensity of services FAHSC staff will communicate with the LIA:

- Monthly, LIAs will provide an explanation and a plan to address any contractual requirement on the report that is not being met.
- After six consecutive months, if the issue has not been resolved then:
 - The LIA will be placed on a Performance Improvement Plan (PIP) and a notice will be sent to the LIA administration.
 - FAHSC staff will provide technical assistance.
 - The LIA will submit a monthly PIP progress report to the contract manager and program manager emails included in their contract.
 - FAHSC staff will report on LIA's PIP to the FAHSC Board.
- If after an additional six months, the LIA does not make adequate progress on their PIP then:
 - FAHSC staff will schedule a meeting with the LIA administration.
 - FAHSC Board will discuss whether or not to impose financial consequences.
- If a LIA does not make significant improvement in 1.5 years (18 months), the FAHSC Board will discuss if the contract should be discontinued.

Effective: 9/30/2021

Updated: 6/03/2022

B. Phase 2

Beginning in FY22-23, FAHSC will incorporate LIA's performance and systems outcome measures into the QA plan. The intention is to model this process after the demonstration of improvement that is required by MIECHV's federal funder. FAHSC staff will be reviewing FY19-20 and FY20-21 outcomes to determine the most appropriate way to mirror this process for LIAs. This plan will be updated to include details on this review prior to the start of FY22-23.

C. Site Visit Monitoring

LIAs will receive a site visit from FAHSC staff *at least* every three years. These visits provide FAHSC the opportunity to visit each individual LIA to assess and verify compliance with MIECHV requirements. In addition, site visits allow FAHSC staff to focus on what is working well for the LIA and to identify and discuss performance requirements that are not being met. Whenever possible, site visits will be conducted in partnership with representation from the program model.

Site visits will include, but are not limited to:

- Staff interviews,
- Discussion of data and outcomes, and
- Improvement planning and technical assistance.

A preliminary summary monitoring report will be completed and returned to the LIA within 30 days of the monitoring visit. The report will identify program highlights and any findings and/or deficiencies that are not in compliance with MIECHV requirements.

The LIA will be allowed 30 calendar days to dispute or correct any finding or deficiency noted in the preliminary report and will provide the necessary documentation to support the correction. The Final Monitoring Report will be provided with the documented results of the site visit to the LIA within 90 days of the monitoring visit.

If a PIP is deemed necessary, the LIA will be required to draft one within 30 days of receiving the final report. Monthly updates will be provided to the state team with progress on the PIP until sufficient improvement has been made.

Provider Annual Self-Assessment Form. Each LIA will complete a self-assessment form for the year(s) they are not receiving onsite monitoring by FAHSC. The form must be signed by the LIA designee and sent to the contract manager and program manager emails included in their contract. An executed copy will be returned to the LIA for their files. The original, executed form will be maintained in the LIA's contract file.

Programmatic Reviews. LIAs may receive a half-day programmatic review for the year(s) they are not receiving onsite monitoring. Programmatic reviews may be scheduled at the discretion of FAHSC staff or at the request of the LIA.

D. Administrative and Fiscal Desk 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. 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.