



## SUBRECIPIENT MONITORING

This policy describes the subrecipient monitoring of the Local Implementing Agencies in the Nebraska-Maternal, Infant, and Early Childhood Home Visiting Program.

<p><b>Statement of Policy</b></p>	<p>The Nebraska-Maternal, Infant, and Early Childhood Home Visiting (N-MIECHV) Program shall ensure that the Local Implementing Agencies (LIAs) are in full compliance with the guidance from the Health and Resource Services Administration (HRSA) Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant program by monitoring all programmatic and fiscal operations.</p>
<p><b>Purpose</b></p>	<p>Subrecipient monitoring is necessary to guarantee success of the MIECHV program. Effective management of MIECHV subrecipients ensures enrollment and retention of eligible families in home visiting services in identified priority communities (at high risk of child maltreatment), implementation of evidence-based models with fidelity, and proper expenditure of funds. The purpose of the Subrecipient monitoring policy is to establish administration of the federal MIECHV grant funds, the State General Funds, and Temporary Assistance for Needy Families (TANF) funds allocated for evidence-based home visiting in order to provide appropriate oversight of fiscal and programmatic activities of the LIAs and at the state level.</p>
<p><b>Procedure</b></p>	<p>The N-MIECHV Program Manager, with assistance/support from the Program Specialist and the State Leadership Team, is responsible for Subrecipient Monitoring. This includes but is not exclusive to:</p> <ol style="list-style-type: none"> <li>1. Monthly check-ins with each of the LIAs to monitor outreach, referrals, enrollment, retention and exited families. This also includes discussion of challenges, accomplishments, CQI project progress, and requested training. Each of the LIAs will submit the check-in documentation worksheet on a monthly basis.</li> <li>2. Review and approval of general ledger detail with each LIA invoice. Invoices must include the standardized programmatic and invoice forms.</li> <li>3. Network Open Mic meetings conducted virtually or by phone call, a minimum of once per quarter and a maximum of once a month. This includes all LIA managers and supervisors, and the N-MIECHV Program Manager, Program Specialist, and/or any other member of the Leadership Team. Announcements, training opportunities, challenges, innovation, model best practice, CQI projects and progress, as well as upcoming events or activities are discussed.</li> <li>4. Quarterly review of site-specific data on the MIECHV benchmarks along with a comparison to the state and federal averages.</li> <li>5. Network Direct Service Open Mic meetings, conducted virtually or by phone call, a minimum of once per quarter and a maximum of once a month. This includes voluntary participation of the direct service providers to discuss challenges, innovation, and questions of any topic brought forth by the network.</li> </ol>



	<p>6. LIA site visits are conducted annually. Every other year is a programmatic fidelity site visit, and every opposite year is a fiscal administration site visit. The site visit process is standardized and implemented consistently with each LIA program.</p> <ul style="list-style-type: none"> <li>a. Programmatic monitoring includes but is not exclusive to: review of implementation details, enrollment and retention compared to the expectation of the subaward, review of policy/procedure, CQI, interview with the direct service providers, observation of either a home visit, assessment, or supervision session, and observation of a community meeting. The N-MIECHV staff will conduct a random pull of files (1-2 per home visitor) to monitor documentation of required elements.</li> <li>b. Fiscal monitoring includes review of all LIA expenditures related to the implementation of the programs to ensure all costs are allowable, allocable, and reasonable. Review of source documents in comparison of a minimum of three months' invoices, review of documentation of funding designation in comparison to the current budget on file and including all streams of braided funding, spend-down of available funds, and assuring compliance with the federal Code of Federal Regulations (CFR.)</li> </ul>
<p><b>Documentation of Compliance</b></p>	<ul style="list-style-type: none"> <li>1. Monthly check-in documentation worksheets for each LIA by fiscal year;</li> <li>2. LIA invoices, including the standardized programmatic and invoice forms, general ledger detail, and TANF approvals;</li> <li>3. Site visit documentation including invitation letter, required elements, agenda, notes, and final letter for each LIA each year; and</li> <li>4. Any other relevant monitoring document, such as notes on the Open Mic calls, CQI calls, or data reporting.</li> </ul>
<p><b>Approved by / Date</b></p>	<p>2/5/21; 6.13.22</p>



## VOLUNTARY NATURE OF ALL N-MIECHV PROGRAMS

This policy describes the voluntary nature of the programs implemented by the Local Implementing Agencies with subrecipient agreements under the purview of the Nebraska-Maternal, Infant, and Early Childhood Home Visiting (N-MIECHV) Program.

<b>Statement of Policy</b>	<p>The Nebraska-Maternal, Infant, and Early Childhood Home Visiting (N-MIECHV) Program shall ensure that the Local Implementing Agencies (LIAs) are in full compliance with the guidance from the Health and Resource Services Administration (HRSA) Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant program by ensuring the voluntary nature of all evidence-based home visiting programs.</p>
<b>Purpose</b>	<p>In order to achieve the best outcomes model fidelity can ensure, eligible families must choose to change self-defeating behaviors, or the educational opportunities will not produce lasting results.</p>
<b>Procedure</b>	<p>Each local implementing agency receiving any State or federal funding for evidence-based home visiting must demonstrate that the services are offered on a voluntary participation basis only. This includes but is not exclusive to:</p> <ol style="list-style-type: none"> <li>1. Developing policy regarding the voluntary nature of the program for all eligible participants is in place;</li> <li>2. A statement of the voluntary nature of the program on all printed materials (such as brochures, rack cards, outreach materials, advertising); and</li> <li>3. Client signature on a document that states the participant understands the voluntary nature of the program on file at enrollment.</li> </ol> <p>Referrals that appear, or are disclosed as, coerced in any way, as a consequence of behaviors or actions, or as a reward involving material gain, necessary services or the custody of a child will not be accepted into local programs.</p> <p>The judicial system may recommend a home visiting service as an option to a parent or family, but may not state or imply to state that enrollment in home visiting services will result in the loss or retention of custody of a child. Consequences of any such statement will be refusal to enroll into local programs.</p>
<b>Documentation of Compliance</b>	<p>Policy, written materials, and client understanding forms will be reviewed as part of N-MIECHV's subrecipient monitoring procedures with each local implementing agency.</p> <p>Each local implementing agency will be responsible to educate referral sources and/or potential client families to determine the voluntary nature of involvement.</p>
<b>Approved by / Date</b>	<p>6/6/18; 7/16/20; 6.13.22</p>



## ENROLLMENT, RE-ENROLLMENT, PREVENTION OF DUAL-ENROLLMENT

This policy describes the procedures for eligible families that may enroll, disengage, and re-enroll in the programs, as well as the avoidance of dual enrollment in other programs, as implemented by the Local Implementing Agencies with subrecipient agreements under the purview of the Nebraska-Maternal, Infant, and Early Childhood Home Visiting (N-MIECHV) Program.

<p><b>Statement of Policy</b></p>	<p>All LIAs must have a written policy/procedure for the initial enrollment of eligible participants, what to do when participants disengage in services, the re-engagement and/or re-enrollment of participants, and what to do to ensure program participants are not dually-enrolled in other home visiting programs.</p>
<p><b>Purpose</b></p>	<p>Families that are eligible for evidence-based home visiting are often dealing with personal life stressors that may create difficulty to keep regularly scheduled visits, or may temporarily disengage in services. The evidence-based home visiting program will try to re-engage that participant until they re-enroll or exit the program. Dual-enrollment in different home visiting programs creates less opportunity to meet the needs of another family.</p>
<p><b>Procedure</b></p>	<p>LIAs are responsible for the development and monitoring specific policy regarding the enrollment, disengagement and re-enrollment, and the prevention of dual-enrollment of eligible families in N-MIECHV home visiting services with fidelity to the model that the community has chosen. All internal policies will include the following provisions:</p> <ol style="list-style-type: none"> <li>1. Enrollment of eligible families follows the federal and Nebraska-MIECHV guidelines for eligibility into the program;</li> <li>2. Eligibility is determined on a case by case basis with examination of personal life criteria meeting the required characteristics of families as specified by the federal MIECHV program and home visiting model;</li> <li>3. Families may not be discriminated against, nor “assumed eligible” due to race, ethnicity, personal or religious beliefs, disability or sexual orientation;</li> <li>4. Enrolled families will sign a consent to share basic information (non-protected) with community resource partners to ensure the best fit for individual referrals, and for the purpose of avoiding the duplication of similar services. This collaboration should take place on a regular basis, no greater than quarterly;</li> <li>5. If duplication of services, or dual-enrollment is identified within the community of resource and referral partners, the family must be involved in the decision of which program/service provides the best fit for that individual family;</li> <li>6. If a family voluntarily disengages due to a personal decision, program completion, or relocation, or if a family is administratively disengaged due to an inability to establish or maintain participant contact, and wishes to re-enter the program at a later time, every effort must be made to utilize existing records of their previous time in the program in order to avoid duplication of efforts in fidelity to the chosen model of home visiting services;</li> <li>7. If a family disengages for any reason, then wishes to re-engage due to a subsequent pregnancy, every effort must be made to utilize existing records of their previous enrollment and activities to streamline services. A second structured assessment of risk and resilience, as determined by the model, as it pertains to the second pregnancy and current life situation is necessary.</li> </ol>





<b>Documentation of Compliance</b>	The N-MIECHV Program Manager will ensure compliance on a regular basis during site reviews or monitoring of current policy/procedures. The model developer reviews policies developed by the LIA, in the stages of accreditation and every three years after.
<b>Approved by / Date</b>	4/1/16; 7/2020; 6.13.22



## TARGET POPULATION

This policy is to assure MIECHV federally-funded implementation projects serve a target population meeting MIECHV requirements and definitions.

<p><b>Statement of Policy</b></p>	<p>Compliance with federal requirements under MIECHV involves assurance that eligible, prioritized target populations receive home visiting services supported with federal MIECHV funds.</p>
<p><b>Purpose</b></p>	<p>The federal requirements outline eligible and priority populations to ensure that the funding is used for the intended recipients—benefitting those families that are more vulnerable and “at risk” for poor lifespan health outcomes or potential child maltreatment.</p>
<p><b>Procedure</b></p>	<p>Federal Legislation outlines populations which MIECHV programs should provide priority enrollment, N-MIECHV informs the Local Implementing Agencies (LIAs) of these federal requirements for eligibility, then invites the LIA to further specify a target population to be served, within the Federal requirements.</p> <ul style="list-style-type: none"> <li>A. Income Eligibility: Income eligibility is defined by N-MIECHV as a family living on an income 250% or less of the US Federal Poverty Guidelines. It is responsibility of the LIA to document income eligibility and update annually.</li> <li>B. Program Priority Populations: Caregivers or families who are pregnant or have an infant of/under the age specified by the approved model enrollment criteria must meet income eligibility and one or more of the following.             <ul style="list-style-type: none"> <li>1. Residence in an identified priority county;</li> <li>2. Pregnant women that are state wards;</li> <li>3. Pregnant women who have not attained age 21;</li> <li>4. Have a determined risk for child maltreatment utilizing a verified risk-assessment tool, a history of child abuse or neglect or have had interactions with child welfare services;</li> <li>5. Have a history of substance use, need substance use treatment, and/or users of tobacco products in the home;</li> <li>6. Have a history of relationship violence or the participant feels at risk of relationship violence in the home;</li> <li>7. Have a parent with developmental delays, disabilities, or low educational achievement;</li> <li>8. Are homeless or have a history of homelessness;</li> <li>9. Have received late, little or no prenatal care (“Late” meaning later than 12 weeks gestation);</li> <li>10. Have a history of treatment for mental illness, or are experiencing symptoms of mental illness including depression or anxiety; or</li> <li>11. Individuals who are members of the Armed Forces and with multiple deployments outside of the United States.</li> </ul> </li> </ul>

<b>Documentation of Compliance</b>	Compliance on the part of LIAs in adhering to these guidelines for eligibility and priority enrollment is measured by the N-MIECHV state data system, in assessing demographics of enrolled families.	
<b>Approved by / Date</b>	04/01/2015; 6.13.22	



## TRANSITIONING PARTICIPATING FAMILIES BETWEEN PROGRAMS

This Policy is for transitioning participating families from one N-MIECHV program to another N-MIECHV program site if they wish to continue services after a change in residence location.

<p><b>Statement of Policy</b></p>	<p>If a participant caregiver or family is physically relocating to an area that has an N-MIECHV program and chooses to continue services, the N-MIECHV programs must work together to minimize transition stress on the family, including sharing enrollment information (as approved by the family), providing a “warm handoff” or personal introductions to a new home visitor and program when possible, and taking appropriate measures to ease the transition.</p>
<p><b>Purpose</b></p>	<p>The purpose of this policy to minimize transition and stress on participate families who physically relocate from one N-MIECHV program to another N-MIECHV program site. Relocating from one location to another location causes stress and additional burden on families. Continuity of programming between one N-MIECHV site and another, where available, minimizes that burden and assists in that family in maintaining success and momentum in the home visiting program as well as transitioning to a new community.</p>
<p><b>Procedure</b></p>	<p>When a participant family notifies the LIA home visitor that they are moving from one location to another, the LIA program will:</p> <ol style="list-style-type: none"> <li>1. Determine if another N-MIECHV program is available in the new location.</li> <li>2. Discuss with the family the benefits of continuing in the program in the new location and gain consent to share the family’s contact information and program files with the new program.</li> <li>3. If the family consents to continuation of services, the Program Manager or Supervisor will contact the Program Manager in the new location, to develop a transition plan for the family.</li> <li>4. With written consent, the family’s program files should be shared with the new Program Site Manager or Supervisor to minimize re-tramatization of sharing their story again, and to avoid duplication of specific curricula. Documentation should further allow the new Program Manager to make decisions about which available home visitor might be the best “fit” for the family.</li> <li>5. If possible, and with consent of the family, the original home visitor should join the family in the new location and meeting the new home visitor to reduce stress and reassure that the transition will be made without the family having to “start over.”</li> </ol>
<p><b>Documentation of Compliance</b></p>	<p>The N-MIECHV Program Manager or Program Specialist will be responsible for asking and following up with the Program Manager about any families relocating from one program to another on monthly check in calls.</p>
<p><b>Approved by / Date</b></p>	<p>04/01/2016; 6.13.22</p>



## REQUIRED TRAINING FOR N-MIECHV HOME VISITORS

This policy is to specify guidelines for professional development for all N-MIECHV home visitors in order to ensure a competent and well-trained staff.

<b>Statement of Policy</b>	<p>N-MIECHV makes the assurance of maintaining a high-quality, well-trained workforce within the local implementing agencies and the state administration team, in accordance with federal and model guidelines.</p>
<b>Purpose</b>	<p>The purpose of this policy is to specify guidelines for professional development for all N-MIECHV home visiting staff at the local implementing agencies. It is specific to the Healthy Families America (HFA) model.</p>
<b>Procedure</b>	<p>All N-MIECHV home visitors, supervisors, and managers will complete the following trainings:</p> <p><b>REQUIRED:</b></p> <ol style="list-style-type: none"> <li>1. Orientation training including:             <ol style="list-style-type: none"> <li>a. Policy and Procedure specific to the local implementing agency organization.</li> <li>b. Policy and Procedure specific to DHHS N-MIECHV program.</li> <li>c. An overview of the Healthy Families America model of evidence-based home visiting. This should include, but is not limited to too.                 <ul style="list-style-type: none"> <li>• HFA Mission, Vision and Goals.</li> <li>• Principles and Philosophy</li> <li>• 12 Critical Elements</li> <li>• Reflective Strategies</li> <li>• Documentation</li> <li>• Confidentiality</li> <li>• Boundaries</li> <li>• Home Visitor Safety</li> </ul> </li> </ol> </li> <li>2. HFA Core Foundations for Family Support Specialist (FFS) training, by a HFA certified trainer within 6 months of hire.</li> <li>3. HFA Core Assessment training (Family Resilience and Opportunities for Growth) by a HFA certified trainer within 6 months of hire.</li> </ol> <p><b>REQUIRED WITHIN A CERTAIN TIME FRAME:</b> Programs may choose any relevant topics within these categories.</p> <ol style="list-style-type: none"> <li>1. Before seeing HFA families/clients:             <ol style="list-style-type: none"> <li>a. HFA Orientation Training</li> <li>b. Curriculum Training</li> </ol> </li> <li>2. Within 3 months of hire:             <ol style="list-style-type: none"> <li>a. Infant Care</li> <li>b. Child Health &amp; Safety</li> <li>c. Maternal and Family Health</li> </ol> </li> <li>3. Within in 6 months of hire:             <ol style="list-style-type: none"> <li>a. Prenatal Health</li> <li>b. Infant and Child Development</li> <li>c. Parent-Child Relationships</li> </ol> </li> </ol>

- d. Staff-Related issues
- e. Mental Health
- f. Continuous Quality Improvement
- 4. Within 12 months of hire:
  - a. Child Abuse and Neglect
  - b. Family Violence
  - c. Substance Abuse
  - d. Family Issues
  - e. The Role of Culture in Parenting
  - f. Developing Family Goal Plans
  - g. Data Training specific to the case management system
  - h. Data and Benchmark training according to HRSA/MIECHV requirements
  - i. Use and administration of specific program assessment and screening tools as appropriate.

**REQUIRED ANNUALLY:**

- 1. Child Abuse and Neglect
- 2. Culturally Sensitive Practice
- 3. Confidentiality

**ROLE SPECIFIC:**

- 1. Program Managers: HFA Implementation training by a HFA certified trainer within 18 months of hire
- 2. Supervisors: HFA Core Supervision Training by a HFA certified trainer within 6 months of hire.
  - a. HFA Core Supervision training involves attending the “day 5 Supervisors day” of both Foundations (FFS) training and Family Resilience and Opportunities for Growth (FROG) training.
  - b. HFA Advanced Supervision Training

The N-MIECHV Program Leadership strongly recommends that home visitors shadow, observe, assist with documentation, and attend regular staff meetings.

All N-MIECHV home visitors are participating in training specific to their role or the characteristics specific to their client families on a year-round basis. A minimum of 15 clock hours per year are required to demonstrate on-going learning and professional development.

**Documentation of Compliance**

N-MIECHV Program Managers, Coordinators, and/or Supervisors will keep an active and current log of professional development activities of all staff for use in monitoring fidelity to the model and program requirements. These logs will be available to the N-MIECHV Program Manager or Program Specialists to review upon request.

N-MIECHV Program Manager or Program Specialist will deliver HFA Orientation or “Stop Gap” training if requested by the LIAs.

N-MIECHV Surveillance Specialist or Program Manager will deliver data training if requested by the LIAs.



	<p>During Site visits, documentation of home visitor training and professional development will be checked and assessed for compliance.</p>	
<b>Approved by / Date</b>	04/01/2015; 6.13.22	



## ADMINISTRATION AND OVERSIGHT

This policy is to establish administration and oversight of the federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) grant funds, the State General Funds, and Temporary Assistance for Needy Families (TANF) funds.

<p><b>Statement of Policy</b></p>	<p>N-MIECHV Leadership Team (more specifically the Project Director supported by the Program Manager) is responsible for the fiscal administration of the federal MIECHV grant funds, the State General Funds allocated for home visiting, and federal TANF funds in order to provide appropriate oversight of fiscal and programmatic activities of the local implementing agencies (LIAs) and of the N-MIECHV program at the state level.</p>
<p><b>Purpose</b></p>	<p>The purpose of this policy is to establish who is responsible for the administration of several million dollars in federal and state funds provided for the purpose of helping to support vulnerable families at greater risk of child maltreatment and/or poor lifespan health outcomes.</p>
<p><b>Procedure</b></p>	<p>The N-MIECHV State Leadership team shall consist of: Project Director, Program Manager, Maternal Child Health Title V Program administrator, the Maternal-Child Health Epidemiology manager, the Health Surveillance Specialist, the Program Specialist, and/or any other person employed for the purpose of ensuring fidelity to the federal MIECHV program and approved evidence-based model.</p> <p>The State Team will meet on a regular basis (no less than quarterly) to discuss changes, challenges, implementation, opportunities, and fidelity topics relevant to the development, implementation and evaluation of the N-MIECHV program.</p> <ol style="list-style-type: none"> <li>1. <u>Project Director</u>: Supervised by the Department of Health and Human Services (DHHS) Division of Public Health Director or Deputy Director, and is responsible for submission of federal fiscal and programmatic reporting and applications as required, as well as ensuring alignment between the N-MIECHV program and other MCH areas under their oversight, such as the Title V MCH Block Grant.</li> <li>2. <u>Program Manager</u>: Supervised by the MCH Program Manager II/Title V Administrator and is responsible for the day-to-day activities of the N-MIECHV program. This includes, but is not exclusive to:             <ol style="list-style-type: none"> <li>a. Monitoring fidelity to the model with the Local Implementing Agencies (LIA's) utilizing several different methods, such as regularly scheduled check in calls, network Open Mic calls, and annual site visits.</li> <li>b. Explaining, clarifying, interpreting operational practice with the LIAs, training, and/or providing education and professional development opportunities when needed.</li> <li>c. Fiscal Monitoring of current and open grants to ensure appropriate spending of the grant and compliance with HRSA requirements regarding administration, programmatic, and direct service costs.</li> <li>d. Fiscal monitoring of LIA activities related to the implementation of the programs to ensure allowable, allocable, and reasonable expenditures.</li> <li>e. Reviewing and approving invoices and programmatic reporting, as well as working with DHHS partners in TANF and the Division of Children</li> </ol> </li> </ol>

and Family Services (CFS) programs to ensure allowable, allocable, and reasonable spending of TANF, State General Funds, and any funds administered by CFS exclusively used for Healthy Families America programs.

- f. Communication with program partners regarding development, implementation, and evaluation of the N-MIECHV program, establishing key stakeholder relationships in the planning, development, expansion, or implementation of high-quality home visiting services and/or offering professional development activities available to home visitors throughout the state.
  - g. Drafting federal grant applications, drafting annual federal reports on grant activities, and maintaining open communication with federal partners
  - h. Leading Continuous Quality Improvement (CQI) activities at the state level and monitoring CQI at the local level
  - i. Working with the Health Surveillance Specialist in reporting data to the LIAs
  - j. Supervising the Program Specialist; and
  - k. Other duties as needed.
3. Health Surveillance Specialist: supervised by the Office of Maternal-Child Health Epidemiology Program Administrator and is responsible for monitoring and reporting data. This includes but is not exclusive to:
- a. Maintaining regular and open communication with the University of Kansas (KU) regarding the data required for federal reporting.
  - b. Doing quarterly data cleaning in conjunction with KU to create the quarterly performance measurement reports for each of LIAs
  - c. Collaborating with KU to provide ongoing training for the LIAS in regards to performance measurement.
  - d. Discussing quarterly performance measurement data reports to the LIAs
  - e. Providing guidance to the LIAs ongoing CQI. This includes pointing out potential areas of improvement in their performance measurement reports and giving them suggestions of potential projects
  - f. Collaborating with the Program Manager to provide the LIAS with CQI activities and trainings as needed.
  - g. Providing LIAs guidance on decreasing the amount of missing demographic data.
  - h. Submitting both quarterly and annual data to HRSA
  - i. Providing the LIAs with any additional data as requested
  - j. Conducting the Needs Assessment as required by HRSA
  - k. Drafting, developing, and updating the CQI Annual Plan and the CQI Nebraska State Manual annually or as requested by HRSA; and
  - l. Other duties as needed.
4. Program Specialist: Supervised by the Program Manager and is responsible for assistance in fiscal monitoring, CQI, and technical assistance to the LIAs. Under the direction of the Program Manager, this includes but is not exclusive to:
- a. Conducting Subrecipient monitoring including financial review of invoices, desk audits, and site visits of the local programs to ensure appropriate expenditures under grants management guidelines.
  - b. Leading state CQI team; train and provide technical assistance to local implementing agencies on CQI topics including interpreting data related

	<p>to performance measurement, identifying trends and occurrences in qualitative data measures, use of appropriate technology and/or tools in quality improvement, assist LIAs in development, implementation, and review of local CQI projects, and monitor LIA CQI activities for the state N-MIECHV team.</p> <ul style="list-style-type: none"> <li>c. Explaining, clarifying, and interpreting operational practice to LIAs</li> <li>d. Assisting with professional development and Technical Assistance for the LIAs</li> <li>e. Assisting with grant applications, drafting federal reports, and communicating with partners from other states or national/federal agencies.</li> <li>f. Assisting with the development of standardization/templates for programmatic efficiency; and</li> <li>g. Other duties as needed.</li> </ul>
<p><b>Documentation of Compliance</b></p>	<p>All N-MIECHV team staff are assessed in formal performance evaluations annually, conducted by the supervisor and approved by administration. Ongoing clinical and reflective feedback is encouraged and occurs on a regular basis.</p>
<p><b>Approved by / Date</b></p>	<p>04/01/2015; 6.13.22</p>



## FEDERAL LIMITS ON PERIOD OF AVAILABILITY

No allowable and allocable expenses shall be made against the Federal Award past the period of availability documented in the Notice of Award (NOA). N-MIECHV program affirms the responsibility and stewardship of the state leadership team.

<p><b>Statement of Policy</b></p>	<p>Federal grant funds are only available for expenditure (not obligation) during the dates for which the funds are granted, as documented on the NOA. Guidance from the grants management office at the Health Resources Services Administration has stated that all allowable and allocable costs must be expended on or before the final date in the NOA.</p>
<p><b>Purpose</b></p>	<p>To acknowledge the requirement of the federal award, that no allowable or allocable expenses shall be made against the federal award past the period of availability documented in the Notice of Award (NOA). In the N-MIECHV program, this statement also affirms the responsibility and stewardship of the state leadership team to assure federal funds are expended within that period.</p>
<p><b>Procedure</b></p>	<p>Administrative responsibility of the N-MIECHV Program Manager is to review and approve monthly or quarterly invoices and programmatic report forms from each of the local implementing agencies as well as invoices from N-MIECHV contractors, and assign the appropriate business unit that is associated with the specific grant form which the expense is drawn.</p> <p>The N-MIECHV Program Manager has primary responsibility for assuring that suitable processes are in place to monitor expenses relative to the period of availability. This is accomplished by utilizing regular and standardized invoicing methodology, as well as appropriate monitoring practices. Such as tracking invoice due dates, ending reminders and reviewing that all expenditure-related action, including time worked by staff is completed before the close of business on the last day in the grant period.</p> <p>As required by DHHS policy, all expenditures are reviewed and approved by program supervisor (Maternal Child Health Program Manager II) before funds are dispersed. Payments for these expenditures/invoices must be posted no later than 90 days past the last date of the period of availability in the NOA.</p> <p>As required by DHHS policy, all expenditures against a federal grant are documented and reported by the DHHS Grants Management Office. Further monitoring by Grants Management ensures all expenditures are made within the period of availability.</p>



<b>Documentation of Compliance</b>	Expenditures are assessed on a monthly basis in relation to budget plan and total award. Budget monitoring provides the means to track timelines and frequency of payments to sub-recipients and budget balance as the period of availability expires. This assessment addressed the timelines of direct service delivery invoices and expenditures, to assure all expenditures are appropriately allocated.
<b>Approved by / Date</b>	5/15/2015; 6.13.22





## SUB-CONTRACTOR APPROVAL

When N-MIECHV sub-awardees enter into subsequent sub-contractor agreements using federal funds, such agreements should receive prior review and approval by N-MIECHV.

<b>Statement of Policy</b>	N-MIECHV requires that any prospective sub-contracting agreements by LIAs, using federal MIECHV funds, must first be reviewed and approved by the N-MIECHV Program Manager prior to their execution.
<b>Purpose</b>	To assure that when N-MIECHV sub-awardees enter into subsequent sub-contractor agreements utilizing federal funds, that all federal funds are used only for allowable, allocable, and appropriate purposes in the delivery of evidence-based home visiting services as outlined in the MIECHV legislative requirements.
<b>Procedure</b>	<p>Local Implementing Agencies (LIAs) deliver high-quality evidence-based home visiting services in Nebraska to eligible at-risk populations through a variety of service mechanisms, one of which may be by sub-contracting to one or more entities who will in turn deliver direct services.</p> <p>If any LIA wants to make a formal relationship with another entity or organization for the implementation of evidence-based home visiting direct services, they must first contact the N-MIECHV Leadership Team (Program Manager). Subrecipients must be able to provide written documentation of the Sub-subrecipients'</p> <ul style="list-style-type: none"> <li>• Organizational capacity and stability to fully implement direct services;</li> <li>• Experience with the type of service provision being used as well as length of experience;</li> <li>• Turnover rates of employees;</li> <li>• Effective procedures and internal controls as is administered by the Subrecipient;</li> <li>• Fiscal responsibility such as former audits, audit findings, resolutions of audit findings, increased monitoring, trouble meeting cash needs, adequate supporting documentation of expenditures, concern of expenditures vs budget, untimely drawdown of funds; and/or</li> <li>• Any other reassurances DHHS or N-MIECHV seems necessary.</li> </ul> <p>Subrecipients must not "pass down" any federal or state funds without approval of a sub-subrecipient by the N-MIECHV Leadership Team first.</p>
<b>Documentation of Compliance</b>	Documentation of requests to sub-award with the required assurances are required. Written approval by the Project Director or the Program Manager is required. Updates are provided at annual program site visits.
<b>Approved by / Date</b>	04/01/2015; 6.13.22



## DISTRIBUTION OF FTE BY STATE-LEVEL N-MIECHV PERSONNEL

To provide an explicit statement of intent that time and effort of state personnel using federal MIECHV funds will be used exclusively to benefit federally-funded MIECHV programs in Nebraska.

<b>Statement of Policy</b>	To protect the integrity of allowable, allocable, and appropriate use of federal funds within the N-MIECHV program, time and effort of state personnel using federal MIECHV funds will be used exclusively to benefit federally-funded MIECHV programs in Nebraska.
<b>Purpose</b>	To assure that MIECHV federal funds and related resources designated for state-level personnel are used exclusively to benefit federal sub-awardees and LIAs, and will not be diverted for the benefit of state-funded or other evidence-based home visiting programs.
<b>Procedure</b>	<p>N-MIECHV Leadership Team is responsible to other funding sources than federal MIECHV funds. The effective braiding of funds is dependent upon the categorization and separation of each funding source at the local level.</p> <ol style="list-style-type: none"> <li>1. All LIAs must provide a comprehensive budget that includes expenses distributed over all funding sources. Further, each budget is updated annually and includes a reconciliation of which activities are designated to which funding source and why that determination was made. DHHS financial staff must be able to duplicate the designation by application of explained formulas.</li> <li>2. State-level staff working in N-MIECHV affect and monitor all funding sources. These staff will designate activities to each funding source as appropriate. For example, MIECHV required reporting time/effort will be designated to MIECHV, while providing a training beneficial of all funding sources will be designated the appropriate percentage of time as determined for that staff member.</li> <li>3. Time and effort will be specifically documented using the KRONOS time-management records systems as applicable to the individual employee.</li> </ol>
<b>Documentation of Compliance</b>	The N-MIECHV Program Manager will monitor through time record assessment in the continuous and accurate distribution of time and effort by N-MIECHV personnel.
<b>Approved by / Date</b>	04/01/2015; 6.13.22



## FEDERAL LIMITS ON ADMINISTRATIVE COSTS

The requirement of the federal award that not more than ten percent (10%) of the total award amount may be spent on costs associated with administering the award.

<b>Statement of Policy</b>	No greater than ten percent (10%) of the total MIECHV award amount will be used for expenditures associated with administration of the award. This includes but is not exclusive to, salary and benefits of state-level staff, travel, office supplies or equipment, computer software or hardware, and/or indirect costs.
<b>Purpose</b>	The administrative cap is explicitly a requirement of the federal funder and must be honored as such. The philosophical approach to dedicating resources to benefit families is integral to N-MIECHV. In the N-MIECHV program, this statement also affirms the responsibility and stewardship of the state leadership team to assure federal funds are dedicated to the fullest extent possible in direct service delivery to families, at the level of or exceeding 90% of federal award.
<b>Procedure</b>	<p>The N-MIECHV Program Manager has primary responsibility for assuring that suitable processes are in place to monitor administrative expenses relative to grant award.</p> <ol style="list-style-type: none"> <li>1. The DHHS time recording system, KRONOS, uses different codes to designate "Administration," "Programmatic," and "Other" for actual time/effort of each staff member.</li> <li>2. The Program Manager is responsible for informing DHHS HR if/when new grants will be changed in the coding system.</li> <li>3. The "other" timecode is used when activities, time, or effort is not directly related to administering the federal MIECHV grant funds. This may include TANF or MCH Title V activities.</li> <li>4. Supervisors to each position review and approve time records.</li> <li>5. The Program Manager tracks and reviews budget monitoring to ensure appropriate distribution of expenses between functions in N-MIECHV.</li> <li>6. DHHS Grants Management office separately tracks the expenses coded to administrative, programmatic, and other to ensure the limitation on administrative costs is met.</li> </ol>
<b>Documentation of Compliance</b>	Expenditures toward administrative costs are assessed on quarterly basis in relation to budget plan and total award. Related assessment addressed the timelines of direct service delivery invoices and expenditures, to assure normal and planned administrative costs to not exceed cap due to underspending in other areas of budget.
<b>Approved by / Date</b>	5/15/2015; 6.13.22



## ALTERNATIVE RESOURCES FOR HOME VISITING PROGRAMS

This provides an explicit statement of intent that the benefits of federal MIECHV funding will be delivered only to those LIAs and individuals specifically approved and eligible to receive these federal MIECHV benefits and services.

<p><b>Statement of Policy</b></p>	<p>N-MIECHV programs or local implementing agencies (LIAs) that are funded or supported by any other funding source than federal MIECHV dollars are not eligible for any benefits of the federal MIECHV program. If programs or LIAs are funded by a percentage of federal MIECHV dollars and other funding sources, that same percentage is applied to any benefits of the federal MIECHV program. Any instance where inclusion or participation in any activity or benefit of the federal MIECHV program does not change or add to the total cost of that activity, it may be allowable with federal approval from HRSA.</p>
<p><b>Purpose</b></p>	<p>To protect the integrity of allowable, allocable, and appropriate use of federal funds within the N-MIECHV program and to assure that MIECHV federal funds and related resources are used exclusively to benefit subrecipients, and are not diverted for the benefit of state-funded evidence-based home visiting programs, EXCEPT were such program benefits can be delivered without additional or incremental costs to N-MIECHV using federal funds.</p>
<p><b>Procedure</b></p>	<p>N-MIECHV Leadership Team is responsible to other funding sources than federal MIECHV funds. The effective braiding of funds is dependent upon the categorization and separation of each funding source at the local level.</p> <p>If a percentage formula is used to determine what activities, time, or effort is funded by which source, the same percentage formula must be used in determining benefit activities or privileges afforded by the federal MIECHV program.</p> <p>In any instance that an activity or benefit of federal MIECHV funds that is for or by the MIECHV program but has no additional cost of inclusion or participation of other funding sources, it may be allowable with approval from HRSA.</p>
<p><b>Documentation of Compliance</b></p>	<p>The N-MIECHV Program Manager is responsible for documentation of all activities, time, and/or effort provided with reasonable and logical distribution among available funding sources.</p>
<p><b>Approved by / Date</b></p>	<p>04/01/2015; 6.13.22</p>



## USE OF INCENTIVES AND REWARDS

To protect the integrity of allowable, allocable, and appropriate use of federal funds within the N-MIECHV program, this SOP describes expectations and limitations regarding the use of funds for incentives and/or rewards in the delivery of high-quality evidence-based home visiting.

<p><b>Statement of Policy</b></p>	<p>To assure that MIECHV federal funds, in the form of sub-awards to Local Implementing Agencies (LIAs) for the delivery of evidence-based home visiting services to an eligible at-risk target population, are used only for allowable, allocable, and appropriate costs.</p> <ol style="list-style-type: none"> <li>1. MIECHV evidence-based home visiting services are to be entirely voluntary in nature.</li> <li>2. The use of incentives or rewards, delivered to families for the purposes of encouraging enrollment or retention in program services, should also be integrated with the achievement of educational and/or programmatic benchmarks or milestones that are related to the curriculum or model being delivered. LIA's are strongly encouraged to plan for incentives/rewards that are related to cares for a child or to family well-being.</li> <li>3. If federal funds are to be used for incentives or rewards associated with N-MIECHV home visiting services, the LIA must first provide a written plan (see procedure below) and receive prior approval from the N-MIECHV Program Coordinator.</li> <li>4. If a funding source other than N-MIECHV sub-award is to be used, LIAs are nonetheless encouraged to consider the guidelines.</li> </ol>
<p><b>Purpose</b></p>	<p>Any Local Implementing Agency (LIA) receiving federal MIECHV funds must adhere to the federal MIECHV program regarding allowable, allocable, and appropriate costs when in consideration of incentives and/or rewards to eligible program participants.</p>
<p><b>Procedure</b></p>	<p>A proposal to N-MIECHV for the use of sub-awarded federal funds for incentives and rewards would include the following elements.</p> <ol style="list-style-type: none"> <li>1. A plan for incentives/rewards that is applied uniformly and fairly to all participants.</li> <li>2. All incentives should be for the specific use of program families and/or the target child. They are non-transferable and should be chosen to benefit the evidence-based home visiting program or the family in regards to maternal-child health or parent-child interactions.</li> <li>3. A plan for relating the incentives/rewards to positive accomplishments in program participation.</li> <li>4. Strategies to assure that incentive/reward cannot be traded or exchanged for alcohol or tobacco products for cash.</li> <li>5. Plan for entering the incentive/reward into the family case management record in order to allow the LIA to assess the relationship between incentives/rewards and family retention services.</li> <li>6. Incentives/rewards should not be delivered to families who have withdrawn from services.</li> <li>7. When delivered to families, the source of funding for the incentive/reward should be identified to families.</li> </ol>



	<p>Incentives/rewards should NOT be made with products that are provided to LIA for advertising or commercial marketing purposes.</p>
<p><b>Documentation of Compliance</b></p>	<p>The N-MIECHV Program Manager and/or Program Specialist will review and approve LIA plans for the use of incentives/rewards in evidence-based home visiting.</p>
<p><b>Approved by / Date</b></p>	<p>04/01/2015; 6.14.22</p>