

	<i>HOME VISITING POLICIES & PROCEDURES</i>	
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<i>REFERENCES:</i>		<i>Adopted: 5-1-17</i>

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	<i>HOME VISITING POLICIES & PROCEDURES</i>	<i>Chapter: 1</i>
	<i>SUBJECT: INTRODUCTION</i>	<i>Section: 1.1</i>
<i>REFERENCES:</i>		<i>Adopted: 5-1-17</i>

INTRODUCTION

I. **PURPOSE:** These policies and procedures serve as guidance for the Department of Health and Senior Services (DHSS) Home Visiting Program and the local implementing agencies (LIAs) contracted with the DHSS Home Visiting Program. LIAs shall follow the standards and practices of evidence-based models as their primary guidance. These policies and procedures provide direction for the LIAs when the evidence-based model used does not provide subject matter guidance. LIAs contracted with the DHSS Home Visiting Program implement the following evidence-based home visiting models:

- Early Head Start Home Based Option
- Healthy Families America
- Nurse Family Partnership
- Parents as Teachers

LIAs shall maintain fidelity to the model and comply with contractual and grant requirements. LIAs shall consult with DHSS Home Visiting Program staff when model requirements appear to conflict with contractual or grant requirements and resolution is not found within these policies and procedures.

II. **REQUIRED DOCUMENTATION:** Some policies require that documentation be maintained. Required documentation is cited within

each policy and shall be maintained in a format which allows the documentation to be made available upon Department request.

- III. DEFINITIONS/ACRONYMS: Throughout these policies and procedures, the following definitions and acronyms apply:
- a. “Assessment” – A standardized process conducted by home visitors trained in the use of a valid measurement tool designed to thoroughly explore family strengths and needs or to determine eligibility for services.
 - b. “Department” – Department of Health and Senior Services.
 - c. “DHSS” – Department of Health and Senior Services.
 - d. “Eligibility” – The determination that an individual meets the qualifications to receive home visiting services based upon model, grant, and contractual requirements. Eligibility determination occurs through an objective screening and/or assessment process with well-defined criteria.
 - e. “Enrolled Participants” – Participants who have accepted services by signing the Missouri Department of Health and Senior Services (DHSS) Maternal and Child Health (MCH) Home Visiting Program Information and Consent to Participate form.
 - f. “FFATA” – Federal Funding Accountability and Transparency Act. This act of Congress requires the full disclosure to the public of all entities or organizations receiving federal funds beginning in FFY 2007. The website www.USAspending.gov opened in December 2007 as result of the Act and is maintained by the Office of Management and Budget.
 - g. “Fidelity to the Model” – Implementing home visiting services in a manner consistent with the Model Elements, Standards, or Essential Requirements of each model, therefore maximizing the likelihood of achieving results comparable to those attained in research.
 - h. “Graduation from Services” – A participant who has completed the program according to model recommendations.
 - i. “Home Visit” – A face-to-face interaction that occurs between the participant and the home visitor. The goal of the home visit is to promote positive parent-child interaction, healthy childhood growth

and development, and enhance family functioning. Typically, home visits occur in the home and follow individual model guidance for fidelity.

- j. “LIA” – Local implementing agency contracted with DHSS to provide home visiting services.
- k. “OMB” – Office of Management and Budget, within the Executive Office of the President of the United States. OMB oversees the performance of federal agencies and administers the federal budget.
- l. “Participant(s)” – family unit, primary caregiver, or pregnant woman enrolled in a DHSS home visiting program.
- m. “Policy” – Written statements of principles and positions that guide LIA operation and services which are typically approved by LIA and/or Department Administration and by the model.
- n. “Procedures” – The step-by-step methods by which broad policies are expected to be implemented and LIA operations are to be carried out. Procedures are clearly outlined in writing within these policies and procedures.
- o. “Screen/Screening” – A process for early identification of participants that may result in the determination of service eligibility or the completion of a more detailed assessment. LIAs shall follow screening criteria provided by the model and DHSS.
- p. “Voluntary” – Program enrollment, as well as individual program services, are not mandatory. Participants must voluntarily consent to enrollment in the program by signing the Program Information and Consent to Participate form, and additionally may decline individual services offered within the program while remaining enrolled.

IV. ACKNOWLEDGMENT(S): Policies and procedures provided by the Iowa Department of Public Health Home Visiting Program have been consulted in the development of these DHSS Home Visiting Policies and Procedures.

	<i>HOME VISITING POLICIES & PROCEDURES</i>	<i>Chapter: 2</i>
	<i>SUBJECT: RECRUITMENT</i>	<i>Section: 2.1</i>
<i>REFERENCES:</i>		<i>Adopted: 5-1-17</i>

RECRUITMENT

- I. **PURPOSE:** To actively seek and encourage participation and enrollment of eligible primary caregivers and their child(ren) into evidence-based home visiting services and benefits within each LIA’s service area with fidelity to the model implemented. Each LIA shall recruit, enroll, and provide services to eligible families or individuals (i.e., participants), with the goal of providing services to the contracted number of active participants identified in the LIA’s contract.

- II. **POLICY:** LIAs shall continuously recruit to achieve and maintain the contracted caseload capacity of active participants in accordance with model requirements.

- III. **REQUIRED DOCUMENTATION:** LIAs shall document recruitment activities to comply with model requirements.

- IV. **EXCEPTION TO POLICY:** There shall be no exception to this policy.

- V. **PROCEDURES:**
 - a. LIAs shall conduct recruitment activities in compliance with model requirements.
 - b. Recruitment activities shall be reviewed during monthly conference calls between DHSS and LIA staff and at annual on-site visits.

- c. DHSS staff shall provide technical assistance to support LIAs' achievement and maintenance of contracted caseloads, as needed.

	<i>HOME VISITING POLICIES & PROCEDURES</i>	<i>Chapter: 3</i>
	<i>SUBJECT: ENROLLMENT - ELIGIBILITY</i>	<i>Section: 3.1</i>
<i>REFERENCES:</i>		<i>Adopted: 5-1-17</i>

ENROLLMENT - ELIGIBILITY

- I. **PURPOSE:** To assess and determine eligibility for one of the Department-funded evidence-based home visiting programs providing services designed to best meet the identified needs of participants. This process is to ensure that participants, who are referred through self-referral, LIA recruitment, or a service agency, receive timely initial evaluation, assessment, and determination of eligibility for services.

- II. **POLICY:** LIAs shall determine eligibility for the home visiting program based upon model requirements, legislative requirements of the home visiting grant, and DHSS contractual requirements:
 - a. Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) – Priority for serving high-risk populations as included in contract deliverables and as guided by the MIECHV legislation.
 - b. Title V MCH Block Grant – Priority for serving low income population defined at 185% or below federal poverty level or Medicaid eligible. The definition of family includes the pregnant woman, unborn child(ren), the pregnant woman’s legal spouse, and anyone in the household who either contributes income or is dependent upon the income of the household.
 - c. The individual or family must reside in one of the counties served by the designated home visiting program.

- III. REQUIRED DOCUMENTATION: LIAs shall document enrollment eligibility to comply with model requirements.
- IV. EXCEPTION TO POLICY: No exception to this policy shall be granted.
- V. PROCEDURE:
 - a. LIA staff shall verify that a potential participant meets model, legislative, and contractual requirements for eligibility.
 - b. Once eligibility is determined, the individual or family shall be invited to voluntarily participate in the program. See Policy 3.2 Enrollment – Voluntary.

	<i>HOME VISITING POLICIES & PROCEDURES</i>	<i>Chapter: 3</i>
	<i>SUBJECT: ENROLLMENT - VOLUNTARY</i>	<i>Section: 3.2</i>
<i>REFERENCES:</i>		<i>Adopted: 5-1-17</i>

ENROLLMENT – VOLUNTARY

- I. **PURPOSE:** To ensure that eligible individuals or families understand that participation in DHSS home visiting programs is not mandatory.
- II. **POLICY:** Once program eligibility is determined, and prior to enrollment in DHSS home visiting services, LIAs shall ensure that the primary caregiver signs the Program Information and Consent to Participate form, providing documentation of voluntary enrollment and participation in the program.
- III. **REQUIRED DOCUMENTATION:** The DHSS Program Information and Consent to Participate form signed by the participant.
- IV. **EXCEPTION TO POLICY:** No exception to this policy shall be granted.
- V. **PROCEDURE:**
 - a. Home visitors shall inform and assist participants in understanding their right to voluntary services as well as their right to, at any time, refuse any aspect of services they do not wish to receive.
 - b. Participants shall sign the Program Information and Consent to Participate form prior to enrollment.
 - c. The signed Program Information and Consent to Participate form shall be maintained.

- d. Record of consent shall be entered into the Department-specified electronic data system.

	<i>HOME VISITING POLICIES & PROCEDURES</i>	<i>Chapter: 4</i>
	<i>SUBJECT: DUAL ENROLLMENT</i>	<i>Section: 4.1</i>
<i>REFERENCES:</i>		<i>Adopted: 5-1-17</i>

DUAL ENROLLMENT

- I. **PURPOSE:** To maximize the availability of resources for home visiting services for eligible families and prevent duplicative collection and reporting of program data.

- II. **POLICY:** Families shall not be dually enrolled in more than one DHSS home visiting program.

- III. **REQUIRED DOCUMENTATION:** Upon resolution of identified dual enrollment, a written summary shall be developed and maintained by each involved LIA, along with all required service records per model and contractual requirements.

- IV. **EXCEPTION TO POLICY:** No exceptions to this policy shall be granted.

- V. **PROCEDURES:**
 - a. In the event that a participant is identified as dually enrolled, the LIAs involved shall collaborate to develop a plan to identify which LIA shall notify and work with the participant to resolve the dual enrollment. LIA staff shall seamlessly continue to provide services to the participant in the home visiting model of the participant’s choice, to best meet the participant’s interests and needs.

- b. LIA staff shall provide unbiased information about identified risk factors and the evidence of effectiveness of the available home visiting models to assist the client in choosing which program shall best meet their needs.
- c. At the time a client has chosen in which program they would like to maintain enrollment, a written summary shall be developed by each involved LIA, along with all required service records per model and contractual requirements.
- d. The LIA that is discontinuing services shall discharge the participant in the Department-specified electronic data system.

	<i>HOME VISITING POLICIES & PROCEDURES</i>	<i>Chapter: 4</i>
	<i>SUBJECT: DUAL ENROLLMENT</i>	<i>Section: 4.1</i>
<i>REFERENCES:</i>		<i>Adopted: 5-1-17</i>

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	<i>HOME VISITING POLICIES & PROCEDURES</i>	<i>Chapter: 5</i>
	<i>SUBJECT: TRANSITION PLANNING</i>	<i>Section: 5.1</i>
<i>REFERENCES:</i> Division for Early Childhood. (2014). DEC recommended practices in early intervention/early childhood special education 2014. Retrieved from http://www.dec-sped.org/dec-recommended-practices .		<i>Adopted: 5-1-17</i>

TRANSITION PLANNING

- I. **PURPOSE:** To ensure the development and documentation of a transition plan for a participant to continue voluntary participation in other services to meet identified needs after completion of or graduation from a home visiting program (i.e., child ages out or meets other model-specific requirements for program completion), or for other planned discharge from current home visiting services.

- II. **POLICY:** LIAs shall follow model requirements for transition planning. If no model requirements exist, the program shall follow the procedures in this policy to support participants with a continuum of home visiting or other services to address identified needs through kindergarten entry.

- III. **REQUIRED DOCUMENTATION:** A copy of the transition plan and all related documentation, including signed releases of information, shall be maintained. Documentation of family refusal of transition planning and the circumstances of unplanned or unexpected participant discharge shall also be documented.

- IV. **EXCEPTION TO POLICY:**
 - a. In the event that the family refuses transition planning, the LIA shall comply with the family’s refusal.
 - b. An unplanned or unexpected discharge from services does not require development of a transition plan.

V. PROCEDURES:

- a. LIAs shall maintain collaborative relationships with other local home visiting programs and community-based services to ensure continuation of respectful, supportive, and culturally sensitive services to participants through kindergarten entry.
- b. Transition planning shall begin a minimum of ninety (90) days prior to the planned discharge from services.
- c. The home visitor shall include the participant, and the supervisor if needed, in development of the transition plan.
- d. If a participant refuses transition planning, LIA staff shall comply with this refusal and documentation of this discussion with the participant shall be maintained.
- e. A release of information shall be signed by the participant for all identified agency(ies) or service(s) before information is shared for the development of the transition plan.
- f. The transition plan shall include, but is not limited to, the following:
 - i. A review of the transition options for the participant; and
 - ii. An outline of planned and timely strategies to occur during and after the transition to support successful adjustment and positive outcomes for the participant.

	<i>HOME VISITING POLICIES & PROCEDURES</i>	<i>Chapter: 6</i>
	<i>SUBJECT: DISENGAGEMENT AND DISCHARGE</i>	<i>Section: 6.1</i>
<i>REFERENCES:</i>		<i>Adopted: 5-1-17</i>

DISENGAGEMENT AND DISCHARGE

- I. **PURPOSE:** To facilitate the discharge of participants voluntarily discontinuing program participation *or* to administratively discharge participants after ninety (90) days of non-participation in program activities, unless model requirements differ.

- II. **POLICY:** LIAs shall maintain fidelity to the model for disengagement and discharge of participants. If no model guidance exists, LIAs shall discharge:
 - a. Participants requesting voluntary discontinuation of program participation through voluntary discharge procedures *or*
 - b. Participants after ninety (90) days of non-participation in program activities through administrative discharge procedures.

- III. **REQUIRED DOCUMENTATION:**
 - a. Documentation of a participant’s request to be voluntarily discharged and efforts to assist with referral to alternate home visiting services or other services to address identified needs through kindergarten entry shall be maintained.
 - b. Documentation of non-participation and efforts taken to re-engage participants during the ninety (90) days preceding discharge shall be maintained.

IV. EXCEPTION TO POLICY: No exceptions to this policy shall be granted.

V. PROCEDURES:

a. Voluntary Discharge:

- i. LIAs shall offer to assist with referral to alternate home visiting services or other services to address identified needs through kindergarten entry.
- ii. All attempts to assist with referral to home visiting services or other services shall be documented.
- iii. Records of participants requesting voluntary discontinuation of program participation shall be closed by completion of discharge forms in the Department-specified data entry system.

b. Administrative Discharge:

- i. Home visitors and supervisors shall conduct caseload reviews to identify participants who have not had a completed home visit for a period of thirty (30) days or more, to determine the best course of action for attempts to re-engage the participant. Examples of factors to be considered include, but are not limited to:
 - 1) Participant's history of engagement with the program;
 - 2) Time and date of scheduled home visits that were completed and those that were cancelled or otherwise not completed;
 - 3) Participant's work and/or school schedule;
 - 4) Other circumstances that may influence participant engagement;
 - 5) Methods previously used to engage the participant, including letters, texts, emails, phone messages, and unscheduled drop-in visits, if allowed by model policy.
- ii. All attempts to re-engage the participant shall be documented.
- iii. After ninety (90) days of non-participation in program activities with no response to efforts to re-engage, participant records shall be closed by completion of discharge forms in the Department-specified data entry system.

	<i>HOME VISITING POLICIES & PROCEDURES</i>	<i>Chapter: 7</i>
	<i>SUBJECT: RE-ENROLLMENT</i>	<i>Section: 7.1</i>
<i>REFERENCES:</i>		<i>Adopted: 5-1-17</i>

RE-ENROLLMENT

- I. **PURPOSE:** To allow re-enrollment of eligible participants after administrative or voluntary discharge from home visiting services, but prior to model completion requirements (see policy 6.1 Disengagement and Discharge). Re-enrollment may take place under the following circumstances: 1) after administrative or voluntary discharge; 2) program completion and subsequent pregnancy, if allowed by model; and 3) participant relocation to another community with a DHSS-supported home visiting program.

- II. **POLICY:** LIAs shall allow an eligible participant to re-enroll in home visiting services *within* 90 days of discharge if caseload capacity and model requirements allow. *After* 90 days, the participant shall be considered a new referral. Re-enrollment may occur not more than three times, unless specified differently in model requirements.

- III. **REQUIRED DOCUMENTATION:** Entry into the Department-specified data system to ensure continuation of data collection for the participant.

- IV. **EXCEPTION TO POLICY:** LIAs may submit a request in writing to the Department for an exception to this policy in unusual or extenuating circumstances.

V. PROCEDURES:

- a. Upon identification of a previously enrolled participant who wishes to re-enroll and participate in program services, if less than ninety (90) days since either an administrative or voluntary discharge, and within the same LIA and model, the LIA's supervisor shall contact the Department's epidemiology specialist to request re-enrollment in the Department-specified data system.
- b. If it has been more than ninety (90) days since the participant's administrative or voluntary discharge from the Department-specified data system, even within the same LIA and model, the participant shall be enrolled as a new participant in the Department-specified data system.
- c. If at any time an individual enrolls in a different DHSS-supported home visiting program, the eligible participant shall be enrolled as a new participant in the Department-specified data system.

	<i>HOME VISITING POLICIES & PROCEDURES</i>	<i>Chapter: 8</i>
	<i>SUBJECT: REFLECTIVE SUPERVISION</i>	<i>Section: 8.1</i>
<i>REFERENCES: Scott Heller, S., & Gilkerson, L. (Eds.). (2009). A practical guide to reflective supervision. Washington, DC: ZERO TO THREE. (Provided to agency supervisors at 2016 Home Visiting Summit)</i>		<i>Adopted: 5-1-17</i>

REFLECTIVE SUPERVISION

- I. **PURPOSE:** To improve practice and increase the quality of services for enrolled families (page 9 of referenced publication), and to provide continuous support and increased retention of LIA staff.
- Definition of Reflective Supervision: According to Appendix C of the HRSA-16-172 Funding Opportunity Announcement released November 16, 2015, “Reflective supervision is a distinctive form of competency-based professional development that is provided to multidisciplinary early childhood home visitors who are working to support very young children’s primary caregiving relationships. Reflective supervision is a practice which acknowledges that very young children have unique developmental and relational needs and that all early learning occurs in the context of relationships. Reflective supervision is distinct from administrative supervision and clinical supervision due to the shared exploration of the parallel process, that is, attention to all of the relationships is important, including the relationships between home visitor and supervisor, between home visitor and parent, and between parent and infant/toddler. Reflective supervision supports professional and personal development of home visitors by attending to the emotional content of their work and how reactions to the content affect their work. In reflective supervision, there is often greater emphasis on the supervisor’s ability to listen and wait, allowing the supervisee to discover solutions, concepts and perceptions on his/her own without interruption from the supervisor.”

- II. **POLICY:** LIAs shall ensure the provision of program-wide reflective supervision according to model requirements. If no model-specific guidance exists, LIAs shall utilize resources provided by the Department to ensure the provision of reflective supervision to home visitors.
- III. **REQUIRED DOCUMENTATION:** LIAs shall document reflective supervision practices.
- IV. **EXCEPTION TO POLICY:** Model requirements that differ significantly from these policies and procedures.
- V. **PROCEDURES:**
 - a. LIAs shall utilize the above-referenced publication as guidance for engaging in program-wide reflective supervision practices which include, but are not limited to, these subsequent procedures.
 - b. Reflective supervision practices shall include the key elements of reflection, collaboration, and regularity as described on page 9 of the referenced publication:
 - i. Reflection: stepping back to consider the work from multiple perspectives.
 - ii. Collaboration: the respectful, mutual exchange which relies on the full participation of all parties involved.
 - iii. Regularity: predictable routines and sufficient frequency of reflective practices.
 - c. Reflective supervision practices shall include discussion and, in some instances, written feedback by those who are being supervised (page 13 of referenced publication).
 - d. Reflective supervision shall take place in locations which ensure privacy and allow for uninterrupted time and space for this process (page 34 of referenced publication).
 - e. Reflective supervision practices shall allow for open expression of sensitive issues and respect for cultural diversity of all staff (page 49 of referenced publication).

	<i>HOME VISITING POLICIES & PROCEDURES</i>	<i>Chapter: 9</i>
	<i>SUBJECT: FFATA COMPLIANCE</i>	<i>Section: 9.1</i>
<i>REFERENCES:</i>		<i>Adopted: 5-1-17</i>

**FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT
(FFATA) SUB-AWARD REPORTING SYSTEM COMPLIANCE**

- I. **PURPOSE:** To ensure transparent sharing of financial information for all federal awards as set forth within the Federal Funding Accountability and Transparency Act (FFATA) in the public searchable website <http://www.usaspending.gov/>.

- II. **POLICY:** The Department shall utilize the FFATA Sub-award Reporting System (FSRS) as the reporting tool to capture and report sub-award and executive compensation data regarding their first-tier sub-awards to meet the FFATA reporting requirements. FFATA requires sub-award information to be reported only for first-tier sub-awards of \$25,000 or more that were awarded after October 1, 2010.

- III. **REQUIRED DOCUMENTATION:** As applicable per the FFATA Sub-award Reporting System requirements.

- IV. **EXCEPTION TO POLICY:** No exception to this policy shall be granted.

- V. **PROCEDURES:**
 - a. Data elements required to be reported under FFATA include:
 - i. The name of the entity receiving the award;
 - ii. The amount of the award;

- iii. Information on the award, including transaction type, funding agency, program source, award title, and CFDA number;
 - iv. The location of the entity receiving the award and primary location of the performance under the award, including city, state, congressional district, and country;
 - v. The Data Universal Numbering System (DUNS) number of the entity receiving the award or the parent entity of the recipient;
 - vi. The names and total compensation of the five highest compensated officers of the entity if, during the preceding fiscal year, it received:
 - 1) 80% or more of its annual gross revenues in federal awards, and
 - 2) \$25 million or more in annual gross revenues from federal awards; and
 - vii. Other relevant information specified by OMB.
- b. DHSS Divisions will be responsible for the initial data entry of contract and amendment information into the database.
 - c. The Procurement Unit will be responsible for reviewing and updating the information during the procurement process.
 - d. Only obligations by contractor by grant that are over \$25,000 must be reported to [USAspending.gov](https://www.usaspending.gov). However, all obligations will be recorded in the DHSS-specified database to simplify the process.

	<i>HOME VISITING POLICIES & PROCEDURES</i>	<i>Chapter: 10</i>
	<i>SUBJECT: SUBRECIPIENT MONITORING</i>	<i>Section: 10.1</i>
<i>REFERENCES:</i>		<i>Adopted: 5-1-17</i>

SUBRECIPIENT MONITORING

- I. **PURPOSE:** To ensure effective, ongoing programmatic and fiscal monitoring through a process of planning, implementation, communication, and follow-up. Monitoring activities are distributed throughout the life of a project or contract period, are performed on a routine basis, and involve all Department and LIA staff responsible for implementation of DHSS contracted home visiting services. The goal of subrecipient monitoring is to ensure the contract is executed according to model and contractual requirements, and in accordance with OMB Circular A-133.

- II. **POLICY:** DHSS, as a federal grant recipient overseeing home visiting programs, shall perform ongoing monitoring of subrecipient activities for contractual and grant requirements. The A-133 OMB Circular requires grant recipients to monitor the activities of subrecipients to ensure that federal awards are used for authorized purposes in compliance with laws, regulations, and the provisions of contracts or grant agreements and to ensure the achievement of performance goals in a timely manner. Additionally, recipients are required to advise subrecipients of the requirements imposed on them by federal laws, regulations, and contract or grant agreement terms and conditions. These monitoring activities shall include, but not be limited to, monthly calls with LIAs, monthly desk audits of submitted invoices, annual completion of risk assessments, and onsite monitoring completed at least annually. Additional onsite

monitoring will occur if required by level of contractor risk, and as guided by the program monitoring plan specific to the contractor.

- III. **REQUIRED DOCUMENTATION:** As applicable per requirements of the notice of award, OMB Circular A-133 and Department policies.
- IV. **EXCEPTION TO POLICY:** No exception to this policy shall be granted.
- V. **PROCEDURES:**
 - a. Program managers shall develop and maintain a subrecipient monitoring plan specific to the contract to utilize as a tool for planning, managing, and documenting ongoing monitoring activities. The monitoring plan assigns responsibility and timeframes to ensure that monitoring occurs on a routine basis.
 - b. Program managers shall schedule and complete routine conference calls with LIAs to monitor implementation progress and challenges and provide technical assistance to LIAs, as needed.
 - c. Program managers shall complete routine risk assessments for LIA contracts utilizing the Risk Assessment Tool developed by DHSS staff. The risk assessment is completed within the first six weeks of the contract start date and reviewed and revised at least annually, as required by Department policy.
 - d. Program managers shall schedule and complete onsite monitoring of LIAs to assess performance and completion of contract deliverables. The results should indicate whether LIAs utilize the necessary internal control systems in place to meet federal laws, regulations, and OMB administrative requirements. Monitoring completed during these onsite visits shall be recorded on the Programmatic and Fiscal Monitoring Tools developed by DHSS home visiting program staff. Once completed, these are discussed with and signed by LIA Supervisors, signifying understanding of the onsite monitoring discussions and activities.