

MIECHV Orientation for Home Visiting Contractors



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Introductions: State Staff

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Training Outline

- MIECHV Beginnings
- Evidenced Based Models & Model Fidelity
- MIECHV Benchmarks
- MIECHV Benchmarks/Performance Plans
- Staffing Grids
- MIECHV Contractual Obligations
- Family Service Capacity & Home Visit Dosage
- Information Technology (IT) Supports
- Subcontracting
- Communication
- Training, Assessments, & Screening Tools
- Technology
- Evaluation
- Continuous Quality Improvement
- Parent Advisory Councils
- Site Visits & Additional Resources

MIECHV Beginnings

- Patient Protection & Affordable Care Act (ACA) - March 23, 2010 - Created Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program
- Designed to:
 - Strengthen & improve programs and activities carried out under Title V - Maternal & Child Health
 - Improve coordination of services for at-risk communities
 - Identify & provide comprehensive services to improve outcomes for families who reside in at-risk communities
- In April 2015, MIECHV was moved out of the ACA and reauthorized under the Medicare Access and Children's Health Insurance Programs. (42 U.S.C. 1305)

Important Terms

- MIECHV - Maternal, Infant and Early Childhood Home Visiting
- HRSA - Health Resources Service Administration
- Title V - Maternal Child Health Program
- MIECHV Benchmark Plan - Iowa's Performance Plan
- DAISEY - Web-Based Data Collection System
- HFA - Healthy Families America
- NFP - Nurse Family Partnership
- PAT - Parents as Teachers

Fidelity to the Model

- MIECHV is an evidence-based program
- Model fidelity is essential
- Fidelity standards vary from one model to another
- The contractor is responsible for maintaining model fidelity.
- The model developer is responsible for monitoring model fidelity

Evidence-Based Models

- Iowa has adopted the following home visiting models:
 - Healthy Families America
 - Nurse Family Partnership
 - Parents as Teachers

Why Use Different Models?

- Our philosophy is that families are unique and a one size fits all approach would be a disservice to the families we serve.
- Each model selected for implementation in a community was selected based on their ability to mitigate the specific risk factors that are present and aim to be complementary to existing resources available within the community.
- In addition, each model selected has been written into the state of Iowa's MIECHV plan that is submitted to the federal government prior to implementation and is therefore not easily changed.

Performance Benchmark Plan

- States must demonstrate:
 - Improvements in maternal and child health
 - Childhood injury prevention
 - School readiness and achievement
 - Domestic violence prevention and intervention
 - Family economic self-sufficiency
 - Coordination with community resources and supports

Iowa's Benchmark Plan can be found at:

<https://idph.iowa.gov/family-health/family-support>

The Iowa Benchmark Plan was approved by HRSA. Any changes must be approved by HRSA prior to implementation.

Iowa MIECHV Funding

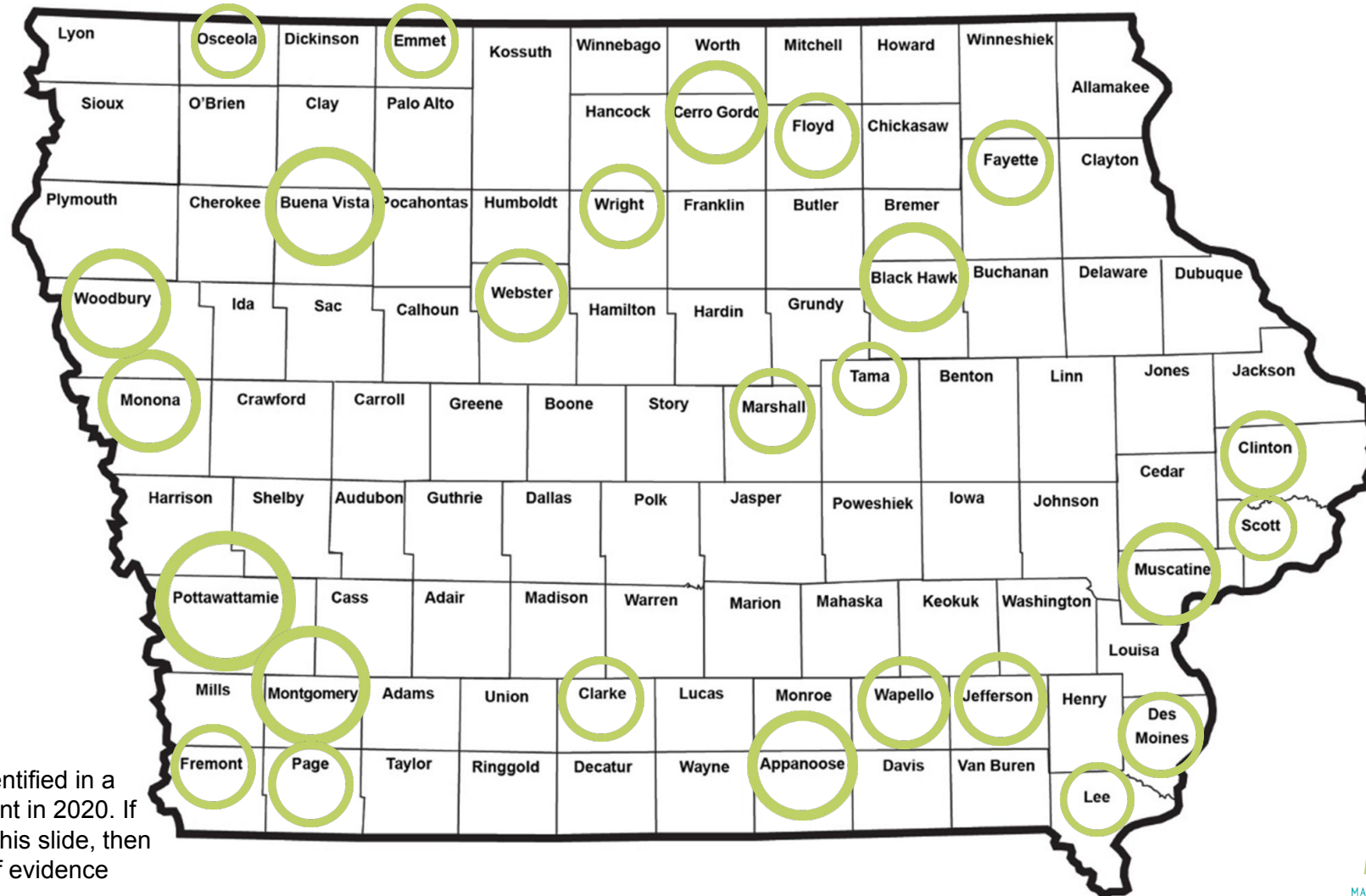
- IDPH - Bureau of Family Health was designated by the Governor to be the lead agency
- IDPH receives a formula MIECHV grant from HRSA
- Iowa is eligible to apply for competitive innovation MIECHV grants when they are available
- Eligibility for MIECHV funds is dependent upon State appropriation to the HOPES-HFI program (MOE)

Iowa's Plan

Two main thrusts of MIECHV:

- Increase availability of evidence-based home visiting programs in at-risk communities
 - Model selection must demonstrate effectiveness of mitigating community risk factors
 - Must also assess community's ability to implement model with fidelity
 - Must also evaluate current home visiting capacity
- Enhance state infrastructure to support quality family support programs

Locations of At-Risk Communities



The at-risk communities were identified in a comprehensive needs assessment in 2020. If a community is not identified on this slide, then we can not fund the expansion of evidence based home visitings.

MIECHV Staffing Grid

- The staffing grid helps IDPH know where our home visiting contractors are in the process of hiring and retaining staff.
- Please complete the initial staffing grid within the first 12 weeks of your contract. Include vacancies and your plan for filling the vacancies.
- Your contract states you will notify IDPH within ten days of any change in personnel. You will update your staffing grid in Google Docs and email your primary program manager of the changes.

Your MIECHV Contract

- Renewed annually - based on past performance, completion and approval of a Request for Application (RFA).
- A minimum of every five years, IDPH will conduct a competitive Request for Proposals to seek the most qualified applicants to provide MIECHV services.
- Use lowagrants.gov for transmission of expenditure reports and claims.
- You are responsible for reading and understanding your contract.
- You are responsible for sharing the contract with the home visiting staff that are assigned responsibility for carrying out the contract.

Contract Compliance

- In the event you are not in compliance with any of the terms of your contract, IDPH will evaluate if the severity of the non-compliance warrants a contract termination, probationary status or a contract compliance plan.
- The contract compliance plan will be developed collaboratively with your organization and your assigned program manager. The plan will set out specific steps and a timetable for your organization to be in contract adherence.

Family Service Capacity

- Each contract contains a specific family capacity that the Contractor is required to serve at any given time (Family Service Capacity)
- You are expected to strive to serve your capacity at any given time. That typically means being proactive and recruiting a replacement family for openings before they actually occur.
- Contractors are provided a quarterly incentive or disincentive if their capacity averages 95% of their family service capacity for the time period.
- Lack of compliance to the family capacity standard will be assessed by IDPH and may result in actions including contract termination.

Home Visit Dosage

- Each model provides guidance on the number of home visits that are anticipated to be provided. This is called a home visit dosage.
- MIECHV strives to serve the most at-risk families in communities with the greatest need. It is expected that families will be scheduled to receive weekly home visits.
 - Contractors will successfully deliver 50% of the services planned.
 - Ex. Contract X has a caseload of 50 families. During the course of one quarter it is anticipated that the Contractor will deliver the following:
 - $50 \text{ slots} \times 12 \text{ weekly home visits} = 600 \text{ home visits} \times .50 = \mathbf{300 \text{ home visits}}$
 - As a family is preparing for discharge, home visits may be reduced to two times per month in the final six months of service
- Models differ in the form of guidance they provide regarding the length of a home visit. In general, IDPH anticipates that a home visit will last 60 minutes or longer.

Information Technology Support

- The MIECHV program has a significant emphasis on the use of information technology.
- To aid home visiting contractors, they are required to have access to IT support personnel. This access may be internal to their organization or via a subcontract.
- The need for IT support will vary from year to year and will be impacted by turnover of staff within your organization.
- A minimum of 40 hours per year of IT support must be available to the program.

Subcontract Approval

If you plan to issue a subcontract to carry out a portion of the work outlined in the MIECHV contract, all subcontracts **must** be approved by IDPH prior to implementation. Please note that claims cannot be paid if the subcontract has not been approved by IDPH. The next few slides cover the required elements for a subcontract and best practices for you to consider.

Subcontract Approval Cont.

Note: This information does not replace the need for the contractor to seek legal counsel

- Required elements:
 - A list of the work and services to be performed by the subcontractor
 - Policies and requirements - must state that the work and services will be provided in accordance with IDPH's special and general conditions
 - May include other policies and requirements as long as they are not inconsistent with IDPH's special and general conditions
 - Provision for IDPH, the contractor and any of their duly authorized representatives to have access, for the purpose of audit and examination, to any documents, papers, and records of the subcontractor pertinent to the subcontract.

Subcontract Approval Cont.

Note: This information does not replace the need for the contractor to seek legal counsel

- Required elements continued:
 - The amount of the subcontract
 - A line item budget of specific costs to be reimbursed under the subcontract or other cost basis for determining the amount of the subcontract as appropriate
 - Subcontracts are limited. No more than 10% of the budget may be allocated for administrative purposes.
 - A statement that all provisions of the IDPH contract are included in the subcontract including audit requirements
 - Period of performance (should not exceed the IDPH contract period)
 - Any additional subcontract conditions

Subcontractor Recommendations

- Required elements continued:
 - Parties should be clearly identified and the manner in which they are referred to throughout the subcontract should be clear and consistent
 - Terms and conditions should be numbered
 - If the contractor desires a specific level of communication with the subcontractor regarding performance, such requirements should be delineated in the subcontract
 - Expectations of professional qualifications of subcontractors employees
 - Manner and process for payment should be clear
 - Termination clause if adequate funds are not available or other reasons for termination including performance

Approval of Subcontracts

- Contractor submits subcontract electronically to their MIECHV primary program manager
- Program manager will review subcontract for required elements
- Program manager will approve or deny the subcontract in writing within ten working days. Denials will contain the reason(s).
- Subcontracts cannot commence until written approval has been received from IDPH
 - Claims cannot be paid until all contracts have been approved by IDPH. This includes subcontracts as well.

Direct vs. Administrative Costs

- Direct costs are expenses that go directly into providing goods and services.
 - For Example: Direct Labor or Direct Materials
- Administrative costs are general expenses that keep your business operating.
 - For Example: Administrative Oversight of subcontracts, Rent, Utilities, etc.
- MIECHV contractors will be limited to no more than 10% of the total contract award be utilized for administration of the grant.
 - This limit shall be extended to any subcontracts of MIECHV funds.
- For additional examples, Please refer to the next slide.

Direct vs. Administrative Cost Examples

Direct (Non - Administrative Costs)

- Time and effort of direct service personnel (home visitors, coordinated intake personnel, data entry clerks and those that supervise direct service personnel)
- Time and effort, travel, supplies, space and other expenses of persons providing professional development services to direct service professionals and those that supervise direct service professionals
- DAISEY reporting, reporting to evidence-based model developers
- Time and effort for participation in IDPH MIECHV monthly calls, individual contractor check in calls

Administrative

- Preparation and submission of grant applications
- Subcontract development and oversight of subcontract activities
- Time and effort for contract development and negotiation with IDPH
- Time and effort, travel, supplies, space, professional development and other expenses for management personnel, including fiscal management positions. Management positions include those that do provide direct services to families nor do they provide supervision to direct service personnel.

Communication Protocols

- Assigned to a primary Program Manager - first point of contact
- Program Director to Authorizing Contract Official communication will occur if there are any concerns about adherence to the contract.
- Any changes in state policy or protocols will be shared with all MIECHV contractor leadership
- Day to day operations should be communicated between the contracted Program Manager and the IDPH assigned Program Manager
- A minimum of monthly calls or in-person visits will occur between each home visiting contractor and their primary Program Manager

HV Contractors Monthly Meetings

- 4th Monday of the month, 1pm - 2:30pm, with the exception of the months of May and December
- Required that someone from the contracting agency and subcontracting agencies participates
- Please feel free to include anyone from your agency
- Venue to share and discuss information
- Potential venue for training
- Opportunity to keep the state informed of progress
- Opportunity to connect with other MIECHV contractors

MIECHV Required Training

- Every new staff member must attend DAISEY Basic Navigation and Report trainings (or review all video tutorials) and review the MIECHV Data Dictionary, Assessment Flow Chart, and DAISEY User Manual, all found on the DAISEY Iowa website (<https://daiseyiowa.daiseysolutions.org/find-answers/>)
- When Benchmark trainings are offered, at least one person per contractor and subcontractor is required to participate
- It is recommended that the IT person listed in your key personnel chart also attend DAISEY training
- National Family Support Certification Exam - The Institute (within one year of the date your employment begins)

MIECHV Required Training Cont.

- Model required training
- Assessment & Screening required training (See Slide 29 for comprehensive list of required trainings)
- Comply with the National Family Support Certification requirements
- Staff must register with the Institute for the Advancement of Family Support Professionals and take the National Family Support Certification Pre-Assessment within 30-60 days of hire.
- You will be notified of any additional training requirements

Assessment or Screening Tools

- Benchmark Plan - describes assigned tools
 - Life Skills Progression Instrument - certified trainer
 - ASQ 3 and ASQ-SE 2 - approved trainer
 - Life Skills Progression - certified trainer
 - Edinburgh Postnatal Depression Scale - approved trainer
 - Alcohol and Other Drug Screen - no specific training required
 - PICCOLO, DANCE, &/or CHEERS - approved
 - Primary Caregiver Quarterly, Primary Caregiver Enrollment & Annual, Target Child Enrollment & Annual Reports via Parent Interview
 - Parent Interview - means information captured during the natural course of service delivery.
 - Home Visit Review form

Parent Child Interaction Screening Tools

- Parent Child Interactions (PCIs) are the heart of home visiting services and focus on the relationship between the parent and child while guiding home visitors to better support the needs of that relationship.
- MIECHV has 3 Parent Child Interaction screening tools that are currently approved for MIECHV PCI data collection.
 - CHEERS - HFA programs are eligible to use the CHEERS Check In Tool as their approved PCI &/or the PICCOLO.
 - DANCE - MIECHV funded NFP programs are eligible to use the DANCE as their approved PCI &/or the PICCOLO.
 - PICCOLO - PAT programs are limited to ONLY using the PICCOLO as their model developer does not have an approved PCI assessment at this time.
- For more information regarding these assessments, you may refer to the data dictionary <https://daiseyiowa.daiseysolutions.org/articles/iowa-miechv-data-dictionary-2/>

MIECHV Recommended Training

- All staff should complete the Pre-Assessment located on the Institute for the Advancement of Family Support Professionals website.
 - <https://institutefsp.org/>
- Also located on the Institute website is the Career Compass. Staff should follow their career compass after completing the pre-assessment. This compass will guide you to modules specific to your professional development needs.
- The MIECHV team hosts quarterly study groups which can help orient new staff to the Institute, Career Compass, and the National Certification Exam.
 - It is recommended that new staff sign up for one of these sessions to better acquaint themselves with the system.

Technology Requirements

- State identified data collection system for MIECHV (DAISEY System)
- All MIECHV home visitors are required to have a device which allows them to enter data directly into the data system while in the home.
 - Please see next slide for further information regarding this.
- Workers must utilize DAISEY for MIECHV data collection:
 - The Contractor and Subcontractor must have permission before entering MIECHV data into another data system.
 - Data is to be secure and other systems must meet HIPAA standards for data security.
 - A defined reason must be given for duplication of data entry.
- As staff are hired or leave - complete a New User Template and send it to the DAISEY Helpdesk
- MIECHV staff are required to use DAISEY as it was intended:
 - Must have a tablet or comparable device and data plan
 - Enter assessment information in the home
 - Please note, staff are not allowed to enter data into other systems, with the exception of the model developer systems without prior approval from IDPH.

Technology Specifications & Data Plan

- All MIECHV home visitors are required to have a mobile device with a cellular data plan that may be used as a personal hotspot, to enable them to enter data electronically during the home visit when possible.
 - The use of tablets for the mobile device is strongly encouraged because of their screen size, touch screen technology and flexibility.
- Minimum requirements for a data plan
 - Start off with a very low minute monthly plan and monitor your usage
 - Make sure you choose a carrier that provides the best coverage in your geographic area
 - That may mean that you will have more than once carrier if you cover a larger geographical area

The Role of the Supervisor

- MIECHV home visiting Contractors are contractually required to provide weekly supervision. This requirement may be more frequent than what is required by the model developer for individual models.
- Supervision shall be scheduled and provided for 1:1 time for the family support professional outside of traditional work hours. It will include:
 - Review of required data - including both DAISEY & other data systems monthly
 - Home visit completion
 - Capacity
 - Outreach strategies
 - Coordination of services
 - Professional development strengths and needs
 - Observation of each direct support professional 2x/year
 - And MUST be provided through Reflective Supervision

MIECHV Evaluation

- MiHOPES
 - National Evaluation
 - This evaluation is not currently active, however, it will be again from time to time.
- Contractors are required to participate fully in all research activities per your contract. These activities may also extend to participation in IDPH research activities as needed.
- Contractors may not participate in additional research activities without prior IDPH approval

Continuous Quality Improvement (CQI)

- Continuous Quality Improvement (CQI) is a targeted approach to solving a problem.
- The MIECHV program, in collaboration with Contractors/Subcontractors work together to identify areas of improvement within our current practice by analyzing data collected throughout prior years.
- Once an area of focus is identified, a group of CQI leads from each contract meet at regular intervals to complete a Plan-Do-Study-Act model that address the identified concern.
- Both home visitors and supervisors are encouraged to participate in CQI
- Topics that have been selected for CQI focus in the past are: Safe Sleep, Breastfeeding, & Referrals

Parent Advisory Councils

- MIECHV funded programs are required to ensure that Iowa's at-risk families are partners in planning and implementing home visiting services.
- To ensure this is occurring, all Contractors must establish or maintain an existing Parent Advisory Council
- Each Parent Advisory Councils MUST include the following:
 - A meeting each quarter
 - Must be comprised of 50% or more of past/present participants in Early Childhood Home Visiting service.
- Failure to meet these requirements may result in a corrective action plan for any Contractors that are not in adherence.

Site Visits

- MIECHV sites will receive two site visits each year to assure contract compliance.
- Spring site visits are held between February and April.
 - These visits are less formal and provide an opportunity for programs to reach out with any questions or concerns prior to the formal Fall Site Visit.
 - Usually held virtually
 - No form completion required
- Fall site visits are held between June and August.
 - Each Contractor and Subcontractor is required to answer questions from the Fall Site Visit form which is located here: [MIECHV Operations Manual](#)
 - This visit will include home visitors, supervisors, directors, etc. and will require that your assigned program manager meets with all Contractors & Subcontractors to review the completed site visit form.
 - Depending on the needs of the Contractor, this visit may be held virtually or in person.

Resources

- IDPH Family Support Website: <https://idph.iowa.gov/family-health/family-support>
- HRSA Website: <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview>
- Zero to Three Home Visiting Resources: <https://www.zerotothree.org/resources/series/home-visiting-supporting-parents-and-child-development>
- PEW Charitable Trust Home Visiting Campaign: <https://www.pewtrusts.org/en/projects/archived-projects/home-visiting-campaign>
- Home Visiting Evidence of Effectiveness (HomVEE): <https://homvee.acf.hhs.gov/>
- MIECHV TARC: <https://www.edc.org/miechv-technical-assistance-resource-center>
- National Home Visiting Resource Center: <https://nhvrc.org/>

Contact Information

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