

MIECHV Orientation

New Home Visiting Contractors

Updated 9.25



Health and
Human Services



Introductions: State Staff

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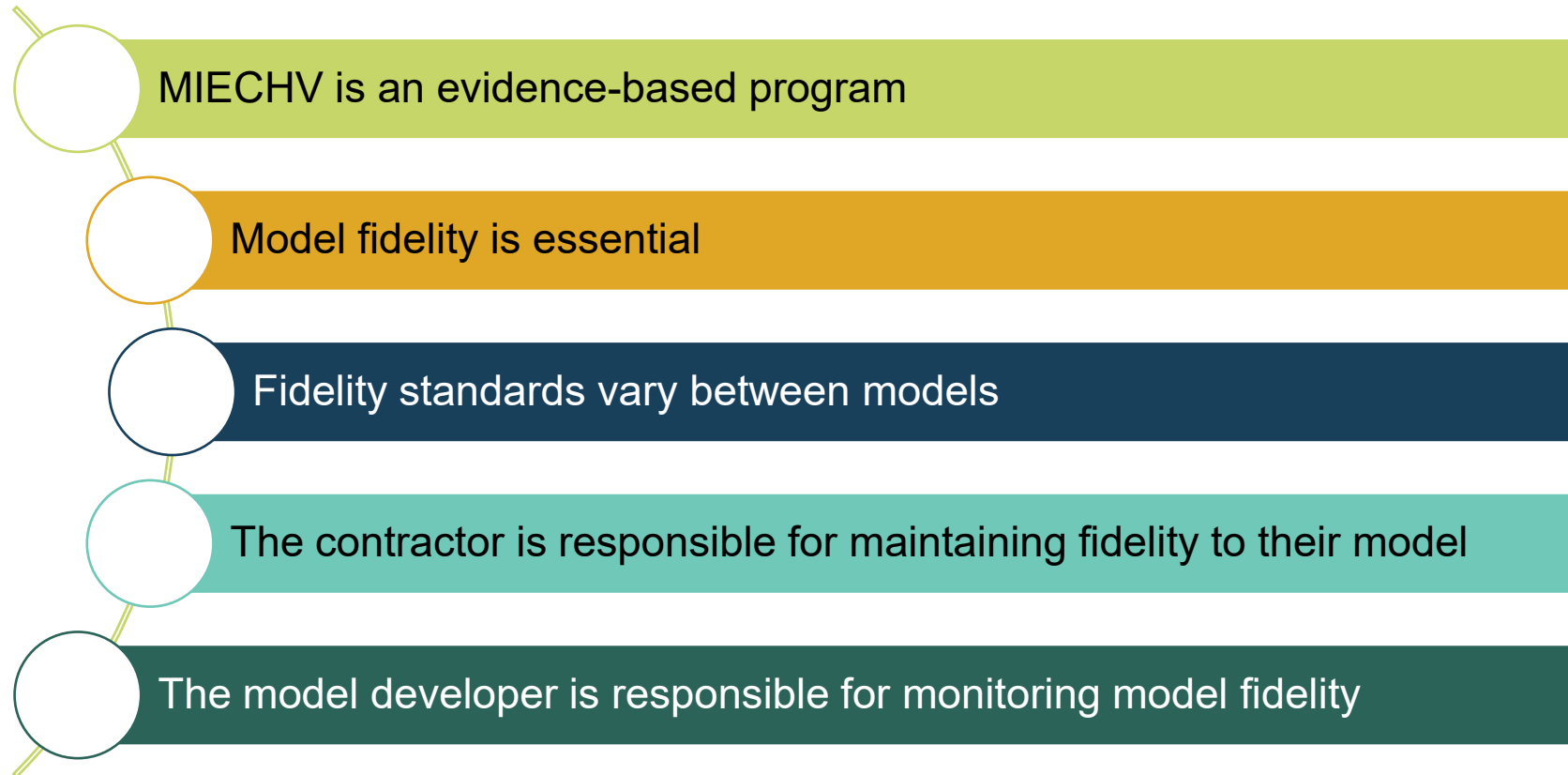
- ▶ Patient Protection & Affordable Care Act (ACA) – March 23, 2010 – Created the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program
- ▶ Designed to:
 - Strengthen & improve programs and activities carried out under Title V – Maternal & Child Health
 - Improve coordination of services for at-risk communities
 - Identify & provide comprehensive services to improve outcomes for families who reside in at-risk communities
- ▶ 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)



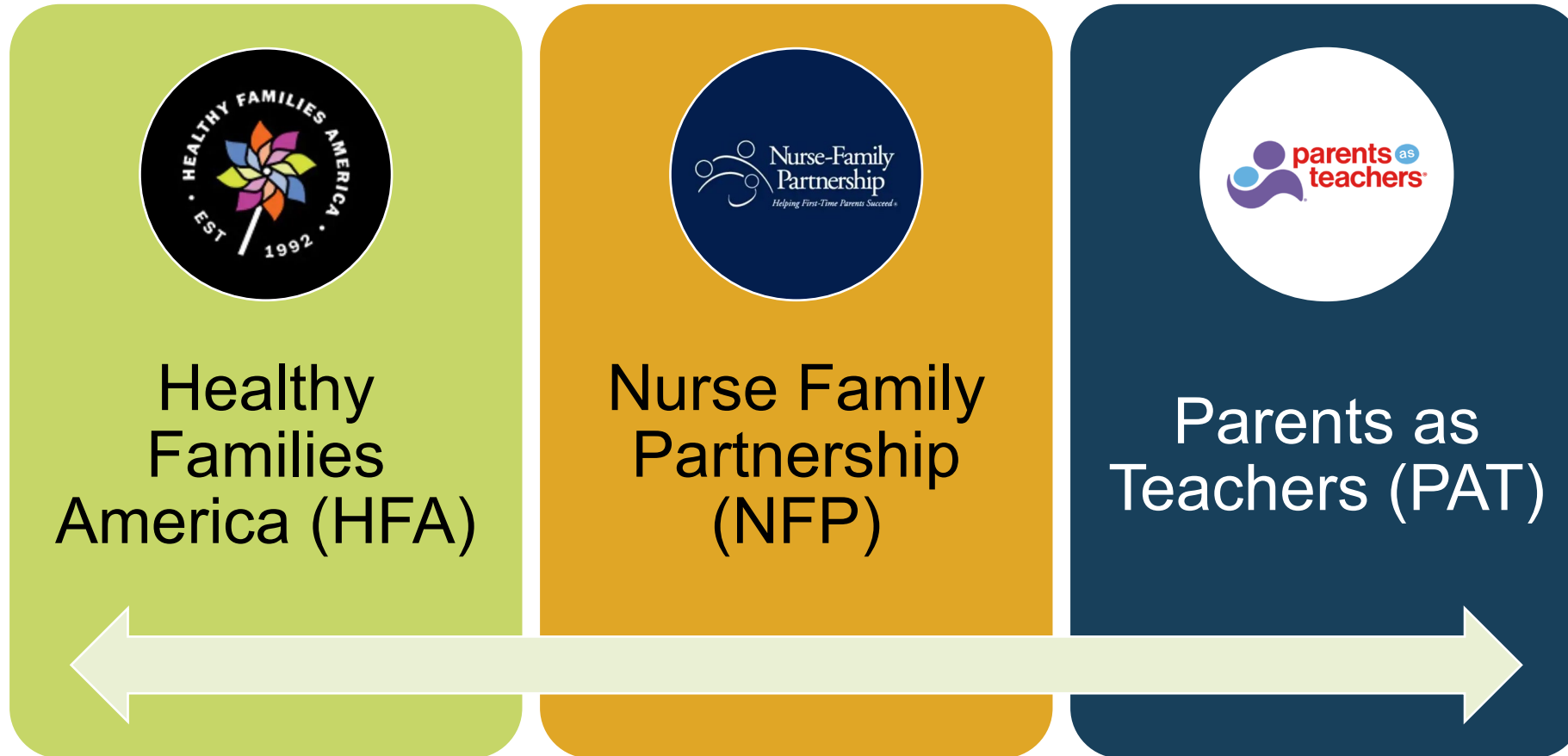
Important Terms

MIECHV	Maternal, Infant and Early Childhood Home Visiting
HRSA	Health Resources Service Administration
Title V	Maternal Child Health Program
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



Evidence-Based Models



Why use different models?



- ▶ Our philosophy is that families are unique, and a one size fits all approach would be a disservice to 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 may be located at: [FY25 MIECHV Benchmarks at-a-glance | Iowa Family Support](#)

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

Iowa MIECHV Funding

HHS – Bureau of Family Services was designated by the Governor to be the lead agency

HHS 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

- VIA Memorandum of Effort (MOE)

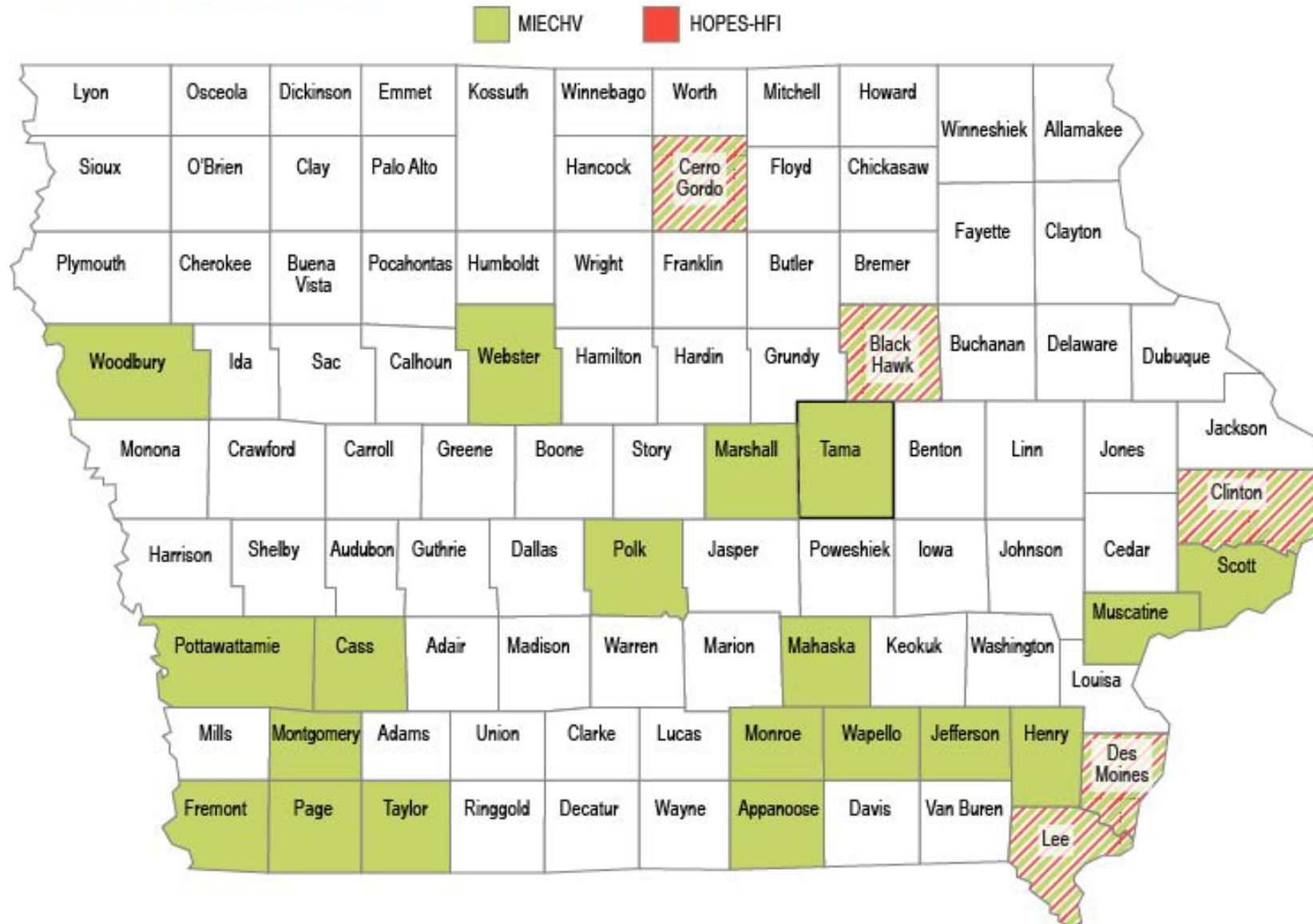
Iowa's Plan

Increase availability of evidence-based home visiting programs in vulnerable communities

- Model selection must demonstrate effectiveness of mitigating community risk factors
- Must also assess the community's ability to implement model with fidelity
- Must also evaluate current home visiting capacity
- For the most recent list of vulnerable communities, please see the Needs Assessment: [Iowa MIECHV Early Childhood Home Visiting Program 2020 Statewide Needs Assessment](#)

Enhance state infrastructure to support quality family support programs

Locations of MIECHV & HFI Services



Contracts & Compliance

Initial contracts will be issued for 3 years

Up to three additional extensions available, but dependent on:

- Past performance
- Funding availability

HHS will conduct a competitive Request for Proposals to seek the most qualified applicants to provide MIECHV services.

- Approximately every six years

You are responsible for reading and understanding your contract.

You are responsible for sharing the contract with home visiting staff that are assigned responsibility for carrying out the duties outlined.

Use [lowagrants.gov](https://www.lowagrants.gov) for transmission of expenditure reports and claims.

Subcontracts

All subcontracts must be reviewed by your contract manager prior to distribution.

Reviews will be completed by contract manager within 10 working days.

If denied, a reason or correction will be provided.

These cannot be signed without a final approval from HHS staff

Required elements of all subcontracts

- ▶ 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 HHS's special and general conditions.
- ▶ May include other policies and requirements as long as they are not inconsistent with HHS's special and general conditions.
- ▶ Provision for HHS, 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.
- ▶ The amount of the subcontract.
- ▶ A line-item budget of the specific costs to be reimbursed under the subcontract or other cost basis for determining the amount of the subcontract as appropriate.
- ▶ A statement that all provisions of the HHS contract are included in the subcontract including audit requirements.
- ▶ Period of performance which shall not exceed the HHS contract period.
- ▶ Any additional subcontract conditions.

Recommended elements of all subcontracts

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.

Contracts & Compliance Cont'd

If you are not in compliance with any of the terms of your contract, HHS 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 Contract Manager. The plan will set out specific steps and a timetable for your organization to be in contract adherence

Workforce Report

This report allows HHS staff to know where contractors are at in the hiring and retainment of staff. This report must be:

- Completed within first 12 weeks of your new contract
- Completed within its entirety.
- Updated within 10 days of any staffing change.
- In addition, you must send email notice to your Contract Manager regarding any staffing changes.

Family Service Capacity

Your contract states how many families you may serve at any given time.

- You are expected to strive to serve your capacity at all times.
- Be proactive and recruit families as needed.
- Performance incentives are awarded to contractors who meet capacity expectations.
- New contractors, or those who have experienced an increase in their service capacity, will have one calendar year from the date of inception to reach full-service capacity.

If you are unable to consistently meet capacity:

- You may be placed on a compliance plan,
- Your capacity may be reduced,
- Or your contract may be terminated.

For more information regarding family service capacity, please refer to the Operations Manual.

- Policy #10: Capacity Expectations

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 vulnerable families in communities with the greatest need.

- It is expected that most families will be scheduled to receive weekly home visits.

Models differ in the form of guidance they provide regarding the length of a home visit.

- In general, HHS anticipates that a home visit will last 60minutes or longer.

For additional information regarding home visit dosage, please refer to the Operations Manual.

- Policy #9: Home Visit Dosage

Information Technology Support

The MIECHV program has a significant emphasis on the use of information technology for data collection.

- Data and Integration System for the Early Years (DAISEY)

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 subcontractor.

The need for IT support will vary from year to year and will be impacted by staffing turnover within the organization.

- A minimum of 40hours per year of IT support must be available to the program and staff.

For additional information regarding information technology support, please refer to the Operations Manual

- Policy #19: Information Technology (IT) Support

Technology Requirements

All MIECHV home visitors are required to have a device which allows them to enter data directly into the system while conducting a visit.

- Tablets are strongly encouraged for the size of the screen and ease of data entry.
- A mobile hotspot, cellular data plan, or MiFi device may be needed for direct data entry.
- Assure the carrier you have selected provides the best coverage for your geographical area.
- Begin with a low minute monthly plan and monitor your usage to determine your need.

Home visitors must use DAISEY for MIECHV data collection.

- All contractors & subcontractors must have prior approval before entering MIECHV data into a secondary system.
- A defined reason must be given for duplication of data entry.
- Data is to be secure, and other systems must meet HIPAA standards for data security.

As staff are hired or leave – the program manager is responsible for updated the New User Template.

- This template needs to be sent to the DAISEY Helpdesk.
- The template may be located at the following link: [User Management Template](#)

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 information regarding administrative costs, please refer to the Operations Manual

- Policy #22: MIECHV Administrative and Carry Forward Limits

Direct Costs (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 HHS MIECHV quarterly calls, individual contractor check in calls

Administrative Costs



Preparation and submission of grant applications



Subcontract development and oversight of subcontract activities



Time and effort for contract development and negotiation with HHS



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

You will be assigned to a primary contract manager. This will be your 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 program manager and the assigned HHS contract manager.

A minimum of one monthly call or in-person visit will occur between each program manager and their assigned contract manager.

All-Contractors Calls

Held quarterly on the fourth Monday of the month.

- Virtual
- 1-2:30pm

Required that someone from the contracting agency and subcontracting agencies attends.

- Anyone from your agency may join.

Venue to share and discuss information.

- Potential venue for training needs.
- Opportunity to keep HHS informed of program progress.
- Opportunity to connect with other MIECHV funded agencies – Network!

MIECHV Required Training

Every new staff must review:

- DAISEY Basic Navigation and Report trainings (or review all video tutorials),
- MIECHV Data Dictionary
- DAISEY User Manual
- All located at: [Find Answers | Iowa Family Support](#)
- It is recommended that any IT personnel listed in your application also complete these trainings.

All staff must complete the National Family Support Certification Exam.

- Register on the Institute and complete the Pre-Assessment within 30-60days of hire.
- Successfully pass the exam within one year of your start date.
- You may reach out to Kristy Roosa if you have any questions or concerns regarding this process.

Complete all model required training (PAT, NFP, HFA)

Complete all assessment and screening training that is required for MIECHV funding.

- A full list of required trainings is included on the next slide.

Assessment or Screening Tools

Life Skills Progression

Ages and Stages Questionnaire 3rd edition (ASQ3)

Ages and Stages Questionnaire: Social Emotional 2ⁿ^d edition (ASQ:SE2)

Edinburgh Postnatal Depression Scale

Relationship Assessment Tool

Alcohol and Other Drugs Screener

PICCOLO, DANCE &/or CHEERS Check In.

Enrollment & Annual Reports for both Caregiver and Child

Home Visit Review Form

Parent Child Interaction 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 three PCI screening tools that are currently approved for data collection.

- HFA – CHEERS Check in Tool OR the PICCOLO
- NFP – DANCE as their tool OR the PICCOLO
- PAT– PICCOLO

For more information regarding these assessments, you may refer to the data dictionary: <https://daiseyiowa.daiseysolutions.org/articles/iowa-miechv-data-dictionary-2/>

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 needs.

Supervision shall be scheduled and provided in a 1:1 setting and to the family support professional outside of their traditional work hours.

Supervision shall include:

- Review of required data – including DAISEY and other data systems
- Home visit completion
- Capacity
- Outreach strategies
- Coordination of services
- Professional Development strengths and needs
- Observation of each family support professional 2x/year
- MUST be provided through Reflective Supervision

MIECHV Evaluation

The Mother and Infant Home Visiting Program Evaluation (MIHOPE)

- A national evaluation
- This evaluation is not currently active; however, it be again from time to time.

Contractors are required to participate fully in all research activities per their contract.

- These may extend to participation in HHS research activities as needed.

Opportunities may arise to participate in non-MIECHV sponsored research.

- HHS supports opportunities to contribute to the research base of home visiting.
- All participation in research must be pre-approved, in writing, by HHS.

Continuous Quality Improvement (CQI)

CQI is a targeted approach to solving a problem.

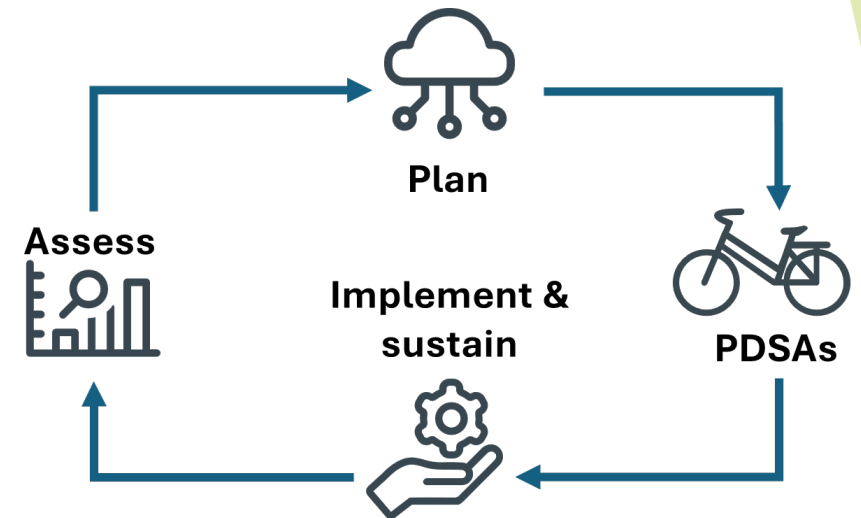
- A collaborative effort between MIECHV Contractors/Subcontractors and their HHS MIECHV team.
- Together, they will work to identify areas of improvement within our current practice by analyzing data collected throughout prior years.

Once an area of focus is identified:

- A group of CQI leads from each contract will meet at regular intervals to collaborate on the CQI cycle.
- Both home visitors and supervisor staff are encouraged to participate in CQI efforts

Historical topic examples are:

- Safe sleep
- Breastfeeding
- Referral rates and completion
- Home visit rates and completion



Parent Advisory Councils

MIECHV funded programs are required to ensure that lowan 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 council **MUST** include the following:

- A meeting each quarter
- Be comprised of 50% or more of past or current participants in Early Childhood Home Visiting service.
- This is not limited to MIECHV funded families but can include families from all funding streams.

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.

- May be conducted on site or virtually.

Spring Site Visits:

- Less formal
- Provide opportunity for programs to reach out with any questions or concerns prior to Fall Site Visit
- Usually held virtually
- No form completion required.

Fall Site Visits:

- Each contractor and subcontractor are required to answer questions from the fall site visit form.
 - An example of this form may be found in the Operations Manual under the section titled “Appendix C”
- This visit will include home visitors, supervisors, directors, etc.
- It will require that your assigned contract manager will meet with all contractors and subcontractors to review and complete the form.
- The fall site visit form is updated annually, please reach out to your assigned contract manager for the most up to date version.

Contact Information

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