VERMONT

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Transmittal of External Audit Report

Instructions: Per Department of Finance & Management Policy #7.0: ***External Audit Reports***, departments are required to complete and submit this **coversheet** with a copy of the external audit report to the Commissioner of Finance & Management within 30 days of issuance of the final audit report. This coversheet must be submitted by the department's business office to ensure their awareness and acknowledgment of any potential financial impact. Official department responses to the audit report, including corrective action plans (*if required*), must also be submitted to Commissioner of Finance & Management upon completion.

Department	VDH
Business Office Contact	Megan Hoke
Program/Activity Audited	MIECHV Grant Virtual Review
Audit Agency	HRSA Maternal & Child Health
Audit Report Date	07/14/2021

1. **Does the audit report contain any findings or recommendations?**

   ☒ YES ☐ NO

   All fiscal requirements met. Four program recommendations noted.

   ➢ If YES continue to question #2; otherwise coversheet is complete.

2. **Does the report contain any repeat audit findings?**

   ☐ YES ☒ NO

3. **Please rate the findings and/or recommendations contained in the audit report using the following scale; for reports with multiple findings, this overall rating should be based on the most critical finding:**

   ☐ **Insignificant**: Nominal violation of policies, procedures, rules, or regulations. Corrective action suggested but not required.

   ☐ **Notable**: Minor violation of policies, procedures, rules, or regulations and/or weak internal controls; and/or opportunity to improve effectiveness and efficiency. Corrective action may be required.

   ☐ **Significant**: Significant violation of policies, procedures, rules, regulations or laws; and/or poor internal controls; and/or significant opportunity to improve effectiveness and efficiency. Corrective action required.

   ☐ **Major**: Major violation of policies, procedures, rules, regulations or laws; and/or unacceptable internal controls; and/or high risk for fraud, waste or abuse; and/or major opportunity to improve effectiveness and efficiency. Immediate corrective action required.

4. **Is the department required to develop a corrective action plan (*or similar*) to address the audit findings and/or recommendations?**

   ☐ YES ☒ NO

   ➢ If YES continue to next question; otherwise skip to question #8.

5. Has the corrective action plan been developed?

☐ YES ☒ NO [provide status below]

❖ Status of corrective action plan:

6. Does the department anticipate any inability or delay in implementing its corrective action plan?

☐ YES ☐ NO,

➢ If YES continue to next question; otherwise skip to question #8.

7. What fiscal and programmatic impact is this inability or delay likely to have?

None

8. Does the report contain any disallowed costs[1]?

☐ YES ☒ NO

➢ If YES list the amount(s) and page reference(s) below; otherwise skip to question #11.

Disallowed Amount $	Audit Report Page #

Disallowed Amount $	Audit Report Page #

9. Has the method and timing of repayment for all disallowed costs been agreed upon with the applicable organization?

☐ YES ☐ NO

10. Assess the impact this disallowance will have on the:

a. Program/Activity: ☐ Major ☐ Significant ☐ Minimal ☐ None
b. Dept Overall Budget: ☐ Major ☐ Significant ☐ Minimal ☐ None

11. Does the report contain any questioned costs[2]?

☐ YES ☒ NO

➢ If YES list the amount(s) and page reference(s) below; otherwise form is complete.

Questioned Amount $	Audit Report Page #

Questioned Amount $	Audit Report Page #

12. Assess the likelihood that the questioned costs will result in disallowances and/or reductions in future revenues:

☐ Very Likely ☐ Likely ☐ Somewhat Likely ☐ Not Likely

[1] Costs determined as unallowable under the applicable program/activity and not eligible for financial assistance; generally disallowed costs must be reimbursed to the awarding organization.

[2] Costs identified as potentially unallowable for financial assistance under the applicable program/activity.

DEPARTMENT OF HEALTH & HUMAN SERVICES Health Resources and Services Administration

Division of Home Visiting and Early Childhood Systems Rockville, MD 20857

Ilisa Stalberg, Project Director,
Vermont Agency of Human Services
280 State Drive
Waterbury, VT 05671-7347

July 14, 2021

Dear Ms. Stalberg:

The Health Resources and Services Administration (HRSA) Division of Home Visiting and Early Childhood Systems (DHVECS) has completed the Operational Site Visit of your Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. Your responses to the draft report communicated on July 2, 2021, have been reviewed and where consistent with information gleaned during the site visit, have been incorporated. We did not accept edits involving new information. At this time, all matters associated with this report appear to be resolved. No further action on your part is required. The final report has been approved by HRSA and is attached for your records.

Please note that any findings of non-compliance may necessitate implementation of a Corrective Action Plan. I look forward to working with you in addressing the findings identified in the attached report and request that you keep me updated in writing about your progress with implementing any recommendations. In addition, you are highly encouraged to review and use all available technical assistance resources, which can be accessed at https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview to support you in meeting MIECHV program requirements and/or improving the performance and operations of your program.

We appreciate the cooperation and courtesy extended to us throughout this review process. If you have any questions, please do not hesitate to contact me.

Sincerely,

Nicole Gaskin-Laniyan, Project Officer
Maternal, Infant, and Early Childhood Home Visiting
Division of Home Visiting and Early Childhood Systems

cc: Kelsey McCoy, Team Lead/Supervisor, HRSA/DHVECS
Stanley Gordon, Grants Management Specialist, HRSA/DGMO
Lisa Sutter, Programmatic Consultant
Jean Boyack, Fiscal Consultant

Valeri Lane, DSFederal Project Manager

Operational Site Visit Report

Vermont

Health Resources and Services Administration (HRSA)
Maternal and Child Health Bureau (MCHB)
Division of Home Visiting and Early Childhood Systems (DHVECS)
Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

July 14, 2021

This document was prepared for the Health Resources and Services Administration (HRSA) under HRSA contract number HHSH250201400074I_HHSH25034005T.

This report has been prepared on behalf of the Health Resources and Services Administration, Maternal and Child Health Bureau (HRSA/MCHB) for the purposes of compliance oversight and guidance of the HRSA/MCHB home visiting program. The report contains final findings reviewed and approved by HRSA/MCHB. This report identifies any findings of noncompliance with home visiting program requirements and may also include a review of programmatic and financial performance.

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Operational Site Visit Report

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Awardee Agency: Vermont Agency of Human Services
280 State Drive
Waterbury, VT 05671-7347

Primary Contact: Ilisa Stalberg (802-863-7200, Ilisa.Stalberg@vermont.gov)

Type of Visit: Operational Site Visit

Dates of Visit: May 3, 2021 through May 5, 2021

Summary of Grant Awards

Grant Details	FY _20_ Formula Grant	FY 21__ Formula Grant
Grant Number	X10MC33613	X10MC39719
Project/Budget Period	09/30/2019 - 09/29/2021	09/30/2020 - 09/29/2022
Amount of HRSA Funding	$1,389,113	$1,351,961

Site Visit Contractors

Lisa Sutter, DSFederal Programmatic Consultant

Jean Boyack, DSFederal Fiscal Consultant

Lisa Pelle, DSFederal Notetaker

Federal Staff

CDR Nicole Gaskin-Laniyan, MIECHV Project Officer, Region I Division of Home Visiting and Early Childhood Systems (DHVECS)

Kelsey McCoy, Supervisory Team Lead, DHVECS

Laura Sherman, Social Science Analyst, DHVECS

State/Territory-Level Staff Attendees

Name	Title	Role in MIECHV	Attended Debrief
Ilisa Stalberg	Maternal and Child Health Director	Project Director	X

Name	Title	Role in MIECHV	Attended Debrief
Margaret Tarmy	Nurse Home Visiting Program Administrator	Program Manager	X
Morgan Paine	Health Data Administrator	MIECHV Data	X
Kim Bean	Director of Maternal and Child Health Operations		X
Connie Harrison	Financial Director	Awardee Fiscal Staff	X
Charlotte Goodrich	Financial Administrator	Awardee Fiscal Staff	X
Karen Kelley	Financial Administrator	Awardee Fiscal Staff	X
Megan Hoke	Financial Manager	Awardee Fiscal Staff	X
Dr. Mark Levine	Commissioner	Awardee Leadership	
Tracy Dolan	Deputy Commissioner	Awardee Leadership	
Janet Kilburn	Child Development Director	Awardee Leadership	X
Karen Flynn	Women, Infant, and Children (WIC) Program Administrator		

Local Implementing Agency (LIA) Attendees

Name	Title	Role in MIECHV	Agency Name
Katy Leffel	Nurse Supervisor	Local Implementing Agency (LIA)	Central Vermont Home Health and Hospice
Amy Wenger	Nurse Supervisor	LIA	Franklin County Home Health and Hospice
Michelle Dane	Nurse Home Visitor	LIA	Central Vermont Home Health and Hospice
Solenne Thompson	Nurse Home Visitor	LIA	Central Vermont Home Health and Hospice

Name	Title	Role in MIECHV	Agency Name
Melissa Marsden	Data Administrator	LIA	Central Vermont Home Health and Hospice
Kelly Bishop	Chief Financial Officer	LIA	Central Vermont Home Health and Hospice
Kristen Quiet	Nurse Home Visitor	LIA	Franklin County Home Health and Hospice
Jesse Mongeon	Nurse Home Visitor	LIA	Franklin County Home Health and Hospice
Victoria Kane	Nurse Home Visitor	LIA	Franklin County Home Health and Hospice
Michelle Stiles	Nurse Home Visitor	LIA	Franklin County Home Health and Hospice
Charlene Baron	Data Administrator	LIA	Franklin County Home Health and Hospice
Patricia Gratton	Chief Financial Officer	LIA	Franklin County Home Health and Hospice
Janet McCarthy	Chief Executive Officer	LIA	Franklin County Home Health and Hospice
Central Vermont Home Health and Hospice Agency Family	Family	LIA Participant	Central Vermont Home Health and Hospice
Melissa Kaufold	Nurse Supervisor	LIA	University for Vermont Network
Heidi Gillespie	Nurse Supervisor	LIA	VNA and Hospice of the Southwest Region
Magdalene Miller	Nurse Supervisor	LIA	Northern Counties Home Health and Hospice

Partnership and Collaboration Meeting Attendees

Name	Title	Role in MIECHV	Agency Name
Sheila Duranleau	Director of Child Development Division	MIECHV Partner	Vermont Department for Children and Families
Karen Bielawski-Branch	Children's Integrated Services Home Visiting Program Administrator	MIECHV Partner	Vermont Department for Children and Families
Ann Giombetti	USA Maternal Early Childhood Home-Visiting (MECSH) Consultant	Model Consultant and Trainer	Western Sydney University
Morgan Crossman	Executive Director	MIECHV Partner	Building Bright Futures
Beth Truzansky	Deputy Director	MIECHV Partner	Building Bright Futures

Program Requirements Review Summary

Program Requirements Review	Met	Not Met
Program Requirement A – Awardee Organization Structure and Capacity	A1, A2	
Program Requirement B – Workforce Development	B1, B2, B3	
Program Requirement C – Statewide Needs Assessment and Serving Priority Populations	C1, C2	
Program Requirement D – Family Enrollment and Retention	D1, D2, D3	
Program Requirement E – Implementing Evidence-Based Models	E1, E2, E3-N/A, E4, E5, E6-N/A,	E7

Program Requirements Review	Met	Not Met
Program Requirement F – Collaboration with Early Childhood Partners and Early Childhood Systems Coordination	F1, F2, F3, F4, F5	
Program Requirement G – Data Collection and Reporting	G1, G2,	
Program Requirement H – Evaluation	H1-N/A, H2-N/A	
Program Requirement I – Continuous Quality Improvement	I1, I2	
Program Requirement J – Subrecipient Monitoring of Program Compliance	J1, J2, J3	

Fiscal Requirements Review Summary

Fiscal Requirements Review	Met	Not Met
Fiscal Requirement A – Use of Funds	A1, A2-N/A, A3, A4, A5	
Fiscal Requirement B – Period of Availability	B1, B2	
Fiscal Requirement C – General Fiscal Management	C1, C2	
Fiscal Requirement D – Contracts and Subrecipient Oversight and Monitoring	D1, D2, D3, D4	
Fiscal Requirement E – Maintenance of Effort	E1-N/A, E2-N/A	
Fiscal Requirement F –Other Reporting Requirements	F1, F2	

Executive Summary

The U.S. Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA) Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program aims to conduct operational site visits for all awardees at least once every three years. Site visits provide an objective assessment of the MIECHV program awardee's status in meeting statutory, administrative, programmatic, and fiscal requirements. Site visits also support program oversight and quality improvement efforts.

The review process for the Vermont (VT) Agency of Human Services (AHS) covered the grant periods September 30, 2019, through September 29, 2021, and September 30, 2020, through September 29, 2022, and began with a pre-site visit document review and completion of a draft

Site Visit Assessment Tool (SVAT) by the programmatic and fiscal consultants. The discussions that took place during the site visit further clarified or confirmed the information in the SVAT.

This visit was conducted virtually using a web-based platform. The virtual site visit to the VT AHS occurred on May 3-5, 2021 and included a virtual visit to local implementing agencies (LIAs) Central VT Home Health and Hospice and Franklin County Home Health and Hospice on the second day of the visit.

VT has a well-coordinated home visiting system, in which high-quality, evidence-based, nurse home visiting plays an important part. VT implements the Maternal Early Childhood Sustained Home-Visiting (MECSH) model. Under the leadership of the VT AHS, Department of Health (VDH), and in partnership with the Children's Integrated Services (CIS) administration within the Department for Children and Families (DCF), the awardee works to define and implement the VT MIECHV program. This program supports the delivery of sustained nurse home visiting services to families residing in all 14 of VT's counties that were identified as high risk. VT transitioned to the MECSH model in 2018 after originally implementing the Nurse-Family Partnership (NFP) model. MIECHV funds only one evidence-based home visiting program model in VT. However, universal home visiting, responsive home visiting supported by family support workers, and sustained home visiting delivered by staff trained in the Parents as Teachers (PAT) model are also a part of the VT home visiting continuum. These three types of home visiting services work together to provide the appropriate level of services to the needs of VT families.

The awardee built an active MECSH Steering Committee that provides programmatic direction for the MIECHV-funded home visiting in the state, including supporting the transition from the NFP model to MECSH. LIA nurse supervisors actively contribute to and participate in the regional CIS teams to review all CIS service referrals including home visitation services. CIS teams use a coordinated intake approach and sustained home visiting referral flow to assure families are connected to the appropriate services. The governor's 2020-2021 budget included state match funding to support the expansion of MECSH and family support sustained home visiting utilizing the PAT model prior to the COVID-19 pandemic. This inclusion signaled strong support for evidence-based home visitation and is expected to be forwarded in the future VT legislature sessions. The MIECHV-funded portion of the home visiting system serves home visiting participants through six regional Home Health and Hospice LIAs. Selected LIAs provide home visiting services to families residing in a particular county while others serve multi-county geographic footprints according to the 2010 needs assessment.

Programmatic Summary

Following a significant transition from one evidence-based model to another, the VDH MIECHV program continues to deliver high-quality services to VT children and families and supports sustained system development within the state. The current MIECHV project director was elevated following this transition to further support the VDH's MCH department; however, she retained the project director role for MIECHV which provided consistency and sustainability for the reliable and impactful nursing home visiting supports the state expects. As the awardee fully operationalized the MECSH model within the MIECHV program and the state of VT, marking the first United States-based implementation location, the nurse home visiting program administrator left her position at VDH to support the MECSH model as the in-country liaison, a necessary support given that the model originates in Australia. The current program administrator brought extensive clinical nursing experience to the role, was trained by the model

and on MIECHV requirements, and spent six months working with and alongside the in-country liaison as part of onboarding. These actions assured continuity and stability during a noteworthy time of change and supported the program to continued success.

As a result of leadership stability and intentional capacity building to support the transition, there are many positive aspects of the VDH MIECHV program. Highlights include: (a) the development and implementation of the MECSH database, (b) the continuation of 85% service capacity across the program during a worldwide pandemic requiring virtual visitation, (c) the development and rollout of fidelity reports accessible by nurse visitors and nurse supervisors, (d) promoting and cultivating the capacity building needed for the MECSH model with nine trained trainers within the state and two in-country liaisons, and (e) the reconstitution of the Home Visiting Alliance (HVA) which will lead the planning and building of a continuum of home visiting in the state, supported by Medicaid and state match dollars.

Findings:

- Requirement E.7: The awardee does not support the provision of culturally and linguistically competent services. The model does not provide specific training in this area given its international context, and orientation and/or ongoing training does not include this topic. Operationalizing this support at the local level (i.e., provision of translated tools, specialized training to engage particular populations including tribal members, etc.) to effect service provision has not yet occurred. However, this is an emerging area of focus for the program.

Strengths:

- D.3: The 85% capacity threshold continues to be met during the pandemic reflecting creative and successful engagement of families during a challenging time with limited face-to-face opportunities.
- E.1: The awardee has provided leadership for building capacity in VT, and subsequently the nation, for MECSH implementation over the past several years with nine trained trainers in the state and two in-country liaisons now stationed in the United States.
- E.4: The development and rollout of fidelity reports accessible by nurse visitors and nurse supervisors alike have delivered data related to model fidelity to the field where continuous improvement efforts can take shape in real time.
- F.2: The comprehensive system work done in partnership with Building Bright Futures (BBF) provides a pathway for further integration of services and more effective supports for families across the state.
- F.3: Reconstituting the HVA and planning for the building of a continuum of home visiting in the state is underway, creating an emerging momentum for this important work going forward.
- G.1: The development and implementation of the MECSH database that includes MIECHV tracking has significantly strengthened and improved data collection in VT, improving annual performance measure reporting.

Opportunity for Improvement:

- B.1: Consider ways to incorporate a focus on recruiting, employing, and retaining staff who are reflective of all populations who qualify for services, and identifying staff who

are well trained and experienced relative to providing culturally and linguistically responsive services.

- C.1: As the implementation of the 2020 needs assessment approaches, consider continuing to consult data within it to inform decisions for the delivery infrastructure regarding staffing, caseload capacities, capacity to serve the identified population, and other requirements to operate a home visiting model and demonstrate improvements for eligible families.
- C.2: Consider exploring how the program reaches additional priority populations in addition to low-income families (i.e., armed forces families, families with children with low student achievement, etc.), including exploring a possible extension of the existing partnership with the Agency of Education (AOE).
- F.4: Consider strategies for involving statewide early childhood advisory committee(s), such as the HVA and/or BBF or similar entities, in future MIECHV program planning, implementation, and/or evaluation.
- F.5: Consider ways to strengthen and expand the engagement of partners with whom you hold Memorandums of Understanding (MOUs) in the planning (i.e., AOE), implementation, and/or evaluation of MIECHV.
- J.2: Consider increasing coordination between fiscal and programmatic teams to prepare for annual monitoring visits of subrecipients and to close communication loops after visits to assure the provision of technical assistance/follow-up as needed.

Fiscal Summary

The VDH has sound fiscal systems, policies, and procedures in place to support the home visiting network, which includes MIECHV-funded services. They utilize Title V funding to pay for all awardee administrative costs that support the MIECHV program except for non-local travel. This support enabled them to achieve a high level of fiscal compliance and maintain strong systems of planning, review, and oversight for the fiscal areas during the periods reviewed. The VDH fiscal officers worked closely with the program director and staff to assure they efficiently managed the grant.

VDH MIECHV met all 14 applicable requirements of the six areas and 17 requirements reviewed from the fiscal perspective. Three requirements were not applicable, as the awardee did not implement a promising approach and was not subject to requirements for Maintenance of Effort (MOE).

Section 1. Program Requirements Review

Program Requirement A – Awardee Organization Structure and Capacity

Requirement	Met/Not Met
A.1. Recipients must participate in regular monitoring activities with their HRSA Project Officers and Grants Management Specialists, as available. These monitoring activities will include emails, site visits, and conference calls. The frequency of the conference calls will be at least on a quarterly basis, or more frequently as determined by the Project Officer based on need. Topics covered will include administration, program activities, technical assistance, fiscal issues, and evaluation procedures.	Met
A.2. The program demonstrates strong organizational capacity to implement the activities involved.	Met

Review Summary

The programmatic consultant's review of VDH MIECHV organizational structure and capacity demonstrated that the awardee has solid staffing to oversee the required functional areas for implementing the MIECHV program and to engage regularly in monitoring activities with their HRSA project officer (PO) and grants management specialist.

A.1. Participation in monitoring with HRSA PO:

This requirement is met. Each quarter, the PO and awardee engage in regular check-ins by phone or video conferencing. In addition, they communicate by email between formal meetings. Neither the awardee nor the PO reported any communication barriers.

Regarding meeting attendance, the VDH MIECHV project director, nurse home visiting program administrator, and health data administrator attend the quarterly meetings with the PO, deciding to include other awardee staff based on the content of each quarterly call. The project director and program administrator share updates from these calls with the BBF early childhood systems interagency coordinating team and the MECSH Steering Committee. The MECSH Steering Committee convenes quarterly and includes LIA-level staff leadership (nurse supervisors).

A.2. Strong organizational capacity:

This requirement is met. The awardee staffs the MIECHV program with clear and straightforward reporting lines, roles, and responsibilities. The following details further illustrate the capacity of the primary staffing positions supporting MIECHV in VT:

- The VDH Maternal and Child Health (MCH) director is .20 full-time equivalent (FTE) in-kind through Title V and provides oversight, management, and leadership of the MIECHV project and activities. The VDH MCH director supervises the child development director who supervises the nurse home visiting program administrator. The project director has held this position for two years and previously was the MCH deputy director for seven years.

- The VDH nurse home visiting program administrator is 1.00 FTE in-kind funded by Title V and is the program manager. The program manager provides management of the day-to-day implementation of the MIECHV project and activities including data analysis, staffing the MECSH Steering Committee, and conducting programmatic and fiscal subrecipient monitoring activities. The program manager has been in this position for two years.
- The health data administrator is 1.00 FTE in-kind funded by Title V and is responsible for overseeing data collection, use of the MECSH database, and data reporting and evaluation (including performance measurement reporting) to meet project requirements. The health data administrator has been in this role for five years.

The above organizational structure to support MIECHV is in alignment with the originally submitted staffing plan as shown in the awardee's application on p. 52 of 55 for Award #X10MC33613. The only variation is the addition of the child development director's role in supervising the nurse home visiting administrator. There are no vacancies for the primary staffing positions for MIECHV.

The program and fiscal staff supporting VT MIECHV have clear roles and responsibilities to assure effective coverage for the activities required to support the administration of the program.

Program Requirement B – Workforce Development

Program Requirements	Met/Not Met
B.1 The awardee employs well-trained and competent staff, as demonstrated by education or training, such as nurses, social workers, educators, child development specialists, or other well-trained and competent staff.	Met
B.2. The awardee ensures initial and ongoing professional development, training, and support for LIA and awardee staff.	Met
B.3. The program maintains high-quality supervision to establish home visitor competencies.	Met

Review Summary

The programmatic consultant's review of VDH MIECHV workforce development activities demonstrated that the awardee employs well-trained and competent staff, ensures initial and ongoing professional development training and staff support, and maintains high-quality supervision for home visitors.

B.1. Well-trained and competent staff:

This requirement is met. At the awardee level, VDH follows the agency's Labor Relations Manual to assure the recruitment and selection of well-trained and competent staff. The agency's human resources department has a talent acquisition team that works with hiring managers, including those supporting the MIECHV program, to help attract and hire the right candidate for the posted role. The team offers supports that include:

- Strategic recruitment planning

- Recruitment marketing (developing print and social media assets such as videos and testimonials)
- Social media campaigns
- Customized print and digital ads
- Individual consultation on "hard to fill" positions
- Specialized search services
- Interviewing and hiring training
- Social media recruitment training

At the LIA level, the awardee requires each LIA to follow home visiting model requirements (MECSH) for each position's hiring requirements and characteristics. Guided by the MECSH Manual new hires must be registered nurses (with a Bachelor of Science nursing degree or working toward one) who have experience in the MCH field. The MECSH Manual further defines screening practices on p. 50.

> Particular attention should be paid to the nurse's ability to be reflective practitioners and work in a strengths-based and partnership way, providing their expertise as a resource for families, but not being "the expert." Recruitment strategies include scenario-based interviewing and including a local mother with young child/ren on the interview panel (16.2 Nurse Recruitment).

LIAs are required to maintain documentation of staff qualifications upon hire on site. The MIECHV program administrator checks for appropriate documentation for each LIA vacancy during annual subrecipient monitoring visits.

VDH supports staff retention through various strategies which include a flexible work schedule policy, a health department onboarding guide, an employee merit award program, ongoing professional development and training opportunities, a comprehensive benefits package including education reimbursement plans, and ongoing employee engagement activities. Awardee-level staff reported that an additional retention strategy is thorough training in the MECSH model to support fidelity and continuity of leadership.

For the LIA MIECHV staff, the awardee hosts and facilitates quarterly training meetings featuring topics that nurse supervisors and visitors identify through an annual survey. Nurse supervisors provide individual support for nurse visitors. Consistent delivery of reflective and clinical supervision, individually and group-based as required by the MECSH model, is a high priority for model fidelity. The awardee monitors this through regular fidelity reports from the MECSH database and annual monitoring visits.

Beyond the impacts of the transition from the NFP model to the MECSH model over the past few years, neither the awardee nor LIA expressed barriers to recruiting and retaining staff. Two LIAs experienced a 25% turnover rate this year attributed to nurses who completed the model transition and decided that they were not fully invested in the new model. All recent hires were made after the transition; consequently, the awardee expects the turnover rate to reduce.

Opportunity for Improvement:

- B1. Staffing plans have not yet been developed to recruit for and hire staff reflective of populations beyond the majority 93% white residents of VT. Families included in the priority populations defined by MIECHV include Indian, American Indian, and other

ethnicities/nationalities. Consider ways to incorporate a focus on recruiting, employing, and retaining staff who are reflective of all populations who qualify for services, and identifying staff who are well trained and experienced in the provision of culturally and linguistically responsive services.

B.2. Initial and ongoing professional development:

This requirement is met. Regarding initial professional development, as stated in the Orientation State Staff New Hire slide deck, MIECHV grant requirements, continuous quality improvement (CQI), benchmarks, database, subrecipient monitoring, target population, and MECSH programmatic information are all within the context of Strong Families VT and covered during new state staff orientation. Additional onboarding supports include the CIS training module and the VDH Employee Onboarding Guide describing activities for the first 12 months of employment. In recent practice, the current nurse home visiting program administrator worked with the previous holder of that position for her first six months of employment during the transition from the NFP to the MECSH model. The nurse home visiting program administrator continues to receive support from her predecessor, as she is now the in-country MECSH model liaison.

As outlined in the Training New MECSH Staff Checklist Distance Learning document, new LIA nurses meet face-to-face with awardee staff (nurse home visiting program administrator, health data administrator, and the CIS home visiting program administrator) before accepting an active caseload. In this process they review the following:

- MIECHV grant requirements;
- CIS framework and components of Strong Families VT home visiting continuum;
- introduction to the Family Partnership Model (FPM) components and MECSH theoretical concepts using PowerPoint slides from MECSH required training; and
- utilization of the VT MECSH database system.

Regarding ongoing professional development at the awardee level, staff performance evaluation guidelines dated August 28, 2018 state that supervisors should discuss and document individual staff development goals at each performance evaluation and employ reasonable efforts to support their development. MIECHV staff noted that specific opportunities for their home visiting program roles include attendance at HRSA-sponsored webinars and conferences, both national and regional.

For LIAs, all program staff meet quarterly with awardee-level program staff to formalize professional development opportunities. Topics include the following with relationship to MIECHV:

- Annual MIECHV Performance Measures (Form 1 and Form 2)
- Needs assessment
- CQI
- Funding
- MECSH database launch

The awardee conducts an annual program-wide survey that prioritizes training topics based on nurse home visitor feedback received throughout the year. The most recent survey in March 2020 prioritized topics that would be used to build a master-level MECSH training as requested

by nurse visitors. Regular LIA staff meetings provide opportunities to voice training needs. At the monthly meetings of all LIA nurse supervisors, the awardee provides space for nurse supervisors to express the needs as identified by their staff.

B.3. High-quality supervision:

This requirement is met. The Addendum to the MECSH Manual supporting the implementation of sustained home visiting with families in VT (2018-2021) states:

> All home visitors delivering the MECSH program in VT and working with families using the FPM and MECSH advanced practice will be provided with group supervision monthly, and individual supervision when needed. The supervision is an ongoing regular process that allows time to explore clinical experiences, learn from experience and prepare for future similar situations. The MECSH/FPM supervision is aimed at promoting both reflection 'in practice' and 'on practice.' All families should be discussed in case review at least every three months, and at any time when the family is at risk of disengagement with the program, or when the input or ideas from the Supervisor and/or colleagues may be helpful to the case, for example, when a family isn't progressing towards goal attainment. It is important that all cases are discussed regularly, including cases that are progressing well, to ensure that i) the optimum service is being provided to all families, and ii) learnings from successful cases are shared as well as those where the work is more challenging. All MECSH practitioners worldwide are encouraged to participate in local and national opportunities (communities of practice) for sharing in the developing community of MECSH practitioners. (p 26)

Nurse supervisors are responsible for entering monthly and individual supervision sessions into the MECSH database to document fidelity to the above model requirements. Nurse supervisors enter the monthly reflective supervision dates into the MECSH database ensuring that reports reflect delivery for each nurse visitor. Each LIA submits the supervision reports in the quarterly reporting package to the awardee, then reviews again during annual subrecipient monitoring to assure model fidelity.

Program Requirement C – Statewide Needs Assessment and Serving Priority Populations

Program Requirements	Met/Not Met
C.1. The eligible entity gives priority to providing services under the program to the following: (A) Eligible families who reside in communities in need of such services, as identified in the statewide needs assessment required under subsection (b)(1)(A), taking into account the staffing, community resource, and other requirements to operate at least one approved model of home visiting and demonstrate improvements for eligible families.	Met

Program Requirements	Met/Not Met
C.2. The eligible entity gives priority to providing services under the program to the following: (A) Eligible families who reside in communities in need of such services, as identified in the statewide needs assessment required under subsection (b)(1)(A), taking into account the staffing, community resource, and other requirements to operate at least one approved model of home visiting and demonstrate improvements for eligible families. (B) Low-income eligible families. (C) Eligible families who are pregnant women who have not attained age 21. (D) Eligible families that have a history of child abuse or neglect or have had interactions with child welfare services. (E) Eligible families that have a history of substance abuse or need substance abuse treatment. (F) Eligible families that have users of tobacco products in the home. (G) Eligible families that are or have children with low student achievement. (H) Eligible families with children with developmental delays or disabilities. (I) Eligible families who, or that include individuals who, are serving or formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside of the United States.	Met

Review Summary

The programmatic consultant's review of the 2010 MIECHV statewide needs assessment and the awardee's use of data contained therein to provide services to the MIECHV-required priority populations demonstrated adherence to the requirements in Module C.

C.1. Prioritizing services to eligible families in communities identified in the statewide needs assessment:

This requirement is met. The 2010 needs assessment identified all 14 VT counties as at-risk communities. Currently, six Home Health and Hospice regional LIAs provide MIECHV-funded MECSH services to eligible families within their geographic service footprints as follows:

LIA	Identified At-risk	Counties served
Franklin County Home Health and Hospice	Yes	Franklin, Lamoille, Grand Isle
Northern Counties Health Care	Yes	Caledonia, Orleans, Essex

VNA of the Southwest Region	Yes	Rutland, Bennington, Addison
Central Vermont Home Health and Hospice	Yes	Washington
Visiting Nurse Association and Hospice of VT and NH	Yes	Windsor, Windham, Orange
University of Vermont Health Network Home Health & Hospice	Yes	Chittenden

The 2010 assessment identified six counties with concentrated risk: Bennington, Chittenden, Franklin, Grand Isle, Orleans, and Windham. These six communities comprised a "phase one" rollout that served 30% of the eligible population in each community. The remaining counties followed in a "phase two" rollout at a later date serving 20% of the eligible population. The awardee and the HVA recently reconvened and are planning to expand MECSH services in the phase two communities/LIAs utilizing the identified Medicaid match from the governor's budget. Home Health Agencies serve as LIAs due to their preexisting relationship with VDH and prior experience providing their communities with various health-related services. The nurse model was selected due to previous success with the nurse visit supports funded by Title V in the state.

Opportunity for Improvement:

- C.1: As the implementation of the 2020 needs assessment approaches along with the additional indicators outlined in each of the priority population domains (i.e., low socioeconomic status, adverse perinatal outcomes, child maltreatment, substance use disorder), consider continuing to consult the data within it to inform concerns for the delivery infrastructure regarding staffing, caseload capacities, capacity to serve the identified population, and other requirements to operate a home visiting model and demonstrate improvements for eligible families.

C.2. Serving priority families:

This requirement is met. According to the MECSH Manual Addendum Enrollment and Retention Policy, CIS coordinators and LIA nurse supervisors both receive referrals. Together, they triage them weekly via the regional CIS teams following the protocol outlined in the CIS Guidance Manual, including direction for meeting the eligibility requirements for MECSH/MIECHV enrollment, assuring that MIECHV-eligible populations are prioritized for service. The majority of MIECHV referrals are sent directly to the nurse supervisors at the LIA level who process them with the CIS team. Low socioeconomic status is the most common population served, primarily referred to the program by local Women, Infants, and Children (WIC) partners. The awardee voiced no barriers to reaching low-income priority populations. Other identified priority populations include military families and those who are or have children with low student achievement. The awardee reported that they are currently considering ways to reach those families.

Opportunity for Improvement:

- C2: Consider addressing how the program can reach additional priority populations in addition to low-income families (i.e., armed forces families, families with children with low student achievement, etc.). Consider exploring a possible extension of the existing partnership with the AOE.

Program Requirement D – Family Enrollment and Retention

Program Requirements	Met/Not Met
D.1 Recipients must implement home visiting programs with fidelity to the model, which may include development of policies and procedures to recruit, enroll, disengage, and re-enroll home visiting services participants. Enrollment policies should strive to balance continuity of services to eligible families and availability of slots to unserved families	Met
D.2. Toward responsible fiscal stewardship and to maintain model fidelity, the recipients should develop implement policies and procedures to avoid dual enrollment.	Met
D.3. MIECHV-supported LIAs that have been active for a year or longer to strive to maintain an active enrollment of at least 85 percent of their maximum service capacity.	Met

Review Summary

The programmatic consultant's review of VT's MIECHV family enrollment and retention policies and procedures, including dual enrollment and service capacity performance, demonstrated adherence to the requirements in Module D.

D.1. Family recruitment and retention policies and procedures:

This requirement is met. The MECSH Manual Addendum Enrollment and Retention Policy states that preferably, participants enroll during the prenatal period and receive continuity of care to the child's second birthday. However, up to 20% of families may begin during the six-week postnatal period. The policy also outlines the sources for referrals, the process for enrolling and exiting families from MECSH, and how to connect families who move within VT to another MECSH provider. The CIS Sustained Home Visiting Workflow document provides further specifics regarding enrollment, including enrolling families in MECSH only when a child is younger than six weeks of chronological age—a model developer-approved adjustment specific to VT. If a family exceeds the income threshold for eligibility (i.e., non-Medicaid), the program offers nurse home visiting services through other sources. Additionally, as the MECSH model allows for serving subsequent pregnancies, the LIA staff receives guidance to consider first an increase in visits and/or a full case review before extending the duration of services for the family due to a new baby. According to this workflow, CIS coordinators determine how to code referrals, including those assigned to MECSH.

Newly hired LIA staff receive training on both MECSH and MIECHV requirements according to the program's training checklist. The subrecipient monitoring plan states that LIAs will be reviewed annually for model fidelity along with other administrative, programmatic, and fiscal

monitoring. The most recent site visit reports document this in practice. Performance measures for model fidelity are also reported to MECSH Australia according to the MECSH Model User Guide 4.0 Introduction. Supervisors can run monthly fidelity reports from the MECSH database for internal review, then run and submit them quarterly to awardee staff.

LIA staff enter data on participating families into the MECSH database where visits, screenings, client profile information, child profiles, well-child visit information, and so forth are documented. LIAs are required to enter all data collection requirements in the MECSH database within five business days following a visit with a client.

D.2. Policies and procedures on dual enrollment:

This requirement is met. MECSH is the only MIECHV-funded program in VT, therefore, dual enrollment in more than one MIECHV-supported model/program is currently not a consideration. However, given the Strong Families VT home visiting continuum, the awardee has articulated a workflow to identify whether a family would most benefit from universal, responsive, or sustained home visiting, in partnership with the CIS program administrator. The distinctions among the three categories are as follows:

- Universal: Provide one to three visits during pregnancy and in the first months of parenting. These visits take many forms to provide a warm welcome and promote social connections, a check on the health and well-being of parents and the baby, and share information about community resources to meet their needs.
- Responsive: MCH nurses and/or Family Support Workers provide regular home visits in response to time-limited needs. These visits support and strengthen families' health, well-being, parenting skills, social connections, and ability to address stressors.
- Sustained: Two types of sustained home visiting are available in VT including the following:
    - Nurse Home Visiting Program (MECSH)
        - Registered nurses from home health agencies deliver a long-term, structured, evidence-based home visiting program for families including at least 25 visits during pregnancy up to age two. The program improves MCH and family economic self-sufficiency, promotes optimal child development, prevents child abuse and neglect, and coordinates referrals to community resources.
    - Family Support Home Visiting Program
        - According to the Children's Integrated Services Home Visiting Continuum graphic, trained professionals from CIS partner agencies deliver a long-term, evidence-informed home visiting program for families through regular visits up to age five. The program strengthens the parent-child relationship, builds social connections, prevents child abuse and neglect, and promotes optimal child development and school readiness.

D.3. Enrollment Capacity:

This requirement is met. Negotiations between LIA leadership and awardee staff resulted in established caseload capacities for each of the LIAs during the phase one and two rollouts following the 2010 needs assessments. To date, caseload capacities for each LIA have not changed and are maintained via the individual LIA contracts with the VDH, and monitored via

the reporting requirements contained therein. The quarter one performance report for X10C39729 (2020-2022) reports capacity statewide at 84.5%, down marginally from 85.3% in quarter four. Previously, statewide capacity had steadily increased from 70.7% to the current 84.5% in quarter one. The awardee did not express specific barriers to meeting capacity goals as they continue to focus on recruitment and retention supports to the LIAs. In July 2020 a master class professional development series supported LIAs in meeting continued capacity goals and included the following topics:

- Working with families impacted by substance abuse
- Working with families impacted by mental health issues
- Using FPM tools
- Engaging complex and hard to engage families

Strength:

- D.3: The program continued to meet the 85% capacity threshold during the COVID-19 pandemic, reflecting the creative and successful engagement of families during a challenging time with limited face-to-face opportunities.

Program Requirement E – Implementing Evidence-Based Models

Program Requirements	Met/Not Met
E..1. The awardee ensures the provision of high-quality home visiting services through the implementation of one or more evidence-based home visiting models that meet the HHS-established criteria for evidence of effectiveness and eligible for implementation with MIECHV funds.	Met
E.2. The awardee's selection of the service delivery model, or models, that LIAs implement for priority populations is consistent with the results of the most recent statewide needs assessment.	Met
E.3. The eligible entity ensures that the majority of funding for the delivery of services is reserved for evidence-based home visiting service delivery models; and not more 25 percent of the grant awarded for a fiscal year is used for conducting and evaluating a promising approach.	N/A
E.4. The program monitors the fidelity of program implementation to ensure that services are delivered pursuant to the specified model.	Met
E.5. The program provides ongoing and specific training on the model(s) being delivered.	Met
E.6. If applicable, awardees who have adopted enhancements to an evidence-based model, have secured written approval from the national model developer and HRSA to ensure enhancements do not alter core components of the model related to program impact and HRSA has determined it to be aligned with MIECHV program activities and expectations.	N/A

Program Requirements	Met/Not Met
E.7. The awardee supports the provision of culturally and linguistically competent services.	Not Met

Review Summary

The programmatic consultant's review of VDH's implementation of the MECSH evidence-based model, including alignment to the statewide needs assessment, training, and implementation with fidelity, demonstrated compliance with requirements E1, E2, E4, and E5 within Module E. However, the support of the provision of culturally and linguistically competent services was not in compliance.

E.1. Evidence-based model(s):

This requirement is met. Since 2018 the MECSH model has been implemented with MIECHV funds in the state of VT. At the time of initial implementation, it was the first location in the United States to utilize the MECSH model. The awardee has a contract with the model developer Western Sydney University (WSU) for ongoing model implementation support. WSU requires the awardee to report quarterly on model fidelity. LIAs enter model fidelity data into the MECSH database within five days of every visit. The MECSH database provides fidelity reports which MECSH supervisors and awardee-level staff utilize for ongoing monitoring and improvement. This data comprises the quarterly model fidelity reporting required by the model developer. In only four years of implementation, the awardee has built the capacity needed to support the use of the MECSH model. At the time of the visit, two in-country liaisons for MECSH, who provide ongoing model support, and nine in-state trained trainers, including the MIECHV program administrator, CIS program administrator, and two nurse supervisors, are supporting the use of the model. Currently, there are three different locations, including VT, utilizing the MECSH model across the country.

Strength:

- E.1: The awardee has provided leadership for building the capacity of the state of VT, and subsequently the nation, for MECSH implementation over several years with nine trained trainers within the state and two in-country liaisons currently stationed in the United States.

E.2. Selection of evidence-based model matches needs of priority populations:

This requirement is met. Six regional Home Health Agencies (HHAs) serve all 14 VT counties. In 2018, VT MIECHV shifted from NFP to MECSH, both nurse home visiting models. The infrastructure to implement nurse home visiting services was established under the NFP implementation following the 2010 needs assessment. The decision to move to MECSH resulted in a need (a) to serve subsequent pregnancies, (b) to provide additional support for connecting families to needed services and resources, and (c) for more flexibility in customizing the model to local needs in VT through program elements such as curriculum selection. Maintaining the nurse home visiting focus was an important feature, given the HHAs' expertise in that particular service delivery model. Finally, with a focus on prenatal/early postnatal engagement and

community collaboration to meet family needs, the model also supported the areas of participant improvement prioritized by HRSA. VT adjusted the postnatal age limit for program enrollment to six weeks postnatal instead of eight as defined by the model developer. This adjustment and the customized integration of the assessment tools needed to meet the MIECHV benchmarks are well-documented in Section 4 of the MECSH VT Implementation Manual.

E 3. Twenty-five percent limitation on promising approaches:

This requirement is not applicable.

E.4. Model fidelity:

This requirement is met. As the model developer for the MECSH model, WSU does not require affiliation, certification, or accreditation to utilize the model. Ongoing consultation and the collaboration-focused contract between WSU and VDH support the use of the model in the state. Required quarterly fidelity reporting supports continuous improvement by identifying goals for fidelity improvement as determined by the model developer. LIA staff enter fidelity data points into the MECSH database within five days of all visits. Awardee staff conduct subrecipient monitoring according to the subrecipient monitoring plan, including a review of model fidelity reports and activities. The model developer provides the program detailed guidance, resources, technical assistance (TA), and oversight to ensure fidelity to program model requirements and service delivery. The VT MIECHV staff coordinate with the MECSH international program office to complement their monitoring processes, avoid duplication and effectively use resources. LIAs deliver quarterly reports of fidelity to the awardee; nurse supervisors are required to pull the reports, review them, and work towards stronger fidelity with their teams. The model developer identifies which model fidelity measure to focus on, including the development of the parent surveys necessary for the model's data measurement over the past several years.

The model developer provides TA, resources, and detailed guidance in response to identified fidelity needs. The awardee then works on identified fidelity priorities with LIA staff via training and TA at monthly and quarterly meetings. The developer's most recent priority for model fidelity improvement involved transitioning the three required family surveys to QR codes for completion on mobile phones to increase responses. This fidelity activity was recently finalized and implemented with LIA staff at the time of the visit. In the coming months, staff anticipate the articulation of the next fidelity area of focus in partnership with the model developer. A possible area of focus could be the completion of expected visits within age bands, specifically six weeks postnatally.

Strength:

- E.4: The development and rollout of fidelity reports accessible by nurse visitors and nurse supervisors alike have delivered data related to model fidelity to the field where continuous improvement efforts can take shape in real-time.

E.5. Ongoing training on model(s) being delivered:

This requirement is met. The model developer has fully trained the nurse home visiting program administrator and the CIS program administrator. The contract between VDH and WSU provides for ongoing consultative TA to continue building capacity at the awardee level in partnership with the two in-country MECSH liaisons.

New LIA staff complete three self-paced modules for the MECSH model and conduct independent manual and curriculum handbook reviews. Through a meeting with awardee-level staff, the MIECHV and CIS program administrators, and the health data administrator, new LIA staff receive an introduction to the theoretical constructs and FPM components from the MECSH training materials. Their nurse supervisor then provides a comprehensive introduction to the model, model-specific "Hole in the Ground" training which connects the theoretical constructs of the model to practice, all program logistical components (including checklists), and any remaining programmatic components. After completing this thorough introduction, a preceptor is assigned whom the new LIA staff will shadow and then be observed by to identify further professional development needs and/or determine when the new staff may begin building a caseload. Within two to three months of initial training and shadowing by the preceptor, the new staff complete additional model modules, the nurse supervisor completes additional observation, and the new LIA staff receive additional one-hour group learning experiences. Monthly reflective group supervision sessions continue to support the staff, and the quarterly statewide MECSH meetings provide topical learning opportunities. When stateside, the MECSH model developer offers an occasional master class series.

E.6. Enhancements (if applicable):

This requirement is not applicable.

E.7. Culturally/linguistically competent services:

This requirement is not met. While Attachment F of each LIA's Scope of Work includes a Non-Discrimination Policy (pp 25 and 26 of 30), there are no further requirements nor training specific to the implementation of culturally competent services offered to program staff at the LIA level systemically. Certain individual LIA staff have self-identified independent learning opportunities on the subject to support pockets of Tribal, Indian, and other culturally specific priority populations. Currently, a small number of individual staff at the LIA level encourage, identify, and respond to the cultural needs of families in local communities. The MECSH VT Implementation Manual does not provide guidance or policy regarding the provision of culturally/linguistically competent services, and the awardee did not express familiarity with the cultural needs of the families being served during the visit. Nurse visitors across the state have access to translation services; however, program forms have not been translated from English into other languages. According to partners, occasionally it can be difficult to secure the specific translation support that may be needed.

Program Requirement F – Collaboration with Early Childhood Partners and Early Childhood Systems Coordination

Program Requirements	Met/Not Met
F.1. The program establishes appropriate linkages and referral networks to other community resources and supports for eligible families.	Met

Program Requirements	Met/Not Met
F.2. Recipients must ensure the provision of high-quality home visiting services to eligible families in at-risk communities by, in part, coordinating with comprehensive statewide early childhood systems to support the needs of those families.	Met
F.3. The awardee, consistent with model fidelity requirements, must develop and implement, in collaboration with other federal, state, territory, tribal, and local partners, a continuum of home visiting services to support eligible families and children prenatally through kindergarten entry.	Met
F.4. Recipients must ensure involvement in project planning, implementation, and/or evaluation by at least one statewide early childhood systems advisory committee or coordinating entity (e.g., Early Childhood Advisory Council, Governor's Children's Cabinet, Individuals with Disabilities Education Act (IDEA) Part C Interagency Coordinating Council, State Advisory Council on Early Childhood Education and Care).	Met
F.5. Recipients must ensure the involvement of representatives from key state agencies in project planning, implementation, and/or evaluation through the development of memoranda of understanding (MOUs) or letters of agreement (LOAs). The awardee must develop agreements with: • The state's Early Childhood Comprehensive Systems (ECCS) recipient if there is one; • The state's Maternal and Child Health Services (Title V) agency; • The state's Public Health agency, if this agency is not also administering the state's Title V program; • The state's agency for Title II of the Child Abuse Prevention and Treatment Act (CAPTA); • The state's child welfare agency (Title IV-E and IV-B), if this agency is not also administering Title II of CAPTA; • The state's Individuals with Disabilities Education Act (IDEA) Part C and Part B Section 619 lead agency(ies); and • The state's Elementary and Secondary Education Act Title I or state pre-kindergarten program.	Met

Review Summary

Based on the programmatic consultant's review, the awardee (a) collaborates with early childhood partners to assure appropriate linkages and referrals at both the local and state levels, (b) supports the development and implementation of a home visitation continuum within the state including the involvement of the CIS program administrator in the work of the MIECHV program, and (c) has secured MOUS with key state agencies to support the further development and refinement of early childhood systems.

F.1. Appropriate linkages and referral networks:

This requirement is met. The six LIAs providing MIECHV MECSH services are HHAs and well-poised with existing local referral networks. A CIS team (inclusive of LIA nurse supervisors) collaboratively reviews each referral for CIS services (i.e., early intervention, home visitation, Head Start, BBF, and other MCH services). Given the size of the communities across VT, many of the individuals participating in the CIS regional teams are also participants in other collaborative groups such as those focused on housing and other services. VT is also home to Help Me Grow (HMG), a coordinated intake and referral system for any family or provider. All LIAs can and often reach out to HMG, utilizing the system as a "safety valve" when their local networks of services reveal gaps. HMG shares a database with 211, which is comprised of 3000 programs and 1000 agencies.

Finally, to ensure effective feedback and communication between the LIAs and referral networks and to document completed referrals, the MECSH database provides a reporting function that highlights all referrals in need of follow-up. Nurse visitors, nurse supervisors, and awardee-level staff have access to the report and each uses it for monitoring and planning purposes. A biannual Services Utilized Form supports the data in this report, which prompts discussion and follow-up regarding accessing referral services, completed by the nurse visitor in discussion with a participating family. The awardee contractually requires these activities for each LIA.

F.2. Coordination with statewide early childhood systems:

This requirement is met. At the state level, the awardee is an active participant of the BBF early childhood systems workgroup that supports and convenes 12 regional councils across the state. The councils meet monthly to share new services, highlight gaps for families, and then elevate those gaps for action by the state BBF advisory council. A total of 450 people meet monthly across the state within the BBF structure, using data and evidence at every level to assure service availability, access, and linkages. As a recent example of this body's work regarding services for families, the state BBF advisory council, comprised of 23 governor-appointed members, made a series of recommendations to the governor and legislature for action on supporting early childhood mental health services.

Additionally, the awardee works closely with CIS, a centralized intake system for all home visiting, family support services, and early intervention as defined above in F.1.

Strength:

- F.2: The comprehensive system work done in partnership with BBF provides a pathway for further integration of services and more effective supports for families across the state.

F.3. Continuum of home visiting services:

This requirement is met. Three to five years ago the awardee constituted and convened the HVA to bring cohesion to home visiting programs across the state. The HVA developed a manual to support similar standards, practices, and workforce development across home visiting programs, which included sustained, responsive, and universal programs. The HVA served as a place to ensure integration, coordination, standards, and best practices in the early days of its work. When the work regarding standards, practices, and workforce development across programs was completed, the HVA slowed its activity. Before the COVID-19 pandemic, the HVA began to meet again due to the inclusion of home visitation match funding in the governor's budget at that time. Meetings are expected to begin again when it is safe to meet in person. A professional

facilitator supports the HVA membership, which includes universal, responsive, and sustained home visiting program representation as well as Head Start members. The focus of the work for the HVA will be expanding and defining the Strong Families VT home visiting continuum with particular attention to the expansion of MECSH and PAT utilizing the state match and Medicaid dollars as identified by the governor. As an example of future work for the HVA, the awardee noted that the group might choose to clarify how families completing MECSH services by the child's second birthday are connected to other sustained supports, such as PAT. Currently, LIAs create their processes and service connections for families completing the MECSH program; no written policy exists to support these transitions.

Strength:

- F.3: Reconstitution of the HVA and planning for building a continuum of home visiting in the state is underway creating an emerging momentum for this important work going forward.

F.4. Involvement by at least one statewide early childhood system:

This requirement is met. The CIS system program administrator is heavily involved with planning and implementing the MIECHV program. The CIS program administrator is a trained MECSH trainer and supports the onboarding of new MECSH supervisors and visitors alike. Both the MIECHV program administrator and the CIS program administrator led the efforts to define and develop the Strong Families VT home visiting continuum that features essential MIECHV services. Collaboration with other early childhood systems occurs via BBF and the newly reconstituted HVA described at length in requirements F2 and F3; however, their active participation in planning and implementing MIECHV has not occurred to date. BBF leadership reported convening an initial meeting with the preschool development grant team from the AOE with the BBF advisory council members, including the awardee project director, to conduct a retrospective and begin planning for the state's next systems integration-based actions.

Opportunity for Improvement:

- F.4: Consider strategies for involving statewide early childhood advisory committees, such as the HVA and/or BBF, or similar entities in MIECHV program planning, implementation, and/or evaluation in the future.

F.5. Memorandum of Understanding (MOU) or Letters of Agreement with required partners:

This requirement is met. The awardee has secured MOUs with the AOE and the DCF, administrators for Title V, Title II of Child Abuse Prevention and Treatment Act (CAPTA), Title IV-E and IV-B, Individuals with Disabilities Education Act (IDEA) Part C and Part B, and the state's Elementary and Secondary Education Act (ESSA). The MOUs are indefinite until terminated in writing by either party.

Standard language exists in both the DCF and AOE MOU under item 5: Shared responsibilities to support referrals, screening, follow-up, service coordination, and/or systems and data coordination. The language is as follows:

A. To designate staff with the responsibility to ensure the coordination of services, outreach, and education provided by each party.
B. To coordinate and collaborate in planning and implementing services related to MCH populations.

C. To provide data, within limits of applicable state and federal laws, regulations, and guidelines for analysis and program evaluation and to measure the performance of coordinated and collaborative service to serve the most vulnerable and at-risk families effectively.

DCF staff engage regularly with the design, implementation, and evaluation of the MIECHV program, and the two entities also share child maltreatment data. To date, there is neither formal involvement nor data sharing with the AOE.

Opportunity for Improvement:

- F5: Consider ways to strengthen and expand the engagement of partners who hold MOUs in the planning (i.e., AOE), implementation, and/or evaluation of MIECHV.

Program Requirement G – Data Collection and Reporting

Program Requirements	**Met/Not Met**
G.1. The awardee complies with the following reporting requirements: • Administrative Forms (DGIS Forms 1, 2, 4 and 6), are due within 120 days of the budget period start date. • Annual performance reporting forms 1 and 2 are submitted by October 30 of each year. (Annual performance reports include demographic, service utilization, and select clinical indicators and performance indicators and systems outcomes measures.) • Quarterly performance reports are submitted on time	Met

Program Requirements	Met/Not Met
G.2. Eligible entities track and report information demonstrating that the program results in improvements for the eligible families participating in the program in at least four of the six statutorily defined benchmark areas, not later than 30 days after the end of fiscal year 2020 and every 3 years thereafter. To meet statutory requirements for demonstrating improvement in benchmark areas, the awardee must: 1. Provide information demonstrating that the program results in improvements for eligible families participating in the program. For the purposes of this requirement, information contained in the MIECHV Annual Performance Report, Form 2 submitted by October 30, 2020 will be used to determine this. 2. Demonstrate improvement in at least 4 benchmark areas: improvements in maternal and newborn health; prevention of child injuries, child abuse, neglect, and maltreatment, and reduction of emergency department visits; improvement in school readiness and achievement; reduction in crime or domestic violence; improvements in family economic self-sufficiency; and, improvements in the coordination and referrals for other community resources and supports. 3. Provide information for the benchmark areas that the model or models implemented by the awardee are intended to improve. 4. Track and report this information not later than 30 days after the end of fiscal year 2020 and every three years thereafter.	Met

Review Summary

Based on the review conducted by the programmatic consultant, the awardee was compliant with all reporting requirements including administrative and all annual and quarterly performance reporting forms and met the Demonstration of Improvement requirement as indicated by HRSA.

G.1. Reporting requirements:

This requirement is met. Housed on the VDH server and backed up daily, the newly launched (May 2020) MECSH database collects both model-specific and MIECHV-required data points from LIAs daily. LIA staff completed initial training within the last several months and the awardee reports planning a refresher for a quarterly meeting soon.

On-site data administrators within each LIA support data collection, and tiered access reports support data quality monitoring which brings data cleanup and missing data collection activity into real-time. The health data administrator housed at VDH provides regular ongoing training, TA, and triages support to each of the LIAs including an open-door policy for frequent communication and support. Before implementation of the MECSH database, LIAs collected data on paper for MIECHV separately from the MECSH, which required duplicate activity. As reported by the awardee, the collection and quality of the data, and therefore reporting, has significantly improved since its rollout. Families who do not give consent upon enrollment are

not coded as a MIECHV family and receive alternate nurse home visiting services without MIECHV data collection.

Regarding the Performance Measurement Plan, the awardee reports that it is up-to-date and reviewed regularly and that data collection on screenings and referrals is an ongoing challenge. The health data administrator continues to provide additional TA to the LIA teams, which includes the provision of newly articulated specific and clear definitions of what constitutes a completed referral. The awardee identified no further barriers to data collection or reporting.

In May 2020, the awardee developed a subrecipient monitoring plan which outlines the required data management activities of each LIA including the monitoring process and areas of focus for monitoring activities the awardee conducts. The subrecipient monitoring plan states:

> The VT MIECHV program monitoring process will include reviews of programmatic, administrative, fiscal, and data elements. These areas will be reviewed periodically throughout the year and will include at least one site visit.

The subrecipient data management activities outlined in the subrecipient monitoring plan further specify that MIECHV grantees (LIAs) are expected to complete the following data quality monitoring actions for program management and performance quality improvement. These actions will be monitored through subrecipient monitoring.

- MIECHV grantees are required to query reports on MIECHV Forms 1, 2, and 4 to identify missing data. The grantee is expected to follow up during the next month and collect and enter missing data. Grantees are required to pull these reports monthly and evaluate their performance with the 19 MIECHV benchmarks with documentation as evidence of the work.
- MIECHV grantees are required to query the MECSH model fidelity report quarterly and review performance with their team to identify performance improvement opportunities as evidenced by documented team meetings.
- MIECHV grantees are required to query two reports monthly:
    1. screenings due and recommended report
    2. screening referrals report

Feedback is also provided if positive screens are reported without adequate documentation. Grantees will use these reports to identify screening due for visit planning and follow up on positive screenings that need an accompanying referral. The use of these reports will be evident by nurse chart audit.

- Quarterly CQI: Grantee provides updates on the CQI project by completing the quarterly program narrative to the MIECHV program manager.

The documents reviewed during the pre-site visit phase and conversations with the awardee during the site visit confirm these activities are occurring and monitoring for data activities is ongoing.

The awardee has secured MOUs with both the AOE and the DCF that provide for data sharing. DCF shares de-identified child maltreatment data with the awardee; however, to date, the AOE has not requested or shared data. Both agreements are indefinite until terminated in writing by either party.

Strength:

- G1: The development and implementation of the MECSH database that includes MIECHV tracking have significantly strengthened and improved data collection in the state, improving annual performance measure reporting.

G.2. Benchmark performance requirements: This requirement is met. There are six benchmark measures, and awardees are expected to meet four of the six to show Demonstration of Improvement. The awardee reported the VDH MIECHV program met four benchmark performance requirements following additional data clean-up and resubmission of the benchmark performance report to HRSA. The data cleanup necessary for the intimate partner violence benchmark was related to the database transition, requiring LIAs to do a quick cleanup within a tight timeline. The resubmission was successful, resulting in their meeting the Demonstration of Improvement requirement, documented in a letter from HRSA dated April 26, 2021. The awardee stated that the family self-sufficiency and completed referrals benchmarks were not met.

An important notation was that the data utilized for the Demonstration of Improvement encompassed two years, half of which represented data collected utilizing the NFP model, and half representing data collected utilizing the MECSH model. The MECSH model does not focus on self-sufficiency; however, it has a strong focus on referrals and connecting families to service. Consequently, the program has chosen to concentrate on improving the completed referrals benchmark for their current CQI activities.

Program Requirement H – Evaluation

Program Requirements	Met/Not Met
H.1. Awardees implementing a home visiting model that qualifies as a promising approach are required to conduct a well-designed and rigorous evaluation of that approach.	N/A
H.2. Awardee ensures any evaluations of other awardee activities (other than promising approaches) answer an important question(s) of interest to the applicant; includes an appropriate evaluation design that meets the expectations of rigor; and the awardee demonstrates capability in implementing that design.	N/A

Review Summary

This module does not apply to VT as they do not implement a promising approach or ongoing evaluation of program performance.

H.1. Evaluations of promising approaches meet expectations of rigor:

This requirement is not applicable.

H.2. Evaluations answer an important question and meet expectations of rigor:

This requirement is not applicable.

Program Requirement I – Continuous Quality Improvement

Program Requirements	Met/Not Met
I.1. Recipients are required to implement an approved Continuous Quality Improvement (CQI) Plan.	Met
I.2. MIECHV Program awardees are required to report annually on their quality improvement activities based on the implementation of their continuous quality improvement (CQI) plans.	Met

Review Summary

The awardee implements an approved CQI plan and reports annually on their activities based on the implementation of the plan.

I.1. Implementation of approved CQI plan:

This requirement is met. The awardee's 2021 CQI plan focuses all activities on improving completed depression referrals as a follow-up to the 2020 plan's focus on depression screening. Selected activity in 2020 focused on referrals, but a subsequent review identified the need for additional work. This area of need was also confirmed by and aligned to the performance benchmark area that was not met under the Demonstration of Improvement requirement.

All six LIAs participate in the CQI plan. Nurse supervisors at each LIA serve as CQI team leads with support from administrative staff from their respective HHA.

The MIECHV nurse home visiting program administrator organizes and facilitates all quarterly meetings to share and discuss the ongoing CQI work and progress. In addition, monthly conference calls occur in conjunction with the health data administrator and each LIA nurse supervisor. The March 2021 quarterly LIA meeting with all LIA staff launched the 2021 CQI plan, focusing on completed depression referrals. A refresher training focused on Plan, Do, Study, Act (PDSA) cycles. After this launch, each local LIA team wrote Specific, Measurable, Achievable, Realistic, Time-limited (SMART) aims and submitted them to the awardee. To date, the use of disaggregated data to understand the impact of CQI activities on specific categories of home visiting participants is not a part of the LIA's planning. Currently, aggregated data for all home visiting participants are utilized to gauge progress. At the time of the visit, the awardee had recently reviewed the first PDSA cycles. As a supplemental training and tool to support the completion of depression screening referrals, the awardee integrated the Mothers and Babies curriculum into the MIECHV program. Mothers and Babies is an evidence-based program that promotes parent-infant bonding, is guided by cognitive behavioral therapy and attachment theory, and is being scaled throughout the United States and internationally. It will serve as a supplement to the FPM already utilized within MECSH with the hope of increasing the focus on maternal depression with the nurse visitors, resulting in a higher number of completed depression referrals.

Building on the previous year's partnership with the VT Children's Insurance Program (VCHIP), the awardee continues to meet with VCHIP colleagues for assistance with training and the implementation plan. Even though the formal contract has ended VCHIP continues to serve as consulting support to the awardee, answering questions and providing resources as needed. The

awardee staff also regularly attends CQI webinars organized by HRSA to help support their learning and implementation.

The results of the program's CQI efforts are disseminated through the LIA quarterly meetings, monthly meetings with nurse supervisors, forums such as group coaching calls, and electronic sharing of PDSAs and tools as appropriate. During the quarterly meetings, all LIAs share their CQI successes for replication across the state. The project director facilitates sharing of successes with senior administration at VDH.

I.2. CQI plan progress report submitted annually:

This requirement is met. The nurse home visiting program administrator and health data administrator partner to assure that the program's CQI plans are submitted according to HRSA's specified timelines. The PO approved the 2021 CQI plan on February 28, 2021. The start of the work and training refresher occurred in March 2021 with the first PDSA cycle documentation collected at the time of the visit. All LIAs plan to meet quarterly to review progress collectively with the awardee and submit awardee-level progress reports to HRSA annually.

Program Requirement J – Subrecipient Monitoring of Program Compliance

Program Requirements	Met/Not Met
J.1. Recipients must develop a subrecipient monitoring plan that includes evaluation of each subrecipient's risk of noncompliance or non-performance, identifies the person(s) responsible for each monitoring activity, and includes timelines for completion for each monitoring activity. Subrecipient monitoring activities should be designed to ensure that the subaward: • Is used for authorized purposes; • Is used for allowable, allocable, and reasonable costs; • Is in compliance with federal statutes and regulations; • Is in compliance with the terms and conditions of the subaward; and • Achieves applicable performance goals.	Met
J.2. Recipients must monitor subrecipient performance for compliance with federal requirements and performance expectations. Recipients must effectively manage all subrecipients of MIECHV funding to ensure successful performance of the MIECHV Program.	Met
J.3. The entity has established procedures to ensure that the participation of each eligible family in the program is voluntary.	Met

Review Summary

The awardee monitors six subrecipients. They drafted and implemented a subrecipient monitoring plan in May 2020 that includes (a) evaluation of each subrecipient's risk of noncompliance or nonperformance, (b) identifies the person(s) responsible for each monitoring

activity, and (c) includes timelines for completion for each monitoring activity. At the time of the visit, five of six subrecipients had received an annual on-site visit in addition to the monthly and quarterly monitoring activities identified in the plan. Evidence from the monitoring visits confirmed the voluntary participation of eligible families in the program.

J.1. Subrecipient monitoring plan:

This requirement is met. In May 2020, the awardee developed a subrecipient monitoring plan that outlines how they conduct the monitoring process and activities. The subrecipient monitoring plan states:

> The VT MIECHV program monitoring process will include reviews of programmatic, administrative, fiscal, and data elements. These areas will be reviewed at selected times throughout the year and will include at least one site visit.

According to the monitoring plan and the monitoring visit summaries that the awardee provided, these annual on-site monitoring visits cover the following:

- Staffing
- MECSH training completion and ongoing professional development
- Enrollment and retention
- Data quality
- Model fidelity
- Expenditures
- CQI plans
- Serving of priority populations
- Voluntary participation

The monitoring plan also requires quarterly narrative progress reports, ensuring:

- Activities are approved and allowable by the subrecipient agreement.
- Activities meet the fidelity of the model (MECSH).
- Identification of progress or obstacles encountered in meeting all performance measures.
- Identification of TA and training needs and formulation of a plan for addressing these needs.

The following methodology is utilized for performing monitoring activities of the LIA's fiscal operations:

- Risk assessment outcomes are conducted prior to awarding any grant.
- Each LIA delivers quarterly financial reports and invoices that are required quarterly but usually submitted monthly and reviewed by the program administrator and secondly by the director of MCH operations. Payment is withheld if there are deficiencies.
- The Department of Finance and Management collects and reviews annual reports and audits (as required).

The plan also describes data monitoring activities are articulated within this report under Module G, requirement G1.

J.2. Implementation of subrecipient monitoring plan:

This requirement is met. The awardee's subrecipient monitoring plan stipulates the following activities will be used to monitor MIECHV subrecipients and further denotes that the process will include reviews of programmatic, administrative, fiscal, and data elements:

- Progress reports
- Data quality monitoring
- Financial reports
- Establish a Grant Monitoring File
- Risk assessment and establishing the level of monitoring
- Audits
- Site visits
- Additional sources

The plan continues to specify that these areas will be reviewed at selected times throughout the year and will include at least one site visit.

The fiscal team completes the risk assessment and establishes the level of monitoring before funding the LIA. The nurse home visiting program administrator creates and maintains the grant monitoring files for each LIA after they are funded and is responsible for conducting all elements of the annual subrecipient monitoring visits. The health data administrator provides ongoing monitoring of the data quality that the LIAs enter into the MECSH database. The program administrator first reviews financial reports; the business manager then reviews them before payment. The fiscal team reviews audits on an as-needed basis.

Regarding the annual on-site monitoring visits, support from the fiscal team is provided on an as-needed basis to the program administrator and does not regularly include joint planning or follow-up for the fiscal component of the visit.

The on-site monitoring visit report summary includes both quantitative and qualitative data for the following reviewed items:

- Chart audit (priority populations, screenings, referrals, voluntary enrollment, informed consent, release/exchange of information, CIS consent form)
- CQI progress
- Risk assessment and expenditure review
- MESCH fidelity
- Caseload capacity
- Demographics review
- Benchmarks review
- Program oversight/data review
- Training review
- MIECHV program narrative reporting review
- Staffing

Each LIA receives TA and support following a monitoring visit through monthly calls led by the awardee and quarterly meetings with all LIA staff to provide training and TA on program requirements. Model developers and/or consultants facilitate quarterly calls to ensure model fidelity.

When deficiencies are identified, VDH MIECHV staff work with the LIA to address the issue. If the issue is larger than can be readily changed by the LIA, they develop a corrective action plan including specific actions, timeline, and expected outcomes. The language of each subrecipient agreement outlines the requirements and plan for correction specifying the following:

Failure to meet the required services/tasks/activities will result in the following:

- First Time: The HHA administrator and VDH home visiting program administrator or designee hold a conference call to identify the specific issue. The VDH home visiting program administrator or designee shall clearly state the purpose of the conference call. The HHA may be allowed a revision to these performance measures to be determined by the VDH program administrator or designee.
- Second Time: The HHA administrator and VDH home visiting program administrator or designee hold a conference call. The VDH home visiting program administrator or designee shall provide written notice and the HHA will submit a corrective action plan within 10 business days of written notice.

As of the time of the visit, all but one of the six LIAs had received an annual site visit, conducted virtually due to the COVID-19 pandemic. The sixth LIA's visit, Northern Counties Health Care, was postponed and rescheduled due to a personal family emergency for the nurse supervisor. Themes from the site visits included (a) challenges with the completion of home visits (especially in the earliest age band postnatally), (b) limited completion of pulling and reviewing monitoring reports by the LIAs (as this is a new contractual requirement), and (c) incomplete data entry regarding referrals. The awardee plans to provide ongoing TA to the LIAs for the data entry and will consult with the model developer to support the improvement of visit completion. During the visit, the nurse home visiting program administrator, who leads the site visits, provided an on-site review of the program oversight/data reports to be pulled, along with TA on issues that need attention and the appropriate actions in response to the reports.

Opportunity for Improvement:

- J.2: As the program administrator is responsible for conducting all elements of the monitoring visit, including the fiscal reviews, the awardee should consider increasing the coordination between fiscal and programmatic teams to prepare for annual monitoring visits of subrecipients and close communication loops after visits to assure fiscal TA / follow-up is provided as needed.

J.3. Family participation is voluntary:

This requirement is met. Voluntary participation in the MIECHV-funded home visiting services is a specified requirement in the MECSH VT Implementation Manual (p. 6). It is also included in the contracts with LIAs (Attachment A: SOW). Additionally, it is listed as a requirement on the MECSH referral guidance document utilized by CIS regional teams when reviewing referrals. During the annual on-site subrecipient monitoring visits the MIECHV program administrator also checks each of the five participant files selected for review to assure that they contain documentation of voluntary participation.

Section 2. Fiscal Requirements Review

Fiscal Requirement A – Use of Funds

Fiscal Requirements	Met/Not Met
A.1. The awardee ensures that not more than 10 percent of the award amount is spent on costs of administering the MIECHV award incurred by the awardee.	Met
A.2. The awardee ensures that not more than 25 percent of the award paid to the entity for a fiscal year is used for conducting and evaluating a promising approach.	N/A
A.3. The awardee ensures compliance with the limitation on use of the award to support direct medical, dental, mental health, or legal services	Met
A.4. The awardee ensures that all costs charged to the award are reasonable, allowable, and allocable.	Met
A.5 The awardee ensures that not more than 25 percent of the award is spent on recipient-level infrastructure costs, including administrative expenditures (further subject to the 10 percent limitation).	Met

Review Summary

The fiscal consultant's review of VDH MIECHV fiscal documents and staff interviews demonstrated that in general, the awardee has solid systems, policies, and procedures to document and report expenditures for fiscal and administrative services to the grant.

A.1. 10 percent limitation of cost associated with administering the grant:

This requirement is met. The awardee confirmed verbally and with a copy of general ledger (GL) MIECHV Audit reconciliation QE0E0320 through QE1220, which illustrated that they have systems to document and report expenditures allocated to the 10% limit on administrative costs. VDH has an approved cost allocation plan found at Federal Cost Allocation Plans | Agency of Human Services (vermont.gov). Title V Maternal and Child Health Services Block grant paid the MIECHV share of administrative costs as in-kind.

The program director stated the program pays all the administrative costs except out-of-state travel with Title V Maternal and Child Health Services Block Grant. This included 2.25 FTE (composed of .05 division director, .20 deputy director, 1.0 nurse program director, and 1.0 health data administrator) and 2.15 FTE (composed of .05 division director, .10 deputy director, 1.0 nurse program director, and 1.0 health data administrator) respectively. Title V also covered allocated indirect costs and some travel for the grant periods reviewed. The application and MIECHV Audit reconciliation QE0E0320 through QE1220 supported this information.

A.2. 25 percent limitation on use of funds for conducting and evaluating a promising approach:

This requirement is not applicable. VT MIECHV does not implement a promising approach.

A.3. Limitation on direct medical, mental health, or legal services:

This requirement is met. The fiscal officer provided documentation and confirmed that LIAs excluded costs for (a) direct medical, dental, or mental health care, (b) medical supplies not supported by the MESCH model, and (c) general funds for cash assistance to clients. The program director and fiscal officer shared that they informed LIAs of this limitation by contract Scope of Work; they also trained and monitored on this issue.

A.4. Costs are reasonable, allowable, and allocable:

This requirement is met. The awardee shared the documentation of policies and procedures in the Internal Control Summary (ICS), Bulletin 3.5 Procurement & Contracting (P&C), and Bulletin 5 Grant Issuance & Subrecipient Monitoring (GI&SM). GI&SM specifies that a grant management system should be part of the recommended monitoring activities. The program director and business manager reviewed documentation to confirm that compliance requirements were met for allowable costs and in line with federal cost principles. Under grantee responsibilities in Bulletin 5, it states that they:

> should have a system for managing the grant activities and must be able to demonstrate that the funds were spent on allowable activities and in accordance with grant requirements. A grantee will produce programmatic and financial reports as required by the grant agreement and provide supporting documentation if required.

A.5. Cap on recipient-level combined administrative and infrastructure expenditures (25%):

This requirement is met. According to the MIECHV Grant NOFO 18-091 X10, p.10 and application, no more than 25% of a grant recipient's expenditures may be used for recipient-level infrastructure costs, with no more than 10% administrative costs. The awardee applications documented 9% and 13% infrastructure respectively budgeted for the two grants. The awardee fiscal officer confirmed that they track these costs and discuss them at their quarterly meeting. They also stated that they met budget restrictions as documented in the MIECHV Audit reconciliation QE0E0320 through QE1220.

Fiscal Requirement B – Period of Availability

Fiscal Requirements	Met/Not Met
B.1. The awardee has established procedures to ensure that the award is in compliance with period of availability.	Met
B.2. The awardee is in compliance with period of availability requirements.	Met

Review Summary

The awardee tracked and coordinated the grant process from the application through receipt, budgeting, expending, and closure in the Vision (Oracle/PeopleSoft) accounting system. The awardee's fiscal staff supplied the State of Vermont Vision Chart of Accounts, which contains seven chart fields. These field values align to track transactions through their life cycle, charging them to the departmental and grant budget.

B.1. Procedures to ensure compliance with period of availability:

This requirement was met. The fiscal officer stated that before reporting, she reviews the period of availability and other funding restrictions with quarterly reports to assure adherence at the end of the grant period. ICS states that:

> Quarterly review of grant expenditures by a financial manager and program manager. Annual Federal Financial Report for every federal grant is prepared by Department business office federal program specialists who review all expenditures for compliance with federal requirements, including authorized period of availability. Expenses are reported on a cash basis and are attributed to and reported by Grant year manually. The basis of federal expenses by award is first in / first out.

B.2. Compliance with period of availability requirements:

This requirement was met. Grant management staff showed no evidence of or indication in documentation or planning calls that they had violated the period of availability. The documentation described the full expenditure of the last grant X10MC33613.

The fiscal consultant selected and reviewed samples from the GL and examined them to confirm that the awardee made no transactions after the end of the period and that projections are still on track. The finance office confirmed this during the interview. During the site visit, the fiscal consultant conducted a further review of policies and procedures and held interviews detailing the period of availability. The awardee has more than 25% of X10MC39719 remaining but has until September 29, 2022, to expend the funds.

Fiscal Requirement C – General Fiscal Management

Fiscal Requirements	Met/Not Met
C.1. Fiscal Oversight of the Grant	Met
C.2. Payroll and Employees' Time and Effort	Met

Review Summary

The awardee utilized the VT state Vision (Oracle/PeopleSoft) accounting system for all GL and financial reporting functions, using a coding system that recorded expenditures by cost category within the grants. The financial staff promptly provided requested GL documents with detailed support and were extremely knowledgeable when interviewed.

C.1. Fiscal oversight of the grant:

This requirement is met. The awardee provided extensive fiscal support for the MIECHV grant utilizing Title V funds to cover the allocated costs of state and departmental administrative services. The fiscal consultant reviewed the awardee's policies and procedures and internal controls, designed to assure compliance with appropriate state and federal regulations. The fiscal consultant selected and verified sample transactions from the GL for adherence to state policies and procedures and Uniform Guidance 2 CFR 200.

VDH is subject to the AHS-approved Public Assistance Cost Allocation Plan (PACAP). The awardee paid the MIECHV share of administrative costs as in-kind to the grant. During the site

visit, both the program and fiscal staff provided details of the development and approval process for the budget. The program director submitted a total budget amount to the state and worked with them to determine available funds for LIAs and program fees, travel, consulting, and supplies. The VDH budget focused on overall LIA funding and utilized Title V funding to pay for program administration, incorporating all services including MIECHV.

The awardee supplied documentation of cash management policies and federal draw requests with reconciliation documents. The fiscal officer stated that the AHS central administration drew funds at least monthly, and the fiscal officer used the Grant Detail File report quarterly to reconcile it. The Federal Grants Team also utilized this report for Federal Financial Report (FFR) reporting and financial analysis of grant progress.

C.2. Payroll and Employees' Time and Effort:

This requirement is met. The awardee has fiscal policies and procedures that address payroll and employee time and effort (T&E) reporting. The finance officer explained that employees use positive time reporting. Staff complete an electronic timesheet system semi-monthly, which a supervisor then verifies with an electronic signature. The Title V funds paid the MIECHV staff and provided in-kind for the grant. The only charge for payroll was actual time totaling $3,039. The program director shared that this amount was for the completion of the 2020 statewide needs assessment, not for regular grant staff. The awardee fiscal staff confirmed that payroll was subject to final approval at posting.

Fiscal Requirement D – Subrecipient Oversight and Monitoring

Fiscal Requirements	Met/Not Met
D.1. The awardee has established procedures to determine whether the substance of an agreement constitutes a subrecipient or contractor relationship.	Met
D.2. The awardee has clearly identified each subaward and included the required information.	Met
D.3.The awardee has evaluated each subaward's risk of noncompliance.	Met
D.4. The awardee adequately monitors the activities of subrecipients to ensure that the subaward is used for authorized purposes.	Met

Review Summary

The awardee has six subrecipients for this grant. The fiscal officer explained the process of selecting grant subrecipients follows the Vermont AHS Grant Issuance and Monitoring Plan effective July 1, 2015, per the Vermont Agency of Administration Bulletin 5 which:

> requires agencies and departments to maintain a grant issuance and monitoring plan for both State and Federal awards. The purpose is to ensure compliance with State regulations and with OMB 2 CFR Chapter1, 2, Part 200 - Uniform Administrative

Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance – UG).

The awardee has policies and procedures for pre-award risk assessments before selecting a subrecipient and for monitoring after engaging a subrecipient. Based on a fiscal officer interview, the awardee performed the required procedures for all MIECHV subrecipients. A local area fiscal officer interviewed during the site visit confirmed the processes.

D.1. Subrecipient and Contractor Determinations:

This requirement was met. The awardee used the characteristics described in Uniform Guidance §200.330 to determine whether an agreement constitutes a federal subaward to a subrecipient or a contractor payment for goods and services. They determined that all MIECHV LIAs were subrecipients based on a review of contracts.

D.2. Identification of each subaward:

This requirement was met. The contract document included as Appendix I to Bulletin 5 GI&SM contains the procedures for collecting and retaining the required subaward information (per Uniform Guidance §200.331). The signed and dated subaward agreements include a Scope of Work that clearly defines the nature and method of services and the adherence to state and federal requirements. Agreements also describe the nature and frequency of both fiscal and programmatic monitoring.

D.3. Evaluation of subaward's risk of noncompliance:

This requirement was met. Following Bulletin 5 GI&SM fiscal staff performed pre-award risk assessments before selecting subrecipients and determined the monitoring level after engaging a subrecipient. Fiscal staff reviewed sample VDH Grantee Risk-Based Assessments. They have a rating system based on the amount of award, accounting system, program complexity, and an organizational risk questionnaire. This assessment tool provides them with a numerical score that determines whether they are low, moderate, or high risk. All LIAs scored as low risk as described in the tool. VDH maintains a grant file that is part of the official public record and must contain a copy of pre-award risk assessment documentation. The fiscal consultant reviewed copies of this documentation for LIAs.

D.4. Monitoring of activities of subaward:

This requirement was met. According to the Subrecipient Monitoring Plan Policies and Procedures (SMPPP) "VDH is responsible for informing LIAs of federal award requirements, ensuring LIAs meet OMB A-133 Circular requirements and monitoring their activities to ensure the appropriate use of grant funds and that LIAs met performance goals." The awardee had not updated their SMPPP to clarify that A-133 has been incorporated as Subpart F of Uniform Grant Guidance but explained the change in Bulletin 5 GI&SM.

The VT MIECHV program monitoring process includes reviews of programmatic, administrative, fiscal, and data elements. The awardee reviews these areas at selected times based on risk determination throughout the year. All LIAs were determined during pre-award risk assessment to be low risk and so required only one site visit. The implementation of these procedures informed home visiting LIAs thereby preparing them to demonstrate adherence to regulatory and program performance requirements.

VDH has issued a Subrecipient Monitoring Plan for MIECHV. This plan helps assure that the LIAs adhere to federal and state laws and achieve program goals. The awardee shared the fiscal processes used to monitor subrecipients. These processes included: required monthly invoices and quarterly financial reports; establishment of a grant monitoring file; risk assessment and establishing the level of monitoring; desk review including review of back-up documentation; and on-site monitoring of fiscal and programmatic requirements on a rotating cycle schedule. The program manager established the schedule based on current resources and with the advice of the Internal Audit Group when needed. The fiscal consultant reviewed copies of subrecipient monitoring and performance reports as well as monthly invoices submitted for payment.

Awardee fiscal staff stated they do not participate in the annual on-site subrecipient monitoring performed by the program director. They described oversight of monthly invoice reviews by the director of MCH, the administrative manager connecting the program and fiscal areas.

Fiscal Requirement E – Maintenance of Effort (MOE)

Fiscal Requirements	Met/Not Met
E.1. The awardee has established procedures to ensure compliance with maintenance of effort requirements.	N/A
E.2. The awardee has maintained its level of effort in compliance with program requirements.	N/A

Review Summary

These requirements are not applicable because the awardee did not have an evidence-based home visiting program before MIECHV funding that would trigger MOE.

E.1. Procedures to ensure compliance with maintenance of effort requirements:

This requirement is not applicable.

E.2. Maintained level of effort in compliance with program requirements:

This requirement is not applicable.

Fiscal Requirement F – Other Reporting Requirements

Fiscal Requirements	Met/Not Met
F.1. The awardee ensures compliance with the Federal Funding Accountability and Transparency Act of 2006 (FFATA).	Met
F.2. Federal Financial Report (FFR)	Met

Review Summary

F.1. Federal Funding Accountability and Transparency Act of 2006 (FFATA):

This requirement is met. Bulletin 5 GI&SM addresses the FFATA requirements as follows:

> In accordance with Finance and Management Policy No. 8, and in addition to the requirements specified above from the Uniform Guidance, pass-through entities are responsible for complying with all requirements of the Federal Funding Accountability and Transparency Act (FFATA). Requirements include granting to organizations with a valid DUNS number, and reporting subawards in the FFATA Subaward Reporting System (FSRS)

The fiscal officer described the State of Vermont Grant Agreement, which included verifying that the FFATA is required. The awardee confirmed this during the procurement process for the LIAs and initiated the reports in the system, with copies supplied. The awardee entered this information into the Grants Management Module of the Vision (Oracle/Peoplesoft) accounting system and also into the FFATA Sub-award Reporting System (FSRS).

The fiscal consultant reviewed MIECHV FFATAs and found the awardee had executed 17 contracts from the inception of the program through April 2021. The fiscal officer verified that this was the required number of contracts over $25,000.

F.2. Federal Financial Report:

This requirement is met. The reconciliation document contains summary-level information from GL, Distributed Leave, Earnings Reports, and AHS draw files. It reconciles GL entries plus allocated costs to the FFR and the federal funds drawn.

The grants administrator is responsible for FFR reporting and they share reports with program management. However, they do not involve them in the pre-approval process beyond the regular quarterly and annual grant meetings where they discuss issues to ensure that report data is clean and ready to pull when due.

The program director stated that she keeps a file of her reports due, and the fiscal team described the use of the Cost Allocation Plan (CAP) reports for compiling GL data for reporting. They utilize Vision (Oracle/PeopleSoft) for their accounting system. They use Zahara software for grants management reporting and the Federal Grants Team is responsible for FFR submission.

The HRSA grant management specialist noted that he did not identify any fiscal challenges. He reviewed two open grants (FY19 #33613 and FY20 #39719). VT MIECHV, like most programs, is primarily drawing from the FY19 grant. The FY19 FFR did not show any outstanding conditions. They are consistently drawing down funds. The most recent quarterly cash transaction report is up to date. VT MIECHV FY19 award was $1,389,113 with a drawdown of $1,344,596. The grants administrator approved the FFR. The next one is due January 2022. There are no requests for re-budgeting. The FY20 award is $1,351,961 with a drawdown of $217,300. There are no outstanding conditions. The PMS drawdown is current.

Appendix A –Document Request Checklist

Vermont Agency of Human Services MIECHV Onsite Compliance Review
Document Request Checklist

Section I: Programmatic Document Request Checklist

I.I Documents the MIECHV Project Officer has on file and will upload to the secure NIH site:

Mark if Uploaded	Document	Related Modules	Document Reviewed
☒	1. Grant Application(s) – for project periods under review		☒
☒	2. Final Report – most recent		☒
☒	3. Notices of Award (NOAs) – for project periods under review and approved budget		☒
☒	4. Needs Assessment, *first* (i.e., 2010) and any updated needs assessment(s) Note: 2020 Needs Assessment goes into effect October 2021		☒
☒	5. Prior year Performance Reports (Forms 1 and 2)		☒
☒	6. Quarterly data reports (Form 4) – most recent four quarters		☒
☒	7. Previous site visit report(s)		☒
☐	8. TA Requests and Progress - optional		☐
☒	9. TA Scan – most recent - optional		☒

I.II Documents the MIECHV Awardee will upload to the secure NIH site (as applicable):

Module A. Awardee Organization Structure and Capacity

Mark if Uploaded	Document	Related Modules	Document Reviewed
☒	1. Organizational Chart and list of awardee staff (indicate current vacancies, length of service, FTE, and turnover rate)		☒
	2. List of awardee staff (indicate current vacancies, length of service, and turnover rate)		
☒	3. Job descriptions and resumes or biography of key awardee staff		☒
☒	4. Policies and procedures related to administrative and programmatic oversight of the grant award(s)	Also in J	☒

Module B. Workforce Recruitment and Retention

Mark if Uploaded	Document	Related Modules	Document Reviewed
☒	5. Policies and Procedures for recruiting and retaining both awardee and LIA staff		☒
☒	6. Orientation and Training Plan(s) for both awardee and LIA staff, including on-going professional development	Also see Model F – Children's Integrated Services. Overview Websites.docx, Breastfeeding strategic plan	☒
☒	7. Policies and Procedures for ensuring high-quality supervision for both awardee and LIA staff		☒

Module C. Statewide Needs Assessment and Serving Priority Populations and At-risk Communities

Mark if Uploaded	Document	Related Modules	Document Reviewed
☒	8. List of LIAs and at-risk counties they serve		☒
	9. Needs Assessment, *first* (i.e., 2010) and any updated needs assessment(s) Note: 2020 Needs Assessment goes into effect October 2021	Uploaded by PO	☒

Module D. Family Enrollment and Retention

Mark if Uploaded	Document	Related Modules	Document Reviewed
☒	10. Enrollment, recruitment and retention policies and procedures		☒
☒	11. Form 4 Quarterly Performance Reports and other awardee reports that include current enrollment and capacity by site and model.	Form 4 is uploaded by PO folder. Other awardee reports should be uploaded by awardee.	☒
☒	12. Examples of staff trainings on enrollment and retention strategies		☒
☒	13. Data collection systems and data entry policies		☒

Module E. Implementing Evidence-Based Models

Mark if Uploaded	Document	Related Modules	Document Reviewed
	14. Awardee contracts/MOAs with LIAs – one for each model being implemented, not all	Uploaded in Programmatic Module J: Subrecipient Monitoring	☒
☒	15. Policies and Procedures related to model implementation, including promising approaches and model enhancements, if applicable		☒

Mark if Uploaded	Document	Related Modules	Document Reviewed
☐	16. Model Developer agreements, accreditation, and affiliation documentation	Fiscal D: Contract with Western Sydney University	☒
☐	17. Documentation of model developer and HRSA approval of model enhancements, if applicable		☐
☒	18. Policies and procedures regarding provision of culturally and linguistically responsive services	Module J	☒

Module F. Collaboration with Early Childhood Partners and Early Childhood Systems Coordination

Mark if Uploaded	Document	Related Modules	Document Reviewed
☒	19. Statewide advisory committee roster(s), purpose/charter, and example meeting agenda		☒
☒	20. Written agreements (e.g., Letters of Agreement and/or MOUs) with key partners		☒
☒	21. Referral forms or centralized intake forms or websites		☒
☒	22. Any other relevant documentation of system coordination the awardee wishes to share	BF strategic plan relate to Module B	☒

Module G. Data Collection and Reporting

Mark if Uploaded	Document	Related Modules	Document Reviewed
	23. Any cross-sector data sharing agreements	D , F & J	
☒	24. Subrecipient data reporting forms		☒
☒	25. Performance Measurement Plan		☒
	26. Prior year Forms 1 and 2 Annual Performance Reports- (uploaded by PO)	Uploaded by PO	☒
	27. Form 4 Quarterly Performance Reports (last four quarters)	Uploaded by PO	☒

Module H. Evaluation (if applicable)

Mark if Uploaded	Document	Related Modules	Document Reviewed
☐	28. Evaluation Plan(s) and evaluation reports for any current/ongoing or recently completed evaluations		☐
☐	29. TA Provider (DOHVE/TARC/OPRE) feedback on Evaluation Plan(s)		☐

Module I. Continuous Quality Improvement (CQI)

Mark if Uploaded	Document	Related Modules	Document Reviewed
☒	30. CQI Plan		☒
☒	31. State and local CQI team member roster, sample meeting agenda and minutes from recent meeting		☒
☐	32. HV CoIIN data summaries (if applicable)		☐
☐	33. CQI Practicum Data Summaries (if applicable)		☐

Module J. Subrecipient monitoring

Mark if Uploaded	Document	Related Modules	Document Reviewed
☒	34. Subrecipient monitoring plan and policies and procedures	Bulletin 5 is also applicable Module A	☒
☒	35. Subrecipient monitoring reports (most recent), one from each model being implemented		☒
☒	36. Recipient contracts/MOAs with LIAs – one for each model being implemented, not all	Module E	☒

Other

Mark if Uploaded	Document	Related Modules	Document Reviewed
☐	37. Standard Operating Procedures (if available for MIECHV program) and any other key policies and procedures related to administrative and programmatic oversight of the grant award(s)	Addressed in Module B and J	☐
☒	38. Products and publications developed by the awardee as part of the grant project i.e., newsletters, annual reports, brochures, etc.		☒

Section II: Financial Document Request Checklist

Note: The two grants listed below are within the scope of this compliance review. The Period of Availability specifically correlates to the period under grant expenditure review. ***The two grants should be the currently active MIECHV Grants (Project Officer should verify/complete the grant number and amount below)***

Grant Numbers	Budget Period	Award Amount
X10MC33613	09/30/2019 - 09/29/2021	$1,389,113
X10MC39719	09/30/2020 - 09/29/2022	$1,351,961

Documents the MIECHV Awardee will upload to the secure NIH site (as applicable)

Module A. Use of Funds

Mark if uploaded	Document	Related Modules	Document Reviewed
	1. Current Notice of Award, budget(s), and grant budget modifications	Located in PO folder. Also applies to Fiscal Modules B, C, D	☒
☒	2. Time and Effort Documentation, including reporting policies and procedures	Also applies to Fiscal Modules B, C	☒

Mark if uploaded	Document	Related Modules	Document Reviewed
☒	3. List of employees charged to grant(s) during periods under review. (A random sample of timesheets will be requested.)	Also applies to Fiscal Module C	☒
☒	4. Excel spreadsheet containing detailed general ledger transactions for expenses charged to the MIECHV grant awards during the grant periods under review. Identify costs by grant fiscal year, and whether costs are related to administering the grant funds. Data should include at a minimum the following information: • Vendor Name • Voucher Number • Date of Payment • Amount of Payment • Grant Number • Fiscal Year/Grant Year	Samples will be selected for review. The sample will be chosen by fiscal consultant prior to arrival and the awardee should have the sample ready on-site. Also applies to Fiscal Modules B, C	☒
☐	5. Invoices and payment expenditure documentation for sample selected from Excel spreadsheet	Also applies to Fiscal Modules B, C	☒
☐	6. Documentation of expenditures related to promising approaches if any		☐
☒	7. Grant cost allocation methodology	Also applies to	☒

Mark if uploaded	Document	Related Modules	Document Reviewed
		Fiscal Module B, C	
☒	8. Evidence/documentation of the negotiated indirect cost rates or cost allocation plan.	Also applies to Fiscal Module B, C, F	☒
☒	9. Fiscal policies and procedures for grants management	Also applies to Fiscal Modules B, C Program Module A	☒
☒	10. Documents used to set up approved grant budget in financial accounting system.		☒
☒	11. Financial Management/Accounting and Internal Control Policies and Procedures (and procurement policies and procedures for auditing expenditures such as subrecipient expenditures, if applicable).	Also applies to Fiscal Modules C, D	☒

Module B. Period of Availability

Mark if Uploaded	Document	Related Modules	Document Reviewed
	12. Current Notice of Award, budget(s), and grant budget modifications	Located in Fiscal Module A	☒
	13. Time and Effort Documentation, including reporting policies and procedures	Located in Fiscal Module A	☒
	14. Invoices and Payments Expenditure documentation for sample selected from Excel spreadsheet	Located in Fiscal Module A	☐

Mark if Uploaded	Document	Related Modules	Document Reviewed
	15. Grant cost allocation methodology	Located in Fiscal Module A	☒
	16. Evidence/Documentation of the negotiated indirect cost rates	Located in Fiscal Module A	☒
	17. Fiscal policies and procedures for grants management	Located in Fiscal Module A	☒
☒	18. Documentation of general ledger set-up and chart of accounts for expenditures related to all grants (to compare their total expenditures to their budget). Documentation of how the expenditures in the chart of accounts are split between the grants	Also applies to Fiscal Module C	☒
☒	19. Documentation that funds made available to an awardee for a fiscal year are available for expenditure by the awardee through the end of the second succeeding fiscal year after award		☒
	20. Subrecipient monitoring policies and procedures	Located in Programmatic Module J. Also applies to Fiscal Module D	☒

Module C. General Fiscal Management

Mark if Uploaded	Document	Related Modules	Document Reviewed
	21. Current Notice of Award, budget(s), and grant budget modifications	Located in Fiscal Module A	☒
	22. Grant application(s) – for current and previous FY	Located in PO Folder.	☒

Mark if Uploaded	Document	Related Modules	Document Reviewed
		Also applies to Fiscal Module E	
	23. Time and Effort documentation, including reporting policies and procedures	Located in Fiscal Module A	☒
	24. Excel spreadsheet containing detailed general ledger transactions for expenses charged to the MIECHV grant awards during the grant periods under review**.** Identify costs by grant fiscal year, and whether costs are related to administering the grant funds. Data should include at a minimum the following information: • Vendor Name • Voucher Number • Date of Payment • Amount of Payment • Grant Number	Located in Fiscal Module A	☒
	25. Invoices and payments expenditure documentation for items selected from the detailed expenses spreadsheet.	Located in Fiscal Module A	☒
	26. Fiscal policies and procedures for grants management	Located in Fiscal Module A	☒
☒	27. Documentation of general ledger set-up and chart of accounts for expenditures related to all grants (to compare their total expenditures to their budget). Documentation of how the expenditures in the chart of accounts are split between the grants	Located in Fiscal Module B Also in Module A	☒
	28. Grant cost allocation methodology	Located in Fiscal Module A	☒

Mark if Uploaded	Document	Related Modules	Document Reviewed
☒	29. Policies and procedures related to administrative and programmatic oversight of the grant award(s)	Also in Module A	☒
☒	30. Quarterly reconciliations of funds (to PMS disbursements) for active MIECHV grants		☒
☒	31. Reconciliation of funds drawn to awardee expenditure reports		☒
	32. List of employees charged to grant(s) during periods under review. (A random sample of timesheets will be requested.)	Located in Fiscal Module A	☒
☒	33. Most recent FY single audit report and any other audit related to MIECHV program.	Also applies to Fiscal Module F	☒
☒	34. The most recent management letter, including Audit Corrective Action Plans, if applicable	Also applies to Fiscal Module F	☒
☒	35. Most recent FY Comprehensive Annual Financial Report (CAFR)		☒
☒	36. Federal Financial Reports (FFRs) (SF 425s) of the reviewed grant periods	Also applies to Fiscal Module F	☒

Module D. Contracts and Subrecipient Oversight and Monitoring

Mark if Uploaded	Document	Related Modules	Document Reviewed
☒	36. Requests for Proposal (RFP), and subrecipient application packages		☒
☒	37. Contracts relative to the grant expenditures for the period under review. • Contracts with local implementation agencies (indicate requirements for	Upload **LIA subrecipient contracts** in programmatic Module J.	☒

Mark if Uploaded	Document	Related Modules	Document Reviewed
	allowable/nonallowable costs, reporting and documentation requirements) • Contracts with consultants • Service contracts • Contracts with model developers • Contracts pertaining to data collection system • planned contracts not currently finalized and current status (bidding, with program staff being written, with procurement, etc.)	Other contracts should be uploaded in this module.	
☒	38. Subrecipient selection and determination policies and procedures	Module A	☐
☒	39. Subrecipient monitoring policies and procedures and **most recent subrecipient fiscal monitoring results**.	Policies and procedures located in Programmatic Module J. Also applies to Fiscal Module B	☒
☒	40. Subrecipient financial reports and progress reports	See Program Module J	☒
☒	41. List of subrecipient awards, including the DUNS numbers and contract numbers of each subrecipient		☒
	42. Current Notice of Award, budget(s), and grant budget modifications	Located in PO folder. Also related to fiscal module A	☒

Module E. Maintenance of Effort (MOE)

Mark if Uploaded	Document	Related Modules	Document Reviewed
	43. Needs Assessment, first (i.e., 2010) and any updated needs assessment. Note: The 2020 Needs Assessment will go into effect October 2021.	Located in PO Folder	☒
	44. Grant application(s) for current and previous FY	Located in PO Folder	☒
☐	45. Documentation of compliance with Maintenance of Effort requirements (may include the state budget appropriations document showing amounts appropriated from the state general fund)		☐

Module F. Other Reporting Requirements

Mark if Uploaded	Document	Related Modules	Document Reviewed
	46. Fiscal policies and procedures for grant management	Located in Fiscal Module A	☒
☒	47. Reports submitted in accordance with FFATA		☒
☒	48. Policies and procedures for ensuring compliance with FFATA	Module A	☒
☒	49. Documentation of accuracy of information reported in SAM (http://www.sam.gov).		☒

Disclaimer: This site visit report lists non-federal resources in order to provide additional information to the awardee. The views and content in these resources have not been formally approved by the Health Resources and Services Administration (HRSA). HRSA does not endorse the products or services of the listed resources.

Appendix B – Site Visit Agenda

Maternal, Infant, Early Childhood Home Visiting (MIECHV)
OPERATIONAL VIRTUAL SITE VISIT AGENDA
Vermont Agency of Human Services
May 3-5, 2021

DAY 1 – MONDAY, MAY 3, 2021	
Location: VIRTUAL **Meeting Link for joint and programmatic meetings:** **https://us02web.zoom.us/j/86377209956?pwd=MTBGNnZCdzJOOU5SWWwrNy9wdTd3Zz09.** **Option to call in: +1 646 558 8656 US (New York); Meeting ID: 863 7720 9956; Passcode: 894584** **Meeting Link for fiscal breakouts:** **https://us02web.zoom.us/j/82959716784?pwd=dTlGdkhGKzg4eE1udld5bk05TVNjUT09.** **Option to call in: +1 646 558 8656 US (New York); Meeting ID: 829 5971 6784; Passcode: 753686**	
TIME	**TOPIC/ATTENDEES**
8:30am Eastern Time	**PLANNING MEETING** DSFederal Site Visit Team meets with MIECHV Project Officer (PO)/HRSA team
8:55am	**ALL ATTENDEES:** **LOG ONTO MEETING LINK AND CHECK CONNECTION, AUDIO AND VIDEO**
9:00 – 9:45am *Joint/programmatic meeting link*	**SITE VISIT KICKOFF WELCOME AND INTRODUCTIONS** CDR Nicole Gaskin-Laniyan MIECHV PO Region 1 (10 minutes) **SITE VISIT OVERVIEW** Lisa Sutter, DSFederal Programmatic Consultant (5-10 minutes) • Review of site visit objectives, process, and expected outcomes **FEDERAL UPDATE** CDR Nicole Gaskin-Laniyan MIECHV PO Region 1 (15-20 minutes) • Current state of MIECHV **Attendees** Ilisa Stalberg, Maternal and Child Health Director, Vermont Department of Health Margaret Tarmy, Nurse Home Visiting Program Administrator, Vermont Department of Health Morgan Paine, Health Data Administrator, Vermont Department of Health Kim Bean, Director of Maternal and Child Health Operations Connie Harrison, Financial Director, Vermont Department of Health Charlotte Goodrich, Financial Administrator, Vermont Department of Health Karen Kelley, Financial Administrator, Vermont Department of Health (Outgoing Awardee Financial Administrator Megan Hoke, Financial Manager, Vermont Department of Health Dr Mark Levine, Commissioner, Vermont Department of Health (optional)

	Tracy Dolan, Deputy Commissioner, Vermont Department of Health (optional) Sheila Duranleau, Director of Child Development Division Programs, Department for Children and Families Karen Bielawski-Branch, Children's Integrated Services Home Visiting Program Administrator Department for Children and Families Janet Kilburn, Child Development Director, Vermont Department of Health Karen Flynn, WIC Program Administrator, Vermont Department of Health Ann Giombetti, USA MECSH Consultant, Western Sydney University Morgan Crossman, Executive Director, Building Bright Futures Beth Truzansky, Deputy Director, Building Bright Futures Kelsey McCoy, DHVECS Supervisory Team Lead Laura Sherman, DHVECS Social Science Analyst Wendy Jones, Technical Assistance Specialist Jean Boyack, DSFederal Fiscal Consultant Lisa Pelle, DSFederal Note Taker Courtney Eggleston, DSFederal Research Analyst
9:45 – 10:45am *Joint/programmatic meeting link*	**AWARDEE OVERVIEW: PROGRESS IN AWARDS UNDER REVIEW** MIECHV Awardee (20 - 25 minutes): Ilisa Stalberg, Maternal and Child Health Director, Vermont Department of Health Margaret Tarmy, Nurse Home Visiting Program Administrator, Vermont Department of Health Morgan Paine, Health Data Administrator, Vermont Department of Health Karen Bielawski-Branch, Children's Integrated Services Home Visiting Program Administrator Department for Children and Families • Discussion of awardee progress • Q&A **Attendees** Kim Bean, Director of Maternal and Child Health Operations Connie Harrison, Financial Director, Vermont Department of Health Charlotte Goodrich, Financial Administrator, Vermont Department of Health Karen Kelley, Financial Administrator, Vermont Department of Health Megan Hoke, Financial Manager, Vermont Department of Health Dr Mark Levine, Commissioner, Vermont Department of Health (optional) Tracy Dolan, Deputy Commissioner, Vermont Department of Health (optional) Sheila Duranleau, Director of Child Development Division Programs, Department for Children and Families Janet Kilburn, Child Development Director, Vermont Department of Health Karen Flynn, WIC Program Administrator, Vermont Department of Health Morgan Crossman, Executive Director, Building Bright Futures Beth Truzansky, Deputy Director, Building Bright Futures CDR Nicole Gaskin-Laniyan MIECHV PO Region 1 Kelsey McCoy, DHVECS Supervisory Team Lead Laura Sherman, DHVECS Social Science Analyst Wendy Jones, Technical Assistance Specialist Lisa Sutter, DSFederal Programmatic Consultant Jean Boyack, DSFederal Fiscal Consultant Lisa Pelle, DSFederal Note Taker

	Courtney Eggleston, DSFederal Research Analyst
10:45 – 11:00am	**BREAK**
11:00am – 12:00pm *Note: Site visit breaks into two groups—programmatic and fiscal. Separate meeting link for each.*	**PROGRAMMATIC BREAKOUT** • **Awardee Organization Structure and Capacity** (Module A) • **Workforce Recruitment and Retention** (Module B) Facilitated by: Lisa Sutter, DSFederal Programmatic Consultant **Attendees** Ilisa Stalberg, Maternal and Child Health Director, Vermont Department of Health Margaret Tarmy, Nurse Home Visiting Program Administrator, Vermont Department of Health Morgan Paine, Health Data Administrator, Vermont Department of Health Kim Bean, Director of Maternal and Child Health Operations CDR Nicole Gaskin-Laniyan MIECHV PO Region 1 Kelsey McCoy, DHVECS Supervisory Team Lead Laura Sherman, DHVECS Social Science Analyst Wendy Jones, Technical Assistance Specialist Lisa Pelle, DSFederal Note Taker **FISCAL BREAKOUT** • **Use of Funds** (Fiscal Module A) Facilitated by: Jean Boyack, DSFederal Fiscal Consultant **Attendees** Connie Harrison, Financial Director, Vermont Department of Health Charlotte Goodrich, Financial Administrator, Vermont Department of Health Karen Kelley, Financial Administrator, Vermont Department of Health Megan Hoke, Financial Manager, Vermont Department of Health
12:00 – 1:00pm	**LUNCH**
1:00 – 2:50pm *Combined Fiscal and Programmatic Session* *Use joint/programmatic meeting link*	**COMBINED PROGRAMMATIC AND FISCAL MODULES** • **Subrecipient Monitoring of Program Performance** (Programmatic Module J) Facilitated by: Lisa Sutter DSFederal Programmatic Consultant • **Contracts and Subrecipient Oversight & Monitoring** (Fiscal Module D) Facilitated by: Jean Boyack, DSFederal Fiscal Consultant **Attendees** Margaret Tarmy, Nurse Home Visiting Program Administrator, Vermont Department of Health Morgan Paine, Health Data Administrator, Vermont Department of Health Ilisa Stalberg, Maternal and Child Health Director, Vermont Department of Health Connie Harrison, Financial Director, Vermont Department of Health Megan Hoke, Financial Manager, Vermont Department of Health Charlotte Goodrich, Financial Administrator, Vermont Department of Health (optional) Karen Kelley, Financial Administrator, Vermont Department of Health (optional) CDR Nicole Gaskin-Laniyan MIECHV PO Region 1

	Kelsey McCoy, DHVECS Supervisory Team Lead Laura Sherman, DHVECS Social Science Analyst Wendy Jones, Technical Assistance Specialist Lisa Pelle, DSFederal Note Taker Valeri Lane, DSFederal Project Manager
2:50 – 3:00	**BREAK**
3:00 – 3:55 *Site visit breaks into two groups—programmatic and fiscal.*	**PROGRAMMATIC BREAKOUT** • **Statewide Needs Assessment & Serving Priority Populations** (Module C) Facilitated by: Lisa Sutter, DSFederal Programmatic Consultant **Attendees** Margaret Tarmy, Nurse Home Visiting Program Administrator, Vermont Department of Health Morgan Paine, Health Data Administrator, Vermont Department of Health Ilisa Stalberg, Maternal and Child Health Director, Vermont Department of Health CDR Nicole Gaskin-Laniyan MIECHV PO Region 1 Kelsey McCoy, DHVECS Supervisory Team Lead Laura Sherman, DHVECS Social Science Analyst Wendy Jones, Technical Assistance Specialist Emmy Marshall, DSFederal Programmatic Consultant Manager Lisa Pelle, DSFederal Note Taker **FISCAL BREAKOUT** • **Period of Availability** (Fiscal Module B) • **General Fiscal Management** (Fiscal Module C) Facilitated by: Jean Boyack, DSFederal Fiscal Consultant **Attendees** Connie Harrison, Financial Director, Vermont Department of Health Megan Hoke, Financial Manager, Vermont Department of Health Karen Kelley, Financial Administrator, Vermont Department of Health Charlotte Goodrich, Financial Administrator, Vermont Department of Health (optional) Valeri Lane, DSFederal Project Manager
3:55 – 4:05	**BREAK**
4:05 – 5:00	**PROGRAMMATIC BREAKOUT** • **Family Enrollment and Retention** (Module D) Facilitated by: Lisa Sutter, DSFederal Programmatic Consultant **Attendees** Margaret Tarmy, Nurse Home Visiting Program Administrator, Vermont Department of Health Morgan Paine, Health Data Administrator, Vermont Department of Health CDR Nicole Gaskin-Laniyan MIECHV PO Region 1 Kelsey McCoy, DHVECS Supervisory Team Lead Laura Sherman, DHVECS Social Science Analyst Wendy Jones, Technical Assistance Specialist

	Lisa Pelle, DSFederal Note Taker **FISCAL BREAKOUT** • **General Fiscal Management, continued** (Fiscal Module C) Facilitated by: Jean Boyack, DSFederal Fiscal Consultant **Attendees** Connie Harrison, Financial Director, Vermont Department of Health Megan Hoke, Financial Manager, Vermont Department of Health Charlotte Goodrich, Financial Administrator, Vermont Department of Health Valeri Lane, DSFederal Project Manager
5:00 – 6:00	**SITE VISIT TEAM DAILY DE-BRIEF AND PREPARATIONS FOR DAY TWO** **Attendees** MIECHV PO/HRSA staff & DSFederal Site Visit Team

DAY 2: TUESDAY, MAY 4, 2021

Location: VIRTUAL
Meeting Link for joint and programmatic meetings:
https://us02web.zoom.us/j/86377209956?pwd=MTBGNnZCdzJOOU5SWWwrNy9wdTd3Zz09.
Option to call in: +1 646 558 8656 US (New York); Meeting ID: 863 7720 9956; Passcode: 894584
Meeting Link for fiscal breakouts:
https://us02web.zoom.us/j/82959716784?pwd=dTlGdkhGKzg4eE1udld5bk05TVNjUT09.
Option to call in: +1 646 558 8656 US (New York); Meeting ID: 829 5971 6784; Passcode: 753686

TIME	TOPIC/ACTIVITY
8:30am Eastern Time	**PLANNING MEETING: SITE VISIT TEAM ONLY** (if needed) **Attendees** MIECHV PO/HRSA staff & DSFederal Site Visit Team
8:55am Eastern Time	**ALL ATTENDEES: LOG ONTO MEETING LINK AND CHECK CONNECTION**
9:00 – 10:30am *Note: Site visit breaks into two groups—programmatic and fiscal*	**PROGRAMMATIC BREAKOUT** • **Collaboration with Early Childhood Partners and Early Childhood Systems Coordination** (Module F) (Meet with Advisory Group and/or ECS Partners) Facilitated by: Lisa Sutter, DSFederal Programmatic Consultant **Attendees** Ilisa Stalberg, Maternal and Child Health Director, Vermont Department of Health Margaret Tarmy, Nurse Home Visiting Program Administrator, Vermont Department of Health Morgan Paine, Health Data Administrator, Vermont Department of Health Sheila Duranleau, Director of Child Development Division Programs, Department for Children and Families

<table>
<tr><td></td><td>Karen Bielawski-Branch, Children's Integrated Services Home Visiting Program Administrator
Department for Children and Families
Janet Kilburn, Child Development Director, Vermont Department of Health
Karen Flynn, WIC Program Administrator, Vermont Department of Health
Morgan Crossman, Executive Director, Building Bright Futures
Beth Truzansky, Deputy Director, Building Bright Futures

CDR Nicole Gaskin-Laniyan MIECHV PO Region 1
Kelsey McCoy, DHVECS Supervisory Team Lead
Laura Sherman, DHVECS Social Science Analyst
Wendy Jones, Technical Assistance Specialist
Lisa Pelle, DSFederal Note Taker
Emmy Marshall, DSFederal Programmatic Consultant Manager

FISCAL BREAKOUT
• Maintenance of Effort (Module E)
• Other Reporting Requirements (Fiscal Module F)
Facilitated by: Jean Boyack, DSFederal Fiscal Consultant

<u>Attendees</u>
Connie Harrison, Financial Director, Vermont Department of Health
Megan Hoke, Financial Manager, Vermont Department of Health
Karen Kelley, Financial Administrator, Vermont Department of Health
Charlotte Goodrich, Financial Administrator, Vermont Department of Health</td></tr>
<tr><td></td><td>BREAK</td></tr>
<tr><td>10:40 – 11:30am</td><td>Fiscal Review with Programmatic Leadership
Facilitated by: Jean Boyack, DSFederal Fiscal Consultant
• See guiding questions marked with a PL (program leadership) in the SVAT

<u>Attendees</u>
Connie Harrison, Financial Director, Vermont Department of Health
Megan Hoke, Financial Manager, Vermont Department of Health
Karen Kelley, Financial Administrator, Vermont Department of Health
Charlotte Goodrich, Financial Administrator, Vermont Department of Health
Ilisa Stalberg, Maternal and Child Health Director, Vermont Department of Health
Margaret Tarmy, Nurse Home Visiting Program Administrator, Vermont Department of Health
Kim Bean, Director of Maternal and Child Health Operations (optional)

CDR Nicole Gaskin-Laniyan MIECHV PO Region 1
Kelsey McCoy, DHVECS Supervisory Team Lead
Laura Sherman, DHVECS Social Science Analyst
Wendy Jones, Technical Assistance Specialist
Lisa Sutter, DSFederal Programmatic Consultant
Lisa Pelle, DSFederal Note Taker</td></tr>
<tr><td>11:30am – 12:30pm</td><td>LUNCH</td></tr>
</table>

12:30 – 3:30pm	**LOCAL IMPLEMENTING AGENCY PERSPECTIVE** **LIA Meeting Link for joint and programmatic meetings:** **https://us02web.zoom.us/j/86377209956?pwd=MTBGNnZCdzJOOU5SWWwrNy9wdTd3Zz09.** **Option to call in: +1 646 558 8656 US (New York); Meeting ID: 863 7720 9956; Passcode: 894584** **Welcome and Introductions** Facilitated by: Lisa Sutter, DSFederal Programmatic Consultant **LIA Overview** (5-10 minutes) Provided by: Katy Leffel, Nurse Supervisor, Central Vermont Home Health and Hospice Provided by: Amy Wenger, Nurse Supervisor, Franklin County Home Health and Hospice **Programmatic Modules for LIA** Facilitated by: Lisa Sutter, DSFederal Programmatic Consultant • **Implementing Evidence-Based Models** (Module K) • **Family Enrollment and Retention** (Module L) • **Systems Coordination** (Module M) • **Subrecipient Monitoring** (Module N) • **Data Collection and Reporting** (Module O) • **Serving Priority Populations** (Module P) **Attendees** Michelle Dane, Nurse Home Visitor, Central Vermont Home Health and Hospice Solenne Thompson, Nurse Home Visitor, Central Vermont Home Health and Hospice Melissa Marsden, Data Administrator, Central Vermont Home Health and Hospice Kristen Quiet, Nurse Home Visitor, Franklin County Home Health and Hospice Jesse Mongeon, Nurse Home Visitor, Franklin County Home Health and Hospice Victoria Kane, Nurse Home Visitor, Franklin County Home Health and Hospice Michelle Stiles Nurse Home Visitor, Franklin County Home Health and Hospice Charlene Baron, Data Administrator, Franklin County Home Health and Hospice CDR Nicole Gaskin-Laniyan MIECHV PO Region 1 Kelsey McCoy, DHVECS Supervisory Team Lead Laura Sherman, DHVECS Social Science Analyst Wendy Jones, Technical Assistance Specialist Lisa Pelle, DSFederal Note Taker Courtney Eggleston, DSFederal Research Analyst **Additional LIA Observers** Melissa Kaufold, LIA Nurse Supervisor, University for Vermont Network, Home health and Hospice (optional) Heidi Gillespie, LIA Nurse Supervisor, VNA and Hospice of the Southwest Region, (optional) Magdalene Miller, LIA Nurse Supervisor, Northern Counties Home Health and Hospice (optional)

	FISCAL BREAKOUT – Begins at 1:00pm Facilitated by: Jean Boyack, DSFederal Fiscal Consultant **Meeting Link for fiscal breakouts:** **https://us02web.zoom.us/j/82959716784?pwd=dTlGdkhGKzg4eE1udld5bk05TVNjUT09.** **Option to call in: +1 646 558 8656 US (New York); Meeting ID: 829 5971 6784; Passcode: 753686** **Attendees** Kelly Bishop, Chief Financial Officer, Central Vermont Home Health and Hospice Patricia Gratton, Chief Financial Officer, Franklin County Home Health and Hospice **VISITING WITH A FAMILY – Begins at 2:15pm** Facilitated by: Lisa Sutter, DSFederal Programmatic Consultant **LIA Meeting Link for joint and programmatic meetings:** **https://us02web.zoom.us/j/86377209956?pwd=MTBGNnZCdzJOOU5SWWwrNy9wdTd3Zz09.** **Option to call in: +1 646 558 8656 US (New York); Meeting ID: 863 7720 9956; Passcode: 894584** **Attendees** Central Vermont Home Health Agency Family
3:30 – 3:45pm	**BREAK**
3:45 – 4:45pm *Joint/programmatic meeting link*	**SITE VISIT TEAM DAILY DE-BRIEF AND PREPARATIONS FOR DAY THREE** **Attendees** MIECHV PO/HRSA staff & DSFederal Site Visit Team

DAY 3: WEDNESDAY, MAY 5, 2021

Location: VIRTUAL
Meeting Link for joint and programmatic meetings:
https://us02web.zoom.us/j/86377209956?pwd=MTBGNnZCdzJOOU5SWWwrNy9wdTd3Zz09.
Option to call in: +1 646 558 8656 US (New York); Meeting ID: 863 7720 9956; Passcode: 894584

Meeting Link for fiscal breakouts:
https://us02web.zoom.us/j/82959716784?pwd=dTlGdkhGKzg4eE1udld5bk05TVNjUT09.
Option to call in: +1 646 558 8656 US (New York); Meeting ID: 829 5971 6784; Passcode: 753686

TIME	TOPIC/ACTIVITY
8:30am Eastern Time	**PLANNING MEETING: SITE VISIT TEAM ONLY** **Prepare for Day 3** (if needed after yesterday Daily Debrief) **Attendees** MIECHV PO/HRSA staff & DSFederal Site Visit Team

8:55am Eastern Time	ALL ATTENDEES: LOG ONTO MEETING LINK AND CHECK CONNECTION
9:00 – 10:15am	**PROGRAMMATIC BREAKOUT** • **Implementing Evidence-Based Models** (Module E) Facilitated by: Lisa Sutter, DSFederal Programmatic Consultant **Attendees** Margaret Tarmy, Nurse Home Visiting Program Administrator, Vermont Department of Health Morgan Paine, Health Data Administrator, Vermont Department of Health Karen Bielawski-Branch, Children's Integrated Services Home Visiting Program Administrator, Department for Children and Families CDR Nicole Gaskin-Laniyan MIECHV PO Region 1 Kelsey McCoy, DHVECS Supervisory Team Lead Laura Sherman, DHVECS Social Science Analyst Wendy Jones, Technical Assistance Specialist Lisa Pelle, DSFederal Note Taker Emmy Marshall, DSFederal Programmatic Consultant Manager **FISCAL BREAKOUT** • **Any modules not previously covered or in need of more information (Optional – If needed)** Facilitated by: Jean Boyack, DSFederal Fiscal Consultant **Attendees** Connie Harrison, Financial Director, Vermont Department of Health Megan Hoke, Financial Manager, Vermont Department of Health Karen Kelley, Financial Administrator, Vermont Department of Health Charlotte Goodrich, Financial Administrator, Vermont Department of Health
10:15 – 10:30	**BREAK**
10:30am – 12:30pm	**PROGRAMMATIC BREAKOUT** • **Evaluation** Not Applicable (Module H)- • **Data Collection and Reporting** (Module G) • **Continuous Quality Improvement** (Module I) • **Any modules not previously covered or in need of more information** Facilitated by: Lisa Sutter, DSFederal Programmatic Consultant **Attendees** Margaret Tarmy, Nurse Home Visiting Program Administrator, Vermont Dept. of Health Morgan Paine, Health Data Administrator, Vermont Department of Health CDR Nicole Gaskin-Laniyan MIECHV PO Region 1 Kelsey McCoy, DHVECS Supervisory Team Lead Laura Sherman, DHVECS Social Science Analyst Wendy Jones, Technical Assistance Specialist Emmy Marshall, DSFederal Programmatic Consultant Manager Lisa Pelle, DSFederal Note Taker

	FISCAL BREAKOUT • **Any modules not previously covered or in need of more information (Optional – If needed)** Facilitated by: Jean Boyack, DSFederal Fiscal Consultant **Attendees** Connie Harrison, Financial Director, Vermont Department of Health Megan Hoke, Financial Manager, Vermont Department of Health Karen Kelley, Financial Administrator, Vermont Department of Health Charlotte Goodrich, Financial Administrator, Vermont Department of Health
12:30 – 1:30pm	**LUNCH**
1:30 – 2:30pm *Joint/programmatic meeting link*	**Site Visit Team Prepares Findings** Facilitated by: Lisa Sutter, DSFederal Programmatic Consultant **Attendees** MIECHV PO, HRSA staff & DSFederal Site Visit Team
2:30 – 3:00pm (optional)	**Site Visit Team and PO meets with Awardee Project Director (optional)** Facilitated by Lisa Sutter, DSFederal Programmatic Consultant **Meeting Link: https://us02web.zoom.us/j/86377209956?pwd=MTBGNnZCdzJOOU5SWWwrNy9wdTd3Zz09.** **Option to call in: +1 646 558 8656 US (New York); Meeting ID: 863 7720 9956; Passcode: 894584**

3:00 – 4:00pm	Vertmont Agency of Human Services MIECHV Site Visit Debrief
Joint/programmatic meeting link	**Meeting Link:** **https://us02web.zoom.us/j/86377209956?pwd=MTBGNnZCdzJOOU5SWWwrNy9wdTd3Zz09.** **Option to call in: +1 646 558 8656 US (New York); Meeting ID: 863 7720 9956; Passcode: 894584** • Review of Programmatic and Fiscal Findings, Strengths, and Opportunities for Improvement Facilitated by Lisa Sutter, DSFederal Programmatic Consultant and Jean Boyack, DSFederal Fiscal Consultant • Identify Next Steps Facilitated by: Lisa Sutter, DSFederal Programmatic Consultant o Site Visit Report Timeline o Awardee Feedback Survey • Answer Awardee Questions Facilitated by: CDR Nicole Gaskin-Laniyan MIECHV PO Region 1 **Attendees** Ilisa Stalberg, Maternal and Child Health Director, Vermont Department of Health Margaret Tarmy, Nurse Home Visiting Program Administrator, Vermont Dept. of Health Morgan Paine, Health Data Administrator, Vermont Department of Health Kim Bean, Director of Maternal and Child Health Operations (optional) Karen Bielawski-Branch, Children's Integrated Services Home Visiting Program Administrator Department for Children and Families Connie Harrison, Financial Director, Vermont Department of Health Megan Hoke, Financial Manager, Vermont Department of Health Karen Kelley, Financial Administrator, Vermont Department of Health Charlotte Goodrich, Financial Administrator, Vermont Department of Health Tracy Dolan, Deputy Commissioner, Vermont Department of Health (optional) Kelsey McCoy, DHVECS Supervisory Team Lead Laura Sherman, DHVECS Social Science Analyst Wendy Jones, Technical Assistance Specialist Lisa Pelle, DSFederal Note Taker Valeri Lane, DSFederal Project Manager

Disclaimer: This site visit report lists non-federal resources in order to provide additional information to the awardee. The views and content in these resources have not been formally approved by the Health Resources and Services Administration (HRSA). HRSA does not endorse the products or services of the listed resources.

Appendix C –Attendance Roster

				Day 1						Day 2			Day 3		
Name	**Title**	**Role in MIECHV**	**Agency**	**Site Visit Kickoff**	**Awardee Overview**	**Programmatic A & B**	**Programmatic J and Fiscal D**	**Programmatic C**	**Programmatic D**	**Programmatic F**	**Fiscal Review Programmatic Leadership**	**LIA**	**Programmatic E**	**Programmatic H, G and I**	**Site Visit Debrief**
Federal/Site Visit Team															
CDR Nicole Gaskin-Laniyan	MIECHV Project Officer Region I	PO and Operational Site Visit Project COR	DHHS, HRSA, DHVECS	X	X	X	X	X	X	X	X	X	X	X	X
Kelsey McCoy	DHVECS Supervisory Team Lead	MIECHV PO Supervisor	DHHS, HRSA	X	X	X	X	X	X	X	X	X	X	X	X
Laura Sherman	DHVECS Social Science Analyst		DHHS, HRSA	X	X	X	X	X	X	X	X	X	X	X	X
Wendy Jones	Technical Assistance Specialist	Technical Assistance	MIECHV TARC	X	X	X		X	X	X			X	X	X
Lolita McLean	Title V MCH Project Officer Region I		DHHS, HRSA	X	X					X			X	X	X
Ekaterina Zoubak	ECS Project Officer		DHHS, HRSA, DHVECS							X					
Natalie Surfus	ECS Project Officer		DHHS, HRSA, DHVECS							X					
Lisa Sutter	Programmatic Consultant	Site Visit Team	DSFederal	X	X	X	X	X	X	X	X	X	X	X	X
Jean Boyack	Fiscal Consultant	Site Visit Team	DSFederal	X	X		X		X		X	X	X	X	X
Lisa Pelle	Notetaker	Site Visit Team	DSFederal	X	X	X	X	X	X	X	X	X	X	X	X

Name	Title	Role in MIECHV	Agency	Site Visit Kickoff	Awardee Overview	Programmatic A & B	Programmatic J and Fiscal D	Programmatic C	Programmatic D	Programmatic F	Fiscal Review Programmatic Leadership	LIA	Programmatic E	Programmatic H, G and I	Site Visit Debrief
				Day 1						Day 2			Day 3		
Courtney Eggleston	Research Analyst	Operational Site Visit Project	DSFederal	X	X							X			
Emmy Marshall	Programmatic Consultant Manager	Operational Site Visit Project	DSFederal					X		X			X	X	
Valeri Lane	Project Manager	Operational Site Visit Project	DSFederal				X								X
Awardee															
ilisa Stalberg	Maternal and Child Health Director	Project Director	Vermont Department of Health	X	X	X	X	X		X	X				X
Margaret Tarmy	Nurse Home Visiting Program Administrator	Acting Project Director	Vermont Department of Health	X	X	X	X	X	X	X	X		X	X	X
Morgan Paine	Health Data Administrator	MIECHV Data	Vermont Department of Health	X	X	X	X	X	X	X			X	X	X
Kim Bean	Director of Maternal and Child Health Operations		Vermont Department of Health	X	X	X					X				X
Connie Harrison	Financial Director	Awardee Fiscal Staff	Vermont Department of Health	X	X		X				X				X

				Day 1						Day 2			Day 3		
Name	**Title**	**Role in MIECHV**	**Agency**	**Site Visit Kickoff**	**Awardee Overview**	**Programmatic A & B**	**Programmatic J and Fiscal D**	**Programmatic C**	**Programmatic D**	**Programmatic F**	**Fiscal Review Programmatic Leadership**	**LIA**	**Programmatic E**	**Programmatic H, G and I**	**Site Visit Debrief**
Charlotte Goodrich	Financial Administrator	Awardee Fiscal Staff	Vermont Department of Health	X	X		X				X				X
Karen Kelley	Financial Administrator	Awardee Fiscal Staff	Vermont Department of Health	X	X		X				X				X
Megan Hoke	Financial Manager	Awardee Fiscal Staff	Vermont Department of Health	X	X		X				X				X
Dr. Mark Levine	Commissioner	Awardee Leadership	Vermont Department of Health	X	X										
Tracy Dolan	Deputy Commissioner	Awardee Leadership	Vermont Department of Health	X	X										
Janet Kilburn	Child Development Director	Awardee Leadership	Vermont Department of Health	X	X					X					X
Karen Flynn	WIC Program Administrator		Vermont Department of Health	X	X					X					
LIA staff															
Katy Leffel	Nurse Supervisor	LIA	Vermont Home Health and Hospice									X			

				Day 1						Day 2			Day 3		
Name	**Title**	**Role in MIECHV**	**Agency**	**Site Visit Kickoff**	**Awardee Overview**	**Programmatic A & B**	**Programmatic J and Fiscal D**	**Programmatic C**	**Programmatic D**	**Programmatic F**	**Fiscal Review Programmatic Leadership**	**LIA**	**Programmatic E**	**Programmatic H, G and I**	**Site Visit Debrief**
Amy Wenger	Nurse Supervisor	LIA	Franklin County Home Health and									X			
Michelle Dane	Nurse Home Visitor	LIA	Central Vermont Home Health									X			
Solenne Thompson	Nurse Home Visitor	LIA	Vermont Home Health and Hospice									X			
Kelly Bishop	Chief Financial Officer	LIA	Vermont Home Health and Hospice									X			
Kristen Quiet	Nurse Home Visitor	LIA	County Home Health and Hospice									X			
Jesse Mongeon	Nurse Home Visitor	LIA	Franklin County Home Health and Hospice									X			
Victoria Kane	Nurse Home Visitor	LIA	County Home Health and Hospice									X			
Michelle Stiles	Nurse Home Visitor	LIA	County Home Health and Hospice									X			

				Day 1						Day 2			Day 3		
Name	**Title**	**Role in MIECHV**	**Agency**	**Site Visit Kickoff**	**Awardee Overview**	**Programmatic A & B**	**Programmatic J and Fiscal D**	**Programmatic C**	**Programmatic D**	**Programmatic F**	**Fiscal Review Programmatic Leadership**	**LIA**	**Programmatic E**	**Programmatic H, G and I**	**Site Visit Debrief**
Charlene Baron	Data Administrator	LIA	County Home Health and Hospice									X			
Patricia Gratton	Chief Financial Officer	LIA	County Home Health and Hospice									X			
Janet McCarthy	Chief Executive Officer	LIA	County Home Health and Hospice									X			
Vermont Home Health Agency		LIA Participant	Vermont Home Health and Hospice									X			
Heidi Gillespie	Nurse Supervisor	LIA	Hospice of the Southwest Region									X			
Partner staff															
Sheila Duranleau	Director of Child Development Division	MIECHV Partner	Vermont Department for Children and Families	X	X					X					
Karen Bielawski-Branch	Children's Integrated Services Home Visiting Program	MIECHV Partner	Vermont Department for Children and Families	X	X					X			X		X
Ann Giombetti	USA MECSH Consultant	Consultant and Trainer	Sydney University	X	X										

				Day 1						Day 2			Day 3		
Name	**Title**	**Role in MIECHV**	**Agency**	**Site Visit Kickoff**	**Awardee Overview**	**Programmatic A & B**	**Programmatic J and Fiscal D**	**Programmatic C**	**Programmatic D**	**Programmatic F**	**Fiscal Review Programmatic Leadership**	**LIA**	**Programmatic E**	**Programmatic H, G and I**	**Site Visit Debrief**
Morgan Crossman	Executive Director	MIECHV Partner	Building Bright Futures	X	X					X					
Beth Truzansky	Deputy Director	MIECHV Partner	Building Bright Futures	X	X					X					

Name	Title	Role in MIECHV	Agency	Fiscal A	Fiscal B	Fiscal C	Fiscal D	Fiscal E and F	Fiscal LIA
Federal/Site Visit Team									
Jean Boyack	Fiscal Consultant	Site Visit Team	DSFederal	X	X	X		X	X
Valeri Lane	Project Manager	Operational Site Visit Project	DSFederal		X	X			
Awardee Staff									
Connie Harrison	Financial Director		Vermont Department of Health	X	X	X		X	
Charlotte Goodrich	Financial Administrator		Vermont Department of Health	X	X	X		X	
Karen Kelley	Financial Administrator		Vermont Department of Health	X	X	X		X	
Megan Hoke	Financial Manager		Vermont Department of Health	X	X	X		X	
LIA staff									
Kelly Bishop	Chief Financial Officer	LIA	Central Vermont Health and Hospice						X
Patricia Gratton	Chief Financial Officer	LIA	Franklin County Home Health and Hospice						X

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