



N-MIECHV REQUIREMENTS

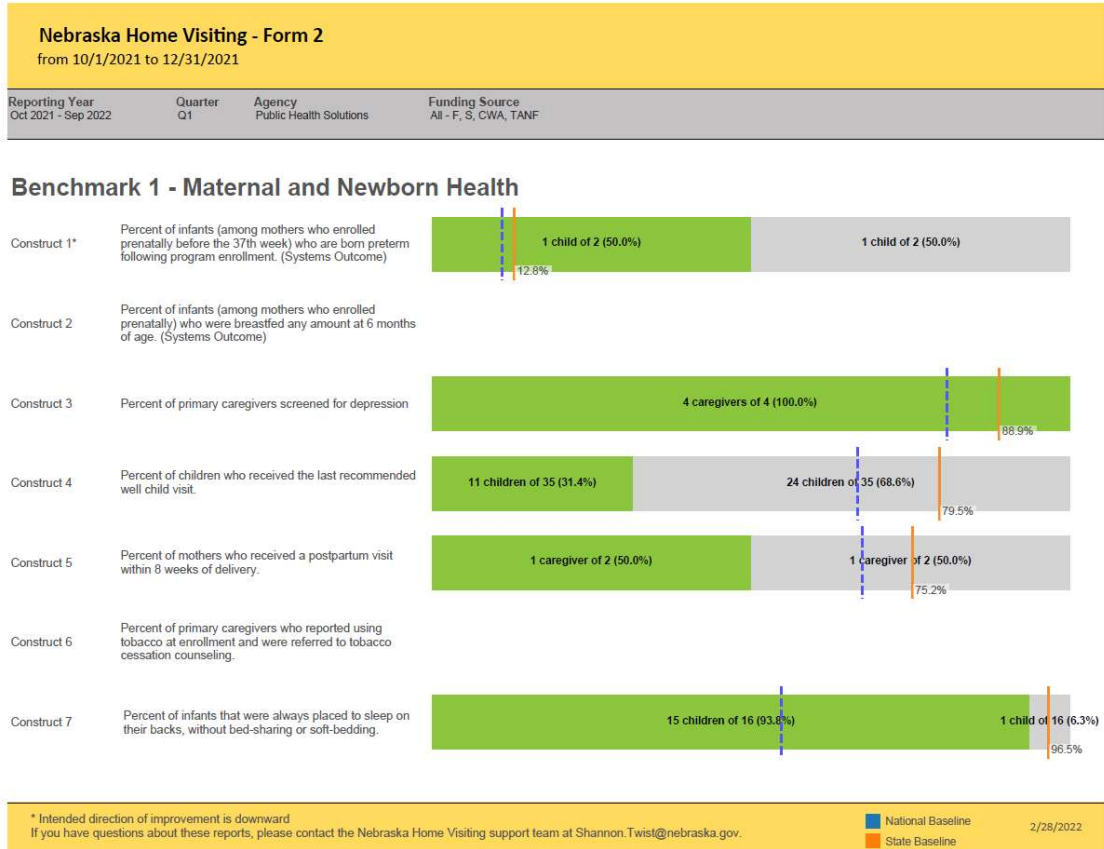
- NE DHHS is much more involved than “typical” State programs. It’s our job to ensure fidelity to the model and report all the data to the feds, as well as making sure you have absolutely everything needed to implement the program.
- The federal MIECHV program is complex and evolving. Our commitment to you is **TRANSPARENCY & COMMUNICATION.**
- MIECHV Requirements include:
 - Voluntary participation
 - Individual assessment
 - Well-trained, competent staff
 - High quality supervision
 - Strong organizational capacity
 - Appropriate linkages and referral networks
 - Fidelity to the approved model
 - Priority for serving high-risk populations
- Target Population (primary caregiver with one or more):
 - Primary residence in priority county
 - Low income (250% of federal poverty level)
 - Under 21 years
 - Involvement in child welfare, or suspected child maltreatment
 - Substance use
 - Use of tobacco in the home
 - Exposure to violence
 - Low Student Achievement
 - Children with disabilities or developmental delays
 - Member of the Armed Forces with history of multiple deployments
- We collect the local-level data on **19 measures** through the case management system FamilyWise. We don’t have a contract with Datatude (the developers of FamilyWise), YOU do. We work *with* them though to help make things a little easier for the LIAs.

Maternal and Child Health <ul style="list-style-type: none"> • Preterm Birth • Breastfeeding • Depression Screening • Well-Child Visits • Postpartum Care • Tobacco Use 	Childhood Injuries, Child Abuse and Maltreatment, and Reduction of Emergency Department Visits <ul style="list-style-type: none"> • Safe Sleep • Child Injury • Child Maltreatment 	School Readiness and Achievement <ul style="list-style-type: none"> • Parent-Child Interaction • Early Language and Literacy Activities • Developmental Screening • Behavioral Concern Inquiries
Crime and Domestic Violence <ul style="list-style-type: none"> • Intimate Partner Violence Screening 	Family Economic Self-Sufficiency <ul style="list-style-type: none"> • Primary Caregiver Education • Continuity of Health Insurance 	Coordination and Referrals <ul style="list-style-type: none"> • Completed Depression Referrals • Completed Developmental Referrals • Intimate Partner Violence Referrals

The Health Surveillance Specialist (data person) created a FamilyWise screenshot manual to help LIAs know how/where/why to enter the data for each of the **benchmarks.**



- We contract with Kansas University Center for Research (KU) to collect the site level data (your contract with Datatude includes sending the data to KU), analyze it and put it together into easy-to-read data reports. The reporting system is called Data Application and Integration System for the Early Years or DAISEY—we call them **DAISEY reports** or Form 2.



- MIECHV requires that we report aggregate (combined) data for all the LIAs annually in October. Every 3 years, we are required to prove that we have made improvements on 4 out of 6 of the benchmarks.
- **Continuous Quality Improvement** is a required part of the program. We have a State CQI Team that has representatives from each of the LIAs. Who is a participant in the CQI team is up to you, and it can change. Most sites have at least two participants, and it turns over every couple years. The CQI Team member is responsible to lead local CQI team meetings and ensure that we receive the appropriate documentation. Each LIA is expected to participate in at least the State CQI project, have regular CQI meetings, and document the changes, challenges, and successes. CQI is DATA DRIVEN. Your team may engage in a 2nd CQI project based on your own data and the story that data tells about your site.
- Annual refresher training about CQI will be sponsored annually by the N-MIECHV Leadership Team and the State CQI team.
- Each LIA needs to report progress with documentation to N-MIECHV quarterly.
- **Monthly Check-in calls** are also a required part of N-MIECHV, along with a monthly check in call report. The Coordinator/Manager & Supervisors are invited to the regularly scheduled calls.



These can be flexible as conflicts arise, and every once in a while we'll ask for you to just send the check in call report instead of meeting. On these calls we'll go over enrollment, home visit completion rates, challenges, successes, training needs, CQI and/or data updates, etc.

- **Monthly Open Mic calls** are optional but encouraged. It is a regularly scheduled call for all coordinators, managers, and supervisors to get updates on the program, federal requirements, and other topics of interest. Participants have the chance to ask questions, raise awareness about an accomplishment or a challenge, and just talk to other people who are doing the same job. It is about creating a network of support.
- There are **Monthly Direct Service Open Mic calls** as well. These are for direct service providers to do the same—create relationships and a network of people in the same position across the state. Generally supervisors, coordinators, and managers do not attend. The Program Specialist will facilitate these calls and write up notes to the supervisors so they know what we talked about in general.
- HRSA often communicates special requests or projects that we need to pass along to the LIAs, such as completion of the HV-BAT (Home Visiting Budget Assistance Tool). We will communicate any other requirements as early as possible via email, Open Mic calls, check in calls, etc. including deadlines. Don't hesitate to reach out to us with any questions or concerns.

INVOICING/BILLING

- Invoices are to be completed on a quarterly basis (unless other arrangements have been made.) They are due within 30 days past the last day of federal fiscal quarters 1, 2, 3, and 45 days after the 4th quarter.
 - Q1: Oct 1 – Dec 31 Due by Jan 31
 - Q2: Jan 1 – Mar 31 Due by Apr 30
 - Q3: Apr 1 – Jun 30 Due by July 31
 - Q4: Jul 1 – Sept 30 Due by Nov 15
- Invoices must use the **standardized programmatic reporting forms** and **standardized invoicing forms** provided by N-MIECHV.
- Invoices must also include the **general ledger detail** for the months of reporting that show what was purchased. These invoices are reviewed by N-MIECHV, TANF, & FFPSA separately. Our TANF reviewer particularly will not accept "office supplies" but needs to know exactly what supplies were purchased. We are looking for allowability for federal expenses. Everything we look at is based on the [Code of Federal Regulations](#). If you're ever unsure whether an expense is allowable under federal grants Please ASK before spending.