Nevada Department of Health and Human Services
Community Services Block Grant (CSBG) Program
CSBG Monitoring Policies
July 21, 2015

This policy outlines the monitoring activities that will be conducted by the State CSBG Office, how and when they will be conducted, and the process that will be used to address any identified technical findings or serious deficiencies.

Program Monitoring will be focused around these core CSBG compliance areas:

- National CSBG Organizational Standards
- Tripartite Board Standards
- Implementation of ROMA/Nevada Service Delivery Model
- Implementation of the Community Action Plan (CAP)

Fiscal Monitoring will be focused on

- Review monthly Request for Funds from CAAs for consistency with the approved budget and the Nevada Grant Instructions and Requirements (GIRs)
- Review of annual CAA Audit
- On-site monitoring of compliance with the GIRs
- On-site monitoring of internal controls and fiscal management policies

The monitoring process will be comprised of a combination of desk reviews, self-assessment, and on-site monitoring as described below.

PROGRAN MONITORING ACTIVITIES

Organizational Standards

Reference Documents:

- Office of Community Services, Information Memorandum #138
- Nevada Organizational Standards Compliance Policy

Type of Review: There will be three types of reviews:

1) Self-assessment checklist submitted annually with the CAP
2) Annual desk review of documents submitted to verify compliance with the Nevada Organizational Compliance Policy

3) On-site monitoring of select items: a) items that are identified as not in compliance or b) items related to the critical areas of performance such as strategic planning.

Frequency or Review: Annually for self-assessment checklist and desk review; every three years for on-site monitoring.

CAA Submission Requirements/Deadline: Submit documents annually to verify compliance with each standard as indicated in the *Nevada Organizational Standards Compliance Policy*. Documents will be submitted within 30 days of being requested from the State CSBG Office.

State Review Deadline: The State CSBG Office will issue a status report 60 days from receipt of documents. A Technical Assistance Plan (TAP) will be issued to address any items that are not in compliance.

Technical Assistance: Technical Assistance will be provided directly or arranged by the State CSBG Office.

CAA Resubmission Deadline in Response to TAP: The deadline for responding to the TAP will be determined by the State CSBG Office in consultation with the CAA Director. The deadlines established for specific items may vary based on the level of work that will be required to achieve compliance.

Quality Improvement Plan (QIP): A QIP will be issued if there are multiple items that have not been addressed through the TAP process.

Board Compliance

Reference Documents:

- Nevada CSBG Tripartite Board Standards and Board Toolkit

Type of Review: There will be three types of reviews:

1) Self-assessment checklist submitted annually with the CAP
2) Annual desk review of documents submitted to verify compliance with the Nevada CSBG Tripartite Board Standards and Board Toolkit.
3) On-site monitoring of Board Operations, including Board Meetings, compliance with board structure, and Board policies and procedures

Frequency of Review: Annually for self-assessment checklist and desk review; every three years for on-site monitoring.

CAA Submission Requirements/Deadline: Submit documents annually to verify compliance with each standard as indicated in the *Nevada Organizational Standards Compliance Policy*. Documents will be submitted within 30 days of being requested from the State CSBG Office.

State Review Deadline: The State CSBG Office will issue a status report 60 days from receipt of documents. A Technical Assistance Plan (TAP) will be issued to address any items that are not in compliance.

Technical Assistance: Technical Assistance will be provided directly or arranged by the State CSBG Office.

CAA Resubmission Deadline in Response to TAP: The deadline for responding to the TAP will be determined by the State CSBG Office in consultation with the CAA Director. The deadlines established for specific items may vary based on the level of work that will be required to achieve compliance.

Quality Improvement Plan (QIP): A QIP will be issued if there are multiple items that have not been addressed through the TAP process.

Nevada Service Delivery Model/ROMA

Reference Documents:

- Nevada Service Delivery Manual
- Nevada Service Delivery Model Policies
- Agency Data Model

Type of Review: Desk review using reports from eLogic.

Frequency of Review: Semi-annually at a minimum.

Content of Review: eLogic diagnostic and outcome reports

Review Process: Reports will be reviewed with each CAA at least semi-annually to discuss how well the agency is using eLogic and agency outcomes. Technical assistance will be provided on an on-going basis. Performance benchmarks have not been established as of July 2015. The State CSBG Office will work on establishing

performance benchmarks by June 30, 2016. Performance benchmarks may be required in the SFY 2017 Community Action Plan.

On-site Program Monitoring

Monitoring Content: On-site program monitoring will consist of the following:

1) Organizational Standards – The review will focus on any non-compliant or incomplete items. Certain Organizational Standards may be selected for a more in-depth review by the State CSBG Office.
2) Board Operations – Certain items from the Board Operations checklist will be selected for additional review.
3) Community Action Plan - A review of the status of the CAA in accomplishing the goals contained in the approved CAP.
4) Other Items – Other items related to agency performance, the community action mission, community engagement, and agency strategies may be identified for review.

Frequency of Review:

- The regular schedule for on-site monitoring is every three years.
- More frequent monitoring may occur if a CAA is identified as having significant issues with one or more critical organizational systems such as Governance, Fiscal Management, and Agency Management or sustained non-compliance with core grant requirements.
- All newly funded CAAs will be monitored prior to their first full year of receiving funding.

Monitoring Process:

1) The State CSBG Office will notify CAAs of an on-site monitoring visit 30 days in advance. The notice will include a list of the items that will be monitored and note that additional items may be selected for monitoring during the visit. The CAA will be asked to pull the requested information prior to the day of the monitoring visit.

2) An exit interview will be held at the conclusion of the monitoring visit with the CAA Director, Management, and one or more Board members. The exit interview will summarize the findings and recommendations.

3) The written monitoring report will be provided to the CAA within 60 days of the monitoring visit.

4) The CAA will have 15 days to respond to the monitoring report.

Types of Findings: There are three types of findings:

1) ***Technical Findings*** which relate to items that involve non-compliance with a specific requirement. A Technical Assistance Plan will be issued to the CAA to address these types of findings. The State CSBG Office will negotiate the due date for completion of the findings with the CAA Director.

2) ***Critical Findings*** which relate to the serious issues that have the potential to jeopardize the ability of the CAA to operate, meet compliance standards, and accomplish the goals of the CSBG grant award. A Quality Improvement Plan (QIP) will be issued to the CAA requesting resolution of all issues. The State CSBG Office will follow the timeline and activities in OCS Information Memorandum #112 for issuing a QIP and working with a CAA until the QIP process is completed.

3) ***Recommendations*** which pertain to items that are not directly linked to a compliance requirement, but are identified by the State CSBG Office as items that would benefit the CAA if they were enacted.

Resolution of Findings:

1) Technical Assistance Plan (TAP) – The CAA will submit documentation to resolve technical findings by the established deadline. The State CSBG Office will send follow-up correspondence to the CAA indicating the status of the items. The status of the TAP item will be tracked until all items are resolved.

2) Quality Improvement Plan (QIP) – The timeline and process outlined in OCS Information Memorandum #112 will be followed until a resolution is achieved.

3) Recommendations – CAAs will be asked to respond to recommendations indicating what action, if any, they plan to take. If no action is planned, a brief explanation will be requested.

FISCAL MONITORING ACTIVITIES

Request for Funds (RFFs)

Submission Due Date: RFFs are due monthly by the final day of the following month. Example: The RFF for July is due by August 31.

Submission Content: The RFF must include the DHHS billing form and a transaction list that complies with the requirements listed in the DHHS Grant Instructions and Requirements (GIRs).

Approval of RFF: The RFF will be reviewed for compliance with the approved budget and GIRs. Payment will be processed after all identified questions and issues have been resolved.

Review of CAA Annual Audit

The procedures that are used by the DHHS Grants Management Unit (GMU) for CSBG are outlined below:

1. All agencies are required to submit agency single audits upon completion. The audit must be submitted within 9 months following the end of the agency's fiscal year. The CSBG Program Manager will set up a tracking spreadsheet to track the due date and receipt of agency single audits.

2. The CSBG Program Manager and GMU Auditor will review the audits upon receipt and determine if the agency has received an unqualified opinion. If the opinion is not unqualified, the grant manager will meet with the Grants Management Unit Chief and the Deputy Director, Fiscal Services to determine the next step, which may include fiscal monitoring, probation, a request for a Quality Improvement Plan or a decision to terminate funding.

3. The CSBG Program Manager and GMU Auditor will also review the audits to determine if there are any specific findings related to CSBG funds as well as systemic fiscal management findings that may negatively affect all agency funding sources.

4. The CSBG and SSBG grant managers will request agencies that have findings that impact CSBG or to submit a corrective action plan. The GMU Auditorr will

follow-up with the agency to verify that all of the findings have been addressed. If the corrective actions have not been successfully addressed, the CSBG Program Manager and GMU Auditor will meet with the Grants Management Unit Chief and the Deputy Director, Fiscal Services to determine the next step, which may include fiscal monitoring, probation, a Quality Improvement Plan or termination of funding.

5. The CSBG and SSBG grant managers will sign and date the first page of the audit indicating that the audit has been reviewed and whether any action is required. If an action by DHHS is indicated, the type of action will be noted. A separate tracking sheet will be maintained that summarizes the status of each CAA's audit status.

On-site Fiscal Monitoring

Monitoring Content: On-site fiscal monitoring will consist of the following:

1) Fiscal Management
2) Review of Internal Controls
3) Compliance with the Grant Instructions and Requirements (GIRs)

Frequency of Review:

- The regular schedule for on-site monitoring is every three years.
- More frequent monitoring may occur if a CAA is identified as having significant fiscal issues based on submission of incomplete or inaccurate RFFs, audit findings, or adverse findings on on-site monitorings.
- All newly funded CAAs will be monitored prior to their first full year of receiving funding.

Types of Findings: There are three types of findings:

1) ***Technical Findings*** which relate to items that involve non-compliance with a specific requirement. A Technical Assistance Plan will be issued to the CAA to address these types of findings. The State CSBG Office will negotiate the due date for completion of the findings with the CAA Director.

2) ***Critical Findings*** which relate to the serious issues that have the potential to jeopardize the ability of the CAA to operate, meet compliance standards, and

accomplish the goals of the CSBG grant award. A Quality Improvement Plan (QIP) will be issued to the CAA requesting resolution of all issues. The State CSBG Office will follow the timeline and activities in OCS Information Memorandum #112 for issuing a QIP and working with a CAA until the QIP process is completed.

3) ***Recommendations*** pertain to items that are not directly linked to a compliance requirement, but are identified by the State CSBG Office as items that would benefit the CAA if they were enacted.

Resolution of Findings:

1) Technical Assistance Plan (TAP) – The CAA will submit documentation to resolve technical findings by the established deadline. The State CSBG Office will send follow-up correspondence to the CAA indicating the status of the items. The status of the TAP item will be tracked until all items are resolved.

2) Quality Improvement Plan (QIP) – The timeline and process outlined in OCS Information Memorandum #112 will be followed until a resolution is achieved.

3) Recommendations – CAAs will be asked to respond to recommendations indicating what action, if any, they plan to take. If no action is planned, a brief explanation will be requested.