
Nevada CSBG Policies for the Service Delivery Model and eLM 3.0 (eLogic Model) Software August 2014-Revised December 2014

A Policy Guide for Implementation of the Community Services Block Grant

Developed in Partnership

Nevada Department of Health and Human Services

Nevada Community Action Association

The Center for Applied Management Practices, Camp Hill, PA

August 2014-Revised December 2014

Nevada Community
Action Association



Nevada Department of
Health and Human Services



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Statement of Use Policy

The Nevada CSBG Policies for the Service Delivery Model and eLM 3.0 (eLogic Model) Software document hereafter referred to as the NV CSBG Policy document was developed by the Nevada Department of Health and Human Services, the Nevada Community Action Association, and The Center for Applied Management Practices, (CAMP) for the Nevada CSBG Service Delivery Model.

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The development of a statewide model for service delivery is a complex undertaking. For nearly two years, the state agency, state association, the 12 CAAs in Nevada and CAMP have been involved in an extensive planning, training, engagement, and customization process requiring regular attendance, consensus building and model development. The elements of the service delivery model include:

- Standardized policies for service delivery in CAAs including common language and definitions.
- A statewide data model and individual agency data models organized by domains identifying services and outcomes and how they are associated for purposes of service delivery, reporting and evaluation.
- Implementation of ROMA (Results-Oriented Management and Accountability) practices and procedures which supports the Theory of Change and the bundling of services.
- Assessment scales and matrices for measuring client progress and documenting achievement of outcomes.
- A standardized case management process.
- Software User Guide and Service Delivery User Guide
- Service delivery map or flowchart.

The accrued benefits resulting from this initiative include a:

- Statewide collective approach for serving customers in need with the capacity to measure services, stability and movement towards self-sufficiency.
- Public-private partnership fostering a deeper collaborative engagement between the State Office and the CAAs.
- More efficient and accountable case management processes.
- Method to account for the bundling of services which is recognized as a more effective way to deliver services and achieve positive outcomes for customers.
- Standardized data model which supports more accurate reporting and evaluation of programs and services.
- Framework which supports the same measuring process, tools and data points across all CAAs.

The NV CSBG Policy document is made available to any organization that seeks to develop a comprehensive approach to service delivery. If there is interest in adapting any part of this document to your current efforts, contact any of the three principal partner organizations for further discussion and guidance.

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**NEVADA CSBG POLICIES
FOR THE
SERVICE DELIVERY MODEL AND eLM 3.0 (eLOGIC MODEL) SOFTWARE
AUGUST 2014-Revised December 2014**

These policies have been developed to support the implementation of the Nevada Service Delivery Model and the statewide eLM software. They consist of two sets of policies. The first set is the Community Services Block Grant (CSBG) policies that are designed to establish state standards for determining client eligibility under the CSBG Act. These terms are not fully defined in the federal CSBG Act and related policy documents and therefore are left up to the state to define as the block grant recipient agency.

The second set is the Nevada Service Delivery Model policies which are designed to standardize how the service delivery model and eLM are used by Nevada's CAAs.

Please Note: This document was developed in the context of the expected release of Organizational Standards and ROMA Next Generation.

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CSBG Policies

C1 Definition of a Family Unit for Determining CSBG Eligibility

A family is defined as all individuals living within the same household who are related to one another by birth, marriage, or adoption. Unrelated individuals may also be considered a "family unit" if they share income and living expenses. Unrelated individuals who are responsible for paying their own food and occupancy costs should be considered part of a separate family unit. If a household includes more than one family unit, the poverty guidelines shall be applied separately to each family unit and not to the household as a whole.

C2 Income Eligibility Limit

For purposes of determining eligibility, the income of each family unit living within a household will be counted separately.

Individuals and families receiving CSBG supported services must be below 125% of the federal poverty level based on the most recent annual federal poverty guidelines issued by the federal Department of Health and Human Services. Client eligibility screening is not practical for some services such as services provided exclusively to children and youth who may be too young or otherwise inappropriate to provide family assessment information. In such cases, the agency must target services to individuals and families who are likely to be below the 125% poverty level.

C3 Definition of Income for Eligibility Purposes

The definition of income for determining eligibility is total cash receipts for the family unit from all includable income sources. Includable income is limited to the following list. Public benefits and other forms of cash and in-kind support will not be counted:

- Wages and salaries from employment before deductions
- Net receipts from farm and non-farm self-employment
- Pensions (government and non-government)
- Worker's Compensation
- Alimony
- Military Allotments
- Regular insurance or annuity payments
- Periodic receipts from estates and trusts
- Educational scholarships (except needs based)
- Interest, dividends, and net rental income

C4 Period of Time for Determining Income

Total monthly income for the past 30 days should be used to determine a family's income on the day of intake. Other factors may be considered such as the loss of employment within the 30 day time period.

C5 Income Verification

The agency should establish procedures to verify the income sources referenced in Policy C3 above. Persons applying for assistance should sign a statement attesting to the accuracy of the information provided on the intake application.

C6 Reassessment of Eligibility

After the initial determination of eligibility, the income level of families should be reassessed at least annually.

Nevada Service Delivery Model Policies

M1 Required Statewide Software

The eLogic Model® Manager or eLM has been adopted as the statewide software to support the Nevada Service Delivery Model. All CAAs are required to use eLM to manage and track services that are reportable to CSBG. A CAA with prior approval from the DHHS Grants Management Unit (GMU), may develop its own software product or use another software product that incorporates the methodology and content of eLM. This must be accomplished with funding sources other than CSBG. The DHHS GMU may require an additional implementation plan and/or additional information in order to ensure that the software will be compliant with the Nevada Service Delivery Model and consistent with eLM.

M2 eLM 3.0 Hosting Costs and User Fees

eLM hosting and support costs will be paid by DHHS. CAAs will be responsible for paying user fees based on the number of staff who use the software. CSBG funds may be used to pay the user fees.

M3 Agency Data Model

CAAs will submit an Agency Data Model with their annual Community Action Plan. The Agency Data Model identifies the services provided by each agency whether directly by the agency itself or by referral to another agency and the associated outcome scales used to track stability or transition to self-sufficiency. The CAA Agency Data Model identifies all services that the agency provides inclusive of all funding sources.

There are four components to the CAA Agency Data Model:

- **Agency Matrix and Scale Inventory**-List of the 12 required NV Intake Assessment Scales to be administered to all persons during the Intake process identifying the presenting need(s) and status of well-being and the list of Additional Program Scales associated with programs identified in the agency's Community Action Plan or identified by the agency for their own use. See sample Scale Inventory, Appendix A1-Churchill County Social Services.
- **NV Intake Assessment Scales**-The actual 12 scales with benchmarks and numerical scores using the MATF Self-Sufficiency Methodology.
- **Additional Program Scales**-The actual assessment scales associated with programs identified in the agency's CSBG plan or identified by the agency for their own use using the MATF Self-Sufficiency Methodology.
- **Agency Data Model**-All direct and referral services identified by each agency associated to a specific outcome scale. Please note that these can be updated at any time. See sample data model for Education and Training, Appendix A2.

M4

Nevada (NV) Service Delivery Model

The NV Service Delivery Model consists of the following sequential steps.

- A. Initial Encounter
- B. Intake and Assessment
- C. Review of Assessment Results
- D. Determining When a Person Becomes a Client/Customer of the Agency?
- E. Assignment of Services/Case Plan
- F. Follow-Up and Re-Assessment
- G. Case Closing

A flow chart that illustrates how the agency should move customers through the model is provided in Appendix B.

A. Initial Encounter

When a person contacts the agency for assistance whether in person or by phone, staff determine why the person has contacted the agency for assistance. To facilitate the process, an agency may also administer a pre-screen that could help determine if the person seeking services is likely to become a customer or be better served elsewhere in the community. This event may be recorded as an encounter and should result in one of the following:

- The person is referred to another agency for assistance and no further assistance or follow-up is provided by the agency.
- It is determined that the agency may be able to assist the person and the person is asked to complete the Intake and the NV Intake Assessment referenced under B below. The eLM has an optional feature to record encounters by type of request, e.g., food, transportation, mental health services, etc. Agencies may respond to customer inquiries and there is a feature in eLM to record these encounters. Agencies are not required to enter encounters in eLM but each agency is encouraged to establish their own policies and procedures regarding this function.

B. Intake and Assessment

Intake and Assessment is a two-step process consisting of:

- Collecting demographic and characteristic data to determine eligibility for services, and;
- Assessing the well-being or the status and need(s) of the potential customer by administering the NV Intake Assessment and the Additional Program Scales.

Step One: Staff will enter demographic and characteristic data in eLM. The required data includes both personal identifying information (name, address, phone, etc.) and the demographic information required by CSBG. Staff will also screen for eligibility for additional income support programs for which a

person or family member may be eligible. These programs are found on the Intake screen labeled "Eligibility Indicators." Appendix C identifies the required CSBG demographic and characteristic data.

To help safeguard against identity theft, only the last four digits of a customer's Social Security number can be entered into eLM. The collection of Social Security numbers is not required by CSBG.

As a result of the Intake, staff will determine if the person is eligible for services and possible eligibility for additional income support programs.

Step Two: Staff will administer the NV Intake Assessment

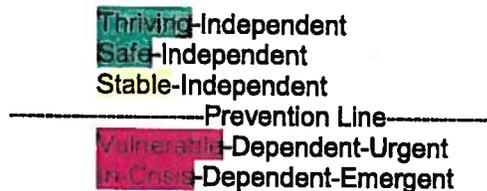
Please Note: the NV Intake Assessment is to be administered to all persons who are potential customers or seeking services from the agency. This important step not only provides an initial assessment or baseline of well-being for the individual but contributes to the agency's overall needs assessment.

The NV Intake Assessment is a matrix of 12 well-being scales that are used to measure well-being and need. The 12 scales are:

Childcare or Head Start	Health Insurance-Children
Education-Adults/Youth	Health Insurance-Adults
Emergency Assistance	Household Budgeting
Employment	Housing
Energy	Primary Health Care
Food and Nutrition	Transportation

The potential customer will be asked to review each of the 12 scales in the NV Intake Assessment, which contain statements of well-being (in outcome language) and select the place/benchmark on each scale that approximates their current status. Staff should not assist the person unless there is a language or literacy barrier. In such cases, staff will read the statements and let the person select the appropriate answer in the eLM or, if using a paper form, check the box indicating placement on the scale. A person can only be at one place on the scale at any time. Staff should not coach or influence the person's answer in order to ensure that the data is collected in a standardized objective manner.

The 12 scales are organized using the MATF scale methodology:



Placement in Thriving and Safe is a high level of well-being and no intervention/service is warranted.

Placement in Stable indicates the first level of self-sufficiency and an intervention/service may be considered depending on the needs identified on the other 12 well-being scales.

Placement in Vulnerable or In-Crisis warrants an intervention. In-Crisis should be considered before Vulnerable. If there is more than one In-Crisis or Vulnerable placement, it is up to each agency to prioritize the response to the need(s) and provision of a service(s).

Data collected as a result of responses to the NV Intake Assessment serves as a needs assessment for the client population in the agency's service area. It can be used for planning, public information and advocacy, and to meet the CSBG needs assessment requirements.

Step Three: Administer the Additional Program Scales

The Additional Program Scales are a secondary assessment reflecting programs and services provided by the agency which may be identified in the agency's CSBG Plan or used at the discretion of the agency but not covered in the NV Intake Assessment. These scales are administered exactly the same as the NV Intake Assessment and are identified in the agency's data model.

C. Review of Assessment Results

Staff will review the results of the NV Intake Assessment (placement on the benchmarks of each outcome scale) and the Additional Program Scales (if appropriate) to determine if the agency is able to serve the person based on the immediacy and severity of the need and the availability of resources as described above.

The determination can be based on several factors:

- Placement on any of the 12 NV Intake Assessment and/or Additional Program Scales indicating a person's status is In-crisis or Vulnerable. Persons in this position should receive priority consideration for services.
- The person's level of interest or motivation to work with agency staff while receiving services.
- The capacity of the agency to provide assistance based on its current resource limits or the availability of referral services in the community.

Based on the results of the NV Intake Assessment and/or the Additional Program Scales, the agency will determine which services can support the customer in their:

- Transition to stability,
- Maintenance of stability, or
- Transition to self-sufficiency

If the agency determines it is unable to serve the person, the person could be provided with a One-Way Referral (page 10) or exited from the agency.

D. Determining When a Person Becomes a Client/Customer of the Agency

There are two definitions that describe when a person becomes a client or customer of the agency:

1. A person becomes a customer after the agency completes the Intake for demographic and characteristic data collection, the NV Intake Assessment and the Additional Program Scales (if appropriate at that stage) and decides to accept the person (or family) into one or more of its programs or services. For CSBG/NPI reporting purposes, an "enrolled participant" is a person that is provided a service. This number can then be compared to the outcome expected/achieved resulting from the service, which provides the percentage achieving the outcome.
2. A person may also become a customer if the agency completes the Intake process, including the NV Intake Assessment and chooses to provide referral and follow-up assistance only. This is at the discretion of the agency.

If the agency decides to provide one or more services, the next step is to meet with agency staff to identify the service(s) and/or develop a case plan using Direct services or Case Management.

E. Assignment of Services/Case Plan

The Assignment of Services/Case Plan consists of four sub-steps:

1. Customer Interview/Review of Assessment Results

There is always a face-to-face meeting between agency staff and the customer regardless of whether the service is a one-time event, such as an energy payment or a One Way Referral or the customer is enrolled in a case-managed program. This is the opportunity to review the results of the NV Intake Assessment to better determine the underlying nature of the problem(s) and decide the best course of action.

2. Administration of Services and Referrals

Administration of Services

Community Action Agencies support customer stability and transition to self-sufficiency by providing agency administered services or by making referrals to other community or government agencies. Agency administered services include:

- **Direct Service**-Participation in a program(s) in which the client receives one or more services and agency staff monitor and provide limited follow-up using a scale(s) from the NV Intake Assessment and/or from the Additional Program Scales Identified by the CAA to measure achievement of outcomes. A goal plan is optional and there is no case management. A referral from one program to another within an agency is a Direct Service.
- **Quick Service and Quick Re-Assessment of the Customer to Document Achievement of the Outcome**-To address the needs of some of its customers, agencies may provide a Direct Service addressing the need such as an energy payment or obtaining food from a food pantry. In these scenarios, the staff person previously administered the NV Intake Assessment and determined from the Energy Scale or the Food and Nutrition Scale, that an intervention was warranted. If the staff person issued an energy payment to a provider or sent the person to the agency's food pantry, they would have documented that service on the assessment screen from the available choices and re-assessed using the same scales at the same time the service was provided. This would indicate achievement of the outcome linked to the service or intervention.
- **Case Management Services**-Provision of multiple services with a goal plan and follow-up to determine if goals are reached and outcomes achieved using a scale(s) from the NV Intake Assessment and/or from the Additional Program Scales Identified by the agency. Case management can utilize both direct and referral services.

Administration of Referrals:

There are three types of referrals:

One Way Referral-Where the agency determines that making a referral would benefit the client but tracking, monitoring or follow-up is impractical or impossible for identifying the services or outcomes. A One-Way referral may be administered if the person is not considered a client or customer of the agency but documentation is warranted since a level of service was provided. A One-Way referral can also be appropriate as part of a client's case management plan. All One-Way Referrals are documented on the Intake screen.

Standard Referral with Follow-up-A formal referral that is part of the client's case plan, where follow-up is conducted using the appropriate scales from either the NV Intake Assessment or Additional Program Scales. A formal referral is defined as working with the client to identify the referral agency, schedule an appointment, follow-up to make sure the appointment was kept and documentation of result or outcome of the referral service. For example, if a referral was made to a state agency for job search, agency staff would document a referral was made, an appointment was kept and that the outcome of finding employment was achieved (or not achieved).

Special Referral for Federal Benefit Assistance and Screening-It is the policy of the NV Department of Health and Human Services CSBG Office to identify any other subsidized benefits for which the family/household may be eligible. Research clearly indicates that making these resources available to families increases their stability and likelihood of moving out of poverty and becoming self-sufficient. Agencies are expected to screen and refer customers to the following income support programs: 1. EAP (Energy Assistance Program), 2. EITC (Earned Income Tax Credit), 3. Child Care Assistance Program, 4. Child Support Assistance. 5. Commodity Food Program, 6. Head Start, 7. Housing Assistance, 8. Medicaid, 9. NV Check Up, 10. SNAP (Supplemental Nutrition Assistance Program), 11. TANF (Temporary Assistance to Needy Families), 12. Weatherization, 13. WIC (Women, Infants and Children Program). If the customer is referred to any of the above income support services, the agency is required to use eLM to record the referral. If it is a One Way Referral, this can be documented using the "One Way Referral" feature on the Intake screen where the income support programs are identified. If the referral is part of a direct service or case plan, the staff person must follow-up to determine if the customer obtained the benefit.

3. Create Goal Plan/Objectives

In the eLM Assessment/History screen there are agency-specific direct and referral services associated with each outcome scale. If the agency provides a service, it is to be documented in this screen. It is this screen that associates the need to the service or intervention and the expected or projected outcome. Whether a single service or multiple services, the agency is required to associate the service to the presenting need(s) previously determined from the NV Intake Assessment or Additional Program Scales. A simple or comprehensive plan can be developed using this feature of the software.

4. Schedule a Re-Assessment Date to Document Achievement of the Outcome

If there is a more complex intervention(s) where a customer is case-managed or where the service or intervention is not immediate and requires time or where there may be multiple services and more complex needs, the agency must create a schedule for re-assessment to determine progress on the case plan and the extent to which the outcome(s) was achieved.

F. Follow-Up and Re-Assessment

- Follow-up is necessary to ensure that the goals and objectives established in a case plan are being addressed by both the customer and staff and the outcomes are achieved.
- Follow-up is necessary to ensure that any referrals which are in the case plan are made and kept especially for income support programs such as: WIC, SNAP, EAP, EITC, Housing Assistance, Head Start and the Childcare Subsidy.
- Re-Assessment is necessary to determine if outcomes were achieved and should be scheduled consistent with the goals and objectives established in the case plan. The staff person with the customer will determine which outcome scales will be used in re-assessment (related to the services) and when the re-assessment will be scheduled.

Please Note: The NV Intake Assessment should be administered at least once every six months for all customers that are receiving on-going services This re-assessment should include re-administering all on the NV Intake Assessment scales and an update of any changes in earned income and benefit assistance.

G. Case Closing

A case may be closed if a customer:

- Successfully completes all of the goals and objectives on the case plan as determined by the agency;
- Does not complete some or all of the goals and objectives on the case plan as determined by the agency and no further services are planned;
- Has a change in household income which no longer qualifies them for services;
- Is not receiving services for a specified time period, usually six months or longer; or
- Moves out of the area or is deceased.

M5

Reports

CSBG Required Reports

- NPI Codes-A frequency distribution of services and outcomes identified by NPI codes.
- Section G-Customer characteristics and demographics.
- Number of Referrals-Counts of all external services.

Major Outcome Reports

- Number of persons/families who have become more self-sufficient as a result of any of the following: employment, increased wages, or obtaining subsidized benefits.
- Number of persons/families who have moved above the Prevention Line based on the NV Intake Assessment.

Other Reports

- Number of persons served by program.
- Number of persons who have had one or more employment barriers removed (NPI-1.2a-l).
- Needs Assessment-Baseline assessments documenting presenting issues upon entry into the agency.
- Number of families successfully referred to federal or other governmental benefit assistance programs.
- Number of families receiving benefits (follow-up) resulting from referrals to federal or other governmental benefit assistance programs.

Management Reports

- Missing data elements
- Numbers of customers served by agency staff

M6

Reporting Deadlines

Required reports are due semi-annually, January 31st and July 31st of each year.

Appendix A1-CAA Agency Matrix-Scale Inventory for Churchill County Social Services

CAA AGENCY MATRIX for CHURCHILL COUNTY SOCIAL SERVICES										
Scale Inventory-Association of CAA Programs with eLogic Scales										
	Childcare Subsidy	EITC	Emergency Services	CM: Employment Assistance Adults	CM: Employment Assistance Youth	CM: Family Development	CM: Housing Assistance	Tenant Based Rental Assistance		
NV Intake Assessment Scales										
Childcare or Head Start	X									
Education-Adults/Youth					X					
Emergency Assistance			X							
Employment				X	X		X			
Energy										
Food and Nutrition										
Health Insurance-Children										
Health Insurance-Adults										
Household Budgeting										
Housing							X	X		
Primary Health Care										
Transportation										
Additional Program Scales										
Disability										
Earned Income Tax Credit		X								
Employability				X	X	X	X			
Employment Skills				X	X	X	X			
Financial Mgt. Education				X	X	X	X			
Health Care Treatment										
Job Retention				X	X		X			
Training Adults				X	X		X			

Appendix A2-CAA Agency Matrix-Churchill County Social Services Data Model

Original Data Model-Churchill County-Services and Outcomes	Churchill-D	Churchill-R
Education and Training		
Education-Adults/Youth-Primary	X	X
YouthWorks In-School Program	X	X
YouthWorks Out-Of-School Program		
Assistance in obtaining VA education benefits	X	X
After School, Before School or Summer Program		X
Afterschool program		X
Before school program		X
Homework assistance		X
Mentoring services-Children/Youth		
Recreation		X
Summer program		X
Tutoring		
Child Behavior		X
Afterschool program		X
Parental involvement workshops		X
Childcare or Head Start-Primary	X	X
Caregiver for grandchildren		X
Childcare		X
Childcare-Payment	X	X
Data entry of subsidy applications with delegate agencies		X
Determine eligibility for subsidy families	X	X
Pre-school		X
Subsidized child care for low-income working parents	X	X
		X
Computer Training		
Computer class-Spanish		
Computer class-English		X
Computer lab access		
Early Childhood Education		X
COW Bus (Classroom on Wheels)		
Pre-school		X
Recreation-Tiny Tots		
Subsidized child care for low-income working parents		X
ESL Classes		X
ESL class		X

Appendix B-Nevada Service Delivery Model Flowchart

