

Attachment 1

Governor's Designation Letter

ONE HUNDRED ONE NORTH CARSON STREET
CARSON CITY, NEVADA 89701
OFFICE: (775) 684-5670
FAX No.: (775) 684-5683



555 EAST WASHINGTON AVENUE, SUITE 5100
LAS VEGAS, NEVADA 89101
OFFICE: (702) 486-2500
FAX No.: (702) 486-2505

Office of the Governor

May 12, 2011

RECEIVED

MAY 13 2011

DIRECTOR'S OFFICE
DHHS

U.S. Department of Health and Human Services
Administration of Families and Children
Office of Community Services
370 L'Enfant Promenade, S.W.
Washington, D.C. 20477

Subject: Designation of Lead Agency for Community Services Block Grant

This letter is to advise you that I have designated the Nevada Department of Health and Human Services (DHHS) as the lead state agency for administering the Community Services Block Grant. The DHHS will insure that the block grant is coordinated with state programs, local organizations, and local Community Action Agencies in order to provide low-income families and individuals with opportunities to achieve self-sufficiency.

Sincere regards,

A handwritten signature in black ink, appearing to read "Brian Sandoval".

BRIAN SANDOVAL
Governor

cc: Michael J. Willden, Director DHHS

Attachment 2

STATE PLAN GOALS

CSBG State Plan Goals

Goal 1 – 90% Pass Through Funds

- a) Award CSBG funds to CAAs within 30 days of the start of each State Fiscal Year based on the established funding formula.
- b) Identify any carry-over funds available to CAAs within 60 days of the start of each State Fiscal Year and notify them of the process for incorporating the funds into their CSBG budget.
- c) Obtain an annual Community Action Plan from each CAA that is based on the Community Needs Assessment, Strategic Plan, and agency data.
- d) Obtain monthly billing requests from each CAA that detail expenses based on the approved budget.

Goal 2 – Discretionary Funds

- a) Develop an annual unified plan with the State CAA Association that combines CSBG Discretionary funds with RPIC funds and is based on objectives mutually determined by the State Office and CAAs.
- b) The plan will identify the major training and technical assistance activities that will be provided to the state CAA network.

Goal 3 – Organizational Standards

- a) Develop toolkit with guidelines and templates to assistance CAAs achieve compliance with the Organizational Standards.
- b) Provide assistance to CAAs on implementing the more challenging Organizational Standards such as those related to the Community Needs Assessment and Strategic Plan.
- c) Set up a monitoring system in the State Office to track CAA compliance.

Goal 4 – Monitoring

- a) Complete on-site monitoring in accordance with the State CSBG Monitoring Policy.
- b) Based on the State CSBG Monitoring Policy, follow-up on any Technical Improvement Plans or Quality Improvement Plans issued to insure that the identified deficiencies have been resolved.

Goal 5 – Annual Report

- a) Submit the annual CSBG report prior to the deadline.

Attachment 3

Public Hearing Information

Legislative Hearing Information

STATE OF NEVADA
LEGISLATIVE COUNSEL BUREAU

LEGISLATIVE COMMISSION (775) 684-6800
MOISES DENIS, *Senator, Chairman*
Rick Combs, *Director, Secretary*

INTERIM FINANCE COMMITTEE (775) 684-6821
DEBBIE SMITH, *Senator, Chairman*
Cindy Jones, *Fiscal Analyst*
Mark Krmpotic, *Fiscal Analyst*



CARSON CITY OFFICE:
Legislative Building, 401 S. Carson Street
Carson City, Nevada 89701-4747
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RICK COMBS, *Director* (775) 684-6800
BRENDA J. ERDOES, *Legislative Counsel* (775) 684-6830
PAUL V. TOWNSEND, *Legislative Auditor* (775) 684-6815
DONALD O. WILLIAMS, *Research Director* (775) 684-6825

LAS VEGAS OFFICE:
555 E. Washington Avenue, Room 4400
Las Vegas, Nevada 89101-1049
Fax No.: (702) 486-2810
BRIAN L. DAVIE, *Legislative Services Officer* (702) 486-2800

MEETING NOTICE AND AGENDA

Name of Organization: NEVADA LEGISLATURE'S INTERIM FINANCE COMMITTEE

Date and Time of Meeting: June 27, 2013 – 9:00 a.m.

Place of Meeting: Legislative Building
Room 4100
401 South Carson Street
Carson City, Nevada

Note: Persons other than Committee members may observe the meeting and provide testimony through a simultaneous videoconference conducted at the following location:

Grant Sawyer State Office Building
Room 4401
555 East Washington Avenue
Las Vegas, Nevada

If you cannot attend the meeting, you can listen to or view it live over the Internet. The address for the Nevada Legislature website is <http://www.leg.state.nv.us>. Click on the link Calendar of Meetings – View.”

Note: Please provide the secretary with electronic or written copies of testimony and visual presentations if you wish to have complete versions included as exhibits with the minutes.

AGENDA

Note: Items on this agenda may be taken in a different order than listed. Two or more agenda items may be combined for consideration. An item may be removed from this agenda or discussion relating to an item on this agenda may be delayed at any time.

A period of public comment will be allowed after discussion of each action item on the agenda but before voting on the item. (Because of time considerations, the period for public comment by each speaker may be limited, and speakers are urged to avoid repetition of comments made by previous speakers.)

A. ROLL CALL.

*For
Possible
Action*

- B. ALLOCATIONS OF FEDERAL GRANT FUNDS FOR WHICH A STATE AGENCY, COMMISSION OR DEPARTMENT HAS REQUESTED A PUBLIC HEARING PURSUANT TO NRS 353.337 ([list B](#) available upon request).
- C. WORK PROGRAM REVISIONS IN ACCORDANCE WITH NRS 353.220(5)(b). INFORMATIONAL ONLY – REQUIRED EXPEDITIOUS ACTION WITHIN 15 DAYS ([list C](#) available upon request).
- D. WORK PROGRAM REVISIONS IN ACCORDANCE WITH NRS 353.220(5)(c). INFORMATIONAL ONLY – REQUIRED ACTION WITHIN 45 DAYS ([list D](#) available upon request).

*For
Possible
Action*

- E. APPROVAL OF GIFTS, GRANTS, WORK PROGRAM REVISIONS AND POSITION CHANGES IN ACCORDANCE WITH CHAPTER 353 OF NRS ([list E](#) available upon request).

*For
Possible
Action*

- F. DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION.
 - 1. Request to accept and expend \$2,000,000 in federal funds for CIP Project 09-C14, New Readiness Center – North Las Vegas, pursuant to NRS 341.121, and to modify the scope of the project to increase storage and administrative office space, and rehabilitate restrooms at the Floyd Edsall Training Center.
 - 2. Information regarding the Project Exception Report pursuant to NRS 341.100(8)(g).

- G. STATEMENT OF CONTINGENCY ACCOUNT BALANCE.

*For
Possible
Action*

- H. REQUESTS FOR ALLOCATION FROM THE IFC CONTINGENCY ACCOUNT. (GENERAL FUND) PURSUANT TO NRS 353.268.
 - 1. Department of Education – Nutrition Education Programs – Request for an allocation of \$23,000 for a Fiscal Year 2012 repayment of federal Child Nutrition funds, received in excess of eligible expenditures.
 - 2. State Department of Agriculture – Predatory Animal and Rodent Control – Request for an allocation of \$51,557 for salary and revenue shortfalls in Fiscal Year 2013.
 - 3. Department of Health and Human Services – Director's Office – Office of the Public Defender – Request for an allocation of ~~\$46,400~~ **\$32,440** for a salary shortfall in Fiscal Year 2013. **REVISED 6-12-13**

*For
Possible
Action*

- I. OFFICE OF THE GOVERNOR – NEVADA STATE OFFICE OF ENERGY – Request for approval to commit money for expenditure from the Account for Renewable Energy, Energy Efficiency and Energy Conservation Loans, pursuant to NRS 701.585(3).

*For
Possible
Action*

- J. DEPARTMENT OF HEALTH AND HUMAN SERVICES – HEALTH DIVISION – Request to exempt Carson City and Douglas County from the State Health Division assessment for the cost of environmental health services provided in Carson City and Douglas County, pursuant to NRS 439.4905. **RELATES TO AGENDA ITEM E. 79.**

*For
Possible
Action*

- K. REQUEST FOR EXTENSION OF PERIOD WITHIN WHICH TO PROVIDE ADDITIONAL DOCUMENTATION REQUESTED BY THE BOARD OF EXAMINERS IN SUPPORT OF A REQUEST FOR A GRANT OR LOAN FROM THE DISASTER RELIEF ACCOUNT PURSUANT TO NRS 353.2755(2) – Department of Public Safety – Division of Emergency Management.
1. For requests related to the Caughlin Fire.
 2. For requests related to the Washoe Drive Fire.

*For
Possible
Action*

- L. APPROVAL TO ACCEPT GIFTS AND GRANTS PURSUANT TO NRS 353.335(2)(c) – DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS – DIVISION OF MUSEUMS AND HISTORY – Request for approval to accept an unrestricted donation of \$49,206 from the Bruce Ward Estate Trust.

*For
Possible
Action*

- M. APPOINTMENT OF A SUBCOMMITTEE TO REVIEW AND ADVISE ON THE DEVELOPMENT OF PRIORITIES AND PERFORMANCE BASED BUDGETING (PPBB) BY THE DEPARTMENT OF ADMINISTRATION, BUDGET DIVISION.

- N. INFORMATIONAL ITEMS (list N available upon request).

- O. PUBLIC COMMENT.

(Because of time considerations, the period for public comment by each speaker may be limited, and speakers are urged to avoid repetition of comments made by previous speakers.)

- P. ADJOURNMENT.

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Fiscal Analysis Division of the Legislative Counsel Bureau, in writing, at the Legislative Building, 401 South Carson Street, Carson City, Nevada 89701-4747, or call the Fiscal Analysis Division at (775) 684-6821 as soon as possible.

Notice of this meeting was posted in the following Carson City, Nevada, locations: Blasdel Building, 209 East Musser Street; Capitol Press Corps, Basement, Capitol Building; City Hall, 201 North Carson Street; Legislative Building, 401 South Carson Street; and Nevada State Library, 100 Stewart Street. Notice of this meeting was faxed for posting to the following Las Vegas, Nevada, locations: Clark County Government Center, 500 South Grand Central Parkway; and Grant Sawyer State Office Building, 555 East Washington Avenue. Notice of this meeting was posted on the Internet through the Nevada Legislature's website at www.leg.state.nv.us.

N. INFORMATIONAL ITEMS LIST.

1. OFFICE OF THE ATTORNEY GENERAL – The Office of the Attorney General has requested to combine PCN 0147, Deputy Attorney General (.50 FTE) with PCN 0092, Deputy Attorney General (.50 FTE). The result will be PCN 0092, Deputy Attorney General (1.0 FTE). The Office of the Attorney General has also requested to combine PCN 0234, Deputy Attorney General (.51 FTE) with PCN 1068, Senior Deputy Attorney General (.49 FTE). The result will be PCN 1068, Senior Deputy Attorney General (1.0 FTE).
2. DEPARTMENT OF ADMINISTRATION – Purchasing Division – Six-month report on preference for bid or proposal submitted by a local business owned by a veteran with a service-connected disability for the period ending March 31, 2013, pursuant to NRS 333.3368.
3. NEVADA SYSTEM OF HIGHER EDUCATION – Quarterly report on the progress made by the School of Medicine in obtaining federal approval for the research program on the medical use of marijuana, as well as the status of activities and information received through the program, pursuant to NRS 453A.600.
4. DEPARTMENT OF HEALTH AND HUMAN SERVICES
 - a. Director's Office – Summary of the State Plan for the State Community Services Block Grant (CSBG) for the two-year period beginning October 1, 2011, as described in Section 676(a)(3) of the CSBG Act
 - b. Aging and Disability Services – Third quarter FY 2013 report for Senior Rx program, pursuant to NRS 439.630.
 - c. Welfare and Supportive Services – Temporary Assistance for Needy Families – Report on TANF program changes for the period ending March 31, 2013, pursuant to NRS 422A.525.
5. DEPARTMENT OF EMPLOYMENT, TRAINING AND REHABILITATION
 - a. Monthly report on the status of the Unemployment Insurance Trust Fund balance for April 2013, pursuant to the request of the Interim Finance Committee's Subcommittee for Federal Stimulus Oversight, A.C.R. 34 of the 2009 Legislature.
 - b. Quarterly report on the status of the transition of the Community College Apprenticeship program for the period ending March 31, 2013 (letter of intent, 2011 Legislature).
6. DEPARTMENT OF PUBLIC SAFETY
 - a. Parole and Probation – Third quarter report on the usage of administrative banks to manage offenders for the period ending March 31, 2013 (letter of intent, 2011 Legislature).
 - b. Parole and Probation – Third quarter report on the number of Motor Pool vehicles in the division's possession and the number of filled DPS Officer II positions on the first working day of each month for the period ending March 31, 2013 (letter of intent, 2011 Legislature).

- c. Division of Emergency Management – Emergency Assistance Account – Quarterly report on the status of the Emergency Assistance Account for the period ending March 31, 2013, pursuant to NRS 414.135(5).
7. Quarterly reports on taxes and fees for the period ending March 31, 2013, pursuant to A.B. 1 of the 2011 Legislature.
- a. Department of Taxation
 - b. Gaming Control Board
 - c. Department of Motor Vehicles
 - d. Department of Employment, Training and Rehabilitation
 - e. Department of Business and Industry
 - f. Office of the State Controller
 - g. Office of the Secretary of State
 - h. Office of Economic Development
 - i. Office of Energy

Attachment 4

MONITORING POLICY

Attachment 4

MONITORING POLICY

**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.

PROGRAM 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 Auditor 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.

Attachment 5

FISCAL INTERNAL CONTROLS

**DEPARTMENT OF HEALTH & HUMAN SERVICES – DIRECTOR’S OFFICE
INTERNAL CONTROLS MANUAL**

SECTION: REVENUES

Sub-Section: Non-Cash Receipts Procedures

Staff: Accounting Assistant III (3150-0007), Accounting Assistant II (3150-0052), ASO III (3150-0050), ASO I (3150-0051)

Description: The Director’s Office receives non-general fund revenues in ways other than through cash receipts or through the balance-forward of funds from prior years. The primary two other sources of revenue receipts are through electronic deposits of Federal funds and electronic transfer of funds from other State budget accounts. A single payee who submits a payment of \$10,000 or more must submit the payment via electronic fund transfer.

Frequency: Daily, or as needed

Federal Funds Receipts

1. The ASO I will initiate requests for Federal grant funds based on the actual Federal expenditures made since the previous request. Funds are drawn on a reimbursement basis. The amount of the draw is determined by downloading obligations transaction details from the Data Warehouse of Nevada (DAWN) and separating the data by job number. (See Pivot Table.) This data is then added to the appropriate category actual on the Internal Fund Map and the year to date revenue less year to date expenditures will reflect the federal draw amount needed. The download of the previous period’s obligations should reconcile to the year to date comparison. (See Fund Map.)
2. Before requesting the electronic deposit of Federal funds, the ASO I verifies the available grant balance by completing a Grant Funds Received spreadsheet maintained for each Federal Grant. (See Grant Spreadsheet.) Requests for Draws from Federal Grants accounts are sent to the Treasurer’s Office via e-mail. (See Draw Request.)
3. The ASO I gives the draw paperwork to the appropriate Accounting Assistant who then makes an Advantage CR entry matching the Request for Federal Funds draw and places the document on hold. (See CR Document.) The Advantage Entry Printout is attached to the backup paperwork from the ASO I and provided to the ASO III for review, who signs and dates the package. The package is maintained in the pending file until the receipt clears the BSR.
4. The Accounting Assistant performs a weekly reconciliation of all revenues in the Director’s Office’s Internal Records File against the BSR, noting the BSR clearing date on the Internal Budget Account Monitoring Spreadsheet. (See Internal Budget Account Monitoring Spreadsheet.) The documentation is then filed by the Accounting Assistant.

Revenue Transfers from Other Budget Accounts

1. Some revenues are received as transfers from other budget accounts. Examples of these types of transfers include:
 - a. The transfer of Tobacco Settlement Funds from the Fund for Healthy Nevada (BA 1090) to the Grants Management Unit (GMU) (BA 3195) for the grants awarded for “Differential Response”, “Family Resource Centers”, “Wellness”, and “Disability” grants.

**DEPARTMENT OF HEALTH & HUMAN SERVICES – DIRECTOR’S OFFICE
INTERNAL CONTROLS MANUAL**

- b. The transfer to the GMU (BA 3195) from the Director’s Office Children’s Trust Account (BA 3201) to fund child abuse prevention programs.

- 2. Revenues received via transfer from other State budget accounts are accomplished by a billing claim (BC) or de-centralized journal voucher (JVD). The ASO I will initiate the BC or JVD by providing backup of the draw to the Accounting Assistant II or III. The amount of the draw is determined using the same process as the Federal Funds Receipts. The approval process is also the same.

- 3. The BC or JVD, with supporting backup, is sent to the State agency being billed by the ASO I. A copy of the BC or JVD is retained by the Accounting Assistant for entry into the Internal Budget Account Monitoring Spreadsheet. The copy of BC or JVD and backup is given to the ASO III or ASO I, who reviews the package, and signs and dates it as PEND 4. The package is maintained in the pending file until the BC or JVD clears the BSR.

- 4. The Accounting Assistant performs a weekly reconciliation of all revenues in the internal records file against the BSR, noting the BSR clearing date on the Internal Budget Account Monitoring Spreadsheet. The documentation is then filed by the Accounting Assistant.

**DEPARTMENT OF HEALTH & HUMAN SERVICES – DIRECTOR’S OFFICE
INTERNAL CONTROLS MANUAL**

**BUDGET STATUS REPORT
BA3195
SFY13**

Category 00 Revenue	Doc Date	Doc. No	BSR Date	Amount
3571 Fed CSA Block Grant (CSBG)				
	08/07/12	CR400CSBGC80212A	08/10/12	319,500.00
	09/07/12	CR400CSBGC091012	09/14/12	158,599.16
	09/04/12	CR400CSBGC82912B	09/07/12	83,796.21
	09/14/12	CR400CSBGC091712	09/21/12	79,565.78
	09/17/12	CR400CSBGC091812	09/21/12	83,642.22
	09/19/12	CR400CSBGC092012	09/21/12	10,947.00
	09/21/12	CR400CSBGC092412	09/28/12	19,353.12
	09/26/12	CR400CSBGC092712	09/28/12	26,965.92
	10/02/12	CR400CSBGC100312	10/05/12	71,500.00
	10/11/12	CR400CSBGC101212	10/12/12	8,364.62
	10/16/12	CR400CSBGC101712	10/19/12	79,850.82
	10/24/12	CR400CSBGC102512	10/25/12	3,459.05
	10/31/12	CR400CSBGC111112	11/09/12	129,662.18
	11/06/12	CR400CSBGC110712	11/09/12	59,387.29
	11/15/12	CR400CSBGC111612	11/16/12	20,703.91
	11/19/12	CR400CSBGC112012	11/21/12	76,612.97
	11/26/12	CR400CSBGC112712	11/30/12	77,912.33
	12/03/12	CR400CSBGC120412	12/07/12	88,065.28
	12/05/12	CR400CSBGC120612	12/07/12	63,162.75
	12/12/12	CR400CSBGC121312	12/14/12	115,575.05
	12/19/12	CR400CSBGC122012	12/21/12	32,354.58
	12/28/12	CR400CSBGC123112	12/31/12	10,235.36
	12/28/12	CR400CSBGC010213	01/04/13	119,627.16
	01/07/13	CR400CSBGC010813	01/11/13	26,709.80
	01/16/13	CR400CSBGC011713	01/18/13	98,471.39
	01/22/13	CR400CSBGC012313	01/25/13	28,301.46
	01/25/13	CR400CSBGC012813	01/31/13	23,764.02
	01/29/13	CR400CSBGC013013	01/31/13	53,674.66
	02/04/13	CR400CSBGC020513	02/08/13	76,163.18
	02/08/13	CR400CSBGC021113	02/15/13	35,409.19
	02/15/13	CR400CSBGC021813	02/22/13	88,455.39
	02/21/13	CR400CSBGC022213	02/22/13	37,876.78
	03/01/13	CR400CSBGC030113	03/08/13	51,048.63
	03/07/13	CR400CSBGC030813	03/08/13	97,761.40
	03/18/13	CR400CSBGC031913	03/22/13	92,348.38

Revenue Category from Internal Budget Status Report Workbook

**DEPARTMENT OF HEALTH & HUMAN SERVICES – DIRECTOR’S OFFICE
INTERNAL CONTROLS MANUAL**

Sum of Amount					Job
Cat	GL	Date	Vendor Name	9356913	
4	7020	3/8/2013	STAPLES CONTRACT & COMMERCIAL	2.44	
		3/12/2013	STAPLES CONTRACT & COMMERCIAL	69.42	
	7020 Total			71.86	
	7044	3/7/2013	XEROX CORPORATION	53.61	
	7044 Total			53.61	
	7292	3/14/2013	(blank)	3.39	
	7292 Total			3.39	
	7295	3/14/2013	(blank)	10.55	
	7295 Total			10.55	
	7296	3/14/2013	(blank)	33.16	
	7296 Total			33.16	
	7980	3/7/2013	XEROX CORPORATION	21.01	
	7980 Total			21.01	
4 Total				193.58	
26	7460	3/8/2013	STAPLES CONTRACT & COMMERCIAL	4.85	
	7460 Total			4.85	
	7539	3/14/2013	(blank)	33.31	
	7539 Total			33.31	
	7542	3/13/2013	(blank)	4.45	
	7542 Total			4.45	
26 Total				42.61	
29	8785	3/15/2013	LAS VEGAS CLARK COUNTY URBAN	88,165.00	
	8785 Total			88,165.00	
29 Total				88,165.00	
Grand Total				88,401.19	
				CATEGORY 01 - PERSONNEL	
				3,947.19	
				TOTAL FOR THIS REQUEST	
				92,348.38	

Pivot Table

**DEPARTMENT OF HEALTH & HUMAN SERVICES – DIRECTOR’S OFFICE
INTERNAL CONTROLS MANUAL**

Budget Account 3195			
SFY 13 Fund Map (actuals through 03/15/13)			3/18/2013
REVENUES			3571
			CSBG
			93569 Federal Grant
REVENUE AUTHORITY	plan	3,736,596	
	actual	2,356,478.66	63%
BEGINNING CASH		0	
TOTAL AUTHORITY	plan	3,736,596	
	actual	2,356,478.66	63%
CATEGORIES			
01 SALARIES	plan	108,987	
	actual	73,920.99	68%
02 OUT-STATE TRAVEL	plan	3,390	
	actual	1,061.96	31%
03 IN-STATE TRAVEL	plan	1,691	
	actual	362.25	21%
04 OPERATING	plan	14,720	
	actual	10,074.25	68%
20 GMU ADVISORY BOARD	plan	119	
	actual	0.00	0%
21 PROBLEM GAMBLING ADVISORY	plan		
	actual		
26 INFORMATION SERVICES	plan	1,188	
	actual	457.36	38%
29 CSBG GRANTS	plan	3,572,424	
	actual	2,320,314.37	65%
30 TRAINING	plan		
	actual		
33 COMMUNITY HLTH NURSING	plan		
	actual		
50 MHDS SNAMH	plan		
	actual		
60 GMU fiscal unit	plan	29,401	
	actual	11,979.53	41%
87 PURCHASING ASSESSMENT	plan	101	
	actual	101.00	100%
88 SWCAP	plan	4,575	
	actual	2,249.00	49%
93 Reserve for Reversion	plan		
	actual		
TOTAL CATEGORIES	plan	3,736,596	
	actual	2,420,520.71	65%
REVENUE LESS EXPENSE	plan	0	
	actual	-64,042.05	
FRONTIER COMMUNITY ACTION AGENCY		(28,306.33)	
		(92,348.38)	

Fund Map

**DEPARTMENT OF HEALTH & HUMAN SERVICES – DIRECTOR’S OFFICE
INTERNAL CONTROLS MANUAL**

ADVANTAGE Desktop - FSCO - [Batch: Document: CR 400 CSBGC031913]

File Edit Display Process Window Help



Date of Record	<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="13"/>	Acctg Period	<input type="checkbox"/> / <input type="checkbox"/>	Budget Fiscal Year	<input type="text" value="13"/>
<input checked="" type="radio"/> New	<input type="radio"/> Modification			CMIA Schedule Date	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>
Bank Account	<input type="text" value="01"/>	Cash Account	<input type="checkbox"/>	Comments	<input type="text" value="SHANCOCK"/>
Document Total	<input type="text" value="92,348.38"/>			Calculated Doc Total	<input type="text" value="92,348.38"/>

Reference Invoice View | Accounting View | All Attributes View

Document Line	<input type="text" value="01"/>	Ref Document	<input type="text" value=""/>	Line	<input type="text" value=""/>
Vend / Prov / Cust	<input type="text" value=""/>	Cust Name	<input type="text" value=""/>		
Billing Code	<input type="text" value=""/>	Object / Sub	<input type="text" value=""/> / <input type="text" value=""/>		
Fund	<input type="text" value="101"/>	Job Number	<input type="text" value="9356913"/>		
Agency	<input type="text" value="400"/>	Rept Category	<input type="text" value=""/>		
Organization / Sub	<input type="text" value="0000"/> / <input type="checkbox"/>	BS Account	<input type="text" value=""/>		
Activity	<input type="text" value=""/>	Amount	<input type="text" value="92,348.38"/>		
Revenue Source / Sub	<input type="text" value="3571"/> / <input type="checkbox"/>	<input checked="" type="radio"/> Def	<input type="radio"/> Inc	<input type="radio"/> Dec	
Appropriation Unit	<input type="text" value="319500"/>	Partial / Final	<input type="text" value="Default"/>		
Function	<input type="text" value=""/>	Description	<input type="text" value="V817B/COSR13"/>		

CR Document

Attachment 6

ELIGIBILITY DEFINITIONS

Eligibility 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
- Self-employment income
- Social Security
- Railroad Retirement
- Pension – Private
- Pension – Government
- Education Scholarships
- Worker’s Compensation
- Alimony
- Military Allotments (support from absent family member)
- Regular insurance/Annuity Payments
- Interest/Dividends/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 or be reviewed anytime the agency becomes aware of a significant increase in income or change in the composition of the family unit.

DRAFT

Attachment 6

Nevada Service Delivery Model Policies - ROMA

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



The Center for Applied Management Practices
Camp Hill, PA, www.applcdmgt.com

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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.

IT CANNOT BE REPRODUCED, COPIED, MODIFIED OR OTHERWISE USED WITHOUT WRITTEN PERMISSION FROM THE ABOVE THREE ORGANIZATIONS.

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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Gary Gobelman, (775) 684-3469, gobelman@dhhs.nv.gov

Nevada Community Action Association
Michele Montoya, (775) 786-6023, mmontoya@csareno.gov

The Center for Applied Management Practices
Frederick Richmond, (717) 730-3705, appliedmgt2013@gmail.com,
frichmond@appliedmgt.com

August, 2014, December 2014

**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.

Index

C1	Definition of a Family Unit for Determining CSBG Eligibility
C2	Income Eligibility Limit
C3	Definition of Income for Eligibility Purposes
C4	Period of Time for Determining Income
C5	Income Verification
C6	Reassessment of Eligibility
M1	Required Statewide Software
M2	eLM 3.0 Hosting Costs and User Fees
M3	Agency Data Model
M4	Nevada Service Delivery Model
M5	Reports
M6	Reporting Deadlines

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.

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:

Thriving-Independent
Safe-Independent
Stable-Independent
-----Prevention Line-----
Vulnerable-Dependent-Urgent
In-Crisis-Dependent-Emergent

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.

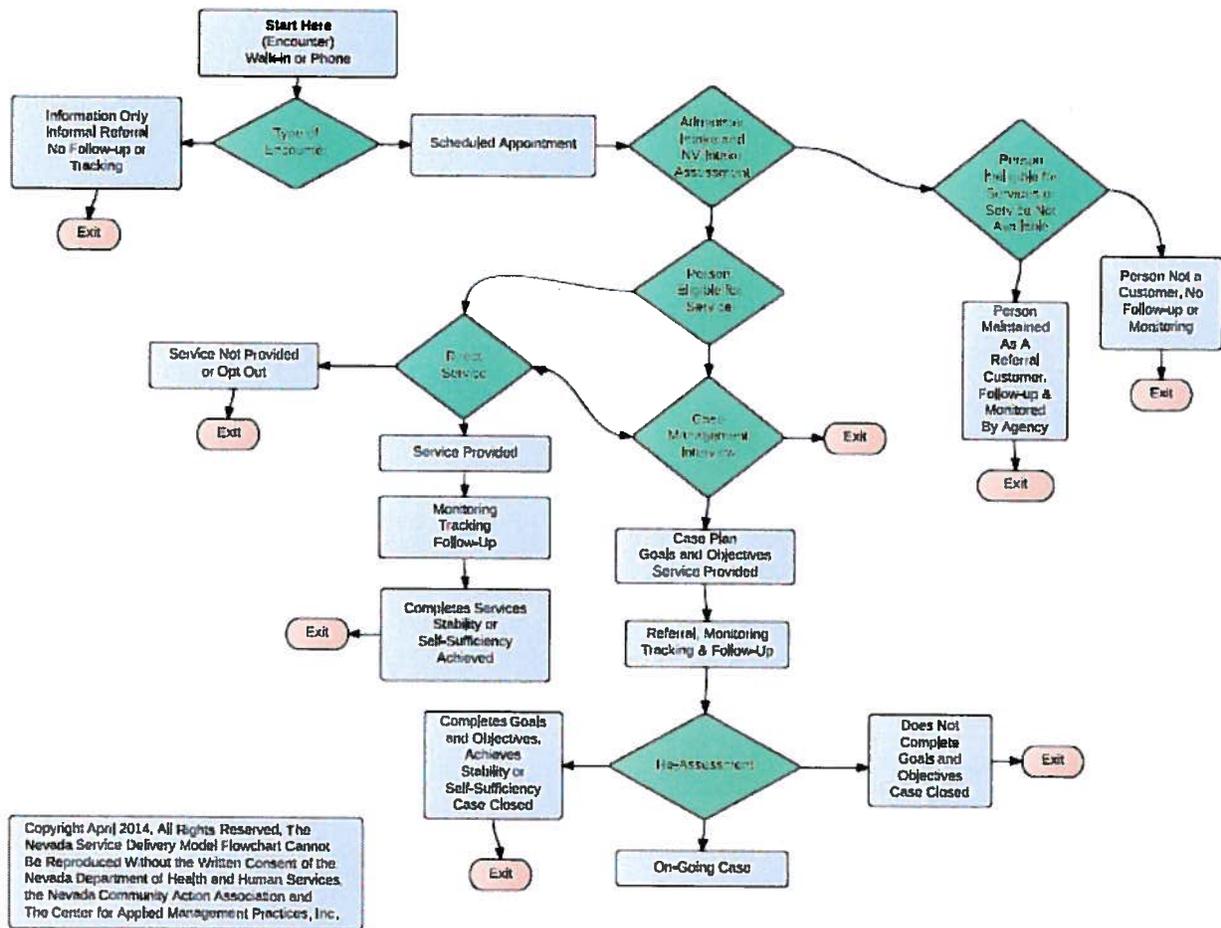
Appendix A1-CAA Agency Matrix-Scale Inventory for Churchill County Social Services

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



Appendix C-CSBG Required Characteristic and Demographic Information

Section G Program Participant Characteristics

1. Name of Agency Reporting

2a. Total Non CSBG Resources Reported in Section F
 2b. Total amount of CSBG Funds allocated
 Total Resources for FY 2013 (2a + 2b)

3. Total unduplicated number of persons about whom one or more characteristics were obtained:
 4. Total unduplicated number of persons about whom no characteristics were obtained:
 5. Total unduplicated number of families about whom one or more characteristics were obtained:
 6. Total unduplicated number of families about whom no characteristics were obtained:

7. Gender	Number of Persons*	13. Family Size	Number of Families***
a. Male	<input type="text"/>	a. One	<input type="text"/>
b. Female	<input type="text"/>	b. Two	<input type="text"/>
TOTAL*	<input type="text"/>	c. Three	<input type="text"/>
		d. Four	<input type="text"/>
		e. Five	<input type="text"/>
		f. Six	<input type="text"/>
		g. Seven	<input type="text"/>
		h. Eight or more	<input type="text"/>
		TOTAL***	<input type="text"/>

8. Age	Number of Persons*
a. 0 - 5	<input type="text"/>
b. 6 - 11	<input type="text"/>
c. 12 - 17	<input type="text"/>
d. 18 - 23	<input type="text"/>
e. 24 - 44	<input type="text"/>
f. 45 - 54	<input type="text"/>
g. 55 - 69	<input type="text"/>
h. 70 +	<input type="text"/>
TOTAL*	<input type="text"/>

14. Source of Family Income	Number of Families
a. Unduplicated # Families Reporting One or More Sources of Income	<input type="text"/>
b. Unduplicated # Families Reporting Zero Income	<input type="text"/>
TOTAL Unduplicated # Families Reporting One or More Sources of Income or Zero Income.***	<input type="text"/>

9. Ethnicity/Race	Number of Persons*
I. Ethnicity	
a. Hispanic, Latino or Spanish Origin	<input type="text"/>
b. Not Hispanic, Latino, or Spanish Origin	<input type="text"/>
TOTAL*	<input type="text"/>

14. Source of Family Income	Number of Families
c. TANF	<input type="text"/>
d. SSI	<input type="text"/>
e. Social Security	<input type="text"/>
f. Pension	<input type="text"/>
g. General Assistance	<input type="text"/>
h. Unemployment Insurance	<input type="text"/>
i. Employment + Other Source	<input type="text"/>
j. Employment Only	<input type="text"/>
k. Other	<input type="text"/>
l. Total (Items c-k)	<input type="text"/>

9. Ethnicity/Race	Number of Persons*
II. Race	
a. White	<input type="text"/>
b. Black or African American	<input type="text"/>
c. American Indian and Alaska Native	<input type="text"/>
d. Asian	<input type="text"/>
e. Native Hawaiian and Other Pacific Islander	<input type="text"/>
f. Other	<input type="text"/>
g. Multi-Race (any two or more of the above)	<input type="text"/>
TOTAL*	<input type="text"/>

10. Education Levels of Adults # (# For Adults 24 Years Or Older Only)	Number of Persons**
a. 0-8	<input type="text"/>
b. 9-12/Non-Graduate	<input type="text"/>
c. High School Graduate/GED	<input type="text"/>
d. 12+ Some Post Secondary	<input type="text"/>
e. 2 or 4 years College Graduate	<input type="text"/>
TOTAL**	<input type="text"/>

16. Level of Family Income (% Of MHS Guideline)	Number of Families***
a. Up to 50%	<input type="text"/>
b. 51% to 75%	<input type="text"/>
c. 76% to 100%	<input type="text"/>
d. 101% to 125%	<input type="text"/>
e. 125% to 150%	<input type="text"/>
f. 151% to 175%	<input type="text"/>
g. 175% to 200%	<input type="text"/>
h. 201% and over	<input type="text"/>
TOTAL***	<input type="text"/>

11. Other Characteristics	Number of Persons*		
	Yes	No	TOTAL*
a. Health Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Disabled	<input type="text"/>	<input type="text"/>	<input type="text"/>

12. Family Type	Number of Families***
a. Single Parent Female	<input type="text"/>
b. Single Parent Male	<input type="text"/>
c. Two Parent Household	<input type="text"/>
d. Single Person	<input type="text"/>
e. Two Adults NO children	<input type="text"/>
f. Other	<input type="text"/>
TOTAL***	<input type="text"/>

18. Housing	Number of Families***
a. Own	<input type="text"/>
b. Rent	<input type="text"/>
c. Homeless	<input type="text"/>
d. Other	<input type="text"/>
TOTAL***	<input type="text"/>
e. Please describe housing situations included in 18.d. Other:	<input type="text"/>

* The sum of this category should not exceed the value of item 3
 ** The sum of this category should not exceed the value of items 8-e-h
 *** The sum of this category should not exceed the value of item 5