

Healthy Families Oregon Fiscal Guidelines 2020 - 2021

Use of Healthy Families Oregon (HFO) State General Funds

HFO General Funds (HFGF) are allocated for the sole purpose of providing HFO Program Core Services.

The Early Learning Division requires that HFO Programs provide Core Services in the most cost effective manner possible, following the Healthy Families America (HFA) program model. Full compliance with these approved uses is expected.

Core Services are defined as those activities that identify and serve high risk families following the HFA best practice model for home visiting. Biennially, a program budget is submitted *by the Agency* to the Early Learning Division, HFO Central Administration which includes all elements of these guidelines. During years when a new budget is not required, an updated budget will be submitted. Due dates for budgets will be provided by HFO Central Administration via email.

HFGF allocations are intended for purchase of HFO Core Services. HFO Core Services are:

- Home visiting services, i.e. direct service staff, Supervisors, parenting curricula, and other materials needed to educate, support, and engage high risk families in services,
- Parent groups, classes and activities when used as a supplement to home visits,
- Eligibility Screening to identify high risk families most in need of services (up to 15% of budget),
- Program management, staff training, supervision and administrative costs needed to provide services in adherence to the HFA best practice standards, and
- Leasing vehicles for home visiting (leased vehicles purchased with HFO funds should never be utilized for personal use),
- Core Services do not include any services given after families are screened and found to be lower risk (or if they decline services), except for time spent providing additional referrals to other community resources.

The following are appropriate uses of HFGF resources in HFO programs and reflect common costs of Core services following the HFA model:

Staffing:

The following Core staff positions may be paid for with HFGF:

- Program Manager
- Program Supervisor OR Combined Program Manager/Supervisor
- Home Visitor (HV)
- Eligibility Screener

Additionally, the following *optional* staff positions may be paid for with HFGF. Programs describe the role and function of these staff positions in their contracts with the Early Learning Division, clarifying the role of each position in relation to Core Services for high risk families.

- Assistant Manager (in large programs)
- Administrative Assistant
- Volunteer Coordinator – only when used to coordinate volunteers performing CORE services positions (such as volunteer Eligibility Screeners)
- Data entry
- Reflective Supervision/Consultation for Supervisors and Program Managers if not provided by direct supervisors

The following staff positions **may not** be paid for with HFGF:

- Additional on-site Program Managers or site coordinators at individual provider agencies within large programs.
- Additional professional staff (i.e. nurses, early childhood specialists, mental health consultants, etc.) These roles are additions to Core Services in the HFA model, provided through referrals and collaborative partnerships.
- Additional staff performing functions or providing services that are not considered Core Services following the HFA model (i.e., car seat technician, or family resource/clothing closet coordinator).
- The costs of indirect support to the program by staff of a parent organization or a separate agency (i.e. receptionists, bookkeepers, IT support, etc.). These may be included within indirect or administrative costs charged by the parent organization, but are not paid as *specific FTE* dedicated to Healthy Families.
- Volunteer Coordinator staff when used for services other than CORE services, such as screening and outreach (see above).

Eligibility Screening and Outreach Services:

Eligibility screening costs are limited to 15% of the overall HFGF allocation. Contracts with the Early Learning Division will reflect this percentage.

Costs of screening can be reduced by the use of community partners and the utilization of volunteers, AmeriCorps etc. Eligibility screening may be conducted in a variety of settings and through a variety of partnerships. Central Administration at the Early Learning Division will monitor screening rates and costs to assure appropriate use of State HFGF.

The following expenses related to the screening and referral process may be paid for with HFGF:

- Community outreach to engage screening partners and referral sources,
- Obtaining consent to contact families (the “pre-consent” to screening),
- Materials for basic information and referral packets (Welcome Baby Packets),
- Coordination, training, and supervision of screeners and screening volunteers, and

- Screening using the New Baby Questionnaire (NBQ):
 - Obtaining consent
 - Completing screen (approximately 20-30 minutes per screen)
 - Data entry
 - Making referrals.

The following services **may not** be paid for with HFGF:

- Services such as Welcome Baby home visits for low risk families,
- Gifts, and
- Program incentives.

Intensive Services:

HFGF are used to provide Core Intensive Services to high risk families in the most efficient and cost-effective manner following the HFA best practice model.

Home visiting is the primary method of service delivery in Healthy Families. Parent groups, classes, and activities may be added to supplement the home visiting services for high risk families. See the HFA Best Practice Standards for when these can and cannot be supplemented.

Services use a variety of evidence-informed curricula. Curricula and other educational materials, and trainings for staff to implement these, may be purchased using HFGF.

Training:

Local sites may use HFGF to pay for required training for Core staff to meet HFA requirements. On-going trainings and professional development can be paid for using HFGF as long as the training enhances the staff's knowledge to perform their job duties. Travel to and from trainings is allowed to be budgeted with HFGF. Adequate funds must be budgeted to allow for staff training. Sites are encouraged to work with their local Early Learning HUB and other Early Childhood programs to share training costs for staff across multiple programs. Team retreats, that include trainings that enhance the staff's knowledge to perform their job duties, can also be paid for with HFGF.

Supervision of Home Visitors:

Supervisors of Home Visitors may be paid for with HFGF. Sites must ensure adequate Supervisory FTE to meet the HFA standard ratio for Supervisors to staff. No more than 6 Home Visitors (working 20 hours per week or more) may be supervised by a 1.0 FTE Supervisor whose only role is staff supervision. This ratio is pro-rated for part-time Supervisors, including those who perform other functions (i.e., combination Program Manager/Supervisor). While the maximum ration is 1:6, the HFA Best Practice Standards encourage a 1:5 ratio, which is also encouraged by the Early Learning Division.

Indirect & Administration Costs:

Local site indirect and administrative costs charged to HFGF must not exceed 15% of the HFGF allocation. These costs may include indirect support to the program by staff of a parent organization or a separate agency (i.e. receptionists, bookkeepers, IT support, etc.). These may

be included within indirect and administrative costs, but are not paid as specific FTE dedicated to Healthy Families. Additional funding sources may help pay for indirect costs. The Program Manager's position is a CORE staff position, and NOT considered Administration.

Use of Medicaid Administrative Claiming (MAC)

Under legislation, all HFO sites participate in Medicaid Administrative Claiming (MAC). Only staff members who are paid with state and local general funds or other eligible resources are eligible to claim MAC earnings. Staff positions fully funded by federal dollars are not allowed to participate in MAC claiming. HFO Central Administration will work with programs who have staff partially funded by federal funds and partially by general funds to determine how to complete the MAC time studies. Participation in MAC by Program Managers and administrative staff is not required and should be handled on a case by case basis with Central Administration.

HFO staff complete time studies on four randomly selected days each quarter. Time is coded according to the specific activity occurring during each time slot. Codes for each time study are entered into the MESD Medicaid system. All staff must be trained in MAC and MESD Medicaid system prior to entering time studies. All staff received annual Medicaid refresher trainings.

MAC funds earned by program staff must be used to maintain, expand or enhance HFO Core Services. Acceptable uses are staffing, staff training, materials, curriculum, parent groups and classes, and other program enhancements. MAC funded home visiting staff may submit time studies for MAC reimbursement making it possible to fund home visiting staff with MAC funds. MAC funds earned should not be utilized to pay for indirect or administrative costs, unless they are directly associated/allocated for staff salary and benefits paid for with MAC earnings.

Sites can reinvest MAC earnings in the same fiscal year that the funds are earned or even as soon as they have been paid to the site, if the site chooses. At a minimum, agencies are required to reinvest 90% of all MAC earnings from the previous biennium, in the current biennium. For example, if an HFO site earned \$100,000 in MAC earnings during 2015-17 biennium, they are required to reinvest a minimum of \$90,000 of their Medicaid earnings (if not spent in the biennium it was earned) in the 2017-19 biennium.

If sites choose not to reinvest 100% of MAC earnings, the 10% held in "reserves" each biennium should never accumulate to more than 5% of the program's general fund allocation. The use of these funds is also included in the annual program budget.

Sites are required to submit an annual MAC reinvestment plan as provided by HFO Central Administration.

Local Match Funds

Central Administration does not require a local match to HFGF, however agencies are encouraged to seek diversified funding to support their HFO program and build community support.