

DISPLACED HOMEMAKER PROGRAM (DHP)

MONITORING GUIDE

Monitoring will be performed on a quarterly basis for all new program operators during the first year. Following the first year, based on contractor performance and monitoring reports, the review may be completed semi-annually at the discretion of Program staff, with supervisor approval.

In addition, QA Program staff is to be available to the contractors to provide any technical support to assist the contractor in providing services pursuant to the contract.

For each review, QA Program staff will conduct both an Entrance and Exit Conference. QA Program and QA FOTA staff should coordinate these meetings, when possible.

For each contract review, as appropriate, QA Program staff should review the following:

- The RFP (if applicable);
- Contract and Budget Narrative;
- State of New York Standard Agreement and Appendix A;
- Appendix C - Department's General Terms and Conditions;
- Appendix B - Project Budget and Addendum to Proposal;
- Appendix D - Certifications (as applicable);
- Appendix E – Other Conditions, if applicable;
- Displaced Homemaker Guidance Letters;
- Displaced Homemaker Program OSOS Guide;
- Prior review work papers and reports;
- For the Displaced Homemaker Program Contracts review 45 CFR Part 260, et al. Temporary Assistance for Needy Families Program (TANF) Final Rule.

The NYSDOL DEWS QA Program Review Guide and the Documentation Data Review Sheets are on the following pages. Directions for the review guide are included. Answer each question completely and be sure to include your comments.

Once the contract review is completed, fill out the standardized Contract Review Report Letter and the Review Guide and submit for review and approval.

When you have received notification that the Contract Review Report Letter and the Review Guide are approved, QA Program staff will send the final version of the Review Letter to the contractor's Executive Director (or designated recipient). No portion of the Review Guide is to be sent to the contractor following the review. Be sure to copy your manager, appropriate QA FOTA staff, Contract Unit staff, and NYSDOL Internal Audit unit.

The Report Letters will be issued to the contractor as soon as possible, but no later than 30 days from the date of the exit interview with the contractor.

DISPLACED HOMEMAKER PROGRAM (DHP)
MONITORING GUIDE

Update:

1. Qualifying State expenditures for services provided to non-TANF, SNAP-eligible displaced homemakers served through the end of the SFY 2011-12 DHP provider contracts will be added to the SFY 2012-13 contracts. The credited SNAP reimbursement funds must be used to serve displaced homemakers (the displaced homemakers do not have to be food stamp eligible to be served with the funds that are reimbursed). The State definition for Displaced Homemaker will be used for participants served with SNAP funds.
2. Each DHP center was awarded an additional \$64,498 in Local Assistance (LA) funds. These funds have been added to their PY 12 – 13 contracts and are available for costs incurred from April 1, 2013. The State definition for Displaced Homemaker will be used for participants served with the LA funds.
3. SNAP monies can now be earned and added to the current DHP budget. In order to capture and report the SNAP earnings, (in accordance with OTDA requirements) revisions were made to both the Detailed Reimbursement Request forms and the SNAP Employment and Training Monthly form. Contractors should begin using these forms for monthly reporting beginning with the April 2013 submission.

**NYS DOL DEWS QA Program Review Guide
Displaced Homemaker Program**

Contractor Name:	Completed By:
Contract Number:	Date(s) Completed:
Name and Title of Contractor Staff Contacted:	
Contract Dates:	From To

Must provide comments or an explanation for any deficiencies below			
I. Participants & Outcomes	<u>Planned</u>	<u>Actual</u>	<u>N/A</u>
1. Number of Local Assistance (LA) funded Participants			
Number of TANF funded Participants			
Number of SNAP funded Participants			
Comments: <i>(include total number of participants across all funding streams, there are no planned participant enrollments for SNAP funds)</i>			
2. Number of Job Placements – LA Funded			
Number of Job Placements – TANF Funded			
Number of SNAP funded Participants			
Comments: <i>(include total job placements across all funding streams, there are no planned outcome levels for SNAP funds)</i>			
3. 90 day employment retention – LA Funded			
90 day employment retention – TANF Funded			
Number of SNAP funded Participants			
Comments: <i>(include total retentions across all funding streams, there are no planned outcome levels for SNAP funds)</i>			
4. Enter other contract specific participant outcomes here:			
Comments:			
5. Enter other contract specific participant outcomes here:			
Comments:			
6. Enter other contract specific participant outcomes here:			
Comments:			

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Displaced Homemaker Program**

II. Program Implementation & Administration	<u>Yes</u>	<u>No</u>
1. Are all staff positions identified in contract filled?		
Comments:		
2. Are program components being delivered in line with those required in the contract?		
Comments:		
3. Did the contractor ask for or need Technical Assistance? If yes, what were they and what technical assistance was provided?		
Comments:		
4. Describe any promising practices, or participant success stories.		
Comments:		
III. OSOS Data Entry (answer the following questions in conjunction with Attachment A and Management Reports)	<u>Yes</u>	<u>No</u>
1. Is contractor entering participant data into OSOS? If no, why not and how will contractor resolve this issue?		
Comments: <i>(include any technical assistance provided)</i>		
2. Are services entered in OSOS supported by case notes or comments?		
Comments: <i>(Include if services entered are not reflective of services provided – such as a Counseling service recorded if case notes indicate left phone message)</i>		
3. Are there a high number of participants with multiple enrollment / exit dates during the same contract year?		
Comments:		
4. Contractor is entering Outcome data as outlined in the OSOS Guide, i.e. Credentials and Employment?		
Comments:		

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	<u>Yes</u>	<u>No</u>
5. Were services entered in OSOS funded with the appropriate funding stream for the customers sampled? If yes, how did you verify? If no, what is the plan to correct the error?		
Comments:		
6. Were all participants in the review sample eligible displaced homemakers based on the information available in the participants' folders? If not, how many participants were ineligible and what is the corrective action plan to resolve the issue?		
Comments: <i>(identify each participant found not eligible including funding stream)</i>		
7. Were all data fields properly entered and documented, as necessary?		
Comments: <i>(Comment on each of the ten data elements listed on Attachment A)</i>		
8. Is contractor properly recording end dates for services (use management reports)?		
Comments: (note any TA provided)		

Provide comments or an explanation for any deficiencies below. Consult with FOTA representative to address any concerns as appropriate.		
IV. Program Expenditures	<u>Yes</u>	<u>No</u>
1. Have vouchers been submitted by the 15th of the month they were due? If no, explain reason(s) why. See APPENDIX C NEW YORK STATE DEPARTMENT OF LABOR General Terms and Conditions- Section G. Provide technical assistance as needed.		
Comments:		
2. Is the NYSDOL OTDA-3148A form being submitted with the monthly vouchers?		
Comments:		
3. If SNAP funds have been awarded to the contractor, were the SNAP funds used to serve displaced homemakers (the displaced homemakers do not have to be food stamp eligible to be served with the funds that reimbursed) (Displaced Homemaker Guidance Letter No. 2).		
Comments:		

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4. Considering program activities, is the rate of expenditure reasonable for each budget category? If no, explain reason(s) why. If yes, why?		
Comments:		
5. Based on consultation with FOTA staff and the DHP center director, is there the need for a budget modification for the current program year? If yes, state why.		
Comments:		
6. Has a need for technical assistance regarding expenditure reporting been identified? If yes, describe technical assistance planned/provided.		
Comments:		

V. Summary
In the section below, detail each finding resulting from the review; add additional lines as necessary. Include in your recommendation what action is necessary, if corrective action has already been implemented, or if a Corrective Action Plan from the contractor is required. (add more lines as needed)
Finding /Area of Concern:
Action Required / Recommendation:
Finding /Area of Concern:
Action Required / Recommendation:
Finding /Area of Concern:
Action Required / Recommendation:
Positive Practice:
Positive Practice:

Documentation Data Review
Displaced Homemaker Program
TANF, Local Assistance or SNAP Funded Participants

Contractor Name:		Completed By:		
Service Provider:		Participant Name:		
Date(s) Completed:		NYOSOS #		
I. DHP ELIGIBILITY – Participants must meet DHP definition as outlined by NYS Legislation ¹ – Participant must meet all requirements				
Eligibility	Supported		Comments / Source Document(s)	
	Yes	No		
Did participant Work in the home, providing unpaid household services for family members?				
Is participant not gainfully employed; or is underemployed?				
Has participant had, or would have, difficulty in securing employment?				
Has participant been dependent on the income of another family member but is no longer supported by such income, or has been dependent on federal assistance but is no longer eligible for such assistance, or is supported as the parent of minor children by government assistance or spousal support?				
II. OSOS Data Review – All OSOS data entry must adhere to Displaced Homemaker OSOS Guide ²				
Data Element	Per OSOS	Supported		Comments / Source Document(s)
		Yes	No	
Date of birth				
Public Assistance / Low Income / TANF				
Selective Service number entered				
Veteran Status				
Displaced Homemaker status is entered in the Programs/Public Assistance Section				
Work History updated with Cat.4-DW. (Customer Detail-Work History Tab)				
Marital Status (<i>Comp Assessment – Family Tab</i>)				
Family Status (<i>Comp Assessment – Family Tab</i>)				
Primary Language entered, if other than English (<i>Customer Detail – Primary Language Tab</i>)				
Limited English set to Yes or No (<i>Comprehensive Assessment – Education Tab</i>)				
History of Substance Abuse (<i>Comp Assessment – Health Tab</i>)				SNAP customers only
Ex-Offender (<i>Comp Assessment – Legal Tab</i>)				SNAP customers only
School Status at Registration – (<i>Customer Detail – General Info Tab</i>)				SNAP customers only
Services Entered in OSOS are supported by counselor case notes and/or OSOS comments				
Employment Outcomes entered in <i>Jobs Info</i> tab				

¹ Labor Law Article 23-B: Displaced Homemakers Act; <http://public.leginfo.state.ny.us/menugetf.cgi>

² Displaced Homemaker OSOS Guide: <http://labor.ny.gov/workforcenypartners/osos/osos-guide-dhp.pdf>

**Documentation Data Review
Displaced Homemaker Program
TANF Funded Participants**

Contractor Name:	Completed By:
Service Provider:	Participant Name:
Date(s) Completed:	NYOSOS #

TANF Eligibility – TANF participants must meet one of the following criteria as outlined in LDSS-4726, TANF Services Application / Certification			
Eligibility	Supported		Comments / Source Document(s)
	Yes	No	
Is contractor using TANF Form LDSS-4726 TANF funded participants to document eligibility?			(if answered No, go to Section III of this form to verify if customer may be served with TANF funds)
Family Assistance (FA) Recipients – Adult family members who are recipients of FA.			<i>(must have verification from DSS)</i>
Safety Net (SN) Families – Adult family members who were in receipt of FA and who have reached their 60-month limit on TANF and have transitioned to SN assistance.			<i>(must have verification from DSS)</i>
Families at or Below 200% of Poverty – Adult family members whose gross monthly household income is at or below 200% of the Federal Poverty Level and meet the certification requirements. To be eligible under the 200% guidelines, an individual must: Be a resident of New York; or Be a United States citizen or qualified non-citizen; or Be a member of a family that includes a minor child or pregnant woman or be a non-custodial parent of a minor child ¹ . And have a gross family income that does not exceed 200% of the most recent Federal Poverty Level.			<i>(customer can self-attest to these items, an OSOS case note must be entered to document how verified.)</i>
Participant is Eligible to be funded with TANF funds?			

¹ A minor child is defined as a child under the age of 18, or under age 19 and attending a secondary school or its equivalent.

**NYSDOL DEWS QA Program Review
Displaced Homemaker Program**

INSTRUCTION SHEET

The following documents are required to complete the review:

- Contract Budget and Narrative;
- Displaced Homemaker OSOS Guide;
- Displaced Homemaker Program Guidance Letters;
- Technical Advisory (TA) 11-12, Issued September 14, 2011.

For the purpose of this Instruction Sheet and the Program Review Guide, the term “Contract” includes all of the following in order of precedence (in accordance with the State of New York Standard Agreement):

- (a) State of New York Standard Agreement and Appendix A
- (b) Appendix C - Department's General Terms and Conditions
- (c) Appendix B - Project Budget and Addendum to Proposal
- (d) Appendix D - RFP and Certifications
- (e) Appendix E - Other Conditions, if applicable
- (f) Appendix F - Proposal
- (g) Appendix X - sample document

Fill out all of the information at the top of the QA Program Review Guide. Refer to the contract to obtain the contract number and dates.

The directions for each section are outlined below. Answer each question completely and include comments.

I. Participants & Outcomes

- For questions 1 - 3, refer to the contract narrative, OSOS Management Reports, and data provided by the contractor. Provide comments or an explanation if there is a discrepancy observed. Some DHP contractor’s have unique program outcomes. If the contract being reviewed has outcomes not listed on the review guide, enter the outcomes individually starting with question 4. Add more lines as needed.
- There are no planned enrollment or outcomes for participants receiving SNAP funded services, these sections have been grayed out. The reviewer needs to identify actual SNAP funded enrollments and outcomes using OSOS and contractor provided data.

II. Program Implementation & Administration

- For question 1, review the contract budget and narrative to determine the planned staffing levels and job titles. Discuss with program director, and review monthly Detail Reimbursement Requests, to determine the actual staffing level. Lower than expected

staffing levels may signal that not all program elements are being adequately delivered, or the contractor may have cost savings, which may require a budget modification.

- For question 2, discuss with staff and review OSOS data to determine what services are being provided. Compare services provided to those identified in the contract narrative. Significant deviations between actual services provided and those in the contract narrative may require a contract modification, or may indicate that the contractor is in breach of their contract.
- For questions 3 - 4, discuss with program director and staff and enter responses.

III. OSOS Data Entry

The DHP contractors must utilize OSOS for their data reporting, therefore, the contractors must complete all green dotted section in OSOS. The Displaced Homemaker OSOS Guide, last updated on July 13, 2012, provides OSOS data entry instructions to DHP contractors.

- Complete one "Documentation Data Review" form (Attachment A) for each participant in your sample. Include participants from all available funding streams in your sample.
- Sample a minimum of ten participant files, more files should be sampled if there have been documented concerns with the contractor's OSOS data entry.
- For the current program year, there is no WIA funding for the DHP. Therefore, while it is recommended that contractors follow TA 11-12 when documenting data elements, it is not required.
- Once OSOS Data Entry review is complete, answer questions 1 – 8 in Section III.

IV. Program Expenditures- Contact FOTA representative to address any concerns as appropriate.

- For question 1, field staff will base this answer on contemporaneous experience of the contractor's voucher submissions. Discuss any issues with the contractor.
- For question 2 and 3, examine the monthly vouchers to answer questions.

V. Summary

- Complete the summary section after the review is complete.

Month xx, 20xx

Director Name

Title

Address #1

Address#2

City, New York xxxxx

Re: Displaced Homemaker Program, Cxxxxxx

Dear Mr./Ms. Director :

On Month xx, 20xx(Date of on-site), New York State Department of Labor conducted a review of your Displaced Homemaker Program, which has a start date of Month xx, 20xx and an end date of Month xx, 20xx. Our review covered the program period of Month xx, 20xx through Month xx, 20xx. The purpose of this review was to assess the overall quality and compliance of the contracted program. This may include, but is not limited, to the following areas (where applicable to your program and contract):

- Compliance with the rules and regulations governing the program, as determined under the contract agreement;
- Participant eligibility, documentation and reporting as required under contract agreement;
- The quality of electronic and hard copy data;
- Timeliness of implementing program activities, documentation, and reporting;
- Participant enrollments, exits, terminations, and other program outcomes;
- Staffing levels; and
- Detailed Reimbursement Request (DRR) submission.

The term “Finding” is used to identify areas where compliance requirements must be addressed. NYSDOL will provide “Required Actions” to address all Findings. The term “Technical Assistance Observation” is applied to situations that merit attention because they negatively impact services and performance, and if unaddressed could lead to a Finding. Suggested actions that can be taken to rectify a Technical Assistance Observation are provided as “Recommendations.”

If any Findings have been cited in this correspondence your LWIA has 30 calendar days from the date of this letter in which to provide written assurance or evidence that the Finding has been corrected. For compliance concerns not resolvable in that time period, we require a plan of action with dates and milestones for achieving compliance, with follow-up at regular intervals until the issue is resolved.

Findings and Required Action:

(List each Finding separately and the action required to address/correct the Finding)

- 1.

Technical Assistance Observations and Recommendations:

(List each Technical Assistance Observation separately and the action recommended to address/correct the Technical Assistance Observation).

1.

I would like to thank you and your staff for your time and cooperation extended during this review.

Sincerely,

Signatory Name
Workforce Programs Specialist

cc: Field Supervisor
FOTA Representative
FOTA Supervisor
Karen Bates
Julie Keating