DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

District of Columbia Department of Health **Programmatic Monitoring of Grants**		**PROCEDURE 419.000** Implementing Office: Office of the Director/Office of Grants Management Training Required: Yes Originally Issued: NOV 18 2022 Revised/Reviewed:
Approved by: Sharon Williams Lewis DHA, RN-BC, CPM; Interim Agency Director	**Review by Legal Counsel:** Phillip Husband, Esq.; General Counsel	**Effective Date:** NOV 18 2022 **Valid Through Date:** NOV 18 2025

I. Authority	Reorganization Plan No. 4 of 1996; Mayor's Order 1997-42; Code of Federal Regulations Title 2 Subtitle A Chapter II Part 200 ("2 CFR 200").
II. Reason for the Policy	The District of Columbia Department of Health ("DC Health" or "the Department") relies upon grantee organizations to provide services to District residents and visitors. These services are funded by local funds, federal awards or private grants that DC Health receives and then distributes to grantees through sub-grant agreements. Protocols are necessary to ensure that DC Health has accurate, current, and complete accounting of the number of residents served, the quality of those services and the outcomes of services rendered through the funding authorized by agreements called Notices of Grant Award (NOGAs). These protocols ensure employees actively assess programmatic progress, results, challenges and risks to determine the effectiveness of implementation strategies and make adjustments as needed. Programmatic monitoring protocols ensure that DC Health is meeting the terms of agreement with its funders and routinely communicating results and changes to them. DC Health's programmatic monitoring framework is that of synergy between the program managers, assigned monitors, subgrantee, and the funder. It is critical that employees observe the program implementation process, analyze results and make agreed upon changes so desired results are obtained or exceeded. These results may have links to local, regional or national objectives for which

	DC Health is a partner with both fiscal and programmatic pass-through responsibilities. DC Health has a number of accountability structures at its disposal that are critical to assess and facilitate compliance, protect the welfare of residents served, prompt timely and meaningful technical assistance (TA) and adjustments to scopes of work and workplans, support grantees in optimizing value to District residents, mitigate the risk of lapsed grant funds, and document results at the end of agreed upon timeframes (i.e., budget period, project period). These structures include pre-award negotiation of the schedule of deliverables and key performance indicators, risk-based monitoring plans by both fiscal and project officers, mandatory grantee reporting, ongoing desk reviews, and site visits. A performance rating assigns a value representing the grant monitor and project officer's assessment of work delivered during a given timeframe (i.e., budget period, project period). Accountability structures also exist to address identified deficiencies and risk issues, including remediation, corrective action plans, and Notices of Non-Compliance. DC Health has an obligation to communicate clear procedures for using these tools to grantees, and among DC Health employees, to ensure fair, consistent, and standardized application to grantees across programs and administrations.
III. Applicability	This SOP shall apply to all DC Health employees, contractors, interns, and summer youth employees. These individuals are referred to collectively herein as "employees" or "DC Health employees."
IV. Policy Statement	Programmatic monitoring of grants is jointly managed according to a division of labor enumerated herein, by the Office of Grants Management (OGM) within the Office of the Director (OD) and the DC Health program that administers the sub-grant being monitored. The Chief of the Office of Grants Management (OGM Chief) is the accountable manager over all tasks assigned to OGM. The Program Manager (PM) is the accountable manager over all tasks assigned to the program. DC Health applies a co-monitoring construct to programmatic, fiscal, and administrative oversight of each grant, whereby a Grant Monitor (GM), Project Officer (PO),

	and Grant Supervisor (GS) are assigned. The assigned PM and PO shall be responsible for utilizing their subject matter expertise and understanding of both grantee and funders' terms of agreement to make reasonable, allowable and impactful changes in the program. This includes changes in service activities, targeted numbers and targeted outcomes for an interim period or full life of the grant. An employee newly hired or newly assigned a role monitoring grants (PM, PO, or GM) will complete 2 CFR 200 training within six (6) months or when the training is next offered. **Grantee Orientation** Within ten (10) business days after the start of a new project period, the PM, or designee, will convene a grantee orientation for each grantee. The orientation may occur as an individual grantee session or as a group or cohort of grantees funded under a common initiative or funding opportunity. The content may also be included in a comprehensive fiscal and programmatic overview at the discretion of the PM. The PM has the discretion to divide the orientation into several sessions with subgroups of grantees, as well as have follow-up sessions with individual grantees as necessary. The PM has the discretion to request OGM guidance and/or attendance. OGM will provide technical assistance for a grantee orientation upon request. The programmatic content of the orientation must include at a minimum, the following topics: 1. Present a comprehensive overview of the programmatic goals of the grant; 2. Review the program requirements; 3. Present the changes from the previous grant period, e.g., changes in the scope of services (if applicable); 4. Review reporting requirements: a. Reporting schedule; b. Reporting templates; c. Data requirements; d. Invoicing and budget requirements 5. Review the risk-based monitoring plan; 6. Provide any necessary technical assistance in the session, or schedule TA for a future session as appropriate;

7. Provide access to user guides for the Electronic Grants Management System (EGMS);
8. Provide a point-of-contact for EGMS-related TA;
9. Establish a schedule for routine monitoring calls;
10. Provide a copy of the DC Health Performance Rating Template
11. Answer any grantee questions.

Monitoring Reviews

The PM will schedule routine monitoring reviews, following through on any schedule determined at the grantee orientation. The default schedule is monthly but must be at least quarterly. The PM has the discretion to increase or decrease the frequency based upon the needs of the program, any pass-through reporting requirements for DC Health, or based on the grantee's risk assessment and past performance.

The program monitoring review shall consist of the following:

1. Summary analysis of routine reports, data and other information from the grantee;
2. Determination of the status of compliance, performance and corrective actions (if applicable); and
3. Communication of results to the grantee, GM and PM.

Programmatic monitoring reviews will coincide with quarterly fiscal monitoring reviews where applicable. The PO is responsible for reviewing all progress reports in advance, and preparing a list of any findings or concerns.

A primary resource for the programmatic monitoring review is the required progress report. Progress reports are narrative, but may include data indicating the volume and types of services delivered and targets reached. The PM may require additional reporting of client-level data in secure data systems. These reports and data, along with on-going communications with the grantee staff/leads will support the monitoring review.

The PO has the authority to reject a progress report back to the grantee for poor reporting. The GM and PM will be informed of all

	such rejections. The GM will also review progress reports after the PO has completed the initial review. Upon the PO completing the review of the progress report, and the GM completing the review of the payment request, the PM has final authority to approve the two submissions in tandem. At a minimum, the PO will assess: 1. The volume of services provided/residents served relative to the expectations laid out in approved scope of work, schedule of deliverables and work plan; 2. The quality of the reporting, i.e., ensuring the reporting reflects a grantee's thorough review of the services provided, and is not vague, or copied from previous reporting periods; 3. The quality of services provided, as determined by available performance data, mandatory reporting, activity observations conducted by DC Health employees, site visit reports, or any other available data sources for assessing quality; 4. The status of operations, including staffing and facilities that supports the approved program plans. The PM, or designee, will communicate the results of the monitoring review in writing to the grantee. The PM, or designee, has the discretion to request additional information or offer TA in this communication. The grantee may request TA at any point in the monitoring review process. The PM can direct or request that TA be provided by the PO in response to specific issues. The PO will provide TA for programmatic issues identified through this process or offer a referral to another DC Health employee or resource better situated to answer specific questions. **Modifications** The grantee may initiate a Modification for a change in scope of services that does not change the amount of the award. Refer to SOP 418.000 Fiscal Monitoring of Grants for guidance and procedures for Modifications.

Amendments

The grantee may initiate an Amendment for a change in scope of services that changes the amount of the award, e.g., adding a new service that requires additional funding. Refer to SOP 418.000 Fiscal Monitoring of Grants for guidance and procedures for Amendments.

Remediation and Corrective Action

Upon discovery of any performance issue through routine monitoring reviews, the PM will choose among the following methods for addressing and correcting grantee performance:

1. Remediation: Remediation is reserved for minor performance issues most appropriately addressed through technical assistance.
2. Request for a corrective action plan (CAP): A CAP is requested for an issue that is more severe but stops short of suspected violation of a law, or reasonable suspicion of danger to residents served by the grantee.
3. Immediate referral to OGM: This response is reserved for the most urgent performance issues, either those that violate 2 CFR 200 or another federal grantmaking law or policy, or produce reasonable suspicion of breaking continuity of services or danger to residents served by the grantee. Examples of grantee behavior warranting referral to OGM include, but are not limited to:
    a. Operating outside of the scope of the NOGA;
    b. Compromised organizational infrastructure, including missing or inadequate board structure, missing organizational chart, or failure to fill positions in the staffing plan in a reasonable period of time;
    c. Failure to submit invoices and/or reports on time or at all;
    d. Failure to respond to communication from program staff and/or participate in monitoring calls;
    e. Failure to take corrective actions documented in an active CAP;
    f. Reasonable suspicion of fraud, or mismanagement of funds;

	g. Reasonable suspicion of a client/consumer having been harmed, or at risk for harm, due to improper practice or negligence; h. A facilities issue that creates a safety risk for clients/consumers served and/or the grantee's employees. For remediations, the PM will assign the appropriate employee(s) to provide TA to the grantee and document that TA in writing. Where a CAP is warranted, the PM is responsible for conferencing with the GM and PO to document the issues in a CAP template. The PO is responsible for communicating the template to the grantee and establishing a deadline for populating the fields with a meaningful response to all identified issues. Upon receipt of a grantee's proposed CAP, the PO will convene a review conference with the GM and PM. The GS, and the administration's Deputy Director for Operations (DDO) and Senior Deputy Director (SDD) have the discretion to attend. This group has the authority to either accept the draft CAP or return it to the grantee for revisions. The PO will document the acceptance of a CAP with an approval letter. A grantee under an active CAP will receive at least one site visit specifically to ascertain if any documented issues have recurred. The PO has the discretion to make this an in-person site visit, or a desk review and a call with the grantee's management team. The PO will ensure that all active grantee CAPs will be included in regular calls with the funder (where applicable). The administration DDO will report all active CAPs in the administration's Financial Review Process (FRP) meeting. The PO and the PM have the discretion to adjust monitoring activities in conjunction with the grantee's corrective action. Adjusting monitoring activities may include: 1. Monitoring calls with the grantee (these calls are in addition to the routine monitoring reviews described above); 2. Additional TA; 3. Regular or ad hoc desk reviews;

4. Regular or ad hoc site visits.

All CAPs will include a date it will expire, returning the grantee to good standing, if there is no recurrence of the precipitating issue(s). The PO is responsible for sending a letter to the grantee releasing the grantee from the CAP if its expiration date passes with no recurrence of the precipitating issue(s).

If an issue identified in an active CAP recurs, the PM will request a follow-up meeting with grantee leadership. The GS, administration DDO and SDD have the discretion to attend this meeting if they choose. In parallel, if applicable, the PM, or designee, will inform POs, GMs, and PMs monitoring other grants awarded to that grantee, including those in other administrations, of the grantee's non-compliance. OGM will be copied on these communications.

Upon a second recurrence of an issue in an active CAP, the PM will refer the issue to OGM for a Notice of Non-Compliance.

Notice of Non-Compliance and Sanction

Upon receipt of a referral for non-compliance from a program, OGM will evaluate available documentation to determine if a Stop Work Order may be issued, and issue a Stop Work Order if it is warranted. If a Stop Work Order cannot be justified, OGM will issue a Notice of Non-Compliance, and request clarifying information pursuant to that notice.

OGM will change the status of all grants held by a grantee who has received a Notice of Non-Compliance to high-risk. The GM and PO will amend the risk-based monitoring plan accordingly, and direct a site visit. The GM and PO have the discretion to direct either a virtual or in-person site-visit based upon the circumstances and severity of the non-compliance.

The Chief of OGM, the PO, the GM, and the PM will meet after the site visit to determine if the grantee will be sanctioned. If so, this team will direct the sanction from the following:

1. Request for a corrective action plan;
2. Stop Work Order;
3. Award reduction;

4. Termination of grant agreement for cause.

DC Health reserves the right to refer cases of suspected fraud, mismanagement, or abuse to the relevant authorities (e.g., the DC Office of the Inspector General, law enforcement, and/or any applicable health professional licensing board). DC Health employees will comply fully with any investigation of suspected illegal or unethical conduct. DC Health will document any substantiated incidents of fraud, mismanagement, or abuse for consideration in future competitive grant solicitations.

Programmatic Closeout- Budget Period

Following the last monitoring review in the third quarter of the budget period, the GM and PO will determine if the grantee has met all performance targets to date. The GM and PO have the discretion to create a new CAP to address unmet targets. If the grantee is under an active CAP, unmet targets may be considered a recurrence of non-compliance depending upon the issue(s) documented therein.

The continuation process will begin 60 days prior to the end of a budget period. If a grantee is out of compliance with steps required under an active CAP when the continuation period begins, the PM, or designee, will refer that grantee to OGM for a Notice of Non-Compliance. The program may not consider that grantee for continuation of funding until the Notice of Non-Compliance has been satisfactorily resolved.

Programmatic Closeout- Project Period

During the third quarter of the final budget period in the project period, the PM, or designee, will formally request a transition plan to be submitted by 30 calendar days before the project period elapses. DC Health will only accept a transition plan that articulates, in detail, how anyone receiving services will receive uninterrupted continuity of care. This includes accounting for individuals served using funding that has reached a planned conclusion and won't be offered for another project period, or ensuring continuity of care should the grantee not be selected to receive a new award.

	Beginning 60 calendar days before the end of a project period, POs and GMs will communicate all closeout deliverables and may request a closeout narrative from grantees they monitor. The PM, or designee, will send a formal closeout letter to the grantee once the following tasks are complete: 1. The grantee has submitted the final payment request and progress report; 2. All closeout activities and reports for the final budget period are complete; 3. All payments have been processed in full in EGMS; 4. All grantee payments have been completed in the vendor portal; **Program Evaluation** Following each budget period's closeout period, the PO will examine the grantee's work plan and utilization data (e.g., number of individuals served, number of services rendered, retention of individuals served) relative to the NOGA. The PO will generate a findings report subject to the PM's approval. This report will be forwarded to the grantee as a resource for performance improvement, and to OGM for use in updating the grantee's performance rating. Any employee in violation of any part of this SOP may be subject to commensurate disciplinary action.
V. Definitions & Acronyms	**Amendment-** An increase or decrease in the overall budget amount, a revision of the budget line items, a change in the period of performance (e.g. budget period or project period start or end dates, or a change in the service areas initially approved (i.e. revising, adding or removing). The result of an amendment is a change in the NOGA. **CBO-** Community-based organization **EGMS-** Enterprise Grants Management System. EGMS is a software application DC Health uses to manage plan, issue and manage subgrants.

	Desk review- A focused examination of the relevant documentation and financial systems surrounding a grant program. They are intended to facilitate and produce an evaluation of the recipient's capacity to manage their award. In addition, desk reviews can serve as a preliminary step before an actual site visit takes place. **FRP-** Financial Review Process **GM-** Grant Monitor **GS-** Grants Supervisor **Modification-** Movement of funds from one budget line item to another. A budget modification produces no change in the budget amount, only a redistribution of funds between line items. A Modification can also include a change in the scope of services or schedule of deliverables, work plan or a change in key personnel for the grant. None of these actions require a change on the Notice of Grant Award and can be managed by the administration and not go to the Office of the Director approval flow. **NOGA-** Notice of Grant Award **OCFO-** District of Columbia Office of the Chief Financial Officer **OD-** Office of the Director **OGM-** DC Health Office of Grants Management **OMB-** United States Office of Management and Budget **PM-** Program Manager **PO-** Project Officer **Site visit-** Meetings that occur at the recipient's office or program location or can be done virtually, if there are scheduling or traveling issues. Site visits are intended to review the capacity, performance, and compliance of the recipient. Site visits allow the awarding agency access to the offices and facilities,

	documentation, financial records, physical assets, written policies and procedures, audit compliance records, and internal controls. Site visits are not only conducted with high-risk grantees—some site visits can be conducted on any grantee just to check the recipient's progress on the grant and grantee's compliance. **Stop Work Order-** A written notice, delivered in accordance with the NOGA, which requires the grantee to cease providing services, or a subset of services, funded by DC Health.
VI. Procedures	**Procedure A: Grantee Orientation** 1. The Bureau Chief (or individual with comparable authority in administrations that do not use that job title) will welcome grantees, provide an overview of high-level programmatic goals, and describe the expected value to be delivered to those served under the grant. 2. The PM, or designee, will share the points of contact for questions and technical assistance. 3. The DC Health program team will review all program requirements. 4. The PM and GM will review reporting requirements, including: a. Reporting schedule; b. Templates to be used; c. Data elements to be collected; d. Invoicing and budgetary updates. 5. The PM, or designee, will identify and/or provide requested TA. TA may be provided in the session, scheduled for a follow-up visit or call, or provided through a referral to a TA resource such quick guides in EGMS. 6. The PM, or designee, will share online resources and points-of-contact for ongoing TA.

7. The PM, or designee, will review the risk-based monitoring plan with each grantee (this may occur in a follow-up session or call).

8. The PM, or designee, will review the schedule of routine monitoring reviews (see Procedure B).

9. The PM, or designee, will answer all grantee questions and close the meeting.

Procedure B: Monitoring Review

1. The PO will assess all activity on the grant, documenting:
   a. Utilization of services relative to the expectations of the NOGA, e.g., individuals served, services rendered;
   b. The quality of reporting. Specifically, the PO will evaluate whether progress reports are meaningfully updated with each submission, and the content is of sufficient depth to assess the quality of services provided with grant funds;
   c. Document if submissions are consistently on-time.

2. The PO will prepare the following items, per SOP 418.000 Fiscal Monitoring of Grants:
   a. Status of targeted deliverables;
   b. Changes in scope or projected changes in deliverables that might warrant a Modification;
   c. Actual or projected changes in staffing plans of instances of vacancies; and
   d. An assessment of whether the spending is consistent with the projected cost of activities delivered to date.

3. The PO will coordinate with the GM to compare fiscal and programmatic progress, noting any disparities.

4. The PO and GM will brief the PM on the grantee's status, noting any performance issues, gaps in reporting, or other concerns.

5. If applicable, the PM may, in response to the monitoring review:

a. Reject a progress report and payment request package back to the grantee for revision and clarification;
b. Direct the PO and/or GM to provide TA to address specific findings or concerns;
c. Order a desk audit;
d. Order an in-person or virtual site visit;
e. Escalate an issue to OGM for possible Notice of Non-Compliance.

Procedure C: Remediation and Corrective Action

This procedure is to be used if the PO, or any other monitoring official (i.e., GM, PO, or GS) identifies a performance issue.

1. The PM will evaluate if the identified issue warrants a DC Health response.

2. If the identified issue warrants a DC Health response, the PM will determine if it warrants immediate referral to OGM (OGM employees should reference SOP 418.000 Fiscal Monitoring of Grants procedural language on non-compliance and sanction to manage such referrals from program teams).

3. For issues not escalated to OGM, the PM, GM, and PO will conference to determine if the issue will be addressed through a remediation or CAP.

4. For an issue warranting remediation, the PO, or other assignee, will contact the provider to provide TA, and document the date and content of the TA.

5. For an issue warranting a CAP, the PM will approve the scope of the CAP.

6. The PO will create a new CAP using the CAP template, creating all items where the grantee will need to populate corrective action steps. The PO will relay the document to the grantee with a deadline for populating the CAP.

	7. The PO, GM, and PM will review the grantee's CAP submission and document a monitoring plan for implementing the CAP. This includes the following: a. Set the date the CAP will expire and return the grantee to good standing if all corrective action is properly taken and the identified issue(s) do not recur. b. Revised frequency of monitoring calls/ad hoc monitoring reviews (if applicable); c. Revised frequency of desk reviews and/or site visits. 8. The PO will draft an approval letter for the CAP. 9. The PO will communicate the complete CAP (including the approval letter) and monitoring plan to the grantee, documenting any TA provided in that communication. 10. The PO will ensure the active CAP is added to the agenda for the monthly call with the funder, if applicable. 11. The PM will relay that a new CAP has been established to the administration DDO who will, in turn, add it to the report for the monthly FRP meeting (it will remain on that report until it is closed). 12. Upon the first recurrence of an issue in an active CAP, the PM will convene a meeting with grantee leadership to discuss the recurrence. The PM will inform the administration DDO and SDD who have the option to attend. The PM has the discretion to extend the expiration date of the CAP. 13. The PM, or designee, will inform POs, GMs, and PMs overseeing any other grants that grantee receives of the issue(s). 14. Upon second recurrence of an issue, the PM, or designee, will refer the issue to OGM for a Notice of Non-Compliance.

15. Upon issuance of the Notice of Non-Compliance, OGM will change all of that grantee's grants to high-risk in their respective risk-based monitoring plans.

Procedure D: Budget Period Closeout

1. Following the last monitoring review of the third quarter of the budget period, the GMS and PO will conference to determine if the grantee has met all targets in the NOGA.

2. The GMS and PO have the discretion to escalate any non-met targets to the PM to create a new remediation on CAP. If the grantee has an active CAP in place, the PM may, on a case-by-case basis, consider this a recurrence of an identified issue in the CAP.

3. 60 calendar days prior to the end of the budget period, the continuation process may begin (if this is the final budget period of the project period, refer to Procedure E for project period closeout).

4. The PO will contact the grantee to verify if they are willing and prepared to receive an award for the upcoming budget period. Note that any grantee under a Notice of Non-Compliance is ineligible for a continuation of funds until the precipitating issues are resolved and the grantee has returned to good standing.

5. If the grantee accepts funds for the new budget period, and is in good standing, the PO will send a continuation letter.

6. The PM and GM will report the continuation to the funder using that funder's preferred procedure.

Procedure E: Project Period Closeout

This procedure is to be used in parallel with closeout of the final budget period. These tasks shall be understood as occurring in addition to budget period closeout, not a substitute for it. The budget period closeout tasks are no different during the final budget period of the project period.

1. During the third quarter of the final budget period, the PM, in conference with the PO and GM, will define the expectations for grantees' transition plan and develop transition plan guidance for grantees.

2. The PM, or designee, will communicate the requirement to the grantee to complete the transition plan and submit it to DC Health no later than 30 calendar days in advance of the end of the project period.

3. A minimum of 30 calendar days prior to the end of the of the project period, the PM, or designee, will communicate all closeout deliverables and guidance on completing the closeout narrative to the grantee.

4. The GM will verify all payments are processed in EGMS. In tandem, the PO will verify that all progress reports have been submitted and reviewed in EGMS.

5. The GM will verify all payments are completed in the vendor portal.

6. The PM will send the formal closeout letter to the grantee.

Procedure F: Program Evaluation

1. At the conclusion of the budget period, and following the completion of closeout activities, the PO will examine the grantee's work plan submissions, and utilization data relative to the scope of services in the NOGA.

2. The PM will draft the evaluation findings report for each grantee.

3. The PM will review and approve the report once the PO has incorporated the PM's requested revisions.

4. The PO will report any unsatisfactory results to the GS and the administration's DDO.

	5. The PO will issue the report to the grantee. 6. The PO and GM will update the grantee's performance rating.
VII. Contacts	Chief of the Office of Grants Management Program Managers overseeing sub-grant agreements
VIII. Related Documents, Forms and Tools	Corrective Action Plan Template Corrective Action Plan Approval Letter Template Corrective Action Plan Closeout Letter Template Grant Closeout Letter Template Grant Transition Plan Template Notice of Non-Compliance Template Performance Rating Form Template Remediation Template SOP 418.000 Fiscal Monitoring of Grants