

VICTIMS OF CRIME (VOCA) WEBINAR

Helpful hints and information
regarding contracts, quarterly and
annual reports.

Victims of Violence Unit (VVU) Staff

- ▣ Lisa Harrison-Lineback-Victims of Violence Unit Manager
- ▣ Beth Evers-Program Development Specialist
- ▣ Brandi Drummond-Program Development Specialist
- ▣ Kris Waterman-Program Development Specialist
- ▣ Donna Imhoff-DVSS/FVPSA

Outline

- ▣ Section 1 – Kris Waterman
 - Communication
 - Invoices
 - Monitoring
 - Site Visit(s)
- ▣ Section 2 – Brandi Drummond
 - 2nd page of Invoice
 - Quarterly/ Annual Reporting

Communication

- ▣ Effective and timely communication is very important:
 - Issue concerns
 - changes of information.

- ▣ When requesting to attend training:
 - include an agenda, brochure, or website link, detailing the event.

Required Audits

- ▣ If you qualify and have had a single audit (A-133) performed, please ensure it is uploaded to the Federal Audit Clearinghouse (FAC) as required:
 - <https://harvester.census.gov/faceweb/>
- ▣ Let your specialist know there is a new audit available in the FAC

Invoices

- ▣ Please Always be sure to send your invoice to the main email address :
DFAS.VOCA@dss.mo.gov or by regular mail:

Department of Social Services

Division of Finance and Administration

P.O. Box 1082

Jefferson City, MO 65102-1082

This will ensure your invoice is processed in a timely manner.

Invoices (cont.)

- ▣ If using email, sending invoices to the main VOCA email address is *mandatory* to this ensures your invoices are processed. dfas.vocaunit@dss.mo.gov.
- ▣ You *may* copy your submitted invoice to your assigned VOCA specialist, but always send to the main address dfas.vocaunit@dss.mo.gov .
- ▣ Agency name on the Invoice MUST match the Missouri BUYS information EXACTLY
- ▣ This can and will affect your payment if it does not.

Invoices (cont.)

- ▣ The VOCA invoice will be changing!!!
- ▣ Update invoices or use the invoice provided on our website below.
<https://dss.mo.gov/dfas/victims-of-crime-act/>
- ▣ Brandi will explain the changes later in the webinar
- ▣ To properly utilize the fillable invoice:
 - Only add amounts to the Federal and Match columns
 - Totals will calculate automatically.

Invoices (cont.)

- ▣ When signing your agency's invoice:
 - Sign the top line
 - Line 2 is for VOCA staff
 - Both signatures **MUST** be on page 1

UNIQUE INVOICES

- ▣ Please make sure invoice numbers are:
 - Unique
 - ▣ Not duplicating other DSS invoice numbers
 - ▣ Not duplicating any other months
 - No longer than 11 characters
 - For example: DVSS and VOCA invoice numbers CANNOT be the same

Monitoring and Risk Assessment

- ▣ Monitoring frequency is based on risk assessments performed by the Department at the beginning of the contract cycle.

- ▣ Ratings include High, Moderate, and Low Risk.

- ▣ Risk is determined by many factors listed in Uniform Guidance which include, but are not limited to:
 - Total Award Amount,
 - Previous Contract Experience,
 - Previous Financial Compliance,
 - Frequency of Key Staff Turnover,
 - Previous Financial Management Issues,
 - Significant Findings or Questioned Costs on Audits,
 - Recurring or Unresolved Issues,
 - Programmatic Noncompliance.

Monitoring and Risk Assessment (cont.)

VOCA staff will be monitoring ALL agencies in three methods:

- Random Sampling
- Desk Monitoring,
- Site Visit(s).

The agency's assessed risk determines frequency of each method.

Performance during monitoring and grant performance will determine whether risk level is raised or lowered.

Document Retention

- ▣ Every agency must retain, in their files, **ALL** documentation that supports each invoice
- ▣ Documentation is no longer sent in MONTHLY, but must be available.
- ▣ Having a labeled folder or binder for each invoice's supporting documentation is suggested

(If your agency was a subrecipient at DPS, the documentation to be retained is exactly the same, it simply does not have to be sent every month)

Document Retention

- ▣ It is imperative that documentation is retained in an orderly, systematic, discernable, manner.
- ▣ ALL documents associated with VOCA must be retained for 5 years, per DOJ guidelines.
- ▣ It is suggested that invoicing and documentation follow the agency's pay period, as it is easier for monitoring.

Monitoring Documentation

- ▣ When submitting documentation for Desk Monitoring or Random Sampling:
- ▣ Submit only the documentation requested
- ▣ Please provide a detailed list encompassing expenditures per category.
- ▣ Explain pay stubs and/or time sheets

Monitoring (cont.)

- ▣ Activity Timesheets MUST be filled out accurately for VOCA funded Staff and Volunteers
- ▣ Activity Timesheets should follow the agency's pay period (s).
- ▣ Timesheets must be signed by the supervisor and the VOCA employee/volunteer.
- ▣ Timesheets should account for all time worked; both allowable and unallowable
- ▣ Specify which time is paid or unpaid
- ▣ Employees cannot be volunteers

In Lieu of Timesheets

- ▣ If the agency is not utilizing timesheets to account for employee time, the agency must present a fully developed, documented and approved Cost Allocation Plan that is in compliance with OMB/DOJ guidelines.

- ▣ Volunteers must still utilize timesheets

Monitoring (Cont.)

- ▣ Benefit documents – a letter stating the personnel staff have benefits is not allowable as documentation.

- ▣ The following documents are acceptable:
 - ▣ Copy of the bill with a list of employees participating in the plan (redactions of non-VOCA staff is suggested)
 - ▣ Documentation of Plan Enrollment.
 - ▣ Policy listing benefits provided.

Site Visit

- ▣ The following individuals need to be present for the Site Visit:
 - Executive Director
 - Accounting personnel – who handles VOCA invoices and financial documentation
 - Board Member for NPO's
 - VOCA funded staff
 - Volunteer (s)
 - Any others requested by specialist

Site Visit (cont.)

- ▣ Site Visit Reports need to be returned in a timely manner, (within 2 weeks of it being sent to you).

- ▣ Please ensure the following required posters are visible:
 - DOJ Whistle Blower Poster
 - Minimum Wage Poster
 - EEOC poster

Other

- ▣ The Victims of Violence Unit has partnered with MCADSV for free training for all VOCA sub-recipients.
- ▣ Please take advantage of the opportunity. (call 573-634-4161 to find out more)
- ▣ Staff looks forward to seeing you and your agencies!

Section 2

- ▣ What will be discussed in Section 2:
 - 2nd page of Invoice
 - Quarterly/ Annual Reports

- Please submit your questions to the VOCA email and a FAQ will be provided and uploaded onto the VOCA website. Please note that I will not be able to answer all questions during this presentation.

Invoice- PAGE 2

What is the SAME?

- ▣ The same information will still need to be collected:
 - Number of Victims Served for the invoice period
 - How many of those victims were “new” for the invoice period
 - Total number of hours spent on VOCA:
 - ▣ Paid Staff
 - ▣ Volunteers

Invoice Page 2- What is DIFFERENT?

- ▣ What “NEW” data is being added?
 - Categories where agencies are utilizing VOCA funds:
 - ▣ Child Abuse,
 - ▣ Domestic Violence,
 - ▣ Sexual Abuse,
 - ▣ Underserved/Other

- ▣ VOCA Rule states 10% of total funds for the state must be expended in each category.

Why has this changed?

- ▣ DSS must monitor and ensure the 10% per category is met.
 - CFR 28 Part 94.104

- ▣ This information is now being requested due to the results of the audit that was conducted at DPS.

- ▣ DSS is being responsive to audit findings and collecting information that DOJ is requesting to be collected and reviewed on a regular basis.

Page 2 of Invoice (cont.)

- ▣ Proper documentation will need to be kept.
 - VOCA Program Specialist will monitor the supporting documentation
 - ▣ Desk Monitoring
 - ▣ Site Visit

Category Types

Agency's will be required to report the following:

- specify the dollar amount per category(ies)
- Dollar amount(s) will need to be allocated to the proper category(ies)
- Dollar amount **MUST EQUAL** the federal amount being requested on the invoice. (The federal amount on page 1 of the invoice)
- The agency must be able to provide documentation on how this was calculated.

4. Specify the dollar amount in this months invoice that is allocated to the following categories: The dollar amount needs to equal the same amount requested for reimbursement on the 1st page of the invoice

Types of Categories	Child Abuse		←
	Domestic Violence		←
	Sexual Abuse		←
	Underserved/ Other		←
	Total Amount	\$ -	←

Quarterly/Annual Reporting

- ▣ PLEASE remember, this is NOT a DSS form nor are the questions from DSS. This is provided and required by DOJ.

- ▣ This section will discuss:
 - How to properly complete quarterly and annual reports
 - Due dates of reports
 - Documents necessary for back-up

- ▣ Please submit questions and a FAQ will be compiled.

Quarterly/Annual Reports (cont.)

- ▣ Please ensure to enter the agency name that matches the CONTRACT
- ▣ Please enter the CONTRACT NUMBER

Quarterly/Annual Reports (cont.)

- ▣ **Question 1** – “Total number of individuals who received services *during the reporting period*”
 - This number should include ALL individuals who receive services funded by VOCA plus match funds, regardless of how your organization classifies them.
 - ▣ This includes Primary & Secondary Victims

Quarterly/Annual Reports (Cont.)

- ▣ **Question 2** – “Total number of anonymous contacts received during this reporting period”
 - Anonymous contacts – ex. Hotline/crisis line calls

Quarterly/Annual Reports (Cont.)

- ▣ Question #3 – “Total number of NEW individuals who received services from your agency for the first time during this reporting period?”
 - For the first reporting period of each fiscal year (October to December), ALL people who received services should be counted as NEW to establish a baseline for that year.
 - For the other reporting periods:
 - ▣ A person is only NEW once per reporting period, regardless if they leave and come back for services, unless a new victimization, perpetrated by another person has been presented

Quarterly/Annual Reports (Cont.)

▣ Question 4 – Demographics

- Pertaining only to the demographics of NEW individuals reported in question #3.
 - ▣ DO NOT report the demographics of all individuals; ONLY question #3
- Identify the New individuals in the following categories:
 - ▣ Race/Ethnicity
 - ▣ Gender Identity
 - If you report “other” – please describe briefly in the blue section below “other”
 - ▣ Age
- The total number in each category must equal the total number of NEW individuals that you reported in question #3 (see next slide)

Quarterly/Annual Reports (Cont.)

3) Number of **New** individuals who received services from your agency for the first time

45

4) **Demographics:** The total number should equal the **same number entered in**

Category	Population	Number of NEW
RACE/ETHNICITY (self-reported)	American Indian/Alaskan Native	
	Asian	
	Black/African American	6
	Hispanic or Latino	1
	Native Hawaiian/Other Pacific Islander	
	White Non-Latino/Caucasian	28
	Some Other Race	
	Multiple Races	10
	Not Reported	
	Not Tracked	
TOTAL (Equal to the # in #3)		45

GENDER IDENTITY (self-reported)	Male	13
	Female	32
	Other (briefly describe below)	
	Not Reported	
	Not Tracked	
TOTAL (Equal to the # in #3)		45

AGE (self-reported)	0 - 12	4
	13 - 17	6
	18 - 24	5
	25 - 59	29
	60 and older	1
	Not Reported	
	Not Tracked	
TOTAL (Equal to the # in #3)		45

Quarterly/Annual Reports (Cont.)

- ▣ **Question 5A – Types of Victimizations**
 - Enter the number of individuals based on their victimization type
 - Individuals can have more than one type of victimization
 - Please note that the number of victimization type cannot be more than the number of individuals the agency provided services for. (Cannot be more than what was entered in question #1)

- ▣ **Question 5B – Number of individuals who presented with more than one type of victimization**
 - If an individual presented more than one victimization type and you reported that number in question 5A

Quarterly/Annual Reports (Cont.)

- ▣ **Question 5C** – Special Classifications of individuals
- ▣ **Question 6** – Individuals assisted with Victim Compensation
- ▣ **Question 7** – Select the type of services provided by your Organization during the reporting period
 - Place an “X” in the box for the services your agency provided

Quarterly/Annual Reports (Cont.)

- ▣ Question 8 – “Total number of individuals who received services and occurrence by service type”
 - Broken into 5 categories:
 - ▣ A. Information and Referral
 - ▣ B. Personal Advocacy/ Accompaniment
 - ▣ C. Emotional Support or Safety Services
 - ▣ D. Shelter/Housing Services
 - ▣ E. Criminal/Civil Justice System Assistance

Quarterly/Annual Reports (cont.)

- ▣ In categories A, B, C, D and E:
 - Only put the number of individuals that received those types of services
 - The number entered into categories A, B,C, D, and E **cannot** be more than the number of individuals you served. (This number should be equal to or less than the number you entered into question #1)

Quarterly/Annual Reports (Cont.)

Correct Version

1) **TOTAL** number of individuals who received services *during the reporting period*

245

8) **Total number of individuals who received services and occurrence by service type** (**Should be equal to or Less than the # report in**

A. Information and Referral

245

This is equal to the number that was recorded in question #1

B. Personal Advocacy/Accompaniment

201

C. Emotional Support or Safety Services

240

The numbers in category B, C, D and E are less than the number recorded in question 1

D. Shelter/Housing Services

180

E. Criminal/Civil Justice System Assistance

204

Quarterly/Annual Reports (Cont.)

▣ Subcategories:

- Subcategories are the second categories listed under each category of A,B,C,D and E
- The number reported in the subcategories can be higher than the number reported in the main category.
 - ▣ Individuals may have needed a specific service more than one time

****Please note**** Do not add the subcategory numbers and report that number in the main category

Quarterly/Annual Reports (Cont.)

1) **TOTAL** number of individuals who received services *during the reporting period*

245

8) Total number of individuals who received services and occurrence by service type (Should be equal to or Less than the # report in question #1)

B. **Personal Advocacy/Accompaniment**

242

Enter the number of times a service was provided in each subcategory listed

B1. Victim advocacy/accompaniment to emergency medical care

3

B2. Victim advocacy/accompaniment to medical forensic exam

120

B3. Law enforcement interview advocacy/accompaniment

65

B4. Individual Advocacy (assistance in applying for public benefits, return of personal property or effects)

0

B5. Performance of medical forensic exam or interview, or medical evidence collection

0

B6. Immigration assistance (e.g., special visas, certified presence application, other immigration relief)

0

B7. Intervention with employer, creditor, landlord, or academic institution

0

B8. Child or dependent care assistance (provided by agency)

B9. Transportation assistance (provided by agency)

300

B10. Interpreter services (provided by agency)

2

The number reported here can be more than the main category or what was reported in question #1

Frequent Questions regarding categories/subcategories...

- ▣ In service categories B through E, should agencies report those services only if they provided them directly to victims, or can they report those services that were then provided by different agency?
 - Example: If a law enforcement victim advocate arranges for a victim to go to a shelter, would they count this under Emergency Shelter or Safe House, even though they themselves are not providing the shelter?

Continued from Previous Slide...

- ▣ Most of the services listed in categories B through E are meant to represent services directly provided by an agency. There are a few subcategories in which an agency may report services that it coordinated, but did not provide directly.
- ▣ Subcategories
 - B8 (Child or dependent care assistances)
 - B9 (Transportation Services)
 - D3 (Relocation Assistance)

*** An agency may report that it provided these services if it directly arranged for them to be provided by another agency***

Questions regarding categories/subcategories (cont.)

- ▣ We perform nonmedical child forensic exams. How should we report this service in the system?
 - Forensic exams deal with evidence that may be utilized in a legal case, report these services under the criminal/civil category and use items E8, E9, or E10

Quarterly/Annual Reports

- ▣ Appendix – definitions of victimization types
- ▣ Please Contact your Program Development Specialist for any clarification or questions you have.

Quarterly/Annual Report Due Dates

- ▣ Reporting Due Dates
 - Quarterly Reports
 - ▣ January 30, 2018 & 2019
 - ▣ April 30, 2018 & 2019
 - ▣ July 30, 2018 & 2019
 - ▣ October 30, 2018 & 2019
 - Annual Report
 - ▣ October 30, 2018
 - ▣ October 30, 2019

Quarterly/Annual Report Documentation for Monitoring

- ▣ Supporting documentation will need to be kept on file by invoice
- ▣ Program Development Specialist will monitor documentation during Desk Monitor or Site Visit
- ▣ Documentation – must be retained to correspond to what is being reported in your quarterly/annual reports

Questions.

- ▣ Please submit your questions to the VOCA email address at:
- ▣ Dfas.vocaunit@dss.mo.gov
- ▣ We will have an F.A.Q. to address all questions.

Thank you!!!!

- ▣ Thank you for your hard work and dedication to crime victims in the state of MISSOURI!