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| FoodShare Employment and Training (FSET) Program quarterly and quality assurance Report **Federal Fiscal Year** | |
| **Instructions:** FSET agencies monitored by the Division of Medicaid Services Bureau of Eligibility and Enrollment Policy Vendor Management section will complete this form to provide updates regarding service delivery and program improvement activity as described in their statement of work, scope of work, or service level agreements (SLAs). Submit the completed form quarterly to the vendor management section at [dhsdmsfsetvm@dhs.wisconsin.gov](mailto:dhsdmsfsetvm@dhs.wisconsin.gov) no later than six weeks after the end of each quarter. | |
| Section 1 — Vendor information | |
| Reporting Quarter | |
| Vendor | Region |
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| Name — Primary Contact | |
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| Email Address | Phone Number |
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| Section 2 — Service Level Agreements | |
| Complete the table below by entering information for each SLA for the most recent quarter. In the **Vendor Results** column, enter actual measurable results your agency achieved for meeting each SLA. In the **Comments** column, describe any activities or strategies used to reach or surpass the goal.  **Note**: Agencies can submit supporting documents as an attachment to this report, including graphs, tables, or charts of SLA activity. | |

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| **SLA Number** | **Activity and Required Outcome** | **Vendor Results** | **Comments** |
| 3  Average Enrollment Rate | Ensure that the average monthly enrollment to referral ratio for the quarter is equal to or greater than 25%. |  |  |
| 4  FSET Component  Participation | Ensure that at least 40% of enrolled participants are participating in an assigned FSET component. |  |  |
| 5  Education and Training Component | Ensure that at least 25% of FSET participants have an education and/or training activity component. |  |  |

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| Section 3 — INTERNAL Quality Assurance |
| 1. Describe how your agency used internal quality assurance outcomes to identify and make improvements to the FSET program this quarter. |
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| 1. Describe any monitoring findings and activities your agency completed to support subcontractors and third-party providers, if applicable, this quarter. |
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| 1. Describe staff development and training needs that have been identified and any training or educational opportunities provided to staff during this quarter. |
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| 1. How many participant complaints resulted in following your agency’s formal grievance policy? How many complaints resulted in filing a fair hearing this quarter? What were the outcomes? |
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| Section 4 — VENDOR goals Summary | |
| **Best practices**: Describe any agency practices used this quarter for improving the quality of the FSET program service delivery, particularly practices that may benefit other agencies. | |
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| **Challenges**: Describe any challenges or areas of concern in meeting internal or external goals and how your agency plans to resolve them going forward. | |
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| **Resource needs**: Describe any resources your agency needs to meet future goals (e.g., technical assistance and/or training needs, budget modifications, or new or modified service components). | |
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| Section 5 — program management updates | |
| **Employer engagement**: Identify any new employer relationships and what benefits these relationships could offer participants. Also, share success stories that are a result of new or current employer relationships. | |
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| **Work activity or work-based learning sites**: Provide information on new worksites your agency has established this quarter. Include the name of the worksite and skills the FSET participant will gain. Describe how participants have benefited from establishing new work-based learning sites. Leave this space blank if new work-based learning sites were not established this quarter. | |
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| **Vocational and educational job skills trainings:** Describe how participants have benefited from any educational, vocational, and job skills training programs provided this quarter. | |
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| **Local program coordination:** Describe how new and ongoing relationships with other local programs have benefited FSET participants during this quarter. | |
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| **Participant enrollment strategies** Describe any best practices used to increase enrollment this quarter. | |
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| **Coordination with income maintenance agencies**: Describe FSET/income maintenance agency coordination practices that are working well and any challenges that need to be addressed from this quarter. | |
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| **Resolution of monitoring findings:** Provide any steps your agency took this quarter to resolve any monitoring findings or to implement any recommendations. | |
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| **Third-party program (TPP) outcomes:** Provide a summary of quarterly program outcomes for all special FSET TTP funded by 50% Local/50% Federal funds. Include the following quarterly details for each TTP in your response:   * New Enrollments * Cumulative Enrollment * Average per month Engaged * Entered Employments * Earned Credential * Completed Work-Based Learning | |
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| **Success stories**: Share information from this quarter about achievements of FSET participants. This information may be submitted as an attachment to this form. | |
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| **Service efficiency improvements:** Describe any steps taken this quarter to improve service efficiency to FSET participants. Provide any available supporting data collected by the vendor for this quarter. Describe actions taken to initiate service improvements based on this feedback. Use this section for any additional information you want to share this quarter. | |
| Name and Title of Person Completing Report | Date Completed (MM/DD/YYYY) |
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