U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Maternal and Child Health Bureau
Division of Home Visiting and Early Childhood Systems

Maternal, Infant, and Early Childhood Home Visiting Program - Formula

Funding Opportunity Number: HRSA-18-091
Funding Opportunity Type: New
Catalog of Federal Domestic Assistance (CFDA) Number: 93.870

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Application Due Date: June 29, 2018

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to 1 month to complete.

Issuance Date: April 27, 2018

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Authority: Social Security Act, Title V, § 511(c) (42 U.S.C. § 711(c)), as amended by the Bipartisan Budget Act of 2018 (P.L.115-123), Title VI, Subtitle A.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) is accepting applications for the fiscal year (FY) 2018 Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. The purpose of this program is to support the delivery of coordinated and comprehensive high-quality voluntary early childhood home visiting services to eligible families. This program is administered by HRSA in partnership with the Administration for Children and Families (ACF).

Funding Opportunity Title:	Maternal, Infant, and Early Childhood Home Visiting Program - Formula
Funding Opportunity Number:	HRSA-18-091
Due Date for Applications:	June 29, 2018
Anticipated Total Annual Available FY 2018 Funding:	Up to $362,200,000
Estimated Number and Type of Awards:	Up to 56 grants
Estimated Award Amount:	Amounts vary
Cost Sharing/Match Required:	No
Period of Performance:	September 30, 2018 through September 30, 2020 (Up to 2 years)
Eligible Applicants:	Eligible recipients include the following entities currently funded in FY 2017 under the MIECHV Program: 47 states; 3 nonprofit organizations serving Florida, North Dakota, and Wyoming; and 6 territories and jurisdictions serving the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands, and American Samoa. See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this NOFO to do otherwise. A short video explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance

HRSA has scheduled the following technical assistance webinar:

Day and Date: Wednesday, May 9, 2018
Time: 3 - 5 p.m. ET
Call-in number and registration for this webinar will be available here:
https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/program-implementation-and-fiscal-management-resources

HRSA will record the webinar and archive the recording on the same webpage by Wednesday, May 16, 2018.

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I. Program Funding Opportunity Description

1. Purpose

This notice solicits applications for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program – Formula grant. The purpose of this program is to support the delivery of coordinated and comprehensive high-quality, and voluntary early childhood home visiting services to eligible families. HRSA administers this program in partnership with the Administration for Children and Families (ACF).

Program Goals

The goals[1] of the MIECHV Program are to: (1) strengthen and improve the programs and activities carried out under Title V of the Social Security Act; (2) improve coordination of services for at-risk communities; and (3) identify and provide comprehensive services to improve outcomes for eligible families[2] who reside in at-risk communities.

Successful MIECHV Program recipients will:

1) Implement evidence-based home visiting models or promising approaches that:
   a) Include voluntary home visiting[3] as the primary service delivery strategy (See Appendix D for definitions of evidence-based home visiting model and promising approach home visiting models for purposes of this NOFO.);
   b) Serve eligible families residing in at-risk communities, as identified in the current statewide needs assessment;[4] and
   c) Target outcomes specified as legislatively mandated benchmark areas, which include: improved maternal and newborn health; prevention of child injuries, child abuse, neglect or maltreatment, and reduction of emergency department visits; improvement in school readiness and achievement; reduction in crime or domestic violence; improvements in family economic self-sufficiency; and improvements in the coordination and referrals for other community resources and supports.[5]
2) Ensure the provision of high-quality home visiting services to eligible families living in at-risk communities by, in part, coordinating with comprehensive statewide early childhood systems to support the needs of those families.

The authorizing legislation reserves the majority of funding for the delivery of services through implementation of one or more evidence-based home visiting service delivery

[1] Social Security Act, Title V, § 511(a).
[2] Under Social Security Act, Title V, § 511(k)(2), "[t]he term "eligible family" means— (A) a woman who is pregnant, and the father of the child if the father is available; or (B) a parent or primary caregiver of a child, including grandparents or other relatives of the child, and foster parents, who are serving as the child's primary caregiver from birth to kindergarten entry, and including a noncustodial parent who has an ongoing relationship with, and at times provides physical care for, the child."
[3] Social Security Act, Title V, § 511(e)(7)(A).
[4] Social Security Act, Title V, § 511(b).
[5] Social Security Act, Title V, § 511(d)(1)(A).

models.[6] Home visiting service delivery models meeting U.S. Department of Health and Human Services (HHS)-established criteria for evidence of effectiveness and eligible for implementation under MIECHV have been identified.[7] Per statute, recipients may expend no more than 25 percent of the grant(s) awarded for a fiscal year for conducting and evaluating a program using a service delivery model that qualifies as a promising approach.[8]

2. Background

Statutory Authority

This program is authorized by Social Security Act, Title V, § 511(c) (42 U.S.C. § 711(c)), as amended by the Bipartisan Budget Act of 2018 (P.L. 115-123).

The MIECHV Program responds to the diverse needs of children and families in at-risk communities. At-risk communities are identified in a statewide needs assessment[9] as those communities for which indicators, in comparison to statewide indicators, demonstrated that the community is at greater risk than the state as a whole. At-risk communities are further defined as communities with concentrations of the following indicators: premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of at-risk prenatal, maternal, newborn, or child health; poverty; crime; domestic violence; high rates of high-school drop-outs; substance abuse; unemployment; or child maltreatment.[10]

The MIECHV Program provides an opportunity for increased collaboration and partnership at the federal, state, tribal, and community levels to improve health and developmental outcomes for children through evidence-based home visiting programs. The funds are intended to assure effective coordination and delivery of critical health, developmental, early learning, child abuse and neglect prevention, and family support services to these children and families who choose to participate in home visiting programs.

This program plays a crucial role in building high-quality, comprehensive statewide early childhood systems to support pregnant women, parents and caregivers, and children from birth to kindergarten entry, and ultimately to improve health and development outcomes. An early childhood system aims to: reach all children and families as early as possible with needed services and supports; reflect and respect the strengths, needs, values, languages, cultures, and communities of children and families; ensure stability and continuity of services along a continuum from pregnancy to kindergarten entry; effectively include and accommodate children with special needs and their families; support continuity of services, eliminate duplicative services, ease transitions, and improve the overall service experience for families and children; value parents and

[6] Social Security Act, Title V, § 511(d)(3)(A) identifies various specific criteria applicable to such evidence-based home visiting models.
[7] See Section VIII for a list of evidence-based home visiting models eligible for implementation under MIECHV that meet the HHS-established criteria for evidence of effectiveness.
[8] Social Security Act, Title V, § 511(d)(3)(A). See Appendix D for a definition of promising approach.
[9] Social Security Act, Title V, § 511(b)(1)(A).
[10] Social Security Act, Title V, § 511(b)(1)(A).

community members as decision makers and leaders; and catalyze and maximize investment and foster innovation.

Recipients partner with behavioral health agencies, local service providers, and other stakeholders to refer to and coordinate with necessary services to address issues related to mental health and substance use, including opioid use and neonatal abstinence syndrome. These services include maternal depression screenings and referrals, and mental health consultation to increase the capacity of home visitors to support families impacted by mental health and substance use challenges. To address intimate partner violence (IPV), home visitors screen families for IPV, educate caregivers about the effects of IPV on parents and their young children, and refer families to domestic violence programs for counseling and other services. Toward reduced incidence of childhood obesity, home visitors evaluate families' needs and provide services tailored to those needs that include: parent education on the benefits of breastfeeding, healthy physical activity of children and the importance of well-child visits; and initiating referral partnerships with child nutrition programs such as the state's Special Supplemental Nutrition Program for Women, Infants, and Children.

Additionally, MIECHV recipients are required to collect performance measurement data on the percentage of infants who are breastfed, the number of enrolled primary caregivers screened for depression, and the number of completed referrals for depression services. Through a statewide needs assessment, authorizing legislation also required recipients to identify the state's, territory's, or jurisdiction's capacity for providing substance use disorder treatment and counseling services to individuals and families in need of such treatment or services, among other requirements. An update to this statewide needs assessment is required by October 1, 2020.[11]

Current Funding

In FY 2018, up to $362.2 million is available for awards to the 56 eligible entities that currently receive MIECHV formula funding to deliver such services to states, territories, and jurisdictions (see Eligibility Information). This includes up to $351.0 million in formula awards to support the delivery of home visiting services, as well as up to $11.2 million for eligible entities to update their statewide needs assessments by the statutory deadline of October 1, 2020.[12]

Section II describes the formula applied to FY 2018 funding available to provide services to states, territories, and jurisdictions. In addition to the FY 2018 formula award, each eligible applicant's award ceiling will include a one-time supplement of $200,000 to support an update to the statewide needs assessment. Any remaining requested supplement funds not allocated towards completing a needs assessment update must be budgeted for continuous quality improvement (CQI) activities as outlined in a HRSA-approved CQI Plan. (See Appendix C for more information.)

[11] Social Security Act, Title V, § 511(b)(1), as amended by the Bipartisan Budget Act of 2018, Title VI, § 50603.

[12] Social Security Act, Title V, § 511(b)(1), as amended by the Bipartisan Budget Act of 2018, Title VI, § 50603.

Program Activities and Expectations

Priority for Serving High-Risk Populations
As required by statute,[13] recipients must give priority in providing services under the MIECHV Program to the following:

- Eligible families who reside in communities in need of such services, as identified in the statewide needs assessment required under subsection 511(b)(1)(A), taking into account the staffing, community resource, and other requirements to operate at least one approved model of home visiting and demonstrate improvements for eligible families;
- Low-income eligible families;
- Eligible families with pregnant women who have not attained age 21;
- Eligible families that have a history of child abuse or neglect or have had interactions with child welfare services;
- Eligible families that have a history of substance abuse or need substance abuse treatment;
- Eligible families that have users of tobacco products in the home;
- Eligible families that are or have children with low student achievement;
- Eligible families with children with developmental delays or disabilities; and
- Eligible families that include individuals who are serving or formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside of the United States.

Selection of a Home Visiting Service Delivery Model
As noted above, the majority of program funding is reserved for the delivery of services through implementation of one or more evidence-based home visiting service delivery models.[14] Recipients may expend no more than 25 percent of the grant(s) awarded for a fiscal year for conducting and evaluating a program using a service delivery model that qualifies as a promising approach.[15] Home visiting service delivery models meeting HHS-established criteria for evidence of effectiveness have been identified. (See Section VIII for a list of evidence-based models eligible for implementation under MIECHV that meet the HHS criteria for evidence of effectiveness.)

When selecting a model or multiple models, recipients should ensure the selection can:

1) meet the needs of the state's, territory's, or jurisdiction's identified at-risk communities and/or the state's, territory's, or jurisdiction's targeted priority populations named in statute;[16]
2) provide the best opportunity to accurately measure and achieve meaningful outcomes in benchmark areas and measures;
3) be implemented effectively with fidelity to the model in the state, territory, or jurisdiction based on available resources and support from the model developer; and

[13] Social Security Act, Title V, §511(d)(4), as amended by the Bipartisan Budget Act of 2018, Title VI, § 50604, indicates the priority for serving high-risk populations.
[14] Social Security Act, Title V, § 511(d)(3)(A) identifies various specific criteria applicable to such evidence-based service delivery models.
[15] See Appendix D for a definition of promising approach (Social Security Act, Title V, § 511(d)(3)(A)).
[16] Social Security Act, Title V, §511(d)(4), as amended by the Bipartisan Budget Act of 2018, Title VI, § 50604, indicates the priority for serving high-risk populations.

4) be well matched for the needs of the state's, territory's, or jurisdiction's early childhood system.

Recipients may select multiple models for different communities and use a combination of models with a family, while avoiding concurrent dual enrollment and impairment of fidelity to the models used, to support a continuum of home visiting services that meets families' specific needs.

Fidelity to a Home Visiting Service Delivery Model

Recipients must ensure fidelity of implementation of evidence-based home visiting service delivery models approved for use under this NOFO and that meet the HHS criteria for evidence of effectiveness.[17] (See Section VIII for a list of evidence-based models eligible for implementation under MIECHV that meet the HHS-established criteria for evidence of effectiveness.) Additionally, any recipient implementing a home visiting service delivery model that qualifies as a promising approach must also implement the model with fidelity. Fidelity is defined as a recipient's adherence to model developer requirements for high-quality implementation as well as any applicable affiliation, certification, or accreditation required by the model developer, if applicable. These requirements include all aspects of initiating and implementing a home visiting model, including, but not limited to:

- Recruiting and retaining clients;
- Providing initial and ongoing training, supervision, and professional development for staff;
- Establishing a management information system to track data related to fidelity and services; and
- Developing an integrated resource and referral network to support client needs.

Changes to an evidence-based model that alter the core components related to program outcomes are not permissible, as they could impair fidelity and undermine the program's effectiveness.

Model Enhancements

For the purposes of the MIECHV Program, an acceptable enhancement of an evidence-based model is a variation to better meet the needs of targeted at-risk communities that does not alter the core components of the model. Model enhancements may or may not have been tested with rigorous impact research. Recipients who wish to adopt enhancements must submit written prior approval from the national model developer(s) and from HRSA. Prior to implementation, the model developer must determine that the enhancement does not alter the core components related to program impacts, and HRSA must determine it to be aligned with MIECHV Program activities and expectations.

All model enhancements proposed for FY 2018 must be provided per instructions in Section IV .

[17] Social Security Act, Title V, § 511(d)(3)(A)(iii).

Enrollment

Recipients must implement home visiting programs with fidelity to the model, which may include development of policies and procedures to recruit, enroll, disengage, and re-enroll home visiting services participants. Enrollment policies should strive to balance continuity of services to eligible families and availability of slots to unserved families.

Dual enrollment refers to home visiting participant enrollment and receipt of services through more than one MIECHV-supported home visiting model concurrently. Toward responsible fiscal stewardship and to maintain model fidelity, recipients should develop and implement policies and procedures to avoid dual enrollment. Recipients implementing more than one MIECHV-supported home visiting model, particularly in the same at-risk community, should, with fidelity to the model, develop policies and procedures to screen and enroll eligible families in the model that best meets their needs. Avoiding dual enrollment maximizes the availability of limited resources for home visiting services for eligible families and prevents duplicative collection and reporting of benchmark data.

Collaboration with Early Childhood Partners and Early Childhood System Coordination

Per the authorizing legislation, recipients will ensure the provision of high-quality home visiting services to eligible families in at-risk communities by, in part, coordinating with comprehensive statewide early childhood systems to support the needs of those families.[18] To do this, recipients must establish appropriate linkages and referral networks to other community resources and supports, including those represented in comprehensive statewide and local early childhood systems.[19] An early childhood system brings together health, early care and education, and family support program partners, as well as community leaders, families, and other stakeholders to achieve agreed-upon goals for thriving children and families. (See Appendix D for a definition of early childhood system.)

Consistent with model fidelity requirements, recipients must develop and implement, in collaboration with other federal, state, territory, tribal, and local partners, a continuum of home visiting services to support eligible families and children prenatally through kindergarten entry. To this end, recipients should develop policies and procedures in collaboration with other home visiting and early childhood partners to transition families into other home visiting or early childhood services to sustain services to eligible families of children through kindergarten entry.

Recipients must ensure involvement in the MIECHV project planning, implementation, and/or evaluation by at least one of the recipient's statewide early childhood systems entities (e.g., Early Childhood Comprehensive Systems recipient, Early Childhood Advisory Council, Governor's Children's Cabinet, Individuals with Disabilities Education Act (IDEA) Part C Interagency Coordinating Council, etc.). Additionally, recipients must ensure involvement in the MIECHV project planning, implementation, and/or evaluation by representatives of the agencies listed below through development of memoranda of understanding or letters of agreement with:

[18] Social Security Act, Title V, § 511(b)(1)(B).
[19] Social Security Act, Title V, § 511(d)(3)(B).

- The state's Early Childhood Comprehensive Systems (ECCS) recipient if there is one;
- The state's Maternal and Child Health Services (Title V) agency;
- The state's Public Health agency, if this agency is not also administering the state's Title V program;
- The state's agency for Title II of the Child Abuse Prevention and Treatment Act (CAPTA);
- The state's child welfare agency (Title IV-E and IV-B), if this agency is not also administering Title II of CAPTA;
- The state's Individuals with Disabilities Education Act (IDEA) Part C and Part B Section 619 lead agency(ies); and
- The state's Elementary and Secondary Education Act Title I or state pre-kindergarten program.

The memoranda of understanding or letters of agreement should be current, dated, and address referrals, screening, follow-up and service coordination as well as systems and data coordination as applicable to each partner's scope. (**NOTE: Previously approved memoranda of understanding or letters of agreement that are not time-limited to a date prior to the date of application will satisfy this requirement and do not need to be re-submitted. New or updated memoranda of understanding and letters of agreement with the partners listed above will be due to HRSA within 180 days of grant award. Memoranda of understanding and letters of agreement are not required to be legally binding.**)

MIECHV recipients should invite representatives of ECCS funding recipients and a tribal representative, if serving any at-risk communities with high concentrations of American Indian and Alaska Native (AIAN), to serve on the MIECHV recipient advisory group (also known as State Team, Advisory Council, etc.), whenever feasible.

Through project planning and service coordination at state, territory and/or local levels, recipients should ensure that home visiting is part of a continuum of early childhood services. (See Appendix D for a definition of early childhood system and a list of potential system partners.)

High Quality Supervision

Recipients must maintain high quality supervision[20] to establish home visitor competencies. A successful recipient could demonstrate high quality supervision by ensuring the provision of reflective supervision to home visitors funded through the MIECHV grant. (See Appendix D for a definition of reflective supervision.) Recipients and local implementing agencies should develop and implement policies and procedures that assure the effective provision of reflective supervision program-wide with fidelity to the model(s) implemented.

State-Led Evaluation – Promising Approaches

Per statute, recipients may expend no more than 25 percent of the grant(s) awarded for a fiscal year for conducting and evaluating a program using a service delivery model

[20] Social Security Act, Title V, § 511(d)(3)(B)(iii).

that qualifies as a promising approach.[21] Recipients that propose to implement a home visiting model that qualifies as a promising approach are required to conduct a rigorous evaluation of that approach.[22] The purpose of such an evaluation is to contribute to the evidence that may help support meeting HHS' criteria of effectiveness for the promising approach. Such an evaluation must include an appropriate evaluation design for an assessment of impact using an appropriate comparison condition and meet expectations of rigor outlined in Appendix A. (See also Appendix D for a definition of promising approach.) Recipients may propose to continue an existing evaluation of a promising approach implemented through prior MIECHV awards in order to meet the requirements of this section. An evaluation plan describing the technical details of the evaluation is due to HRSA no later than 120 days after issuance of the Notice of Award. Further guidance and technical assistance will be available after HRSA issues the award.

State-Led Evaluation – Evaluations of Other Recipient Activities

Recipients that do not propose to implement a home visiting model that qualifies as a promising approach are ***not required*** to conduct an evaluation of their home visiting program. However, HRSA encourages recipients to conduct and/or continue evaluations, particularly if implementing an approved model enhancement. The purpose of such an evaluation is to contribute to the recipients' own understanding of their program and improve program design and/or operations based on empirical information. Recipients that propose to conduct or continue an evaluation must ensure the evaluation answers an important question of interest to the recipient, includes an appropriate evaluation design, and meets expectations of rigor outlined in Appendix A. Recipients proposing to continue an existing evaluation should review additional guidance outlined in Appendix A. An evaluation plan describing the technical details of the evaluation is due to HRSA no later than 120 days after issuance of the Notice of Award. Further guidance and technical assistance will be available after HRSA issues the award.

Subrecipient Monitoring

Recipients must monitor subrecipient performance for compliance with federal requirements and performance expectations, including timely Federal Funding Accountability and Transparency Act (FFATA) reporting. (For additional information regarding Subrecipient Monitoring and Management, see 45 CFR § 75.351. For additional information about FFATA reporting, see Section IV.)

Recipients must effectively manage all subrecipients of MIECHV funding to ensure successful performance of the MIECHV Program. Recipients must also execute subrecipient agreements that incorporate all of the elements of 45 CFR 75.352 and, either expressly or by reference, the subrecipient monitoring plan developed by the recipient.

Monitoring activities must ensure subrecipients comply with applicable requirements outlined in the Uniform Administrative Requirements, Cost Principles and Audit

[21] Social Security Act, Title V, § 511(d)(3)(A). See Appendix D for a definition of promising approach.
[22] Social Security Act, Title V, § 511(d)(3)(A)(i)(II).

Requirements at 45 CFR part 75 and authorizing legislation.[23] Effective monitoring of MIECHV subrecipients by recipients includes on-site reviews, audits, and other forms of program monitoring and oversight that optimize enrollment and retention of eligible families in home visiting services in at-risk communities, and ensure implementation of home visiting models with fidelity and proper expenditure of funds.

Recipients must develop a subrecipient monitoring plan that includes evaluation of each subrecipient's risk of noncompliance or non-performance, identifies the person(s) responsible for each monitoring activity, and includes timelines for completion for each monitoring activity. Subrecipient monitoring activities should be designed to ensure that the subaward:

- Is used for authorized purposes;
- Is used for allowable, allocable, and reasonable costs;
- Is in compliance with federal statutes and regulations;
- Is in compliance with the terms and conditions of the subaward; and
- Achieves applicable performance goals.

Subrecipient monitoring plans must also include provision for:

- Review of financial and performance reports as required by the recipient in compliance with federal requirements;
- Follow-up procedures to ensure timely and appropriate action by the subrecipient on all deficiencies identified through required audits, site visits, or other procedures pertaining to the federal award; and
- Issuance of a management decision for audit findings (as applicable) pertaining to the federal award provided to the subrecipient as required by 45 CFR §75.521.

Continuous Quality Improvement Plan

Recipients are required to implement an approved Continuous Quality Improvement (CQI) Plan that meet the requirements outlined in Appendix B. A new or updated CQI plan will be required in early FY 2019. If a new or updated plan is requested by HRSA or the recipients, the amended plan must be approved by HRSA. **No plan is required for submission with this application.**

Performance Measurement Plan

Recipients are required to continue to implement a Performance Measurement Plan approved by HRSA. If a revision is requested by HRSA or the recipient, the amended plan must be approved by HRSA. (See Appendix B for more information about performance measurement.). **A proposed plan is not required to be submitted with this application.**

Limit of Funds to Support Direct Medical, Dental, Mental Health, or Legal Services

Funds made available to recipients under this NOFO must be used to support the delivery of home visiting services under the MIECHV Program. Grant funds may not be used except as provided for in the authorizing legislation and applicable implementing program policy issuances, including this NOFO and the Notice(s) of Award, as well as other federal laws, regulations, and policies applicable to the use of federal grant awards.

[23] Social Security Act, Title V, § 511(d).

The MIECHV Program generally does not fund the delivery or costs of direct medical, dental, mental health, or legal services; however, some limited direct services may be provided (typically by the home visitor) to the extent required in fidelity to an evidence-based model approved for use under MIECHV. Recipients may coordinate with and refer eligible families to direct medical, dental, mental health or legal services and providers covered by other sources of funding, for which non-MIECHV sources of funding may provide reimbursement.

Limit on Use of Funds for Recipient-Level Infrastructure Expenditures

Absent prior approval from HRSA, no more than 25 percent of the award amount may be spent on a combination of administrative expenditures (further subject to a 10 percent cap,[24] see Section IV) and infrastructure expenditures necessary to enable recipients to deliver MIECHV services.

For purposes of this NOFO, the term "infrastructure expenditures" refers to recipient-level expenditures necessary to enable recipients to deliver MIECHV services, but does not include the costs of delivering such home visiting services. It includes administrative costs related to programmatic activities, indirect costs, and other items, but does not include "administrative expenditures," and therefore is not subject to the 10 percent limit on administrative expenditures. (See Section IV.)

Recipient-level infrastructure expenditures necessary to enable delivery of MIECHV services subject to the 25 percent limit include recipient-level personnel, contracts, supplies, travel, equipment, rental, printing, and other costs to support:

- Professional development and training for recipient-level staff;
- Model affiliation and accreditation fees;
- Continuous quality improvement and assurance activities, including development of CQI and related plans (with the exception of proposed CQI activities outlined in a HRSA-approved CQI Plan budgeted with any remaining requested funds from the $200,000 supplement included in the award ceiling total, as applicable; see Section IV and Appendix C for guidance);
- Technical assistance provided by the recipient to the local implementing agencies (LIAs);
- Information technology including data systems (excluding costs incurred to update data management systems related to the HRSA redesign of the MIECHV program performance measurement system which took effect on October 1, 2016);
- Coordination with comprehensive statewide early childhood systems; and
- Indirect costs (also known as "facilities and administrative costs") (i.e., costs incurred for common or joint objectives that cannot be identified specifically with a particular project, program, or organizational activity).[25]

NOTE: The limit on recipient-level infrastructure expenditures has no bearing on the negotiated indirect cost rate.

[24] Social Security Act, Title V, § 511(i)(2)(C).
[25] See p. II-26 of the HHS Grants Policy Statement.

The 25 percent limit on recipient-level infrastructure expenditures does NOT include costs incurred for:

- State-led evaluation activities;
- Update of data management systems related to the HRSA redesign of the MIECHV Program performance measurement system, which took effect in FY 2017, or related to measurement and data system redesign by model developer(s); and
- $200,000 supplement funds (included in the award ceiling total) provided for completion of an update to the statewide needs assessment. Any remaining requested supplemental funds not allocated towards completing an update to a needs assessment must be budgeted for CQI activities as outlined in an approved CQI Plan. See Appendix B for more information.

By contrast, service delivery expenditures that are NOT recipient-level infrastructure expenditures and therefore are not subject to the 25 percent limit may include:

- Contracts to LIAs;
- Professional development and training for LIA and other contractual staff (NOTE: these expenditures should not be budgeted for professional development and training that is duplicative in scope or content of the professional development and training provided by other sources, including LIAs and home visiting model developers);
- Assessment instruments/licenses;
- Participant incentives; and
- Participant recruitment.

Recipients must use reasonable efforts to ascertain what constitutes recipient-level infrastructure expenditures necessary to enable delivery of MIECHV services in accordance with program activities and expectations, to document their findings in this regard, and to maintain records that demonstrate that such expenses do not exceed 25 percent of the award amount.

To obtain HRSA approval for spending more than 25 percent of the award amount on recipient-level infrastructure expenditures, including administrative costs, a recipient must provide written justification for this request. This justification should be included within the budget justification. Recipients should maximize efficiencies in infrastructure expenditures to increase the proportion of the FY 2018 award budgeted for home visiting services costs.

Pay for Outcomes

The Bipartisan Budget Act of 2018 provides authority for recipients to use a MIECHV grant for a pay for outcomes initiative,[26] which is defined as a performance-based grant, contract, cooperative agreement, or other agreement awarded by a public entity in which a commitment is made to pay for improved outcomes achieved as a result of the intervention that result in social benefit and direct cost savings or cost avoidance to the public sector. Such an initiative shall include:

[26] Social Security Act, Title V, § 511(c), as amended by the Bipartisan Budget Act of 2018, Title VI, § 50605.

- A feasibility study that describes how the proposed intervention is based on evidence of effectiveness;
- A rigorous, third-party evaluation that uses experimental or quasi-experimental design or other research methodologies that allow for the strongest possible causal inferences to determine whether the initiative has met its proposed outcomes as a result of the intervention;
- An annual, publicly available report on the progress of the initiative; and
- A requirement that payments are made to the recipient of a grant, contract, or cooperative agreement only when agreed upon outcomes are achieved, except that this requirement shall not apply with respect to payments to a third party conducting the evaluation.

In accordance with statute and future guidance expected to be released no earlier than the Notice of Funding Opportunity for FY 2019 formula funds, recipients will be able to use up to 25 percent of the grant for outcomes or success payments related to a pay for outcomes initiative that will not result in a reduction of funding for home visiting services delivered by the entity while the eligible entity develops or operates such an initiative. Funds made available for this specific purpose shall remain available for expenditure for not more than 10 years after the funds are so made available. FY 2018 formula funds **should not** be budgeted for a pay for outcomes initiative given the need to demonstrate adherence to statutory requirements for such an initiative. See Narrative for additional guidance on a pay for outcomes initiative.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a formula grant.

2. Summary of Funding

HRSA expects to award up to $351.0 million by formula and up to $11.2 million as supplement funds to 56 recipients. HRSA will communicate via HRSA Electronic Handbooks to each eligible applicant the estimated total grant award ceiling for each state, territory, and jurisdiction. The period of performance is September 30, 2018 through September 30, 2020 (2 years). Funding is dependent on satisfactory recipient performance and a decision that continued funding is in the best interest of the Federal Government.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles and Audit Requirements at 45 CFR part 75.

Formula

The following formula is applied to FY 2018 funding available to states and territories (up to $351.0 million):

- Need Funding–Up to $123.0 million of the grant allocation available under this funding opportunity is distributed based on the proportion of children under five living in poverty as calculated by the Census Bureau's Small Area Income and Poverty Estimates (SAIPE). 2016 SAIPE data will be used. Since SAIPE data are not available for territories, the Puerto Rico Community Survey (PRCS) data will be used as a proxy to determine need funding for Puerto Rico.

  The calculated amount is subtracted by the proportion of the FY 2014 de-obligation amount to the total FY 2014 award, as reported to HRSA as of February 9, 2018, if applicable.

  There is a $1.0 million minimum need-based award for recipients.

- Base Funding–Up to $228.0 million of the grant allocation available under this funding opportunity is proportionally distributed based on each awardee's base funding portion of the FY 2017 formula grant award ceiling amounts.

- Guard Rails—In an effort to maintain stability, the total amount for which an applicant may apply will be adjusted, where appropriate, to ensure that any available recipient funding does not fluctuate by more than 7.5 percent from the prior year award.

You should request FY 2018 formula funds to support a proposed caseload of MIECHV family slots through use of one or more evidence-based models eligible for implementation under MIECHV or a home visiting model that qualifies as a promising approach. (See Section VIII for a list of evidence-based models eligible for implementation under MIECHV that meet the HHS-established criteria for evidence of effectiveness.) Based on review of the application, HRSA program staff and grants management officials will either approve or request clarification to the proposed caseload of MIECHV family slots by fiscal year and any proposed model enhancement(s). (See Section I for more information about model enhancements.) The funding award is dependent upon the approved, agreed upon plan. Recipients should remember that inability to meet proposed caseloads may result in de-obligated funds, which may impact future funding.

The caseload of MIECHV family slots (associated with the maximum service capacity) is the highest number of families (or households) that could potentially be enrolled at any given time if the program were operating with a full complement of hired and trained home visitors. All members of one MIECHV family or household represent a single MIECHV caseload slot. The count of slots should be distinguished from the cumulative number of enrolled families during the reporting period. It is known that the caseload of MIECHV family slots may vary by federal fiscal year pending variation in available funding in each fiscal year.

HRSA recognizes that recipients may utilize a number of funding streams and use different administrative practices for assigning and reporting MIECHV family slots. For

the purposes of reporting to HRSA on performance reporting Forms 1, 2, and 4, a "MIECHV family" is defined as a family served during the reporting period by a trained home visitor implementing services with fidelity to the model and that is identified as a MIECHV family at enrollment. (See Section VI for detail regarding annual and quarterly performance reporting.) HRSA has identified two different methods that can be used to identify MIECHV families that are described below:

1. *Home Visitor Personnel Cost Method (preferred method):* Families are designated as MIECHV at enrollment based on the designation of the home visitor they are assigned. Using this methodology, recipients designate all families as MIECHV that are served by home visitors for whom at least 25 percent of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding.
2. *Enrollment Slot Method (temporary option available until at least the end of the FY 2018 project period, September 30, 2020):* Families are designated as MIECHV families based on the slot they are assigned to at enrollment. Using this methodology, recipients identify certain slots as MIECHV-funded and assign families to these slots at enrollment in accordance with the terms of the contractual agreement between the MIECHV state recipient and the LIA regardless of the percentage of the slot funded by MIECHV.

The Home Visitor Personnel Cost Method is consistent with the current definition of caseload of MIECHV family slots first identified in the MIECHV 2016 Formula Funding Opportunity Announcement (HRSA-16-172) and is HRSA's preferred method. Recipients may request to utilize the Enrollment Slot Method as a temporary option available until at least the end of the FY 2018 project period, September 30, 2020, by including a justification as Attachment 13 for using this approach. **Once designated as a MIECHV family, the family is tracked for the purposes of data collection through the tenure of family participation in the program.** Recipients must identify their method and define their maximum service capacity based on the method chosen. (See Section IV for instructions on identifying the method and submitting a justification if needed.)

Requesting FY 2018 Funds

HRSA will communicate via HRSA Electronic Handbooks to each eligible applicant the estimated total grant award ceiling. This amount will include the $200,000 supplement for eligible entities to update the statewide needs assessment by the statutory deadline of October 1, 2020, in addition to the formula award available to you. You will not receive more than the total grant award ceiling and, therefore, may not apply for more than the total grant award ceiling.

No more than $200,000 of MIECHV grant funds may be budgeted to complete the needs assessment update. Any remaining requested supplement funds not allocated towards completing a needs assessment update must be budgeted for CQI activities as outlined in a HRSA-approved CQI Plan. See Section IV and Appendix C for guidance.

Per the authorizing statute, except as otherwise provided by law, funds made available to an eligible entity under this section for a fiscal year shall remain available for expenditure by the eligible entity through the end of the second succeeding fiscal year

after award.[27] Therefore, **the project/budget period for these grants will be September 30, 2018 through September 30, 2020 (2 years).** FY 2018 grant funds that have not been obligated for expenditure by the recipient during the period of availability (September 30, 2018 to September 30, 2020) will be de-obligated. You must provide a budget that describes the expenditure of grant funds at all points during the period of availability. You are not required to maintain the same rate of expenditure or the same level of home visiting services throughout the full period of availability but must demonstrate that home visiting services will be made available throughout the period of performance (the full period of availability).

Due to the legislative requirement pertaining to the period of availability for use of funds by recipients (Social Security Act, Title V, § 511(j)(3)), recipients will not be permitted a no-cost extension of the period of availability for use of such funds.

Full funding is also dependent on a history of satisfactory recipient performance on prior MIECHV grants and a decision that continued funding is in the best interest of the Federal Government. HRSA staff will review recipients' FY 2014 de-obligated funding, programmatic and fiscal corrective action plans, and drawdown restriction. Recipients with more than 25 percent de-obligation of funds in FY 2014 as well as those on corrective action plans and/or drawdown restriction must provide a plan to describe how they are addressing identified issues now and in the future. HRSA will review and approve the plan, or request clarification if needed. Technical assistance will be available to recipients to support implementation of their plans. Increased monitoring by HRSA Project Officers may be required. If no plan is submitted, or the plan is not approved by HRSA, then the award may be reduced. For example, awards may be reduced at a proportion up to the portion of the FY 2014 award that was de-obligated, or the recipient may be subjected to drawdown restriction.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award will be subject to the Uniform Guidance 2 CFR part 200 as codified by HHS at 45 CFR part 75, which supersedes the previous administrative and audit requirements and cost principles that govern federal awards.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include the following entities (currently funded under the MIECHV Program): 47 states; 3 nonprofit organizations serving Florida, North Dakota, and Wyoming; and 6 territories and jurisdictions serving the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands, and American Samoa.

[27] Social Security Act, Title V, § 511(j)(3).

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

You will not receive more than the total grant award ceiling estimated, including the $200,000 supplement for an update to the statewide needs assessment included in the total grant award ceiling, and, therefore, may not apply for more than the total grant award ceiling for their state, territory, or jurisdiction. (See Section IV and Appendix C for more information about the supplement available to you.)

Any application that fails to satisfy the deadline requirements referenced in *Section IV.4* will be considered non-responsive and will not be considered for funding under this notice.

Maintenance of Effort/Non-Supplantation - You must supplement, and not supplant, funds from other sources for early childhood home visitation programs or initiatives.[28] You may demonstrate compliance by maintaining non-federal funding for evidence-based home visiting and home visiting initiatives, expended for activities proposed in this NOFO, at a level that is not less than expenditures for such activities as of the most recently completed state fiscal year. **For the purposes of this NOFO, non-federal funding is defined as state general funds expended only by the recipient entity administering the MIECHV grant and not by other state agencies. In addition, for purposes of maintenance of effort/non-supplantation, home visiting is defined as an evidence-based program implemented in response to findings from the most current statewide needs assessment that includes home visiting as a primary service delivery strategy, and is offered on a voluntary basis to pregnant women or caregivers of children birth to kindergarten entry.** Nonprofit entity applicants must agree to take all steps reasonably available for this purpose and should provide appropriate documentation from the state supporting its accomplishment of the maintenance of effort/non-supplantation requirement. The baseline for maintenance of effort is the state fiscal year prior to the fiscal year during which the application is submitted.

You are required to accurately report Maintenance of Effort in your application (insert detail as requested in Attachment 5). As a reminder, recipients may NOT consider any Title V funding used for evidence-based home visiting as part of the maintenance of effort demonstration. Recipients should only include state general funds expended only by the recipient entity administering the MIECHV grant and not by other state agencies.

You must complete the Maintenance of Effort information and submit as Attachment 5.

NOTE: Multiple applications from an organization are not allowable.

[28] Social Security Act, Title V, § 511(f).

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this NOFO following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing this notice of funding opportunity (NOFO) (also known as "Instructions" on Grants.gov) or workspace application package. This allows Grants.gov to email organizations in the event HRSA changes and/or republishes the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the For Applicants page for all information relevant to desired opportunities.*

For questions related to this program notice, please see Section VII for a list of agency contacts.

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the NOFO to do otherwise. You must submit the applications in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Indirect Cost Rate Agreement and proof of nonprofit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment 12.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 Application Guide* (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

i. Project Abstract

See Section 4.1.ix of HRSA's *SF-424 Application Guide*.

Provide a summary of the application. The abstract is often distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application.

Please place the following at the top of the abstract:

- Project Title
- Applicant Name
- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- Email Address
- Web Site Address, if applicable

The project abstract must be single-spaced, limited to one page in length, and include the following sections:

Annotation: Provide a three-to-five-sentence description of your project that identifies the project's goal(s), the population and/or community needs that are addressed, and the activities used to attain the goals.

Problem: Describe the principal needs and problems addressed by the project.

Purpose: State the purpose of the project.

Goal(s) And Objectives: Identify the major goal(s) and objectives for the project. Typically, the goal(s) are stated in a sentence, and the objectives are presented in a numbered list.

Methodology: Briefly describe the major activities used to attain the goal(s) and objectives, including:

- Eligible evidence-based models and promising approaches supported with grant funds;
- At-risk communities and any specific target population group(s) to be served within those communities;
- Total proposed caseload of MIECHV family slots (see Appendix D for a definition of caseload of MIECHV family slots) for each federal fiscal year within the period of performance (defined as FY 2019 and FY 2020);
- Current caseload of MIECHV family slots; and
- Key activities to ensure appropriate linkages and referral networks to other community resources and supports, including to high-quality, comprehensive statewide early childhood systems, to support eligible families served by the project.

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

This section will also include information about the overall progress of the project since September 30, 2017, and plans for continuation of the project in the coming project/budget period (September 30, 2018 through September 30, 2020).

Successful applications will contain the information below. Please use the following section headers for the narrative:

- *INTRODUCTION*

In this section:

- State the purpose of the project.
- Identify the goal(s) and objectives for the project. Utilize the SMART objective framework: Specific, Measurable, Achievable, Realistic, and Time-bound are characteristics of SMART objectives.
- Describe how the goal(s) and objectives align with the three goals of the MIECHV Program (see Section I).
- Note, which, if any, goal(s) and objectives are new to the FY 2018 period of performance.
- Provide a description of the applicant's significant progress towards implementing an evidence-based home visiting program in a comprehensive early childhood system since the last grant award(s) issued in FY 2017, including progress toward collaboration with early childhood partners, early childhood system coordination, and professional development and training for staff.
- Describe proposed changes to the project since submission of the last application and rationale for those changes.
- Describe updates on new state legislation or policy initiatives created by the state to support home visiting programs within comprehensive early childhood systems.

- *NEEDS ASSESSMENT*

This section primarily requests information on activities related to identification of at-risk communities based on the current statewide needs assessment, as updated. Please refer to Appendix C for information on budgeting the supplement of $200,000 to update the statewide needs assessment by the statutory deadline of October 1, 2020.

In this section:

- If you have conducted an updated needs assessment since the last grant award in FY 2017, describe the methodology, data indicators utilized to designate at-risk communities, and key findings of that updated needs assessment.
- Identify the at-risk communities currently being served with MIECHV grant support. (See Appendix D for a definition of at-risk communities.) (Note that such at-risk communities should be identified in the original statewide needs assessment, or as updated, as required under the MIECHV authorizing statute.[29])
- Identify any of these at-risk communities where you intend to discontinue services under the FY 2018 MIECHV grant. Explain why you decided to discontinue services in these at-risk communities.
- Identify any new at-risk communities (including tribal communities) where you intend to provide home visiting services with FY 2018 MIECHV funding. Explain why you propose to provide services in new at-risk communities. Include documentation that updated the statewide needs assessment to identify these newly added at-risk communities. If you intend to serve tribal communities, then these services must not be duplicative of but rather coordinated with services provided by the tribal MIECHV program in these communities.
- Describe any major barriers to providing home visiting services in the selected at-risk communities and plans to address those barriers.
- Among eligible families living in at-risk communities and representing priority populations (see Section I), describe any target subpopulations to whom the applicant proposes to target services, either based on the home visiting model selected or community needs within selected at-risk communities (i.e., pregnant and parenting adolescents, substance-using caregivers, homeless families, etc.).
- Indicate how you propose to utilize any relevant major findings of the most recent Title V Needs Assessment to inform proposed activities under the FY 2018 MIECHV grant.
- Identify the unmet need in the state, territory, or jurisdiction, including the at-risk communities identified in the most recently completed MIECHV statewide needs assessment that you do not propose to serve under the FY 2018 grant. Indicate the reasons for not serving these at-risk communities, such as availability of funds.

[29] Social Security Act, Title V, § 511(b).

- *METHODOLOGY*

This section requests information on your proposed methods to address the stated needs and benchmark area outcomes specified in authorizing legislation[30] while meeting the program activities and expectations described in this NOFO. (See Section I for a list of these outcomes.) Ensure that methods address each of the project's stated goal(s) and objective(s).

In this section:

- Specify the evidence-based models, including promising approaches, if applicable, that will be implemented under the grant and why these model(s) were selected. (See Section VIII for a list of evidence-based models eligible for implementation under MIECHV that meet the HHS criteria for evidence of effectiveness.)
- If the selection of evidence-based model(s) or promising approach(es) has changed since the last grant awarded in FY 2017, describe how this change will:
    - Meet the needs of the state's, territory's, or jurisdiction's identified at-risk communities and/or the state's, territory's, or jurisdiction's targeted priority populations named in statute (see Section I);
    - Provide the best opportunity to accurately measure and achieve meaningful outcomes in benchmark areas and measures;
    - Be able to be implemented effectively with fidelity to the model(s) in the state, territory, or jurisdiction based on available resources and support from the model developer(s); and
    - Be well matched for the needs of the state's, territory's, or jurisdiction's early childhood system.
- Describe how home visiting services through the MIECHV Program will be provided on a voluntary basis to eligible families, including any relevant policies and procedures.
- Describe how you will meet previously described program activities and expectations in this NOFO as listed above in Section I for additional details on each of the requirements), including those related to:
    - Priority for serving high-risk populations;
    - Fidelity to an evidence-based model that meets the HHS criteria for evidence of effectiveness and a home visiting model that qualifies as a promising approach, including any required affiliation, certification, or accreditation by the national model developer (If you propose a substantial change in methodology, provide documentation of the national model developer(s) agreement with your plans to ensure fidelity to the model(s) as Attachment 9);
    - All proposed enhancements to the model(s) selected that do not alter the core components of the model and are approved by the model developer (include documentation of model developer approval as Attachment 9), which are subject to review and approval by HRSA;
    - Policies to address enrollment, disengagement, and re-enrollment of eligible families in home visiting services with fidelity to the model(s),

[30] Social Security Act, Title V, § 511(d)(1)(A).

including policies and procedures to avoid dual enrollment of families in more than one MIECHV-supported home visiting model;
    - Ensuring the provision of high-quality home visiting services to eligible families in at-risk communities by, in part, coordinating with comprehensive statewide early childhood systems to support the needs of those families;
    - Establishing appropriate linkages and referral networks to other community resources and supports, including those represented in comprehensive statewide and local early childhood systems;[31]
    - Collaboration with early childhood partners in planning, designing, implementing and evaluating all activities and coordination with referral/service systems with each of the applicable listed state and territory partners named in Section I, including at least one of the applicant's statewide early childhood systems entities (e.g., Early Childhood Comprehensive Systems recipient, Early Childhood Advisory Council, Governor's Children's Cabinet, etc.) (**NOTE: Previously approved memoranda of understanding or letters of agreement, which do not need to be legally binding, meeting this requirement do not need to be re-submitted. New or updated memoranda of understanding or letters of agreement with partners listed above will be due to HRSA Project Officers within 180 days of grant award.** For the other agencies listed as partners in the definition of early childhood system in Appendix D, describe what has been done overall to garner their commitment.);
    - Identify any geographically-close ACF Tribal MIECHV recipients that the applicant proposes to collaborate with to enhance implementation and delivery of evidence-based home visiting services to American Indian and Alaska Native families. If you intend to serve tribal communities, then these services must not be duplicative of but rather coordinated with services provided by the tribal MIECHV program in these communities, if applicable; and
    - If you intend to apply for future funds to implement a pay for outcomes initiative, submit a letter of intent no later than 60 days after the Notice of Award with a description of any past or current activities that would support such an initiative, such as a feasibility study, third party evaluation, and outcome payments. (NOTE: FY 2018 formula funds **should not** be budgeted for a pay for outcomes initiative given the need to demonstrate adherence to statutory requirements for such an initiative. Additional guidance from HRSA will be forthcoming. Submitting a letter of intent **does not** require you to apply for future funds to implement a pay for outcomes initiative. Similarly, **not** submitting a letter of intent **does not preclude** you from applying for these funds in the future.)
- Provide an update on participant recruitment and retention efforts, including your attrition rate. Briefly discuss any difficulty recruiting, enrolling or retaining families and any steps taken to address this difficulty.
- Describe how you will establish and communicate a shared vision for a high quality statewide early childhood system in partnership with health, early care and education, and family support program partners. Include how you will monitor and improve key indicators associated with healthy development of children, including

[31] Social Security Act, Title V, § 511(d)(3)(B).

systems outcome measures in the MIECHV performance measures. A summary of the MIECHV performance measures is available online at: https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/Federal_Home_Visiting_Program_Performance_Indicators_and_Systems_Outcomes_Summary.pdf.

    - Describe key activities that promote coordination of services for eligible families living in at-risk communities to improve performance on MIECHV performance measures.
    - Describe key activities that support parent engagement in activities to ensure high quality statewide or local early childhood systems. Describe how state and/or local implementing agencies will involve parents in planning, designing, implementing and evaluating activities of the MIECHV project.

- Describe the process for identifying and contracting with current and new local implementing agencies and the technical assistance that you will provide to them, including technical assistance to local implementing agencies to demonstrate improvement in MIECHV performance measures. Highlight any major changes to existing contracts with LIAs. Insert any documentation of agreements with LIAs new to the project in Attachment 8. (See Appendix D for a definition of MIECHV performance measures.)
- State whether you have a written subrecipient monitoring plan to effectively monitor subrecipients for compliance with federal requirements, programmatic expectations, and fiscal requirements. (See Section I for discussion of the requirement to monitor subrecipients.)
    - Describe how your subrecipient monitoring plan includes: (1) reconciliation of budgeted expenditures to actual expenditures; (2) monitoring and reviewing detailed expenditures for allowability and allocability; (3) the individual(s) responsible for and the methodology for performing site visits to review financial and program operations (including but not limited to: assurance of compliance with MIECHV program activities and requirements outlined in authorizing legislation, applicable federal regulations and this NOFO) and the process for ensuring deficiencies are corrected; enrollment and retention of eligible families in home visiting services; review of the performance of subrecipients in implementation of home visiting model(s) with fidelity; and proper spending of funds); (4) offering technical assistance as requested when necessary; (5) tracking and reviewing report submissions; (6) individual(s) responsible for implementation of the subrecipient monitoring plan; and (7) a plan for continuous contact and communication with subrecipients.
- Describe proposed activities with the national developer(s) of the model(s) selected by the applicant (including state or regional representatives of national model developers), including any:
    - Planned technical assistance, training, and/or professional development activities provided by the model developer(s); and
    - Planned or expected monitoring for fidelity by the model developer(s).
- Propose a plan for project sustainability after the period of MIECHV funding ends, which sustains key methods and activities of the project.

- *WORK PLAN*

In this section:

- Provide a work plan timeline that includes a list of key activities that will be used to achieve each of the objectives proposed, anticipated deliverables, and identifies responsible staff and timelines for completion. The work plan timeline must extend across the period of performance (9/30/2018 to 9/30/2020) and include start and completion dates for activities. The work plan timeline should be submitted as Attachment 1.

  NOTE: Activities proposed in this application are for the duration of the period of performance (9/30/2018 to 9/30/2020) while timelines for data reporting requirements reflect the federal fiscal year (10/1/2018 to 9/30/2019, and 10/1/2019 to 9/30/2020).

Include the following as attachments:

- **Attachment 1 – Work Plan Timeline**: Provide a work plan timeline that includes key activities, anticipated deliverables, responsible staff, and timelines for completion. The work plan timeline must extend across the period of performance (9/30/2018 to 9/30/2020) and include start and completion dates for activities.
- **Attachment 2 – At-Risk Communities (table format)**: Provide a list of at-risk communities identified in the most up-to-date statewide needs assessment, as updated.
  - For each community, indicate whether the community is being served through prior MIECHV grant awards and, if so, specify the grant award.
  - For each community, also identify whether the recipient proposes to serve the at-risk community with FY 2018 MIECHV formula funding.
- **Attachment 3 – Caseload of MIECHV Family Slots (table format)**: Propose a caseload of MIECHV family slots for each federal fiscal year within the FY 2018 period of performance (defined for the purposes of proposing a caseload as FY 2019 and FY 2020):
  - Year 1 defined as FY 2019 from 10/1/2018 to 9/30/2019
  - Year 2 defined as FY 2020 from 10/1/2019 to 9/30/2020

  As a reminder, recipients should request FY 2018 funds to support a proposed caseload of MIECHV family slots during the period of availability through use of one or more evidence-based models eligible for implementation under MIECHV or a home visiting model that qualifies as a promising approach.

  Proposed caseloads should be based on recipients' best estimates with stable formula funding from FY 2018 to FY 2019. Revisions to caseloads may be requested should there be changes in funding.

- **Attachment 4 – Local Implementing Agencies (table format)**: Provide a list of each local implementing agency that the recipient plans to contract with to serve the caseload of MIECHV family slots with FY 2018 MIECHV formula funds (proposed above). For each LIA, identify the:
  - At-risk community/ies the LIA will serve;

- County/ies the LIA will serve (in whole or in part);
- Evidence-based models the LIA will implement;
- Promising approach models the LIA will implement, if any;
- Number of families the LIA cumulatively served in FY 2017 (10/1/2016-9/30/2017);
- Current caseload of MIECHV family slots for FY 2018 (10/1/2017-9/30/2018) by model;
- Proposed caseload of MIECHV family slots for FY 2019 (10/1/2018-9/30/2019) by model; and
- Estimated cost per family slot using the FY 2019 caseload.

ONLY if applicable, in this section:

If you anticipate a reduction in services from the level currently provided based on available funding within the FY 2018 period of availability, describe how you will reduce services while minimizing disruption to currently served families. For example, describe strategies to support natural attrition of families and referral of currently served families to other local high-quality early childhood programs to achieve service reduction.

- *RESOLUTION OF CHALLENGES*

In this section:

- Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.
- Discuss technical assistance that may be requested from HRSA-supported technical assistance providers, the developer(s) of the model(s) selected by the applicant, and/or another technical assistance providers to support resolution of the named challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY*

  - ***Performance Management***

In this section:

- Describe both current and planned activities, based on an assessment of your MIECHV annual and quarterly performance data, to improve program performance and data quality in the upcoming FY 2018 period of performance. See Appendix D for a definition of MIECHV performance measures.
- Provide an update to the data collection activities used to support annual and quarterly performance reporting. See Section VI for detail regarding annual and quarterly performance reporting.
- Describe the successes and challenges encountered during implementation of the Performance Measurement Plan. Include discussion regarding the frequency and quality of data received from LIAs or other state, jurisdiction, or territory systems used to procure performance data. Describe steps taken to overcome challenges. NOTE: You should not propose updates or changes to your currently approved Performance Measurement Plans. (See Appendix B for guidance.)

- Provide a statement to verify which method (Home Visitor Personnel Cost Method or Enrollment Slot Method, as a temporary option) you will utilize to propose a caseload of MIECHV family slots in this application **and** define MIECHV families for the purposes of reporting to HRSA on performance reporting Forms 1, 2, and 4. (See Appendix D for the definition of a caseload of MIECHV family slots.) If you propose to utilize the Enrollment Slot Method, provide justification as Attachment 13 for using this temporary option available until at least the end of the FY 2018 project period, September 30, 2020.

Continuous Quality Improvement Plan

In this section:

- Describe major continuous quality improvement (CQI) goals and activities implemented at both the recipient and LIA levels.
- Discuss technical assistance that may be requested from MIECHV-supported technical assistance providers, the developer(s) of the model(s) selected by the applicant, and/or another technical assistance provider to support continuous quality improvement and reflective practice activities.
- You are required to implement HRSA-approved CQI Plans that meet the requirements outlined in Appendix B. A new or updated CQI Plan may be required in early FY 2019 and is not due with this FY 2018 NOFO submission. If you or HRSA requests a new or updated CQI Plan, the amended plan must be approved by HRSA. NOTE: Any remaining requested supplement funds not allocated towards completing an update to a needs assessment must be budgeted for CQI activities as outlined in a HRSA-approved CQI Plan. See Appendix C for more information.

- ***State-Led Evaluation***

As described above in Section I, if you propose to implement a home visiting model that qualifies as a promising approach, you are required to conduct a well-designed and rigorous evaluation of that approach.

If you implement an evidence-based home visiting model, you are **not required** to conduct an evaluation of their home visiting program. However, HRSA encourages you to conduct and/or continue evaluations, particularly if implementing an approved model enhancement. If you propose to continue an existing evaluation, review the additional guidance outlined in Appendix A.

In this section:

- State clearly if you are planning to:
  - Conduct a new state-led evaluation;
  - Continue an existing state-led evaluation; or
  - Not conduct a state-led evaluation.
- If you plan to conduct a new evaluation(s):
  - Describe the purpose and the focus of the evaluation;
  - Describe questions the evaluation will address;
  - Describe how you plan to use evaluation findings;
  - Identify evaluator(s) and the cost of the evaluation and the source of funds;

- Describe the evaluator(s) experience in building successful partnerships with relevant human service delivery programs, including evidence-based home visiting services. Past partnerships should demonstrate proven effectiveness of translating evaluation findings into policy or practice; and
- Explain how findings from past evaluations were used to inform current evaluation questions, program improvement, or practice change.

- If you plan to continue an existing evaluation:
  - Describe the purpose and the focus of the evaluation;
  - Describe progress to date and why it should be continued;
  - Describe questions the evaluation will address;
  - Describe how you plan to use evaluation findings;
  - Identify evaluator(s) and the cost of the evaluation and the source of funds;
  - Describe the evaluator(s) experience in building successful partnerships with relevant human service delivery programs, including evidence-based home visiting services. Past partnerships should demonstrate proven effectiveness of translating evaluation findings into policy or practice;
  - Explain how findings from past evaluations were used to inform current evaluation questions, program improvement, or practice change; and
  - Describe how the evaluation differs from previous evaluations by meeting any of the following criteria:
    - Having one or more new questions of interest appropriate to the evaluation design and analysis plan. If new evaluation questions are proposed, explain how the new questions were formulated (e.g. based off of previous findings, emerging trends in the home visiting field, etc.); and/or
    - An innovation that will increase study rigor, such as a proposed increase to the study sample size. Describe how the innovation will enhance the evaluation's rigor and the generalizability of evaluation findings. If new data collection or analytic strategies are proposed, explain the rationale behind these new strategies (e.g. strengthen limitations from the older evaluations, target a new population, etc.).

- *ORGANIZATIONAL INFORMATION*

  In this section:

  - Describe how the organization's mission, structure and current activities contribute to the organization's ability to implement program activities and meet program expectations. Briefly describe recipient-level leadership staff experience in maternal and child health, evidence-based services, and early childhood systems.
  - Provide your staffing plan (insert as Attachment 6), including roles, responsibilities, and qualifications of personnel for the following functional areas:
    - Overall grant oversight and administration (e.g. primarily the role of the project director or principal investigator);
    - Day-to-day program management and staff supervision (e.g. primarily the role of the project coordinator);
    - Data and performance measurement;
    - Continuous quality improvement; and
    - Programmatic and fiscal subrecipient monitoring.

NOTE: For the purposes of the MIECHV Program, key personnel are considered the project director and project coordinator. All hiring of key personnel require prior approval from HRSA.

- Provide an applicant project organizational chart with position titles, names and vacancies noted, contractors, and other significant collaborators (insert as Attachment 7).
- Describe how you will plan for and address recruitment and retention of qualified staff including:
    - Steps taken to ensure high-quality supervision, including reflective supervision. Recruitment of staff with necessary qualifications to meet national model developer requirements for fidelity to the selected home visiting model(s);
    - Review of available data to determine the professional development and training needs of staff; and
    - Professional development and training of staff, including professional development and training provided by LIAs and national model developer(s) and consultation by professionals in the field.
- Provide information on the applicant's resources and capabilities to support provision of culturally and linguistically competent and health-literate services.
- Describe the availability of resources and the state's, jurisdiction's, and territory's demonstrated commitment to home visiting to continue the proposed project after the grant period ends.

▪ *PAST PERFORMANCE AND ADMINISTRATION OF HOME VISITING PROGRAM*

You must highlight past performance with previous MIECHV grants including de-obligation of funds, fiscal and programmatic corrective action, and inability to meet projected family enrollment targets. If challenges existed with any of these areas, you must highlight the plans to mitigate these challenges and describe improvement plans underway.

- If you reported an active enrollment of less than 85 percent of maximum service capacity in the submission of Quarterly Performance data for the first quarter of FY 2018 (10/1/17-12/31/17), briefly describe planned activities to improve the capacity percentage in the period of performance for this award.
- If you are on a programmatic corrective action plan and drawdown restrictions in FY 2017, you should describe actions taken to address the plan or lift the restrictions.
- If you have more than 25 percent de-obligation of FY 2015 MIECHV grant funds, you should describe actions to avoid de-obligations of active grants (i.e. FY 2016 and FY 2017) and FY 2018 MIECHV grants within the period of availability.
- Also, note:
    - Current unexpended balances of FY 2016 MIECHV formula and competitive grants;
    - The amount of estimated unobligated balance of MIECHV formula funds awarded in FY 2016 (funds will no longer be available for use after September 30, 2018) and plans to fully expend; and

- The amount of estimated unobligated balance of MIECHV formula funds awarded in FY 2017 (funds will no longer be available for use after September 30, 2019) and plans to fully expend.

iii. Budget

See Section 4.1.iv of HRSA's SF-424 Application Guide. Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and by carefully following the approved plan can avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct and indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

Additionally, the SF-424A form should align with the FY 2018 grant award ceiling amount, which includes the $200,000 supplement. This would include all total project or program costs supported by the total grant award ceiling **and** the $200,000 supplement. (See Section IV for more information.)

The program is not subject to the General Provisions in Division H of the Consolidated Appropriations Act, 2017 (P.L. 115-31), as it does not use funds appropriated by this law.

The MIECHV Program requires the following:

Period of Availability
Funds awarded to a recipient for a federal fiscal year under this NOFO shall remain available for expenditure by the recipient through the end of the second succeeding federal fiscal year after award. **Recipients must provide a budget that describes the expenditure of grant funds at all points during the period of availability. Recipients are not required to maintain the same rate of expenditure or the same level of home visiting services throughout the full period of availability but must demonstrate that home visiting services will be made available throughout the period of performance (the full period of availability).** Reminder: grant funds that have not been obligated for expenditure by the recipient during the period of availability will be de-obligated. FY 2018 funds must be obligated prior to September 30, 2020, and liquidated by December 31, 2020.

Budget Form
Complete Application Form SF-424A Budget Information – Non-Construction Programs provided with the application package. **The project/budget period is 2 years**. Please provide a line item budget using the budget categories in the SF-424A for a project and budget period of September 30, 2018 through September 30, 2020.

In Section A of the SF-424A budget form, you will use only row 1, column e to provide the budget amount you will request for FY 2018 (see communication via HRSA's Electronic Handbooks for the total amount you may request). Please enter the amounts in the "New or Revised Budget" column, not the estimated unobligated funds column.

In Section B of the SF-424A budget form, you will use only column (1) to provide object class category breakdown for the entire period of availability of FY 2018 funds.

Key Requirements
Costs charged to the award must be reasonable, allowable and allocable under this program. Documentation must be maintained to support all grant expenditures. Personnel charges must be based on actual, not budgeted labor. Promotional gifts and other expenditures which do not support the home visiting initiative are unallowable. Salaries and other expenditures charged to the grant must be for services that occurred during the grant's period of availability. Further information regarding allowable costs is available from the HHS Grants Policy Statement.

The recipient accounting systems must be capable of separating the MIECHV awards within a single grant by period of availability (i.e., must have a chart of accounts to prevent grant expenditures from being co-mingled with other grant periods of availability). All documentation must be maintained by the recipient and the subrecipients in accordance with the federal record retention policy which states documentation must be maintained for a minimum of 3 years after the submission of the final (accepted) Federal Financial Report.

NOTE: Prior to completing the NOFO, see Section IV on expenditures of the grant award, including:
- Statutory Limit ("Cap") on Use of Funds for Administrative Expenditures; and
- Limit of Funds for Conducting and Evaluating a Promising Approach.

See also, Section I:
- Limit of Funds to Support Direct Medical, Dental, Mental Health, or Legal Services; and
- Limit on Use of Funds for Recipient-Level Infrastructure Expenditures.

iv. Budget Narrative
See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

In addition, the MIECHV Program requires the following:

Provide a narrative that explains the amounts requested for each line in the budget. The budget narrative should specifically describe how each item will support the achievement of proposed objectives. You must submit a budget narrative for the entire period of availability from September 30, 2018, until September 30, 2020 (2 years). Line item information must be provided to explain the costs entered in the SF-424A. The budget justification MUST be concise. Do NOT use the justification to expand the proposed project narrative.

Include the following in the Budget Narrative:

Personnel Costs: List each staff member to be supported by (1) MIECHV funds, the percent of effort each staff member spends on the MIECHV award and area of responsibility aligned with the staffing plan (Attachment 6), and (2) in-kind contributions. If personnel costs are supported by in-kind contributions, please indicate the source of funds. Please include the full name of each staff member (or indicate a vacancy), position title, percentage of full-time equivalency dedicated to the MIECHV program, and annual salary. Personnel includes, at a minimum, the project director, primarily responsible for the oversight and/or the project coordinator, primarily responsible for the day-to-day management of the proposed program; staff responsible for quality improvement activities (including but not limited to providing continuous quality improvement support to LIAs); staff responsible for monitoring programmatic activities and use of funds; and staff responsible for data collection, quality, and reporting. This list must include the project director on the Notice of Award.

NOTE: Final personnel charges must be based on actual, not budgeted labor.

Travel: The budget should reflect the travel expenses associated with participating in meetings that address home visiting efforts and other proposed trainings or workshops. All recipients must budget for one All Grantee Meeting in the Washington, DC area for up to five people for 5 days. **Meeting attendance is a grant requirement.**

Supplies: Educational supplies may include pamphlets and educational videotapes—as well as model-specific supplies such as crib kits to promote safe sleep, tools to promote parent/child interaction, etc. that are essential in ensuring model fidelity. Clear justification for the purchase of basic medical supplies must be included.

Contractual: You must ensure your organization or institution has in place and follows an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. You must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. You must provide a breakdown of costs, including the level of effort for home visitor personnel (e.g. full-time equivalent). **HRSA reserves the right to request a line item breakdown for each contract, if necessary.** Reminder: you must notify potential subrecipients (for example, local implementing agencies) that entities receiving subawards must be registered in the System for Award Management (SAM) and provide the recipient with their Dun and Bradstreet Data Universal Numbering System (DUNS) number. "Subaward" means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient. A subaward may be provided through any legal agreement, including a contract.

NOTE: *Contracting* and *subcontracting* are allowable under this program; however, *subgranting* is *not* allowable under this program. Recipients must have a written plan

in place for subrecipient monitoring and must actively monitor subrecipients. (See Section I for more information.)

Timely Federal Funding Accountability and Transparency Act (FFATA) reporting is required by the federal grant recipient to the FFATA Sub-award Reporting System. You must have policies and procedures in place to ensure compliance with FFATA. For more FFATA information, please see Section 6.d. Transparency Act Reporting Requirements of HRSA's *SF-424 Application Guide.*

Consultant contractors can also be listed in this section. For each consultant, specify the scope of work for the consultant, the hourly rate, and the number of hours of expected effort.

Other: The cost of purchasing consultative assistance from public or private entities, if the state determines that such assistance is required in developing, implementing, evaluating and administering home visiting programs, is allowable but must be clearly justified.

Proportions of Budgeted Expenditures: You must describe recipient-level infrastructure costs to enable recipients to deliver home visiting services, including but not limited to administrative costs, and provide the estimated percentage (at no more than 25 percent) of the FY 2018 MIECHV grant awards planned to support those activities. (See Section I and Section IV for guidance about these expenditures.) To seek HRSA approval for spending more than 25 percent of the award amount on recipient-level infrastructure expenditures to enable entities to deliver services, you must provide written justification for this request, to include, for example, a high negotiated indirect cost rate or if the recipient and the LIA are the same entity. This justification should be included within the budget narrative.

For additional information on all the object class categories on the SF-424A and information to be included in the budget narrative, please refer to Section 4.1v. of the HRSA SF-424 Application Guide.

Period of Availability Spreadsheet

Submit a spreadsheet, labeled as **Attachment 10 – Period of Availability Spreadsheet**, that includes the proposed budget by object class category (personnel, fringe, travel, etc.) for each individual fiscal year of the 2-year period of performance/period of availability (9/30/2018 to 9/30/2020), as well as an additional column that indicates how money remaining from the previous FY 2017 MIECHV formula grant is proposed to be spent in Year 1 by object class category (personnel, fringe, travel, etc.).

To support verification that the budget does not exceed limitations on administrative expenditures (not to exceed 10 percent of the total award) and recipient-level infrastructure expenditures (not to exceed 25 percent including administrative expenditures of the award without a request for approval to exceed with written justification), you should split Year 1 and 2 budgets into columns representing Service Delivery Expenditures, Recipient-Level Infrastructure Expenditures that count

against the 25 percent limit, and Administrative Expenditures by object class category. (See Appendix D for definitions of these expenditures.)

For example:

FY 2017 MIECHV formula grant Year 1 of the FY 2018 project period (for budgetary purposes: 9/30/2018-9/29/2019)
Column 1: Remaining funding from FY 2017 MIECHV formula grant to be spent in Year 1 of the FY 2018 project period

FY 2018 MIECHV formula grant - Year 1 (for budgetary purposes: 9/30/2018-9/29/2019)
Column 2: FY 2018 MIECHV formula grant - Year 1 Service Delivery Expenditures
Column 3: FY 2018 MIECHV formula grant - Year 1 Recipient-Level Infrastructure Expenditures that count against the 25 percent limit
Column 4: FY 2018 MIECHV formula grant - Year 1 Administrative Expenditures (including any $200,000 supplement funds budgeted for administrative expenditures)

FY 2018 MIECHV formula grant - Year 2 (for budgetary purposes: 9/30/2019-9/30/2020)
Column 5: FY 2018 MIECHV formula grant - Year 2 Service Delivery Expenditures
Column 6: FY 2018 MIECHV formula grant - Year 2 Recipient-Level Infrastructure Expenditures that count against the 25 percent limit
Column 7: FY 2018 MIECHV formula grant - Year 2 Administrative Expenditures (including any $200,000 supplement funds budgeted for administrative expenditures)

NOTE: The sum of expenditures for service delivery, recipient-level infrastructure, and administrative costs included in this Period of Availability Spreadsheet will **not** add up to the total grant award ceiling amount because certain recipient-level expenditures do not count against the 25 percent limit on recipient-level infrastructure expenditures, and so are not included in this spreadsheet. Additionally, all supplement funds not budgeted for administrative expenditures should **not** be included in this spreadsheet. (See Section I for a list of recipient-level infrastructure expenditures that do not count against the 25 percent limit.)

Verification
Verification must be provided for the following:

Statutory Limit on Use of Funds for Administrative Expenditures
Describe administrative costs and provide the estimated percentage (at no more than 10 percent) of the FY 2018 MIECHV grant award, including the $200,000 supplement, used to support those activities. (See Section IV for more information about this limitation.)

Limit on Use of Recipient-Level Infrastructure Expenditures, including Administrative Expenditures

Describe recipient-level infrastructure costs to enable recipients to deliver home visiting services, including but not limited to administrative costs, and provide the estimated percentage (at no more than 25 percent) of the FY 2018 MIECHV formula grant award the recipient plans to use to support those activities. (See Section I for more information about this limit.) To seek HRSA approval for spending more than 25 percent of the award amount on recipient-level infrastructure expenditures, you must provide written justification for this request, to include, for example, a high negotiated indirect cost rate or if the recipient and the LIA are the same entity. This justification should be included within the budget narrative.

The 25 percent limit on recipient-level infrastructure expenditures does NOT include costs incurred for:

- State-led evaluation activities;
- Update of data management systems related to the HRSA redesign of the MIECHV Program performance measurement system, which took effect in FY 2017, or related to measurement and data system redesign by model developer(s); and
- $200,000 supplement funds provided for completion of an update to the statewide needs assessment and, if budgeted by the applicant, CQI activities to implement a HRSA-approved CQI Plan (*Supplement funds are, however, subject to the statutory limit on administrative expenditures.*[32]). See Appendix B for more information on CQI activities.

Percentage of Total Budgeted Expenditures for Caseload of MIECHV Family Slots Supported by MIECHV and non-MIECHV Funding Sources

Please provide the following information in a table format, labeled as **Attachment 11 – Percentage of Total Budgeted Expenditures to Support the Caseload of MIECHV Family Slots,** supported by MIECHV and non-MIECHV funding sources, to facilitate the federal review of the proposed caseload of MIECHV family slots proposed in NOFO:

- Total budget expenditures, including those supported by non-MIECHV funding sources, to support the Year 1 (defined as FY 2019) caseload of MIECHV family slots proposed in the application.
- Estimated percentage(s) of these total budgeted expenditures supported by the following funding sources:
    - MIECHV
    - Non-MIECHV

Additionally, please provide in a table format:

- Total budget expenditures, including those supported by non-MIECHV funding sources, to support the Year 2 (defined as FY 2020) caseload of MIECHV family slots proposed in the application.

[32] Social Security Act, Title V, § 511(i)(2)(C).

- Estimated percentage(s) of these total budgeted expenditures supported by the following funding sources:
    - MIECHV
    - Non-MIECHV

See Appendix D for the definition of caseload of MIECHV family slots.

NOTE: If the recipient utilizes any funding sources in addition to MIECHV to support the caseload of MIECHV family slots proposed, the total budgeted expenditures should be *greater* than the budget request submitted in this application. The budgeted expenditures in the table should represent a complete estimate of the costs supporting the caseload proposed to HRSA in this application, including MIECHV and non-MIECHV funds. This table should **not** include costs or funding sources for home visiting in the state that does not support the caseload of MIECHV family slots proposed in this application.

Supplement Funds for the Statewide Needs Assessment Update

In the overall budget narrative, include a narrative that explains the amounts requested for each line in the $200,000 supplement budget. (See Appendix C for guidance.) **No more than $200,000 of MIECHV grant funds may be budgeted to complete the update to the statewide needs assessment. Any remaining requested supplement funds not allocated towards completing a needs assessment update must be budgeted for CQI activities as outlined in a HRSA-approved CQI Plan.**

The supplement budget narrative should describe how each line item (i.e. personnel, fringe benefits, contractual, etc.) will support a needs assessment update. Line item information must be provided to explain the costs entered in the SF-424A form. You can budget supplement funds across the full 2-year period of availability. HRSA intends to issue a Supplemental Information Request (SIR) no earlier than January 2019 to provide guidance to recipients on how to update and submit their statewide needs assessments by the statutory deadline of October 1, 2020. A draft of the SIR guidance is available upon request by emailing paperwork@hrsa.gov, as outlined in the Federal Register Notice posted on April 24, 2018 and accessible here: https://www.gpo.gov/fdsys/pkg/FR-2018-04-24/pdf/2018-08539.pdf. You should consult the draft SIR to assist in developing budgets for supplement funds for this NOFO application. However, because the final SIR guidance will be released after the deadline for application submissions, you may request revisions to proposed plans and budgets, as needed, in accordance with federal requirements.

v. Program-Specific Forms

To prepare successful applicants for the reporting requirements, the listing of administrative forms for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/X10_5.HTML.

vi. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of nonprofit status (if applicable) will not count toward the page limit. **You must clearly label each attachment**.

Unless otherwise noted, attachments count toward the application page limit (80 pages). Indirect cost rate agreements and proof of nonprofit status (if applicable) will not count toward the page limit. Each attachment must be clearly labeled.

- ***Attachment 1: Work Plan Timeline (required; counts toward the 80 page limit)***
  See Section IV for more information.

- ***Attachment 2: At-Risk Communities (required; counts toward the 80 page limit)***
  See Section IV for more information.

- ***Attachment 3: Caseload of MIECHV Family Slots (required; counts toward the 80 page limit)***
  See Section IV for more information.

- ***Attachment 4: Local Implementing Agencies (required; counts toward the 80 page limit)***
  See Section IV for more information.

- ***Attachment 5: Maintenance of Effort Chart (required; counts toward the 80 page limit)***
  See Section I for guidance regarding maintenance of effort. HRSA will enforce statutory MOE requirements through all available mechanisms. Recipients must complete and submit the following chart in Attachment 5:

NON-FEDERAL EXPENDITURES

FY Prior to Application (Actual)	Current FY of Application (Estimated)
Actual prior state FY non-federal (State General Funds) expended for the proposed project by **the recipient entity administering the MIECHV formula grant,** for the evidence-based home visiting services in response to a statewide needs assessment, as updated. **Include prior state general funds expended only by the recipient entity administering the MIECHV grant and not by other state agencies.** If proposed activities are not currently funded by the recipient, enter $0. (Nonprofit recipients must agree to take all steps reasonably available for this purpose and must provide appropriate documentation from the state supporting its accomplishment of the maintenance of effort/non-supplantation requirement.). Amount: $_____	Estimated current state FY non-federal (State General Funds) designated by the **recipient entity administering the MIECHV formula grant,** for the evidence-based home visiting services in response to a statewide needs assessment, as updated. **Include current state general funds expended only by the recipient entity administering the MIECHV grant and not by other state agencies.** (Nonprofit recipients must agree to take all steps reasonably available for this purpose and must provide appropriate documentation from the state supporting its accomplishment of the maintenance of effort/non-supplantation requirement.) Amount: $_____

- ***Attachment 6: Applicant Staffing Plan (required; counts towards the 80 page limit)***
  See Section IV for more information.

- ***Attachment 7: Organizational Chart (required; counts toward the 80 page limit)***
  See Section IV for more information.

- ***Attachment 8: Documentation of NEW Proposed Contracts, if applicable (counts toward the 80 page limit)***
  See Section IV for more information.

- ***Attachment 9: Model Developer Documentation, if applicable (counts toward the 80 page limit)***
  See Section I for more information.

- ***Attachment 10: Period of Availability Spreadsheet (required; counts toward the 80 page limit)***
  See Section IV for more information.

- ***Attachment 11: Percentage of Total Budgeted Expenditures to Support the Caseload of MIECHV Family Slots (required; counts towards the 80 page limit)***
  See Section IV for more information.

- ***Attachment 12: Debarment, Suspension, Ineligibility, and Voluntary Exclusion –Explanation of Inability to Certify, if applicable (counts toward the 80 page limit, with the exceptions as mentioned above)***
  See Section IV for more information.

- ***Attachment 13: Justification to use the Enrollment Slot Method, if applicable (counts toward the 80 page limit, with the exceptions as mentioned above)***
  See Section IV for more information.

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d))**.**

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:
- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 Application Guide*.

ALERT from SAM.gov: You must now provide an original, signed notarized letter stating that you are the authorized Entity Administrator before your registration will be activated by SAM.gov. Please read these FAQs to learn more about this process change. Plan for additional time associated with submission and review of the notarized letter. This requirement is effective March 22, 2018 for new entities registering in SAM. This requirement is effective April 27, 2018 for existing registrations being updated or renewed. Entities already registered in SAM.gov are advised to log into SAM.gov and review their registration information, particularly their financial information.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date
The due date for applications under this notice of funding opportunity is *June 29, 2018 at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 days before the deadline** to allow for any unforeseen circumstances.

See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The MIECHV Program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

Limit ("Cap") on Use of Funds for Administrative Expenditures
Use of MIECHV grant funding is subject to a limit on administrative expenditures, as further described below, which track the restrictions of the Title V Maternal and Child Health Services Block grant program on such costs.[33]

No more than 10 percent of the award amount may be spent on administrative expenditures.

For purposes of this NOFO, the term "administrative expenditures" refers to the costs of administering a MIECHV grant incurred by the applicant, and includes, but may not be limited to, the following:

[33] Social Security Act, Title V, § 511(i)(2)(C).

- Reporting costs (MCHB Administrative Forms in HRSA's Electronic Handbooks, Home Visiting Information System, Federal Financial Report, and other reports required by HRSA as a condition of the award);
- Project-specific accounting and financial management;
- Payment Management System drawdowns and quarterly reporting;
- Time spent working with the HRSA Grants Management Specialist and HRSA Project Officer;
- Subrecipient monitoring;
- Complying with Federal Funding Accountability and Transparency Act subrecipient reporting requirements;
- Support of HRSA site visits;
- The portion of regional or national meetings dealing with MIECHV grants administration;
- Audit expenses; and
- Support of HHS Office of Inspector General (OIG) or Government Accountability Office (GAO) audits.

NOTE: The 10 percent cap on expenditures related to administering the grant does not flow down to subrecipients. This is not a cap on the negotiated indirect cost rate. Administrative costs related to programmatic activities are not subject to the 10 percent limitation. You must develop and implement a plan to determine and monitor these costs to ensure you do not exceed the 10 percent cap.

NOTE: The $200,000 supplement is subject to the statutory requirement that not more than 10 percent of the grant award may be used for administering the grant.

Limitation on Use of Funds for Conducting and Evaluating a Promising Approach

No more than 25 percent of the MIECHV grant award for a fiscal year may be expended for purposes of conducting and evaluating a program using a service delivery model that qualifies as a promising approach.[34] This 25 percent limit on expenditures pertains to the total funds awarded to the recipient for the fiscal year. (See Appendix D for a definition of promising approach.)

This program is not subject to the General Provisions in Division H of the Consolidated Appropriations Act, 2017 (P.L. 115-31). Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in FY 2019, as required by law.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative(s) applied to the award(s)

[34] Social Security Act, Title V, § 511(d)(3)(A).

under the program will be addition. Post-award requirements for program income can be found at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

This notice of funding opportunity is for a formula-based grant program that does not require objective review of the application against review criteria. HRSA is responsible for the review of each application for eligibility including completeness, accuracy, and compliance with the requirements outlined in this program notice.

2. Review and Selection Process

The funds will be distributed among eligible applicants as a formula-based grant. Maximum funding amounts that you can apply for will be communicated via HRSA Electronic Handbooks.

You should request funds not exceeding the estimated total grant award ceiling, to support a proposed caseload of MIECHV family slots through use of one or more evidence-based models eligible for implementation under MIECHV that meet the HHS criteria for evidence of effectiveness or a home visiting model that qualifies as a promising approach. (See Section VIII for a list of evidence-based models eligible for implementation under MIECHV that meet the HHS criteria for evidence of effectiveness; see Appendix D for a definition of caseload of MIECHV family slots and promising approach.) Based on review of the application, HRSA program staff and grants management officials will either approve or request clarification to the proposed caseload of MIECHV family slots by fiscal year and any proposed model enhancement(s). (See Section I for more information about model enhancements.) The funding award is dependent upon the approved, agreed upon caseload and enhancement plans.

3. Assessment of Risk and Other Pre-Award Activities

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory or other requirements (45 CFR § 75.205).

Applications will be reviewed for past performance, cost analysis of the project/program budget, assessment of your management systems, applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. You may be asked to submit additional programmatic or administrative information (such as an updated budget) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that an award will be made. Following review of all applicable information, HRSA's approving and business management officials will determine whether an award can be made, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified (45 CFR § 75.212).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 30, 2018.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 30, 2018. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

Requirements under Subawards and Contracts under Grants:
The terms and conditions in the Notice of Award (NOA) apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients and contractors under grants, unless the NOA or this NOFO specifies an exception. See 45 CFR § 75.101 Applicability for more details.
Exception: The 10 percent cap on expenditures related to administering the grant does not flow down to subrecipients.

Human Subjects Protection:
Federal regulations (45 CFR part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the

adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

3. Reporting

Administrative Forms

The new Discretionary Grant Information System (DGIS) reporting system will continue to be available through the Electronic Handbooks (EHBs). HRSA enhanced the DGIS and these improvements are available for recipient reporting as of October 1, 2017. HRSA will communicate with recipients and provide instructions on how to access the system for reporting. HRSA will also provide technical assistance via webinars, written guidance, and one-on-one sessions with an expert, if needed.

Demographic, Service Utilization, and Select Clinical Indicators; Performance Indicators and Systems Outcomes Measures; and Quarterly Performance Reporting

Data for FY 2018 MIECHV Annual Performance Reporting Forms 1 and 2 must be submitted by October 30, 2018. Recipients will provide demographic, service utilization, and select clinical indicators and performance indicators and systems outcomes measures into the Home Visiting Information System (HVIS) accessed through EHBs that represent activities occurring during the reporting period of October 1, 2017, through September 30, 2018. Subsequent annual performance reporting will be required using the same timeline.

Data forms are available online at:
https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/performanceresources/form1benchmark.pdf
and
https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/performanceresources/form2benchmark.pdf.

The demographic, service utilization, and select clinical indicators performance report will include: an unduplicated count of enrollees; participant race and ethnicity; socioeconomic data; other demographics; number of households from priority populations; service utilization across all models; among other measures. **Note that all data regarding enrollees should include only those enrollees served by a trained home visitor implementing services with fidelity to the model for whom at least 25 percent of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding, or identified as MIECHV based on the designation of the slot they are assigned at enrollment and in accordance with the terms of the contractual agreement between the MIECHV state recipient and the LIA.**

The performance indicators and systems outcomes performance report include data collected for the 19 constructs defined by HRSA within the six benchmark areas. These constructs include: preterm birth, breastfeeding, depression screening, well child visits, postpartum care, tobacco cessation referrals, safe sleep, child injury, child maltreatment, parent-child interaction, early language and literacy activities, developmental screening, behavioral concerns, intimate partner violence screening,

primary caregiver education, continuity of insurance coverage, completed depression referrals, completed developmental referrals, and intimate partner violence referrals. Specific inclusion and eligibility criteria has been established for each measure. Refer to technical assistance resources for more information (https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-technical-assistance/performance-reporting-and-evaluation-resources).

HRSA requires that recipients submit performance reports on a quarterly basis that include: the number of new and continuing households served; maximum service capacity; identification of communities and zip codes where households are served; family engagement and retention, and; staff recruitment and retention. **Note that all data regarding enrollees should include only those enrollees served by a trained home visitor implementing services with fidelity to the model for whom at least 25 percent of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding, or identified as MIECHV based on the designation of the slot they are assigned at enrollment and in accordance with the terms of the contractual agreement between the MIECHV state recipient and the LIA.** These reports will be submitted through the HVIS system, accessed through EHBs. Quarterly reporting periods are defined as follows. Reports will be due no later than 60 days after the end of each reporting period:

- Q1 – October 1-December 31;
- Q2 – January 1-March 31;
- Q3 – April 1-June 30; and
- Q4 – July 1-September 30.

MIECHV-supported LIAs that have been active for a year or longer should strive to maintain an active enrollment of at least 85 percent of their maximum service capacity. Quarterly performance reports will assist HRSA in tracking this information at the state-level for grants oversight and monitoring purposes and to be better able to target technical assistance resources, as necessary.

Period of Performance End Performance Reporting

Final performance reports are due within 90 days of the end of the period of performance. The reports include financial, performance measure, program, and abstract data, as well as products and publications. Recipients will receive notification via email from EHBs. Successful recipients receiving grant funding will be required to complete electronically the program specific data forms that appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/X10_5.HTML .

Integrity and Performance Reporting

The Notice of Award will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Tya Renwick
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 594-0227
Email: trenwick@hrsa.gov

Janene P. Dyson
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10N190A
Rockville, MD 20857
Telephone: (301) 443-8325
Email: jdyson@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting the following based on your region:

Susan Marsiglia Gray
Supervisory Public Health Analyst
Division of Home Visiting and Early Childhood Systems
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-3540
Email: smarsiglia@hrsa.gov

Marilyn Stephenson
Supervisory Public Health Analyst
Division of Home Visiting and Early Childhood Systems
Maternal and Child Health Bureau
Health Resources and Services Administration
61 Forsyth Street SW Suite 3M60
Atlanta, GA 30303
Telephone: (404) 562-1489
Email: mstephenson@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Evidence-based Models Eligible to Home Visiting Program Applicants
You may select one or more of the evidence-based service delivery models from the list below.

(NOTE: Models are listed alphabetically.)

Attachment and Biobehavioral Catch-Up (ABC) Intervention
Child FIRST
Durham Connects/Family Connects
Early Head Start – Home-Based Option
Early Intervention Program for Adolescent Mothers
Early Start (New Zealand)
Family Check-Up for Children
Family Spirit
Health Access Nurturing Development Services (HANDS) Program
Healthy Beginnings
Healthy Families America
Home Instruction for Parents of Preschool Youngsters
Maternal Early Childhood Sustained Home Visiting Program
Minding the Baby
Nurse-Family Partnership
Parents as Teachers
Play and Learning Strategies – Infant
SafeCare Augmented

These models have met HHS criteria for evidence of effectiveness. HHS uses Home Visiting Evidence of Effectiveness (HomVEE, http://homvee.acf.hhs.gov/) to conduct a thorough and transparent review of the home visiting research literature and provide an assessment of the evidence of effectiveness for home visiting program models that target families with pregnant women and children from birth to kindergarten.

NOTE: In addition to the HHS criteria for evidence of effectiveness, the statute specifies that a model selected by a eligible entity "conforms to a clear consistent home visitation model that has been in existence for at least 3 years and is research-based, grounded in relevant empirically-based knowledge, linked to program determined outcomes, associated with a national organization or institution of higher education that has comprehensive home visitation program standards that ensure high quality service delivery and continuous program quality improvement," among other requirements.[35]

Technical Assistance

HRSA has scheduled the following technical assistance webinars:

Day and Date: Wednesday, May 9, 2018
Time: 3 - 5 p.m. ET
Call-in number and registration for this webinar will be available here:
https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/program-implementation-and-fiscal-management-resources

HRSA will record the webinar and archive the recording on the same webpage by Wednesday, May 16, 2018.

Public Burden Statement

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0355. Public reporting burden for this collection of information is estimated to average 42 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10C-03I, Rockville, MD 20857.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 Application Guide*.

[35] Social Security Act, Title V, § 511(d)(3)(A).

APPENDIX A: Expectations for Research and Evaluation Activities

MIECHV's learning agenda involves a combination of: (1) continuous quality improvement; (2) performance measurement; (3) rigorous evaluation at the national and local levels; and (4) support for research infrastructure in the field. Each of these activities provides important, but distinct, information about the program to help improve MIECHV's effectiveness and to build the broader knowledge base regarding home visiting.

Recipients may propose evaluations that extend or build upon previous MIECHV state-led evaluations. However, such proposals must provide rationale for extending a prior state-led evaluation. Recipients must conduct distinct analyses and provide distinct findings for evaluation activities under each grant award. Proposing an extension of an existing state-led evaluation does not justify a delay in reporting deadlines required of each grant award. A complete final evaluation report must be submitted at the end of each grant period in which evaluation activities were conducted.

Recipients that propose to extend prior evaluations must include at least one of the following:

- One or more new questions of interest appropriate to the evaluation design and analysis plan; and/or
- An innovation that will increase study rigor, such as a proposed increase to the study sample size. (The recipient must describe how the innovation will enhance the evaluation's rigor and the generalizability of evaluation findings.)

State-Led Evaluation

The Administration for Children & Families (ACF) Common Framework for Research and Evaluation outlines the roles of various types of research and evaluation in generating information and answering empirical questions. More specifically, the framework describes the purpose of each type of research and the empirical and theoretical justifications for each. Recipients can refer to this document when planning their evaluation to examine the evidence that can be expected to be generated from the different types of studies and relevant aspects of research design that will contribute to high quality evidence. The framework can be found online: https://www.acf.hhs.gov/sites/default/files/opre/acf_common_framework_for_research_and_evaluation_v02_a.pdf.

Evaluation of a Promising Approach

The purpose of the evaluation of a promising approach is to contribute to the evidence that may help support meeting HHS's criteria for evidence of effectiveness.[36] Such an evaluation must include an appropriate evaluation design for an assessment of impact and meet expectations of rigor outlined later in this Appendix. Recipients may propose to continue an existing evaluation of a promising approach implemented through prior MIECHV awards in order to meet the requirements of this section. Proposed evaluations for promising approaches must meet the following criteria:

[36] Social Security Act, Title V, § 511 (d)(3)(A)(iii)

- Be a rigorous impact evaluation with the purpose of assessing the effectiveness of the program model (see criteria for rigorous evaluation below) and
- Use appropriate comparison conditions (i.e. randomized controlled trial or quasi-experimental design).

An evaluation plan describing the technical details of the evaluation is due to HRSA no later than 120 days after issuance of the Notice of Award. Technical assistance will be provided by HRSA to assist recipients in finalizing their evaluation plans, developing internal capacity to conduct the evaluation, coordinating state-led evaluations that are addressing common questions of interest, and in disseminating evaluation results.

Evaluation of Other Recipient Activities

Recipients that are implementing evidence-based models are ***not required*** to conduct an evaluation of their home visiting program. However, HRSA encourages recipients to conduct and/or continue such evaluations, particularly if implementing an approved model enhancement. These are an important component of the continuous learning and knowledge-building that is key to the MIECHV program. The purpose of such an evaluation is to contribute to the recipient's own understanding of their program and improve program design and/or operations based on empirical information. Using the ACF Common Framework for Research and Evaluation, recipients should choose study design that best fits their programmatic questions. (See Appendix D for study definitions.)

For other evaluations proposed or continued, the recipients must describe an evaluation plan that will: (1) answer an important question or questions of interest to the recipient; (2) include an appropriate evaluation design for the question(s) of interest; and (3) meet expectations of rigor, as defined below.

An evaluation plan describing the technical details of the study is due to HRSA no later than 120 days after issuance of the Notice of Award. Technical assistance will be provided by HRSA to assist recipients in finalizing their evaluation plans, developing internal capacity to conduct the study, coordinating state-led evaluations that are addressing common questions of interest, and in disseminating results. Changes or updates to the focus or methods in an approved evaluation plan must be reviewed and approved by HRSA prior to the changes being implemented. See the table below for details.

Changes that need HRSA approval	**Examples**
Change in evaluation focus	Evaluating a different program activity or having different evaluation questions from approval evaluation plan. For example: • Evaluate reflective supervision instead of breast feeding consultations. • Evaluation question dropped because administrative data took too long to access.

Changes in methods	**Sampling strategy**- For example, dropping a comparison group because too difficult to recruit home visitors into control group, or changing study recruitment strategies to increase sample size. **Analytical strategy**- Changing from quantitative to qualitative data (e.g., instead of conducting surveys with parents, evaluators interview parents because there are too few parent participants).

The following are guidelines for planning and budgeting, implementation, and reporting on evaluations:

Evaluations must address a question or questions of interest to the recipient: The evaluation methodology should be specific and related to the stated goals, objectives, and priorities of the project. Evaluations should be designed to directly address a question or questions of interest to the recipient.

Evaluations must go beyond collecting and analyzing benchmark data: The evaluation guidance is different from the statutorily-required benchmark performance data collection.[37] Evaluations may explore methods to improve benchmark performance measurement or outcomes in those domains but the evaluation proposed may not be the same activities recipients are required to conduct for Performance Measurement Plans.

Recipients will contract with third party evaluators, if necessary: If the recipient does not have the in-house capacity to conduct an objective, comprehensive evaluation, the recipient may, if necessary, contract with an institution of higher education, or a third-party evaluator specializing in social science research and evaluation. It is important that evaluators have the necessary independence from the project to support objectivity. A skilled evaluator can assist in designing an evaluation strategy that is rigorous and appropriate given the goals and objectives of the proposed project. Also, evaluators should have past experience in building successful partnerships with relevant human service delivery programs, including evidence-based home visiting programs.

All proposed evaluations must be approved by HRSA: Recipients proposing an evaluation must submit a detailed evaluation plan to HRSA for review and approval within 120 days of the issuance of the Notice of Award. HHS supports a contract for the provision of technical assistance for evaluation-related activities for home visiting programs. Recipients will receive support from the technical assistance provider as their evaluation plans are reviewed by HRSA. Recipients can expect extensive assistance from the HRSA Project Officer, technical assistance provider, and other

[37] Social Security Act, Title V, § 511(d)(1)(A).

federal staff prior to the final approval of any evaluation plan. It is HRSA's expectation that proposed evaluation plans may undergo significant revisions prior to final approval.

Recipients may choose the type of evaluation they will implement: Assuming the proposed evaluation design is appropriate to address the question(s) of interest and meets the requirements for rigor (outlined below), recipients may conduct study designs outlined in the ACF Common Framework for Research and Evaluation referenced above. The evaluation may utilize qualitative and/or quantitative research approaches. However, recipients should be sensitive to the limitations of drawing conclusions about program efficacy from non-experimental evaluation designs and should design the proposed evaluation accordingly in order to answer the evaluation question(s).

Recipients must provide updates on the progress of their evaluations to HRSA: Recipients are required to provide regular quarterly updates about evaluation activities, challenges, and progress through conference calls with the HRSA Project Officer, technical assistance provider, and other federal staff. Recipients will provide updates on meeting evaluation milestones described in the approved evaluation plan, and will use these meetings to discuss solutions to any challenges experienced. Any requested changes to approved evaluation plans should be discussed during these meetings. In addition, recipients who are evaluating promising approaches are required to submit semi-annual written updates on the progress of the evaluation to the HRSA Project Officer, technical assistance provider, and other federal staff.

Recipients must provide final reports of evaluation results to HRSA: Recipients are required to provide summary final reports of evaluation results to HRSA in accordance with the timeline included in the approved evaluation plan. Final reports should contain sufficient information on the evaluation question(s), and the design, implementation, results, and limitations of the evaluation to allow for the dissemination of findings and allow HRSA to describe results across projects.

Budgets for evaluation activities should be: (1) appropriate for the evaluation design and question(s); (2) adequate to ensure quality and rigor, and; (3) in line with available program and organizational resources: HRSA recommends a maximum funding ceiling of 10 percent of the total requested budget for evaluation activities. HRSA also recommends that a minimum of $100,000 be devoted to evaluation-related activities to ensure the appropriate level of quality and rigor. However, if appropriate to the scale, complexity, and design of the evaluation, a recipient may propose less than this amount. The applicant should provide appropriate support for their evaluation budget in the budget justification.

The ACF Common Framework for Research and Evaluation outlines standards for rigorous evaluation, as summarized in the table below.

Rigor in Quantitative Evaluation	**Rigor in Qualitative Evaluation**
Credibility/Internal Validity: Ensuring what is intended to be evaluated is actually what is being evaluated; ensuring that the method(s) used is the most	***Credibility*****:** Presenting an accurate description or interpretation of human experience that people who also share the same experience could recognize.

definitive and compelling approach that is available and feasible for the question being addressed.	Strategies for accomplishing this include obtaining informal feedback from the participants who provided the data to ensure that the interpretations reported are recognized as accurate representations. Drawing on the words of research participants when composing a final report and the amount of time spent with participants both strengthen the validity of a qualitative study.
***Applicability/External Validity*:** Generalizability of findings beyond the current project (i.e. when findings "fit" into contexts outside the study situation). Ensuring the population being studied represents one or more of the populations being served by the program.	***Transferability*:** The ability to transfer research findings or methods from one group to another. A way of accomplishing this kind of applicability with qualitative findings is to provide extensive descriptions of the population studied—in terms of the context and demographics of participants—and conducting a study that is methodologically similar with demographically different participants.
Consistency/Reliability: When processes and methods are consistently followed and clearly described so that someone else could replicate the approach and other studies can confirm what is found.	***Dependability:*** When another researcher can follow the decision chain in qualitative work, by describing the: purpose of the study; inclusion criteria; data collection methods; interpretative methods; and techniques for determining the credibility of findings.
***Neutrality*:** Producing results that are as objective as possible and acknowledge the bias and limitations brought to the collection, analysis, and interpretation of results.	***Confirmability:*** Requiring the researcher to be reflexive, or self-critical about how their own biases affect the research; takes into account the researcher's unique perspective and examines the extent to which another researcher can corroborate or confirm the findings.

APPENDIX B: Specific Guidance Regarding Performance Indicators and Systems Outcome Measures and Continuous Quality Improvement Plan

Performance Indicators and Systems Outcome Measures

Guidance for meeting reporting requirements on performance indicators and systems outcome measures aligned with legislatively mandated benchmark areas,[38] demographic, service utilization, and select clinical indicators is available online at https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-technical-assistance/performance-reporting-and-evaluation-resources.

The guidance includes the constructs under each of the six legislatively mandated benchmark areas for which performance indicators and systems outcomes measures have been developed. Information collected for these benchmarks is collected from participants voluntarily enrolled in the home visiting program and who have provided informed consent. The collected data is aggregated for state-level data reporting and personal identifiers are not reported to the Federal Government.

Under each benchmark area, HRSA has defined performance indicators and/or systems outcome measures. Each recipient should have an approved Performance Measurement Plan that outlines the details of each performance measure and related data collection, reporting, and analysis activities. Recipients should ***not*** propose updates or changes to those plans at this time. See Section VI for further information regarding plans related to meeting legislatively-mandated reporting in FY 2018.

Continuous Quality Improvement Plan

The criteria listed below should be addressed in a new or updated annual CQI Plan, which HRSA will request in early FY 2019. Include activities of state-level and LIA-level teams as part of participation in the Home Visiting Collaborative Improvement and Innovation Network.(HV CoIIN):

- A list of LIAs that will participate in CQI activities, including the topic(s) of focus for each LIA, a justification for why those topics were selected, and an explanation for how those efforts will align with statewide priorities.
- SMART (specific, measurable, attainable, relevant and timely) aims for the CQI projects proposed or underway at individual LIAs. These aims are not limited to performance measurement constructs and/or benchmarks.
- A description of data systems available at the local level for CQI purposes, including plans for how CQI data will be collected in an appropriately frequent manner (monthly is typical for CQI purposes). Briefly explain the mechanisms available to CQI teams and home visitors at the local level to: track progress; determine if change ideas tested result in improvement; identify the need for course corrections; and use data to drive decision making.
- A description of how the recipient will foster an environment which encourages reflective practice and specific methods and processes for integrating learning based on data into staff training and technical assistance provided to LIAs.

[38] Social Security Act, Title V, § 511(d)(1)(A).

- A description of how the recipient will engage with technical assistance providers for the purposes of improving practices and methods related to practice- and system-based learning.
- A description of how the recipient will foster an environment that encourages reflective practice and specific methods and processes for integrating reflective practice into staff training and technical assistance provided to LIAs.
- A description of how the recipient will engage with technical assistance providers for the purposes of improving practices and methods related to reflective practice.
- A description of the CQI tools utilized by LIA teams. These may include a charter that outlines the scope of the CQI project, a driver diagram that displays the theory of change underlying the improvement effort, a small set of outcome and process measures to track progress, process maps (also known as flow charts), cause and effect diagrams, and data graphs such as frequency plots, run charts and Pareto charts.
- A description of to what extent the LIA management support direct involvement in CQI activities and allocation of staff time.
- A description of to what extent home visiting clients are included in CQI teams.
- A summary of financial support for CQI, including allocation of resources and staff time at the state/territory-level and local-level.
- A list of state/territory-level personnel assigned to CQI teams, including their relevant experience and skills.
- A list of active and completed CQI projects at the state-level including type (e.g., collaborative), topic, and SMART aims.
- A description of training and coaching activities planned to strengthen CQI competencies for state/territory and LIA teams. Include any plans to disseminate successful CQI activities beyond the original sites and describe processes for assessing progress and providing support to LIAs, when needed.

Technical assistance is available to recipients in the ongoing planning and implementation of their CQI activities. Recipients should consider the cost of CQI activities in developing their budgets. If the scope of a CQI Plan changes substantially from one year to the next or during an implementation year, recipients will be expected to provide their HRSA Project Officer with an updated plan and rationale for the modification within 90 days.

NOTE: Any remaining requested supplement funds not allocated towards completing a needs assessment update must be budgeted for CQI activities as outlined in a HRSA-approved CQI Plan.

APPENDIX C: Supplement to Update the Statewide Needs Assessment

The Bipartisan Budget Act of 2018 requires MIECHV recipients to review and update a statewide needs assessment (which may be separate from but in coordination with the Title V statewide needs assessment) by October 1, 2020.[39] HRSA recognizes the needs assessment as a critical and foundational resource for states and territories in identifying and providing comprehensive services for at-risk communities. An update to the statewide needs assessment ensures home visiting resources are targeted to at-risk communities.

HRSA intends to issue a Supplemental Information Request (SIR) no earlier than January 2019 to provide guidance to recipients on how to update and submit their statewide needs assessments by the statutory deadline of October 1, 2020. Each eligible applicant will receive a supplement of up to $200,000, in addition to the FY 2018 formula award, to support an update to the statewide needs assessment. **No more than $200,000 of MIECHV grant funds may be budgeted to complete the update to the statewide needs assessment. Recipients may use non-MIECHV funds to complete the update.**

A draft of the SIR guidance is available upon request by emailing paperwork@hrsa.gov, as outlined in the *Federal Register* Notice posted on April 24, 2018 and accessible here: https://www.gpo.gov/fdsys/pkg/FR-2018-04-24/pdf/2018-08539.pdf. Recipients should consult the draft SIR to assist in developing budgets for supplement funds for the NOFO application. However, because the final SIR guidance will be released after the deadline for application submissions, recipients may request revisions to proposed plans and budgets, as needed, in accordance with federal requirements.

Release of this NOFO has been coordinated with the release of the *Federal Register* Notice seeking public comment on the draft SIR to support recipients in budgeting supplement funds for the statewide needs assessment update and planning for the FY 2018 project period.

Final guidance for completing the update to the needs assessment will be issued in the SIR. Recipients should **not** begin activities to complete the needs assessment update until release of the final SIR (no earlier than January 2019) in order to ensure compliance with the SIR guidance and avoid unnecessary effort.

To support state and nonprofit recipients in updating their statewide needs assessments, HRSA will provide these recipients with nationally standardized county-level data that include key indicators of at-risk communities as outlined in authorizing legislation.[40] Non-profit awardees will be required to provide documentation that they are submitting on behalf of the state where they provide services. In recognition of the unique needs and availability of risk population health data, a separate SIR will be released with guidance for territory recipients.

[39] Social Security Act, Title V, § 511(b)(1), as amended by the Bipartisan Budget Act of 2018, Title VI, § 50603.
[40] Social Security Act, Title V, § 511(b).

HRSA intends to include in the SIR the following options for recipients to consider in completion of their needs assessments update:

1. Recipients may utilize a **simplified method** that reduces burden on recipients and allows for flexibility by providing recipients with an initial list of at-risk communities in their state that recipients can add to by leveraging state and local data sources. Recipients will receive from HRSA a list of at-risk communities (defined at the county level through the simplified method) and the county-level data considered in the method.

   The simplified method developed indices of risk factors in five domains – low socioeconomic status, adverse perinatal outcomes, child maltreatment, crime, and substance abuse – aligned with statute and based on nationally available county-level data. The method identifies a county as at-risk if at least half of the indicators within at least two domains had z-scores greater or equal to one standard deviation higher than the mean.

   If the simplified method does not yield in its list of at-risk communities those communities known as at-risk, such as communities recipients are currently serving located within a county with less overall risk, **recipients may add at-risk communities to the list with data and other information that may not be evident in standardized county-level data.**

   The goals of this option are to reduce burden on recipients and their resources by leveraging existing data, increase alignment across states in how at-risk communities are defined, and retain flexibility for states to add at-risk communities based on local data and knowledge of emerging trends. Additional elements required of the update to the statewide needs assessment will be available in the forthcoming SIR.

   Recipients that select the simplified method may not need to budget all of the FY 2018 supplement funds to update the needs assessment, and instead, could direct remaining requested supplement funds to continuous quality improvement (CQI) activities outlined in a HRSA-approved CQI Plan.

2. Recipients may alternately utilize an **independent method** that aligns with HRSA requirements to be issued in the SIR. Depending on the independent method selected, recipients may not need to budget the entire FY 2018 supplement to update the needs assessment, and instead, could direct remaining requested supplement funds to CQI activities outlined in a HRSA-approved CQI Plan.

   NOTE: Recipients will continue to be able to select which at-risk communities identified in the update to the statewide needs assessment they will target for home visiting services. HRSA does not anticipate requiring recipients to shift resources away from currently served at-risk communities provided recipients describe the risk faced in those at-risk communities through existing data or other information.

For the purposes of this FY 2018 NOFO submission, you must budget up to $200,000 in supplement funds (included in the award ceiling amount) to support the completion of an update of the statewide needs assessment by October 1, 2020 in accordance with a SIR that will be released no later than January 2019. Any remaining requested supplement funds not allocated towards completing an update to a needs assessment must be budgeted for CQI activities as outlined in a HRSA-approved CQI Plan (See Appendix B for guidance on CQI Plans.)

> NOTE: As a reminder, the $200,000 supplement is NOT subject to the recipient-level infrastructure limit (see description Section I). However, these funds are subject to the statutory requirement that not more than 10 percent of the grant award may be used for administering the grant.[41]

[41] Social Security Act, Title V, § 511(i)(2)(C).

APPENDIX D: Glossary of Selected Terms

Administrative Expenditures – Administrative expenditures refer to the costs of administering a MIECHV grant incurred by the recipient, and include, but may not be limited to, the following:

- Reporting costs (Discretionary Grants Information System, Home Visiting Information System, Federal Financial Report, and other reports required by HRSA as a condition of the award);
- Project-specific accounting and financial management;
- Payment Management System drawdowns and quarterly reporting;
- Time spent working with the HRSA Grants Management Specialist and HRSA Project Officer;
- Subrecipient monitoring;
- Complying with Federal Funding Accountability and Transparency Act subrecipient reporting requirements;
- Support of HRSA site visits;
- The portion of regional or national meetings dealing with MIECHV grants administration;
- Audit expenses; and
- Support of HHS Office of Inspector General or Government Accountability Office (GAO) audits.

At-risk communities – States are required to give service priority to eligible families residing in at-risk communities identified by a statewide needs assessment. At-risk communities are those for which indicators, in comparison to statewide indicators, demonstrated that the community was at greater risk than the state as a whole. At-risk communities are further defined as communities with concentrations of the following indicators: premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of at risk prenatal, maternal, newborn, or child health; poverty; crime; domestic violence; high rates of high-school dropouts; substance abuse; unemployment; or child maltreatment. The identification of at-risk communities was to be based on a comparison of statewide data and data for the community identified as being at-risk. These data could be supplemented with any other information the state may have had available that informed the designation of a community as being at-risk; consequently, updates to the designation of at-risk communities are also permissible. Once the state identified the at-risk communities, the state had the option to target them all or to target the community(ies), sub-communities or neighborhoods deemed to be at greatest risk, if sufficient data for these smaller units were available for assessment.

Caseload of MIECHV family slots – The caseload of MIECHV family slots (associated with the maximum service capacity) is the highest number of families (or households) that could potentially be enrolled at any given time if the program were operating with a full complement of hired and trained home visitors. All members of one MIECHV family or household represent a single MIECHV caseload slot. The count of slots should be distinguished from the cumulative number of enrolled families during the reporting period.

For the purposes of reporting to HRSA on performance reporting Forms 1, 2, and 4, a "MIECHV family" is defined as a family served during the reporting period by a trained home visitor implementing services with fidelity to the model and that is identified as a MIECHV family at enrollment. HRSA has identified two different methods that can be used to identify MIECHV families that are described below:

1. *Home Visitor Personnel Cost Method (preferred method):* Families are designated as MIECHV at enrollment based on the designation of the home visitor they are assigned. Using this methodology, recipients designate all families as MIECHV that are served by home visitors for whom at least 25 percent of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding.
2. *Enrollment Slot Method (temporary option available until at least the end of the FY 2018 project period, September 30, 2020):* Families are designated as MIECHV families based on the slot they are assigned to at enrollment. Using this methodology, recipients identify certain slots as MIECHV-funded and assign families to these slots at enrollment in accordance with the terms of the contractual agreement between the MIECHV state recipient and the LIA regardless of the percentage of the slot funded by MIECHV.

Once designated as a MIECHV family, the family is tracked for the purposes of data collection through the tenure of family participation in the program.

Community – A community is a geographically distinct area that is defined by the MIECHV recipient. Communities should be areas that hold local salience and may be defined as a neighborhood, town, city, or other geographic area. Services provided within a particular community should be distinguishable from services provided in other communities.

Early childhood system – An early childhood system brings together health, early care and education, and family support program partners, as well as community leaders, families, and other stakeholders to achieve agreed-upon goals for thriving children and families. An early childhood system aims to: reach all children and families as early as possible with needed services and supports; reflect and respect the strengths, needs, values, languages, cultures, and communities of children and families; ensure stability and continuity of services along a continuum from pregnancy to kindergarten entry; genuinely include and effectively accommodate children with special needs; support continuity of services, eliminate duplicative services, ease transitions, and improve the overall service experience for families and children; value parents and community members as decision makers and leaders; and catalyze and maximize investment and foster innovation.

Partners within an early childhood system may include:

- The state's Early Childhood Comprehensive Systems (ECCS) recipient if there is one;
- The state's Maternal and Child Health Services (Title V) agency;
- The state's Public Health agency, if this agency is not also administering the state's Title V program;

- The state's agency for Title II of the Child Abuse Prevention and Treatment Act (CAPTA);
- The state's child welfare agency (Title IV-E and IV-B), if this agency is not also administering Title II of CAPTA;
- The state's Individuals with Disabilities Education Act (IDEA) Part C and Part B Section 619 lead agency(ies);
- The state's Elementary and Secondary Education Act Title I or state pre-kindergarten program,
- Federal programs serving young children and their families, including the Healthy Start program;
- Tribal recipients funded by HHS' ACF Tribal Home Visiting program;
- Tribal entities located in identified at-risk communities;
- U.S. Department of Housing and Urban Development-funded recipients within the state, including Continuum of Care recipients, state and local housing authorities, and other organizations that serve families that are homeless or at-risk for homelessness;
- Runaway & Homeless Youth programs, particularly those funded by ACF;
- The Office of Coordinator for Education of Homeless Children and Youths in the State authorized by the McKinney-Vento Act;
- The State Advisory Council on Early Childhood Education and Care authorized by § 642B(b)(1)(A)(i) of the Head Start Act, if applicable;
- The state's Medicaid/Children's Health Insurance program (or the person responsible for Medicaid Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program);
- The state's primary health care, medical home, and safety net provider organizations (American Academy of Pediatrics, American Congress of Obstetricians and Gynecologists, HRSA-funded health centers and look-alikes, et al);
- The state's Child Care and Development Fund (CCDF) Administrator;
- Director of the state's Head Start State Collaboration Office;
- The state's Single State Agency for Substance Abuse Services;
- The state's domestic violence coalition;
- The state's mental health agency;
- The statewide agency or organization focused on crime reduction, such as the State Reentry Council, State Council on Crime and Delinquency, or Association of Problem Solving Courts;
- The state's Temporary Assistance for Needy Families agency;
- The state's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program;
- The state's Supplemental Nutrition Assistance Program (SNAP) agency;
- The state's Injury Prevention and Control (Public Health Injury Surveillance and Prevention) program; and
- The state's oral health agency.

Eligible Family – The term "eligible family," under the MIECHV authorizing legislation, means (A) a woman who is pregnant, and the father of the child if the father is available; or (B) a parent or primary caregiver of a child, including grandparents or other relatives of the child, and foster parents, who are serving as the child's primary caregiver from

birth to kindergarten entry, and including a noncustodial parent who has an ongoing relationship with, and at times provides physical care for, the child**.**[23]

Evidence-Based Models – Evidence-based models are those home visiting service delivery models eligible for implementation under MIECHV that meet the HHS criteria for evidence of effectiveness. In addition to the HHS criteria for evidence of effectiveness, the statute[24] specifies that a model selected by a eligible entity "conforms to a clear consistent home visitation model that has been in existence for at least 3 years and is research-based, grounded in relevant empirically-based knowledge, linked to program determined outcomes, associated with a national organization or institution of higher education that has comprehensive home visitation program standards that ensure high quality service delivery and continuous program quality improvement," among other requirements.

HHS Criteria for Evidence of Effectiveness – To meet HHS' criteria for an "evidence-based early childhood home visiting service delivery model," program models must meet at least one of the following criteria:

- At least one high- or moderate-quality impact study of the model finds favorable, statistically significant impacts in two or more of the eight outcome domains;
- At least two high- or moderate-quality impact studies of the model using non-overlapping analytic study samples with one or more favorable, statistically significant impacts in the same domain.

In both cases, the impacts must either (1) be found in the full sample or (2) if found for subgroups but not for the full sample, be replicated in the same domain in two or more studies using non-overlapping analytic study samples. Additionally, following statute, if the program model meets the above criteria based on findings from randomized controlled trial(s) only, then one or more favorable, statistically significant impacts must be sustained for at least 1 year after program enrollment, and one or more favorable, statistically significant impacts must be reported in a peer-reviewed journal.

For results from single-case designs to be considered towards the HHS criteria, additional requirements must be met:

- At least five studies examining the intervention meet the What Works Clearinghouse's pilot single-case design standards without reservations or standards with reservations (equivalent to a "high" or "moderate" rating in HomVEE, respectively).
- The single-case designs are conducted by at least three research teams with no overlapping authorship at three institutions.
- The combined number of cases is at least 20.

Home Visiting Evidence of Effectiveness (HomVEE) – The Department of Health and Human Services uses HomVEE to conduct a thorough and transparent review of the home visiting research literature. Using the HHS criteria for evidence of effectiveness, HomVEE provides an assessment of the evidence of effectiveness for home visiting program models that target families with pregnant women and children

[23] Social Security Act, Title V, § 511(k)(2).

from birth to kindergarten entry. Additional information about HomVee is available at: http://homvee.acf.hhs.gov.

Home Visiting Collaborative Improvement and Innovation Network - Through the Education Development Center (EDC), HRSA facilitates the Home Visiting Collaborative Improvement and Innovation Network 2.0 (HV CoIIN 2.0). The HV CoIIN 2.0 facilitates the dissemination of clinical and other interventions found to be effective in the first HV CoIIN related to alleviating maternal depression, promoting early childhood development, and linking families to service for any delays; increasing initiation and duration of breastfeeding, and enhancing and increasing family participation. Additionally, a new set of evidence-informed change strategies will continue to build the continuous quality improvement capacity of MIECHV recipients and local implementing agencies (LIAs). The HV CoIIN brings together local implementing agencies across multiple states, territories and tribal entities to seek collaborative learning, rapid testing for improvement, and sharing of best practices. The HV CoIIN uses the Model for Improvement which includes small tests of change (known as Plan-Do-Study-Act cycles) to adapt evidence-based practices recommended by faculty of the collaborative to the local context of participating agencies. The collaborative tracks individual agency and overall progress of the HV CoIIN using standardized outcomes and process measures for each target area. Each team reports on these measures monthly as they test and adapt the recommended changes.

Maximum Service Capacity – The maximum service capacity (associated with the caseload of MIECHV family slots) is the highest number of households that could potentially be enrolled at the end of the quarterly reporting period if the program were operating with a full complement of hired and trained home visitors.

MIECHV Performance Measures – Performance measures are categorized into two types: performance indicators and systems outcomes. Performance indicators are relatively proximal to the home visiting intervention or shown to be sensitive to home visiting alone. Systems outcome measures are more distal to the home visiting intervention and/or are less sensitive to change due to home visiting alone due to many factors, including confounding influences or differences in available system infrastructure at the state- or community-level. A complete listing of the performance measures is available at: https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/Federal_Home_Visiting_Program_Performance_Indicators_and_Systems_Outcomes_Summary.pdf

Pay for Outcomes Initiative – The term "pay for outcomes initiative"[43] means a performance-based grant, contract, cooperative agreement, or other agreement awarded by a public entity in which a commitment is made to pay for improved outcomes achieved as a result of the intervention that result in social benefit and direct cost savings or cost avoidance to the public sector. Such an initiative shall include:

- A feasibility study that describes how the proposed intervention is based on evidence of effectiveness;

[43] Social Security Act, Title V, § 511(c), as amended by the Bipartisan Budget Act of 2018, Title VI, § 50605.

- A rigorous, third-party evaluation that uses experimental or quasi-experimental design or other research methodologies that allow for the strongest possible causal inferences to determine whether the initiative has met its proposed outcomes as a result of the intervention;
- An annual, publicly available report on the progress of the initiative; and
- A requirement that payments are made to the recipient of a grant, contract, or cooperative agreement only when agreed upon outcomes are achieved, except that a third party conducting the evaluation.

Promising Approach Home Visiting Model – A home visiting service delivery model that qualifies as a promising approach is defined in statute: "the model conforms to a promising and new approach to achieving the benchmark areas specified in paragraph (1)(A) and the participant outcomes described in paragraph (2)(B), has been developed or identified by a national organization or institution of higher education, and will be evaluated through well-designed and rigorous process." [44] The authorizing statute further requires, "An eligible entity shall use not more than 25 percent of the amount of the grant paid to the entity for a fiscal year for purposes of conducting a program using a "promising approach" service delivery model." [45]

Recipient-Level Infrastructure Expenditures – Recipient-level infrastructure expenditures refers to recipient-level expenditures necessary to enable recipients to deliver MIECHV services, but does not include the costs of delivering such home visiting services. It includes administrative costs related to programmatic activities, indirect costs, and other items, but does not include "administrative expenditures," and therefore is not subject to the 10 percent limit on administrative expenditures.

Recipient-level infrastructure expenditures necessary to enable delivery of MIECHV services may include recipient-level personnel, contracts, supplies, travel, equipment, rental, printing, and other costs to support (excluding costs related to state-led evaluation):

- Professional development and training for recipient-level staff,
- Model affiliation and accreditation fees,
- Continuous quality improvement and assurance activities, including development of CQI and related plans,
- Technical assistance provided by HRSA-supported technical assistance or through peer exchanges as well as technical assistance provided by the recipient to LIAs,
- Information technology including data systems (excluding costs incurred to update data management systems related to the HRSA redesign of the MIECHV program performance measurement system which took effect in FY 2017),
- Coordination with comprehensive statewide early childhood systems, and
- Indirect costs (also known as "facilities and administrative costs") (i.e., costs incurred for common or joint objectives that cannot be identified specifically with a particular project, program, or organizational activity).

[44] Social Security Act, Title V, § 511(d)(3)(A)(i)(II).
[45] Social Security Act, Title V, § 511 (d)(3)(A)(ii).

Reflective supervision – Reflective supervision is a distinctive form of competency-based professional development that is provided to multidisciplinary early childhood home visitors who are working to support very young children's primary caregiving relationships. Reflective supervision is a practice, which acknowledges that very young children have unique developmental and relational needs and that all early learning occurs in the context of relationships. Reflective supervision is distinct from administrative supervision and clinical supervision due to the shared exploration of the parallel process, that is, attention to all of the relationships is important, including the relationships between home visitor and supervisor, between home visitor and parent, and between parent and infant/toddler. Reflective supervision supports professional and personal development of home visitors by attending to the emotional content of their work and how reactions to the content affect their work. In reflective supervision, there is often greater emphasis on the supervisor's ability to listen and wait, allowing the supervisee to discover solutions, concepts and perceptions on his/her own without interruption from the supervisor.

Service Delivery Expenditures – Service delivery expenditures are those costs budgeted to deliver home visiting services to caseloads of family slots, excluding administrative and recipient-level infrastructure expenditures. Family slots are those enrollment slots served by a trained home visitor implementing services with fidelity to the model for whom at least 25 percent of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding, or identified as MIECHV based on the designation of the slot they are assigned at enrollment and in accordance with the terms of the contractual agreement between the MIECHV state recipient and the LIA.

Examples of service delivery expenditures may include but are not limited to personnel, contracts, supplies, travel, equipment, rental, printing, and other costs to support:

- Contracts to local implementing agencies (LIA),
- Professional development and training for LIA and other contractual staff,
- Assessment instruments/licenses,
- Participant educational supplies, and
- Participant recruitment.

State-Led Evaluation – State-led evaluations are rigorous evaluations conducted by MIECHV recipients, with or without support from technical contractors.

Title V Needs Assessment – Title V of the Social Security Act (Section 505(a)(1)) requires each state, as part of its application for the Title V Maternal And Child Health Services Block Grant To States Program, to prepare and transmit a statewide Needs Assessment every five years that identifies (consistent with the health status goals and national health objectives) the need for:

1) Preventive and primary care services for pregnant women, mothers and infants up to age one;
2) Preventive and primary care services for children; and
3) Services for children with special health care needs. More details are provided in Part Two, Section III.C. of the Guidance and forms of the Title V Application/Annual Report for the Title V Maternal and Child Health Services

Block Grant to States Program, which can be found at https://mchb.tvisdata.hrsa.gov/uploadedfiles/Documents/blockgrantguidance.pdf.