U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

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

Maternal, Infant and Early Childhood Home Visiting Program - Formula

Announcement Type: New
Funding Opportunity Number: HRSA-16-172

Catalog of Federal Domestic Assistance (CFDA) No. 93.870

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date: January 19, 2016

Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
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may take up to one month to complete.

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Authority: Social Security Act, Title V, § 511(c) (42 U.S.C. § 711(c)), as added by § 2951 of the Patient Protection and Affordable Care Act (P.L. 111-148)

EXECUTIVE SUMMARY

The Health Resources and Services Administration, Maternal and Child Health Bureau, Division of Home Visiting and Early Childhood Systems is accepting applications for federal fiscal year (FY) 2016 formula grant funds through the 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.

Funding Opportunity Title:	Maternal, Infant, and Early Childhood Home Visiting Program - Formula
Funding Opportunity Number:	HRSA-16-172
Due Date for Applications:	January 19, 2016
Anticipated Total Annual Available Funding:	$345,000,000
Estimated Number and Type of Awards:	56 grants
Estimated Award Amount:	Amounts vary
Cost Sharing/Match Required:	No
Maintenance of Effort Required:	Statutory Maintenance of Effort/Non-supplantation requirements apply—See Section III.
Project Period:	April 1, 2016 – September 30, 2018 (two years and six months)
Eligible Applicants:	Eligible applicants include the following entities currently funded in FY 2015 under the MIECHV program: 47 states; three (3) nonprofit organizations serving Florida, North Dakota, and Wyoming; and six (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.

Application Guide

All applicants 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 FOA to do otherwise. A short video for applicants explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance

Two technical assistance webinars for this funding opportunity will be provided. All applicants are encouraged to participate in one or both webinars. The webinars will: (1) help prepare applicants to submit an FY 2016 application; (2) highlight key program requirements; and (3) offer participants an opportunity to ask questions. The webinars will be hosted on:

- Thursday, December 3, 3:00-5:00 P.M. Eastern Time
- Thursday, December 10, 3:00-5:00 P.M. Eastern Time

Webinar and registration information is available on the Maternal and Child Health Bureau website at: http://mchb.hrsa.gov/programs/homevisiting/ta. Please send questions about the programmatic aspects of this funding opportunity via e-mail to Marilyn Stephenson at mstephenson@hrsa.gov or Lisa King at lking@hrsa.gov, and the financial/budget related questions to Mickey Reynolds at mreynolds@hrsa.gov. The Division of Home Visiting and Early Childhood Systems will compile and address questions.

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I. Program Funding Opportunity Description

1. Purpose

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau, Division of Home Visiting and Early Childhood Systems is accepting applications for federal fiscal year (FY) 2016 formula grant funds through the 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).

Goals

The goals 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[1] who reside in at-risk communities.

Objectives

The objectives of the MIECHV program are to:

1. Implement evidence-based home visiting models or promising approaches that:
    a. Include voluntary home visiting as the primary service delivery strategy (excluding programs with infrequent or supplemental home visiting);
    b. Serve eligible families residing in at-risk communities, as identified in the current statewide needs assessment; and
    c. Target outcomes specified in the authorizing legislation, which include: improved maternal and child health; prevention of child injuries, child abuse, 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.[2]
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 models.[3] Home visiting service delivery models meeting U.S. Department of Health and Human Services (HHS)-

[1] Under Social Security Act, Title V, Section 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."

[2] Social Security Act, Title V, Section 511(d)(1).

[3] Social Security Act, Title V, Section 511(d)(3)(A) identifies various specific criteria applicable to such evidence-based service delivery models.

established criteria for evidence of effectiveness with fidelity to the model selected have been identified.[4] Recipients (grantees) may expend no more than 25% 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; therefore, the majority of grant funds awarded for a fiscal year must be used to conduct activities that apply evidence-based home visiting models. [5]

2. Background

Statutory Authority

This program is authorized by the Social Security Act, Title V, § 511(c) (42 U.S.C. § 711(c)), as added by § 2951 of the Patient Protection and Affordable Care Act (P.L. 111-148).

The Act responds to the diverse needs of children and families in at-risk communities. At-risk communities were identified in a statewide needs assessment[6] as those communities 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 were 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 MIECHV program provides an opportunity for significant collaboration and partnership at the federal, state, tribal, and community levels to improve health and development outcomes for children through evidence-based home visiting programs. The funds are intended to assure, on a voluntary basis, effective coordination and delivery of critical health, development, early learning, child abuse and neglect prevention, and family support services to these children and families through 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.

Current Funding

Congress appropriated $400,000,000 per fiscal year for FY 2016 and FY 2017 for the MIECHV program through the Medicare Access and CHIP Reauthorization Act (P.L. 114-10).

The FY 2016 MIECHV funding plan reflects a redesign of the previous formula-competitive grant award split in effect since FY 2011.[7] The new FY 2016 funding plan has been redesigned to support the following policy principles:

1. Address need - to meet the needs of eligible families – especially at-risk families – in at-risk communities;[8]

[4] See Section VIII for a list of evidence-based models eligible for implementation under MIECHV that meet the HHS criteria for evidence of effectiveness.
[5] Social Security Act, Title V, Section 511(d)(3)(A). See Appendix C for a definition of promising approach.
[6] Social Security Act, Title V, Section 511(d)(4).
[7] Since FY 2011, approximately approximately one-third of the available MIECHV funding has been provided through a need-based formula to establish and implement evidence-based home visiting programs in all states, the District of Columbia, and five territories. The remaining two-thirds of funding have been directed to competitive grants to existing MIECHV recipients to allow them to expand the scale and scope of home visiting services.
[8] See Appendix C for a definition of at-risk communities.

2. Support service - to target funds to recipients' capacity to serve families;
3. Reward performance[9] - to reward quality and, ultimately, improved outcomes; and
4. Promote stability and continuity - to provide more consistent, stable funding from year to year to continue to support families.

These policy principles are in alignment with HRSA's strategic goals and the Maternal and Child Health Bureau's priorities.

The redesigned FY 2016 MIECHV funding plan includes formula grants (representing in total approximately $345,000,000 of FY 2016 funds available to recipients) calculated to include two components: Base Need funding (based on population need) and Structured Stability funding (based on averages of previous funding awards). (See Section II – Summary of Funding for further detail on the calculation of these awards.) This new formula reflects the need for policy to guide future funding decisions with the goal of achieving stability and continuity of funding for recipients.

Additional FY 2016 funds will be awarded through a forthcoming competitive funding opportunity announcement (FOA) that is expected to be released in late FY 2016. Regarding MIECHV FY 2017 formula grant funds, it is anticipated a portion of these funds will be awarded via an interim application and prior year annual report. Additional information will be forthcoming.

Program Requirements

Priority for Serving High-Risk Populations: As directed in statute,[10] 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);
- 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.

[9] Applicants 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, applicants must highlight the plans to mitigate these challenges and describe improvement plans underway.

[10] Social Security Act, Title V, Section 511(d)(4).

Fidelity to a Home Visiting Service Model: Recipients must ensure fidelity of implementation of evidence-based home visiting service delivery models approved for use under this FOA and that meet the HHS criteria for evidence of effectiveness. (See Section VIII for a list of evidence-based models eligible for implementation under MIECHV that meet the HHS criteria for evidence of effectiveness.) Additionally, any recipient implementing a home visiting service model that qualifies as a promising approach must 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.

Recipient changes to an evidence-based model that alter the core components related to program outcomes (otherwise known as "drift") are not permissible, as they could impair fidelity and undermine the program's effectiveness, and are not consistent with statutory requirements. Changes that alter the core components related to program impacts may be supported with funds available for promising approaches, subject to statutory limitations (see *Model Enhancements* below for more information).[11]

Model Enhancements: Recipients who wish to adopt enhancements to an existing evidence-based model in order to better meet the needs of targeted at-risk communities must secure written prior approval from the national model developer(s) and from HRSA in order to ensure that enhancements do not alter core components. For the purposes of the MIECHV program, an acceptable enhancement of an evidence-based model is a variation that may not have been tested with rigorous impact research. Prior to implemention, 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 requirements.

Enrollment: Recipients must develop policies and procedures to recruit, enroll, disengage, and re-enroll home visiting services participants with fidelity to the model(s) implemented. These policies should strive to balance continuity of services to eligible families and availability of slots to unserved families.

- *Re-enrollment:* Participants may wish to re-enroll in home visiting services after they have been administratively or voluntarily disengaged from home visiting services. Administrative disengagement may occur due to program completion or inability to establish or maintain participant contact. Families may voluntarily disengage from services for a variety of reasons, including relocation. Recipients must, with fidelity to the model(s), develop and implement policies and procedures to re-enroll eligible participants seeking home visiting services under the following circumstances: 1) after disengagement, 2) program completion and subsequent pregnancy, and 3) participant relocation to another community with a MIECHV-supported home visiting program. Policies and procedures should address continuity of services and the continuation or transfer of data.

[11] Social Security Act, Title V, Section 511(d)(3)(A).

- *Dual Enrollment:* Recipients must develop and implement policies and procedures to avoid dual enrollment. Dual enrollment refers to home visiting participant enrollment and receipt of services through more than one MIECHV-supported home visiting model concurrently. Recipients implementing more than one MIECHV-supported home visiting model, particularly in the same at-risk community, must, 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. Recipients will develop and implement policies and procedures to seamlessly transfer enrolled families to alternate MIECHV-supported home visiting models if it best meets the interests and needs of the family and considers risks to disrupting an existing positive relationship between home visitor and family.

Grantee-Led Evaluation – Promising Approaches: Applicants that propose to implement a home visiting model that qualifies as a promising approach are ***required*** to conduct a rigorous evaluation of that approach. Such an evaluation must include an appropriate evaluation design for an assessment of impact and meet expectations of rigor outlined in Appendix A. (See also Appendix C for a definition of promising approach.)

Grantee-Led Evaluation – Evaluations of Other Recipient Activities: Applicants 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 applicants to conduct and/or continue evaluations. Applicants that propose to conduct an evaluation must ensure that the evaluation answers an important question(s) of interest to the applicant, includes an appropriate evaluation design, and meets expectations of rigor outlined in Appendix A.

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. One of the ways this is to be done is by establishing appropriate linkages and referral networks to other community resources and supports,[12] including to high-quality, comprehensive statewide early childhood systems. 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 MIECHV-supported and non-MIECHV-supported 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 representatives of the agencies listed below through development of memoranda of understanding with:

- The state's Early Childhood Comprehensive Systems (ECCS) recipient;
- The state's Title V agency;

[12] Social Security Act, Title V, Section 511(d)(3)(B).

- 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 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: Memoranda of understanding with the partners listed above will be due to HRSA Project Officers within 180 days of grant award.**) In addition, MIECHV recipients must invite representatives of ECCS funding recipients to serve on the MIECHV recipient advisory group (also known as State Team, Advisory Council, etc.) whenever feasible.

Recipients must ensure that home visiting is part of a continuum of early childhood services through project planning and service coordination at state, territory and/or local levels with the following entities and/or their local affiliates, as applicable. Applicants must document these partnerships in the Project Narrative – Methodology section:

- Federal programs serving young children and their families, including the Maternal and Child Health Bureau's Healthy Start program;
- Tribal recipients funded by the U.S. Department of Health and Human Services' 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 and 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 state-wide 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.

Reflective Supervision: Recipients must ensure the provision of reflective supervision to home visitors funded through the MIECHV grant. (See Appendix C for a definition of reflective supervision.) Recipients and local implementing agencies must develop and implement policies and procedures that assure the effective provision of reflective supervision program-wide with fidelity to the model(s) implemented.

Health Insurance Outreach and Enrollment: Health insurance outreach and enrollment activities are tied to benchmarks 1, 5 and 6 (see http://mchb.hrsa.gov/programs/homevisiting/ta/resources/guidanceoct2012.pdf). Recipients must assist families in accessing health insurance coverage, primary health care, and clinical preventive services, and provide information to families regarding consumer protections, including those identified in the Affordable Care Act.

Working closely with Title V MCH Directors and State Medicaid Directors, recipients must ensure that home visitors are knowledgeable about state-specific resources to connect home visiting services participants with Navigators (federaly-facilitated Marketplace) or Non-Navigator Assistance Personnel (State-based Marketplace or State-Partnership Marketplace) and Certified Application Counselors. These Navigators and Non-Navigator assistance personnel play a vital role in helping consumers prepare electronic and paper applications in order to establish eligibility. These activities include steps to help the individual find out if they qualify for insurance affordability programs such as premium tax credits, cost-sharing reductions, Medicaid, or CHIP. Certified Application Counselors will provide many of the same tasks as Navigators and Non-Navigator assistance personnel, including educating consumers and helping them complete an application for coverage.

Subrecipient Monitoring
Recipients must monitor subrecipient performance for compliance with federal requirements, programmatic expectations, and fiscal requirements. Recipients must effectively manage subrecipients of MIECHV funding in an effort to guarantee success of the MIECHV program, including site visits and other forms of monitoring and oversight of all subrecipients. Effective management of MIECHV subrecipients will ensure enrollment and retention of eligible families in home visiting services in at-risk communities, monitoring of implementation of home visiting models with fidelity and proper spending of funds. Recipients will execute contracts with all subrecipients and must have a subrecipient monitoring plan in place. Prime recipients must have executed contracts with all subrecipients. (See also Section IV for additional information regarding Contractual costs and Subrecipient Monitoring and Management at 45 CFR Part 75.)

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New.

Funding will be provided in the form of a formula grant.

2. Summary of Funding

This program will provide funding in federal fiscal year (FY) 2016. Approximately $345,000,000 is expected to be available to fund up to 56 recipients. HRSA will communicate via HRSA Electronic Handbooks to each eligible applicant the estimated total grant award ceiling for each state and jurisdiction. **Applicants will not receive more than the total grant award ceiling estimated and, therefore, may not apply for more than the total grant award ceiling for their state or jurisdiction.**

Per the authorizing statute,[13] 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. The project/budget period for these grants will be April 1, 2016 through September 30, 2018 (two years and six months). FY 2016 grant funds that have not been obligated for expenditure by the recipient during the period of availability (April 1, 2016 to September 30, 2018) will be de-obligated. 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 project period (the full period of availability).

Due to the legislative requirement pertaining to the period of availability for use of funds by recipients (42 U.S.C. 711(j)(3)), recipients will not be permitted a no-cost extension of the period of availability for use of such funds.

As described in the Background section above, the redesigned FY 2016 MIECHV funding plan supports the following policy principles:

1. Address need - to meet the needs of eligible families – especially at-risk families – in at-risk communities;[14]
2. Support service - to target funds to recipients' capacity to serve families;
3. Reward performance[15] - to reward quality and, ultimately, improved outcomes; and
4. Promote stability and continuity - to provide more consistent, stable funding from year to year to continue to support families.

[13] Social Security Act, Title V, Section 511(j)(3).

[14] See Appendix C for a definition of at-risk communities.

[15] Applicants 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, applicants must highlight the plans to mitigate these challenges and describe improvement plans underway.

The following formula is applied to the majority of FY 2016 funding available to states and territories (approximately $345,000,000) to accomplish the above stated policy principles:

- **Base Need Funding–**Approximately $126,000,000 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). 2013 SAIPE data were used. The calculated amount is subtracted by the proportion of the FY 2012 de-obligation amount to the total FY 2012 award, as reported to HRSA as of September 9, 2015, if applicable. There is a $1,000,000 minimum for recipients.
- **Structured Stability Funding–**Approximately $216,000,000 of the grant allocation available under this funding opportunity is based on an average of the recipient's competitive awards in federal fiscal years 2013, 2014, and 2015 as a proportion of total competitive funds awarded across those years. This proportion was then applied to $216,000,000 of available funds under this funding opportunity to determine the structured stability component of the funding allocation formula.
- Note: With the remainder of funds available under this funding opportunity, the total amount an applicant may apply for was adjusted, where necessary, to ensure that any recipient funding does not fluctuate by more than 10% from the average funding amount (combined formula and competitive) of federal fiscal years 2013, 2014, and 2015.

As stated in the Background section above, additional FY 2016 funds will be awarded to recipients through a forthcoming competitive FOA in late FY 2016.

Applicants should request funds not exceeding the estimated total grant award ceiling, to support a proposed caseload of 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 criteria for evidence of effectiveness; see Appendix C for a definition of caseload of 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 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.

Full funding is also dependent on a history of satisfactory recipient performance on all MIECHV grants and a decision that continued funding is in the best interest of the Federal Government. HRSA staff will review recipients' 2012 de-obligated funding, programmatic and fiscal corrective action plans, Improvement Plans, and drawdown restriction. Recipients with more than 25% de-obligation of funds in 2012 as well as those on corrective action plans, Improvement 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 2012 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 supersede 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 in FY 2015 under the MIECHV program: 47 states; three (3) nonprofit organizations serving Florida, North Dakota, and Wyoming; and six (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.

2. Cost Sharing/Matching

Cost sharing/matching is not required for the MIECHV program.

3. Other

Maintenance of Effort/Non-Supplantation

Funds provided to an eligible entity receiving a grant shall supplement, and not supplant, funds from other sources for early childhood home visitation programs or initiatives (per the Social Security Act, Title V, § 511(f)). The applicant must agree to maintain non-federal funding (state general funds) for evidence-based home visiting and home visiting initiatives, including in-kind, expended for activities proposed in this application, at a level which is not less than expenditures for such activities as of the most recently completed state fiscal year (non-profit applicants 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). Recipients are required to report Maintenance of Effort correctly in their applications (insert detail as requested in Attachment 3). **The baseline for maintenance of effort is the state fiscal year prior to the fiscal year during which the application is submitted.** Applicants may NOT consider any Title V funding used for evidence-based home visiting as part of the maintenance of effort demonstration.

For purposes of maintenance of effort/non-supplantation in this FOA, 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. Penalties for reducing effort may include a proportionate reduction in MIECHV funds. MIECHV funds would be reduced by no less than the same percentage reduction applied to non-federal/state expenditures to ensure that the Federal Government's share of program costs does not increase.

Ceiling Amount for Funding
Applicants must not submit an application with a budget request exceeding the state/territory's specified total grant award ceiling communicated via HRSA Electronic Handbooks to each eligible applicant.

Application Deadline
Applicants must submit an application by the deadline referenced in *Section IV*.

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, absent HRSA approval of an applicant's request to withdraw an application, HRSA will only accept the applicant's last validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date, as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** applicants for this FOA to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this funding opportunity following the directions provided at Grants.gov.

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* provides instructions for the budget, budget justification, 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. All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the FOA to do otherwise.

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, and attachments required in the *Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **For HRSA guidelines regarding what content counts toward the page limit, see Sections 4.3 and 4.4 HRSA's *SF-424 Application Guide*. We strongly urge applicants to take appropriate measures to ensure the 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.

Program-Specific Instructions
In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 Application Guide*, please 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)
- E-Mail 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 which 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 family slots (see Appendix C for a definition of caseload of family slots) for ***each*** federal fiscal year within the project period (defined for the purposes of proposing a caseload as: final six months of FY 2016; FY 2017; and FY 2018);
- Current number of families enrolled; and
- Key activities to ensure appropriate linkages and referral networks to other community resources and supports,[16] including to high-quality, comprehensive

[16] Social Security Act, Title V, Section 511(d)(3)(B).

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. This section will also include information about the overall progress of the project since March 1, 2015, and plans for continuation of the project in the coming project/budget period (April 1, 2016 through September 30, 2018).

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. Typically, the goal(s) are stated in a sentence, and the objectives are presented in a numbered list. Objectives should support progress toward goals.
    - Utilize the SMART objective framework: Specific, measurable, achievable, realistic, and timebound are characteristics of SMART objectives.
    - Describe how the goal(s) and objectives align with the three objectives of the MIECHV program (see Section I).
    - Note which, if any, goal(s) and objectives are new to the FY 2016 project period.
- 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 2015, 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.
- Briefly describe the applicant's history of significant progress and steps previously taken towards implementing an evidence-based home visiting program within a comprehensive early childhood system.
- 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*

In this section:

- If the applicant has elected to conduct a new or updated needs assessment, describe the major findings of that needs assessment. **(Note: A fully updated needs assessment is not required at this time, though it may be required in the future.)**
- Identify the at-risk communities currently being served through past MIECHV grant support. (See Appendix C for a definition of at-risk communities.) (Note that such at-risk communities should be identified in the statewide needs assessment, as amended, as required under the MIECHV authorizing statute.)

- Identify any of these at-risk communities where the applicant intends to discontinue services under the FY 2016 MIECHV grant. Explain why the applicant has decided to discontinue services in these at-risk communities.
- Identify any new at-risk communities (including tribal communities) where the applicant intends to provide home visiting services through FY 2016 MIECHV funding. Explain why the applicant proposes to provide services in new at-risk communities. Include documentation that amends the statewide needs assessment to identify these newly added at-risk communities. If the applicant intends to serve tribal communities, then these services must not be duplicative of the 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 the applicant proposes to utilize any relevant major findings of the most recent Title V Needs Assessment to inform proposed activities under the FY 2016 MIECHV grant.
- Identify the unmet need in the state or territory, including the at-risk communities identified in the most recently completed MIECHV Needs Assessment that the applicant does not propose to serve under the FY 2016 grant. Indicate the reasons for not serving these at-risk communities.

▪ *METHODOLOGY*

In this section, the applicant must propose methods that will be used to address the stated needs and benchmark area outcomes specified in authorizing legislation while meeting the program requirements described in this FOA. (See Section I for a list of these outcomes.) Ensure that methods address each of the project's stated goal(s) and objective(s) as well as the Objectives of the MIECHV program listed in Section I.

- Under each objective, provide a list of the activities that will be used to achieve each of the objectives proposed and anticipated deliverables.
- Specify the evidence-based models 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.) Note that continuing with models implemented in previous MIECHV grants is acceptable provided the models are included in the list in Section VIII; however, the justification for the model choice must be documented in this application. Regarding the selection of model(s), describe how the selection will:
    - Meet the needs of the state's or territory's identified at-risk communities and/or the state's or territory'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 or territory based on available resources and support from the model developer(s); and
    - Be well matched for the needs of the state's or territory's early childhood system.

- If the applicant is proposing to use a model that qualifies as a promising approach, using no more than 25% of the amount of the grant to conduct and evaluate the model, specify the promising approach to be used and why this approach was selected. Regarding the selection of a model that qualifies as a promising approach, describe how the selection will:
    - Meet the needs of the state's or territory's identified at-risk communities and/or the state's or territory's targeted priority populations named in statute;
    - Provide the best opportunity to accurately measure and achieve meaningful outcomes in benchmark areas and measures and develop the model to potentially meet the HHS criteria for evidence of effectiveness;
    - Be able to be implemented effectively with fidelity to the model in the state or territory based on available resources and support from the model developer; and
    - Be well matched for the needs of the state's or territory's early childhood system.
- Provide an assurance that home visiting services offered through the MIECHV program are provided on a voluntary basis to eligible families. Describe how the applicant will ensure that enrollee participation is voluntary, including any relevant policies and procedures.
- Describe how the applicant will meet previously described program requirements in this FOA (See Program Requirements in Section I for detail 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 (Insert documentation of required affiliation, certification, or accreditation by the model developer as Attachment 7.);
    - 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 7), 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), including policies and procedures to avoid dual enrollment of families in more than one MIECHV-supported home visiting model;
    - 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 (For those agencies with whom a memoranda of understanding is required, there must be assurance that the applicant will provide the required documents within 180 days of grant award. For the other agencies listed as partners, describe what has been done to garner their support and commitment.);
    - Identify any geographically-close ACF Tribal Home Visiting recipients providing MIECHV-funded services 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; and
    - Health insurance outreach and enrollment.
- Provide an update on participant recruitment and retention efforts. Briefly discuss any difficulty recruiting, enrolling or retaining home visiting enrollees and any steps taken to address this difficulty. Include the recipient's attrition rate.

- Describe local activities to coordinate between MIECHV-supported home visiting program(s) and other existing programs and resources in identified at-risk communities (e.g., health, mental health, oral health, early childhood development, substance abuse, domestic violence, child maltreatment prevention, child welfare, education, housing, tribal entities, and other social services).
    - Identify meaningful support and collaboration with key stakeholders in planning, designing, implementing and evaluating all activities, including development of the application;
    - Identify how the applicant will engage at-risk communities and solicit public input; and
    - Describe the extent to which these contributors reflect the cultural, racial, linguistic, and geographic diversity of the populations and communities served. A list of potential local partners is provided in Section I.
- Describe the process for identifying and contracting with current and new local implementing agencies (LIAs) and the technical assistance that the applicant will provide to them. Highlight any major changes to existing contracts with LIAs. Insert any documentation of agreements with LIAs new to the project in Attachment 6.
- Describe the 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.)
    - Ensure monitoring plans include (1) reconciliation of budgeted expenditures to actual expenditures; (2) monitoring and reviewing detailed expenditures for allowability and allocability; (3) performing annual site visits to review financial and program operations (including but not limited to: assurance of enrollment and retention of eligible families in home visiting services, programmatic review of the performance of subrecipients in implementation of the model with fidelity, and proper spending of funds); (4) offering technical assistance when necessary; and (5) tracking report submissions.
- 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.

Applicants must submit a new or updated logic model for their project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. The logic model must show the linkages between the proposed planning and implementation activities and the outcomes that these are designed to achieve. (See Section VIII for additional resources.) The applicant should include the logic model as Attachment 1. If an updated logic model is provided, a distinction should be made between the existing program and what this additional grant would provide. The logic model should depict the connections between the:

- Goals and objectives of the project (e.g., reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work, based on research, best practices, and experience);

- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- Target population (e.g., the enrollees to be served);
- Activities (e.g., approach, key intervention, if applicable);
- Outputs (i.e., the direct products or deliverables of project activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

▪ *WORK PLAN*

In this section:

- Provide a work plan timeline that includes each activity listed under the Methodology narrative and identifies responsible staff and timeline for completion. The work plan timeline must extend across the project period (April 1, 2016, to September 30, 2018) and include start and completion dates for activities. The work plan timeline should be submitted as Attachment 2.
- Provide the total proposed caseload of family slots for each federal fiscal year within the project period (defined for the purposes of proposing a caseload as: final six months of FY 2016 and the entire FY 2017 and FY 2018);

  Note: The caseload of family slots (associated with the maximum service capacity) is defined as 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. Family slots are those enrollment slots served by a trained home visitor implementing services with fidelity to the model for whom at least 25% of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding. All members of one family or household represent a single caseload slot. The count of slots should be distinguished from the cumulative number of enrolled families during the grant period. It is known that the caseload of family slots may vary by federal fiscal year pending variation in available funding in each fiscal year.
- Provide the budgeted estimated expenditures to support direct services (see definition of costs in Section IV), list the funding sources including MIECHV that will support these costs, and identify the percentage of the estimated direct services costs expected to be covered by each of the listed funding sources. The applicant may use a table format to present this information.
- Provide the current number of families enrolled.
- Identify each of the local implementing agencies that the applicant plans to contract with to provide voluntary home visiting services with FY 2016 MIECHV funds. For *each* identified local implementing agency (LIA), provide in *table format* the following:
  - Column 1: The name of the LIA;
  - Column 2: Identified at-risk community(ies) to be served by the LIA;
  - Column 3: County(ies) to be served by the LIA;
  - Column 4: Evidence-based model(s) to be implemented by the LIA (See Section VIII for a list of evidence-based models eligible for implementation under MIECHV that meet the HHS criteria for evidence of effectiveness.);
  - Column 5: Promising approach(es) to be implemented by the LIA (if any);
  - Column 6: Proposed contracted MIECHV caseload of family slots to be served by model (evidence-based and promising approach) for final six months of FY 2016;

- Column 7: Proposed contracted MIECHV caseload of family slots to be served by model (evidence-based and promising approach) for FY 2017;
- Column 8: Proposed contracted MIECHV caseload of family slots to be served by model (evidence-based and promising approach) for FY 2018; **(Note: Adding the numbers of all contracted or proposed MIECHV slots across LIAs by fiscal year should total the applicant's proposed MIECHV caseload of slots by fiscal year)**;
- Column 9: The contracted MIECHV caseload of family slots served by model (evidence-based and promising approach) in FY 2015 (if any);
- Column 10: The cumulative number of families served in FY 2015 (if any); and
- Column 11: The estimated cost per family slot.

A reminder: Family slots are those enrollment slots served by a trained home visitor implementing services with fidelity to the model for whom at least 25% of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding.

- Briefly explain how the "cost per family slot" was calculated in the table and identify the major factors (i.e. geography, risk level of families to be served, model(s) selected) that may increase the cost per family slot in the state or territory.
- If the applicant anticipates a reduction in services from the level currently provided based on available funding within the FY 2016 period of availability, describe how the applicant 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.
- If the applicant anticipates a reduction in services from the level *proposed* in the FY 2015 grant application but *not yet implemented* (based on available funding within the FY 2016 period of availability), describe the change in plans from the FY 2015 grant application.

▪ *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 national model developer(s) of the model(s) selected by the applicant, and/or another technical assistance provider to support resolution of the named challenges.

▪ *PERFORMANCE, TECHNICAL SUPPORT CAPACITY, AND EVALUATION*

Performance Management

In this section:

- Provide an update to the data collection activities used to support annual and anticipated quarterly performance reporting pending OMB approval. (See Section VI for detail regarding annual and anticipated quarterly performance reporting.)
- Describe the successes and challenges encountered during implementation of the data collection plan. Include discussion regarding the frequency and quality of data received from LIAs or other state or territory systems used to procure performance data. Describe steps taken to overcome challenges.

Note: Applicants should ***not*** propose updates or changes to their currently approved Benchmark Performance Measurement Plans. (See Appendix B for guidance.)

Continuous Quality Improvement Plan

In this section:

- Describe major continuous quality improvement (CQI) goals and activities implemented at both the applicant and LIA levels. If applicable, include involvement with the Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN).
- Discuss technical assistance that may be requested from MIECHV-supported technical assistance providers, the national model 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.
- Describe the applicant's major approach to continuous learning and improvement, including how they will modify their approache(es) as they learn and gather data and feedback throughout the year.
- Describe how CQI efforts should be focused on previously identified gaps and local priorities as well as federal and legislatively specified priorities.
- Provide assurance that the applicant will provide a new or updated CQI plan to HRSA within 90 days of the Notice of Award date of issuance. This plan must describe CQI practices for the home visiting program at the applicant and LIA levels, as well as describe how CQI activities will support the principles of reflective practice. (See Appendix B for guidance.)

Grantee-Led Evaluation

Promising Approaches: Applicants that propose to implement a home visiting model that qualifies as a promising approach are ***required*** to conduct a well-designed and rigorous evaluation of that 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. Such an evaluation must include an appropriate evaluation design for an assessment of impact and meet expectations of rigor outlined in Appendix A.

Evaluation of Other Recipient Activities: Applicants 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 applicants to conduct and/or continue evaluations. Applicants that propose to conduct an evaluation must ensure that the evaluation answers an important question(s) of interest to the applicant, includes an appropriate evaluation design that meets the expectations of rigor outlined in Appendix A and demonstrates capability in implementing that design.

In this section, applicants that propose to conduct and/or continue an evaluation, including an evaluation of a promising approach, must:

- Describe an evaluation plan that will: (1) include an appropriate evaluation design for the assessment of impact (promising approach) or question(s) of interest (all other applicants), and (2) meet expectations of rigor of implementation as outlined in Appendix A.
- Discuss how the evaluation will be conducted.
- Articulate proposed evaluation methods, measurement, data collection, sample, sampling strategy (if appropriate), timeline, Institutional Review Board (IRB) review, and analysis.
- Identify an evaluator and describe the cost of the evaluation and the source of funds. (See Appendix A for guidance about grantee-led evaluation.)

- Describe the current experience, skills, and knowledge of evaluator staff, including materials published and previous work of a similar nature.
- Demonstrate evidence of organizational experience and capability to coordinate and support the planning and implementation of rigorous evaluation activities to meet the objectives of the evaluation plan described.
- Provide updates on the applicant's current evaluation of any implemented promising approach, if applicable.
- Provide a list of any completed evaluation reports supported by previous MIECHV funding.

▪ *ORGANIZATIONAL INFORMATION*

In this section:

- Provide information on the applicant organization's current mission and structure, and the scope of the organization's current activities related to home visiting and early childhood systems.
- Describe how the organization's mission, structure and current activities contribute to the organization's ability to implement program requirements and meet program expectations.
- Provide the applicant's staffing plan, including qualifications of key staff, to ensure success in meeting programmatic and fiscal requirements of the MIECHV program, specifically describing the applicant's capacity to provide strong oversight and guidance to contractors (insert as Attachment 4).
- Provide an applicant project organizational chart with position titles, names and vacancies noted, contractors, and other significant collaborators (insert as Attachment 5).
- Describe how the applicant will plan for and address recruitment and retention of qualified staff including:
    - 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;
    - 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; and
    - Steps taken to ensure high-quality supervision, including reflective supervision.
- Provide information on the applicant's resources and capabilities to support provision of culturally and linguistically competent and health-literate services.
- Describe the organizational capacity of any partnering agencies or organizations involved in the implementation of the project.
- Describe the availability of resources and the state/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*

Applicants 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, applicants must highlight the plans to mitigate these challenges and describe improvement plans underway.

- If the applicant has not met previously projected family enrollment and retention goals in FY 2014 and FY 2015 MIECHV competitive and formula grants, describe the barriers that existed and how those barriers have been or will be addressed.
- Recipients on a programmatic corrective action plan and drawdown restrictions in FY 2014 and FY 2015 should describe actions taken to address the plan or lift the restrictions.
- Recipients with more than 25% de-obligation of funds in FY 2012 should describe actions to avoid de-obligations of currently active (FY 2014 and FY 2015) and FY 2016 MIECHV grants within the period of availability.
- Also, note:
    - Current unexpended balances of FY 2013 MIECHV formula and competitive grants;
    - The amount of estimated unobligated balance of MIECHV formula funds awarded in FY 2014 (funds will no longer be available for use after September 30, 2016) and plans to fully expend; and
    - The amount of estimated unobligated balance of MIECHV formula funds awarded in FY 2015 (funds will no longer be available for use after September 30, 2017) and plans to fully expend.
- Recipients mandated to implement an Improvement Plan as a result of not demonstrating overall improvement in at least four of six benchmark areas in third-year performance data should provide an update on progress toward implementation of the Improvement Plan.

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 differ from those offered by Grants.gov. Please follow the instructions included in the SF-424 Application Guide and the additional budget instructions provided below.

Applicants must <u>not</u> submit an application with a budget request exceeding the state/territory's specified total grant award ceiling communicated via HRSA Electronic Handbooks to each eligible applicant.

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.

Cost sharing/matching is not required for this program.

In addition, the MIECHV program requires the following:

Complete Application Form SF-424A Budget Information – Non-Construction Programs provided with the application package. **The project/budget period is two years and six months**. Please provide a line item budget using the budget categories in the SF-424A for a project and budget period of April 1, 2016 through September 30, 2018. **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 2016 (see communication via HRSA 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 2016 funds.

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). Salaries and other expenditures charged to the grant must be for services that occurred during the grant's period of availability.

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. 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 three years after the submission of the final (accepted) Federal Financial Report (FFR).

The program is not subject to the General Provisions in Division G of the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235), as it does not use funds appropriated by this law.

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

Applicants must not submit an application with a budget request exceeding the state/territory's specified total grant award ceiling communicated via HRSA Electronic Handbooks to each eligible applicant.

In addition, the MIECHV program requires the following:

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. You must submit a budget justification for the entire period of availability from April 1, 2016, until September 30, 2018 (two years and six months). Line item information must be provided to explain the costs entered in the SF-424A. Be very careful about showing how each item in the "other" category is justified. The budget justification MUST be concise. Do NOT use the justification to expand the project narrative.

Period of Availability
Funds awarded to a recipient for a federal fiscal year under this FOA shall remain available for expenditure by the recipient through the end of the second succeeding federal fiscal year after award. **Applicants must provide a budget that describes the expenditure of grant funds at all points during the period of availability. Applicants 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 project period (the full period of availability).** Reminder: FY 2016 grant funds that have not been obligated for expenditure by the recipient during the period of availability for use by the recipient will be de-obligated.

Note: Prior to completing the Budget and Budget Justification Narrative, see Section IV for funding restrictions on expenditures of the grant award, including:

- **Limit of Funds to Support Direct Medical, Dental, Mental Health, or Legal Services;**
- **Statutory Limitation ("Cap") on Use of Funds for Administrative Expenditures;**
- **Limitation on Use of Funds for Recipient-Level Infrastructure Expenditures; and**
- **Limit of Funds for Conducting and Evaluating a Promising Approach.**

Include the following in the Budget Justification Narrative:

Personnel Costs: Personnel costs should be explained by listing each staff member who will (1) be supported from funds 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, and annual salary. Personnel includes, at a minimum, the program director responsible for the oversight and 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. **Also note:** While this personnel costs listing may include all home visitors that will be funded in some part by the FY 2016 MIECHV grant, the caseload of MIECHV family slots are only those enrollment slots served by a trained home visitor implementing services with fidelity to the model for whom at least 25% of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding. Similarly, 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% of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding.

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 applicants must budget for one national meeting per year in the Washington, DC area for up to five people for five days. Additionally, applicants must budget for one regional meeting per year for up to five people for five 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. As a reminder: MIECHV programs authorized by § 511 of the Social Security Act do not support the delivery or costs of direct medical, dental, or mental health services or legal services except for some limited services provided (typically by the home visitor) to the extent required in fidelity to an evidence-based model that meets the HHS criteria for evidence of effectiveness. (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 also Section IV for more information about this guidance.)

Contractual: Applicants must ensure that their 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. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Reminder: recipients must notify potential subrecipients (for example, local implementing agencies) that entities receiving subawards must be registered in SAM and provide the recipient with their 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*[17] are allowable under this program; however, *subgranting*[18] is *not* allowable under this program. Recipients must have a written plan in place for subrecipient monitoring and must actively monitor subrecipients.

Timely Federal Funding Accountability and Transparency Act (FFATA) reporting is required by the federal grant recipient to the FFATA Sub-award Reporting System. Recipients 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.*

Consultants 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 technical 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: Applicants 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%) of the FY 2016 MIECHV grant awards that they plan to use to support those activities. (See Section IV for guidance about these expenditures.) To obtain HRSA approval for spending more than 25% of the award amount on recipient-level infrastructure expenditures to enable entities to deliver services, a recipient 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 justification.

[17] Contracting or subcontracting is a process whereby a grantee enters into a written agreement (the contract) with a third party for the conduct of prescribed activities or functions under a grant. Such an agreement may involve project activities or general support services. In all instances, these agreements involve the acquisition of services or products which are designed to assist the grantee in carrying out the approved grant project.

[18] Subgranting is a process whereby a grantee transfers money, property, services or anything of value to an organization or individual, whether by grant, contract or other mechanism, for the purpose of providing general financial assistance to that third party. Such a purpose is in contrast with that of the contracting process which involves the acquisition of services or products from a third party.

Period of Availability Spreadsheet

Applicants are also asked to submit a spreadsheet that includes the proposed budget by line item (personnel, fringe, travel, supplies, contractual, other) for each individual fiscal year of the two year and six month project period/period of availability (April 1, 2016, to September 30, 2018), as well as additional columns that indicate the amount of money remaining from previous MIECHV grants (FY 2014 and FY 2015) by line item (personnel, fringe, travel, supplies, contractual, other) (insert as Attachment 8). These columns should indicate how remaining funding is proposed to be spent in FY 2016 and FY 2017.

Column 1:	Year 1: April 1, 2016—September 30, 2016
Column 2:	Remaining funding from FY 2014 to be spent April 1, 2016-September 30, 2016
Column 3:	Remaining funding from FY 2015 to be spent April 1, 2016-September 30, 2016
Column 4:	Year 2: October 1, 2016—September 30, 2017
Column 5:	Remaining funding from FY 2015 to be spent October 1, 2016—September 30, 2017
Column 6:	Year 3: October 1, 2017 – September 30, 2018

v. Program-Specific Forms

1) Performance Standards for MCHB-funded grants, including MIECHV

The Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62) requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for MCHB-funded grant programs, including MIECHV, have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect.

2) Performance Measures for the MIECHV formula grant program and Submission of Administrative Data

To prepare successful applicants of their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/X10_1.HTML.

NOTE: The performance measures and data collection information is for your PLANNING USE ONLY. These forms are not to be included as part of this application. Administrative information (DGIS Forms 1, 2, 4, 6, and Products and Publications) will be due to HRSA within 120 days of the Notice of Award date of issuance. Performance measures will be submitted annually in October (DGIS-HV Forms 1 and 2) and, pending OMB approval, quarterly 60 days after the end of each quarterly reporting period (DGIS-HV Form 4). Quarterly reporting periods are defined as follows:

- Q1 – October 1-December 31 (Report due February 28)
- Q2 – January 1-March 31 (Report due May 31)
- Q3 – April 1-June 30 (Report due August 31)
- Q4 – July 1-September 30 (Report due November 30)

vi. Attachments

Please provide the following items to complete the content of the application. Unless otherwise noted, attachments count toward the application page limit (80 pages). Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled**.

Attachment 1: Logic Model (counts toward the application 80 page limit)

Applicants must submit a new or updated logic model for designing and managing their project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. (See Section IV for more information and Section VIII for resources.)

Attachment 2: Work Plan Timeline (counts toward the application 80 page limit)

Provide a work plan timeline that includes each activity listed under the Methodology narrative and identifies responsible staff and timeline for completion. The work plan timeline must extend across the project period (April 1, 2016, to September 30, 2018) and include start and completion dates for activities. Services must be ongoing for the full length of the project period.

Attachment 3: Maintenance of Effort Chart (counts toward the application 80 page limit)

See Section III for guidance regarding maintenance of effort. HRSA will enforce statutory MOE requirements through all available mechanisms.

Applicants must complete and submit the following chart:

1) NON-FEDERAL EXPENDITURES

Baseline State FY Prior to Application (Actual)	Current State FY of Application (Estimated)
Actual prior state FY non-federal (State General Funds) expended for **evidence-based** home visiting services and initiatives, including in kind, proposed in this application. If proposed activities are not currently funded by the applicant, enter $0. (Non-profit applicants must agree to take all steps reasonably available for this purpose and must provide appropriate documentation from the state supporting its accomplishment of the maintenance of effort/non-supplantation requirement.) Amount: **$** _____	Estimated current State FY non-federal (State General Funds) designated for **evidence-based home** visiting services and initiatives, including in kind, proposed in this application. (Non-profit applicants 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: **$** _____

2) Provide a detailed list of current and projected non-federal revenues in order to demonstrate compliance with the requirement.

Attachment 4: Applicant Staffing Plan (counts toward the application 80 page limit)

Provide the applicant's staffing plan, including qualifications of staff, to ensure success in meeting programmatic and fiscal requirements of the MIECHV program, specifically describing the applicant's capacity to provide strong oversight and guidance to contractors.

Attachment 5: Updated Organizational Chart (counts toward the application 80 page limit)

Provide a one-page figure that depicts the applicant project organizational chart with applicant position titles, names and vacancies noted, contractors, and other significant collaborators.

Attachment 6: Documentation of NEW Proposed Contracts, if applicable (counts toward the application 80 page limit)

Provide documents that demonstrate agreements between the applicant and any new contractors cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverables. Letters of agreement must be dated.

Attachment 7: Model Developer Letter(s) (counts toward the application 80 page limit)

Provide documentation of the national model developer(s) agreement with the applicant's plans to ensure fidelity to the model(s). Examples of documentation include: certification or accreditation by the model developer(s), a letter of agreement from the model developer, and/or documentation of the applicant's status with regard to any required certification or approval process required by the developer(s). The documentation should include verification that the model developer has agreed to the applicant's methodology as submitted, including any proposed enhancements to the model that do not alter core components of the model, support for participation in the national evaluation, and any other related HHS efforts to coordinate evaluation and programmatic technical assistance.

Attachment 8: Period of Availability Spreadsheet (counts toward the application 80 page limit)

Provide a spreadsheet that includes the proposed budget by line item (personnel, fringe, travel, supplies, contractual, other) for each individual fiscal year of the two year and six month project period/period of availability (April 1, 2016, to September 30, 2018), as well as additional columns that indicate the amount of money remaining from previous MIECHV grants (FY 2014 and FY 2015) by line item (personnel, fringe, travel, supplies, contractual, other). These columns should indicate how remaining funding is proposed to be spent in FY 2016 and FY 2017.

Column 1:	Year 1: April 1, 2016—September 30, 2016
Column 2:	Remaining funding from FY 2014 to be spent April 1, 2016-September 30, 2016
Column 3:	Remaining funding from FY 2015 to be spent April 1, 2016-September 30, 2016
Column 4:	Year 2: October 1, 2016—September 30, 2017

Column 5: Remaining funding from FY 2015 to be spent October 1, 2016—September 30, 2017
Column 6: Year 3: October 1, 2017 – September 30, 2018

Attachments 9 – 15: Other Relevant Documents (count toward the application 80 page limit, with the exceptions as mentioned above)

Include here any other documents that are relevant to the application (including indirect cost rate agreements and proof of non-profit status, as applicable).

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

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Each applicant 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 it has 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 an applicant/recipient organization has 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://fedgov.dnb.com/webform/pages/CCRSearch.jsp)
- 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*.

Applicants must allow ample time to complete registration with SAM or Grants.gov.

4. Submission Dates and Times

Application Due Date
The due date for applications under this FOA is *January 19, 2016 at 11:59 P.M. Eastern Time.*
Applicants must submit an application by the due date referenced here.

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

5. Intergovernmental Review

The Maternal, Infant, and Early Childhood Home Visiting Program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR Part 100. For more information about Executive Order 12372, see the HHS Grants Policy Statement.

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

6. Funding Restrictions

Applicants must not submit an application with a budget request exceeding the state/territory's specified total grant award ceiling communicated via HRSA Electronic Handbooks to each eligible applicant. Awards to support projects will be contingent upon satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The MIECHV program is a service delivery program. Funds made available to awardees under this announcement must be used by recipients 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 funding opportunity announcement and the notice(s) of award, as well as other federal laws, regulations, and policies applicable to the use of federal grant awards.

In accordance with the above stated objectives of the MIECHV program, recipients must implement home visiting services that result in improvements in the coordination and referrals for other community resources and supports, and coordinate with comprehensive statewide early childhood systems to support the needs of families in the program. Recipients may coordinate with and refer 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. 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 this FOA. (See Section VIII for a list of evidence-based models eligible for implementation under MIECHV that meet the HHS criteria for evidence of effectiveness.)

The following describes other specific program limitations on use of MIECHV grant funds:

Statutory Limitation ("Cap") on Use of Funds for Administrative Expenditures
Use of MIECHV grant funding is subject to limitations 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.[19]

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

[19] Social Security Act, Title V, Section 511(i)(2)(C).

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

- Reporting costs (DGIS, FFR, and other reports required by HRSA as a condition of the award);
- Project-specific accounting and financial management;
- PMS drawdowns and quarterly reporting;
- Time spent working with the HRSA Grants Management Specialist and HRSA Project Officer;
- Subrecipient monitoring;
- Complying with FFATA 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.

Note: The 10% 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, described below, are not subject to the 10% limitation.

Limitation on Use of Funds for Recipient-Level Infrastructure Expenditures

Use of MIECHV grant funding also is subject to limitations on infrastructure expenditures, as further described below:

Absent prior approval from HRSA, no more than 25% of the award amount may be spent on a combination of administrative expenditures (further subject to a 10% cap, as described above) and infrastructure expenditures necessary to enable recipients to deliver MIECHV services. To obtain HRSA approval for spending more than 25% of the award amount on recipient-level infrastructure expenditures, including administrative costs, a recipient 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 justification. Recipients should maximize efficiencies in infrastructure expenditures to increase the proportion of the FY 2016 award budgeted for direct services costs.

For purposes of this FOA, 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," as described above, and therefore is not subject to the 10% limitation on administrative expenditures discussed above.

Infrastructure expenditures necessary to enable delivery of MIECHV services subject to the 25% limitation 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;
- 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 to take effect in FY 2017 pending OMB approval);
- 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). [20]

Note: this 25% limitation on infrastructure expenditures does not include costs related to recipient-led evaluation activities and costs incurred to update data management systems related to the HRSA redesign of the MIECHV program performance measurement system to take effect in FY 2017, pending OMB approval.

Examples of other service delivery expenditures that are NOT subject to the 25% limitation 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 infrastructure expenditures necessary to enable delivery of MIECHV services in accordance with program requirements, to document their findings in this regard, and to maintain records that demonstrate that such expenses do not exceed 25% of the award amount.

Statutory Limitation on Use of Funds for Conducting and Evaluating a Promising Approach[21]

No more than 25% 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. This 25% limit on expenditures pertains to the total funds awarded to the recipient for the fiscal year. (See Appendix C for a definition of promising approach.)

The program is not subject to the General Provisions in Division G of the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235), as it does not use funds appropriated by this law.

[20] See p. II-26 of the HHS Grants Policy Statement.
[21] Social Security Act, Title V, Section 511(d)(3)(A).

V. Application Review Information

1. Review Criteria

This funding opportunity announcement 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 Funding Opportunity Announcement.

2. Review and Selection Process

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

Applicants should request funds not exceeding the estimated total grant award ceiling, to support a proposed caseload of 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 C for a definition of caseload of 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 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.

Full funding is dependent on satisfactory recipient performance on all MIECHV grants and a decision that continued funding is in the best interest of the Federal Government.

Please Note: The Health Resources and Services Administration 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). The decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any OPDIV or HHS official or board.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of April 1, 2016.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent on or before April 1, 2016. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's *SF-424 Application Guide*.

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 research involving human subjects is anticipated, recipients must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR Part 46), available online at http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html.

3. Reporting

The successful applicant under this FOA must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

Federal Financial Report (SF-425)
The Federal Financial Report (SF-425) will be required on an annual basis.

Federal Funding Accountability and Transparency Act (FFATA) Reporting
Timely FFATA reporting is required by the recipient of federal grant funds to the FFATA Sub-award Reporting System. (See Section IV for additional detail.)

Status Reports

1) **Administrative Forms**
(DGIS Forms 1, 2, 4, 6, and Products and Publications)
The HRSA MCHB Discretionary Grant Information System (DGIS) Forms 1, 2, 4, 6, and Products and Publications reports are due within 120 days of the Notice of Award (NoA) issue date. To prepare successful applicants for their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/X10_1.HTML.

2) **Demographic, Service Utilization, Benchmark Area, and Quarterly Data Reporting**
(DGIS-HV Forms 1, 2, and 4)
Data for FY 16 DGIS-HV Forms 1 and 2 (available online at http://mchb.hrsa.gov/programs/homevisiting/ta/resources/enrolleeschildrenform.pdf and http://mchb.hrsa.gov/programs/homevisiting/ta/resources/recipientdefinedperformancemeasuresform.pdf) must be submitted by October 30 of each fiscal year. Recipients will

provide demographic, service utilization and benchmark area-related data into DGIS. The demographic and service utilization data report will include: an unduplicated count of enrollees; selected characteristics by race and ethnicity; socioeconomic data; other demographics; numbers of enrolled from priority populations; and, service utilization across all models. **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% of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding.** The benchmark data report will include an update of data collected for all constructs within each of the six benchmark areas. The benchmark data report will also provide the following information: the name of the benchmark and construct; the performance measure; the operational definition; the measurement tool utilized; rationale for the measure; the reporting period value; and, the definition of improvement.

HRSA anticipates that recipients will be required to submit data reports on a quarterly basis (pending OMB approval) 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. In addition, any recipient who is implementing an Improvement Plan will be required to submit updates to benchmark area data for all of the constructs within each benchmark area where they did not demonstrate improvement after the third-year assessment required in statute. **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% of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding.** These reports will be submitted through the DGIS system. 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;
- Q4 – July 1-September 30

HRSA has set a target that MIECHV-supported LIAs that have been active for a year or longer will maintain an active enrollment of at least 85% of their maximum service capacity. Quarterly data 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.

Future Demographic, Service Utilization, Benchmark Area, and Quarterly Data Reporting
HRSA anticipates updating MIECHV performance measures beginning in the FY 2017 reporting period (October 1, 2016-September 30, 2017) pending OMB approval. All recipients will be asked to report on their FY 2017 activities, including those supported by FY 2016 funds, using the new forms. The goal of the update is to streamline and standardize performance measures for the program. Recipients will likely need to utilize FY 2016 funds to modify their management information systems over the course of FY 2016 in order to be prepared to collect data from local implementing agencies at the start of FY 2017 (October 2016) and subsequently report recipient data to HRSA at the end of FY

2017 (October 2017). It is anticipated that future MIECHV funding decisions may be allocated based on recipient performance, including on benchmark performance areas.

HRSA also anticipates collecting limited Form 1 data (pending OMB approval) beginning in the FY 2017 reporting period (October 1, 2016-September 30, 2017) about enrollees that are served by a MIECHV recipient in an evidence-based home visiting model or a model that qualifies as a promising approach by a trained home visitor implementing services with fidelity to the model for whom *less than* 25% of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding. The purpose of collecting these data is to document the number of home visiting enrollees *indirectly* served by MIECHV, acknowledging that MIECHV grants support states' and territories' ability to leverage additional funding for evidence-based home visiting services.

3) **FY 2017 Interim Application and Prior Year Annual Report**
By June 30, 2017, recipients will be required to submit an interim application and prior year annual report for FY 2017 funds. The funds are proposed to be awarded by the end of FY 2017 (September 30, 2017). The Interim Application and Prior Year Annual Report will include a report to HRSA on the progress under the FY 2016 grant and plans for FY 2017 addressing the areas outlined in the Project Narrative of Section IV of this FOA. Additional information will be forthcoming.

4) **Project Period End Performance Reporting**
Final performance reports are due within 90 days of the end of the project period. The reports include financial, performance measure, program, and abstract data, as well as products and publications. Recipients will receive notification via e-mail from the HRSA Electronic Handbooks (EHBs). Successful applicants receiving grant funding will be required to electronically complete the program specific data forms that appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/X10_1.HTML.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

Mickey Reynolds
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11A-02
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-0724
Fax: (301) 443-6686
E-mail: mreynolds@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Marilyn Stephenson, RN, MSN
Team Lead, Eastern Branch
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
Fax: (301) 443-8921
E-mail: mstephenson@hrsa.gov

OR

Lisa R. King, MA
Team Lead, Western Branch
Division of Home Visiting and Early Childhood Systems
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 10-89
Rockville, MD 20857
Telephone: (301) 443-9739
Fax: (301) 443-8918
E-mail: lking@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should 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, seven days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
iPortal: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

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, 8:00 a.m. to 8:00 p.m. ET:

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

VIII. Other Information

1. Technical Assistance

Two technical assistance webinars for this funding opportunity will be provided. All applicants are encouraged to participate in one or both webinars. The webinars will: (1) help prepare applicants to submit an FY 2016 application; (2) highlight significant program requirements; and (3) offer participants an opportunity to ask questions. The webinars will be hosted on:

- Thursday, December 3, 3:00-5:00 P.M. Eastern Time
- Thursday, December 10, 3:00-5:00 P.M. Eastern Time

Webinar and registration information is available on the Maternal and Child Health Bureau website at: http://mchb.hrsa.gov/programs/homevisiting/ta. Please send questions about the programmatic aspects of this funding opportunity via e-mail to Marilyn Stephenson at mstephenson@hrsa.gov or Lisa King at lking@hrsa.gov, and the financial/budget related questions to Mickey Reynolds at mreynolds@hrsa.gov. The Division of Home Visiting and Early Childhood Systems will compile and address questions.

2. Evidence-based Models Eligible to Home Visiting Program Recipients

Applicants may select one or more of the evidence-based service delivery models from the list below.

(Note: Models are listed alphabetically.)

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, there are additional criteria identified in the authorizing statute for evidence-based models eligible for implementation under MIECHV. Legislative requirements for an evidence-based model to be implemented under MIECHV are that it: "conforms to a clear consistent home visitation model that has been in existence for at least three 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.[22]

When selecting a model or multiple models for a state/territory, applicants must ensure the selection can: (1) meet the needs of the state's or territory's identified at-risk communities and/or the state's or territory's targeted priority populations named in statute; (2) provide the best opportunity to accurately measure and achieve meaningful outcomes in benchmark areas and measures; (3) be able to be implemented effectively with fidelity to the model in the state or territory based on available resources and support from the model developer; and (4) be well matched for the needs of the state's or territory's early childhood system. Recipients may select multiple models for different communities and use a combination of models with a family, avoiding concurrent dual enrollment, to support a continuum of home visiting services that meets families' specific needs.

3. Resources

Affordable Care Act Outreach and Education
See Section 2.2 of HRSA's *SF-424 Application Guide* for additional information.

Continuous Quality Improvement
Additional information regarding CQI and other issues related to home visiting programs and improved child and family outcomes is available at http://mchb.hrsa.gov/programs/homevisiting/ta/resources/index.html.

Logic Models:
Additional information on developing logic models can be found at the following website: http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm.

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how to" steps. Information on how to distinguish between a logic model and work plan can be found at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf.

4. Public Burden Statement:

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

[22] Social Security Act, Title V, Section 511(d)(3)(A).

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, Maryland, 20857.

IX. Tips for Writing a Strong Application

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

APPENDIX A: EXPECTATIONS FOR PROMISING APPROACHES AND OTHER RESEARCH AND EVALUATION ACTIVITIES

A national evaluation is underway which will answer broad questions about the scale-up of four evidence-based models, best practices in implementation, and effects of evidence-based home visiting on families and children. Grantee-led evaluations are an important complement to the national evaluation. There are two kinds of grantee-led evaluations: (1) evaluations of promising approaches, and (2) evaluations of other recipient activities. Each has slightly different requirements, but all evaluations are required to be well-designed, rigorous, and effectively executed.

Promising Approaches:
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. Such an evaluation must include an appropriate evaluation design for an assessment of impact and meet expectations of rigor outlined later in this Appendix. As described in Section IV, the applicant must submit an update on the progress of existing evaluations for implemented promising approaches. Proposed evaluations for promising approaches must meet the following criteria:

- 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).

Technical assistance will be provided to assist recipients in finalizing their evaluation plans, developing internal capacity to conduct the evaluation, coordinating grantee-led evaluations that are addressing common questions of interest, and in disseminating evaluation results.

Evaluation of Other Recipient Activities:
Applicants that are not proposing to implement a promising approach are ***not required*** to conduct an evaluation of their home visiting program. However, HRSA encourages applicants to conduct and/or continue evaluations These are an important component of the continuous learning and knowledge-building that is key to the MIECHV program.

For other evaluations proposed or continued, the applicant 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. Technical assistance will be provided to assist recipients in finalizing their evaluation plans, developing internal capacity to conduct the evaluation, coordinating grantee-led evaluations that are addressing common questions of interest, and in disseminating evaluation results.

- **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 data collection. Evaluations

may explore methods to improve benchmark measurement or outcomes in those domains but the evaluation proposed may not be the same activities recipients are required to conduct for benchmark performance 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.

- **All proposed evaluations must be approved by HRSA:** Recipients who propose an evaluation must submit a detailed proposed evaluation plan to HRSA for review and approval prior to conducting their evaluation. 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 Project Officer, technical assistance provider, and other 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 formative evaluation, process evaluation, or an impact evaluation. The evaluation may utilize qualitative and/or quantitative research approaches. However, applicants 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% 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, an applicant may propose less than this amount. The applicant should provide appropriate support for their evaluation budget in the budget justification.

HRSA encourages applicants to plan ahead and budget accordingly in anticipation of expected revisions to the DGIS performance measurement system in FY 2017, as well as new requirements related to quarterly performance data collection that are pending OMB approval. More information about these changes can be found in Section VI.

What it means to be rigorous: No specific study type is more rigorous than another. Descriptive studies, quasi-experimental studies, and experimental studies can all be rigorous. Rigorous evaluation incorporates the following features across methodologies:

Rigor in Quantitative Evaluation (i.e.: Outcome Evaluations)	**Rigor in Qualitative Evaluation (i.e.: Formative or Process Evaluations)**
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 definitive and compelling approach that is available and feasible for the question being addressed.	***Credibility***: Presenting an accurate description or interpretation of human experience that people who also share the same experience could recognize. 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 BENCHMARK AREAS AND CONTINUOUS QUALITY IMPROVEMENT PLAN

Benchmark Areas

Guidance for meeting legislatively-mandated reporting on benchmark areas, demographic data, and service utilization data is available online at http://mchb.hrsa.gov/programs/homevisiting/ta/resources/guidanceoct2012.pdf. It includes the constructs under each of the six legislatively mandated benchmark areas for which performance measures have been proposed and tracked. 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 grant-level data reporting and personal identifiers are not reported to the Federal Government.

Under each benchmark area, recipients have defined measures using the following criteria: A) name and type of performance measure, B) operational definition, C) measurement tool utilized or question(s) posed, D) definition of measurable improvement, and E) plan for data collection and analysis. Each recipient should have an approved Benchmark Performance Measurement Plan that outlines the details of each performance measure and related data collection, reporting, and analysis activities. Applicants 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 2017.

Continuous Quality Improvement Plan

All recipients must submit a new or updated CQI plan within 90 days of the Notice of Award issuance date. That plan should incorporate a summary of any past state-, territory-, or local-specific CQI projects from previously submitted plans and describe how those implementation experiences will inform next steps. If the recipient has not proceeded beyond the planning phase outlined in the previously submitted CQI plan, please indicate what steps will be taken to support implementation of the updated plan.

The following criteria should be addressed in the submitted CQI new or updated plan:

- 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.

- 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 which 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.

All recipients are required to report annually on progress related to the CQI plan submitted in response to this FOA. Technical assistance will be available to recipients in planning and implementing their CQI projects. Recipients should consider the cost of CQI activities in developing their budgets. If a CQI plan changes substantially from one year to the next, recipients will be expected to provide their HRSA Project Officer with an updated plan and rationale for the modification within 90 days.

APPENDIX C: GLOSSARY OF SELECTED TERMS

At-risk communities **-** As a statutory requirement for MIECHV funding for state home visiting programs, states are required to give service priority to eligible families residing in at-risk communities identified by a statewide needs assessment.[23] A MIECHV-specific statewide needs assessment was required to be submitted within six months of the date of enactment of the Affordable Care Act as a condition of receiving FY 2011 MCH Block Grant funding.[24]

At-risk communities were defined as those communities 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 were 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 family slots **-** The caseload of 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. Family slots are those enrollment slots served by a trained home visitor implementing services with fidelity to the model for whom at least 25% of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding. All members of one family or household represent a single caseload slot. The count of slots should be distinguished from the cumulative number of enrolled families during the grant period. It is known that the caseload of family slots may vary by federal fiscal year pending variation in available funding in each fiscal year. Applicants should remember that inability to meet proposed caseloads may result in deobligated funds, which may impact future funding.

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.

Eligible families **-** 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

[23] Social Security Act, Title V, Section 511(d)(4).
[24] Social Security Act, Title V, Section 511(b).

including a noncustodial parent who has an ongoing relationship with, and at times provides physical care for, the child.[25]

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 one year after program enrollment, and one or more favorable, statistically significant impacts must be reported in a peer-reviewed journal.[26]

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 Collaborative Improvement and Innovation Network - HRSA, through its cooperative agreement with the Education Development Center, facilitates the Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN), the first national learning collaborative of its kind based on the Breakthrough Series Model which has been successfully utilized in health care and social service settings. The HV CoIIN brings together MIECHV teams from local implementing agencies across multiple states, tribal entities, and a non-profit recipient 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.

Home Visiting Evidence of Effectiveness (HomVEE) - The Department of Health and Human Services uses Home Visiting Evidence of Effectiveness (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

[25] Social Security Act, Title V, Section 511(k)(2).
[26] Social Security Act, Title V, Section 511 (d)(3)(A)(i)(I).

program models that target families with pregnant women and children from birth to kindergarten entry (that is, up through age five). Additional information about HomVee is available at: http://homvee.acf.hhs.gov.

Maximum service capacity **-** The maximum service capacity (associated with the ***caseload of 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.

Promising approach **-** A home visiting service delivery model that qualifies as a promising approach is defined in statute[27]: "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." 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."

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.

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 II.B. of the Application/Annual Report Guidance for the Title V Maternal and Child Health Services Block Grant to States Program, which can be found at http://mchb.hrsa.gov/programs/titlevgrants/index.html.

[27] Social Security Act, Title V, Section 511(d)(3)(A).