U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

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

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

Funding Opportunity Number: HRSA-21-050
Funding Opportunity Type(s): New
Assistance Listings (CFDA) Number: 93.870

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Letter of Intent for New Applicants Requested by: March 25, 2021

Application Due Date: June 15, 2021

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

Issuance Date: March 18, 2021

Kelsey McCoy
Supervisory Public Health Analyst
Division of Home Visiting and Early Childhood Systems
Maternal and Child Health Bureau
Health Resources and Services Administration
15 New Sudbury Street, Suite 1826
Boston, MA 02203
Telephone: (617) 565-1451
Email: kmccoy@hrsa.gov

See Section VII for a complete list of agency contacts.

Authority: 42 U.S.C. § 711(c) (Title V, § 511(c) of the Social Security Act)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program – Formula. The purpose of this program is to support the delivery of coordinated and comprehensive high-quality and voluntary early childhood home visiting services to eligible families. The goals 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 living in at-risk communities. HRSA administers this program in partnership with the Administration for Children and Families (ACF).

Funding Opportunity Title:	Maternal, Infant, and Early Childhood Home Visiting Program – Formula
Funding Opportunity Number:	HRSA-21-050
Due Date for Applications:	June 15, 2021
Anticipated Total Annual Available FY 2021 Funding:	Up to $342 million
Estimated Number and Type of Award(s):	Up to 56 grants
Estimated Award Amount:	Amounts vary
Cost Sharing/Match Required:	No
Period of Performance:	September 30, 2021 through September 29, 2023 (2 years)
Eligible Applicants:	Eligible recipients include all states and six 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. Nonprofit organizations receiving MIECHV Program - Formula funding in FY 2020 are also eligible to apply if the state for which they were funded to provide MIECHV services in FY 2020 does not apply. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance webinar:

Day and Date: Wednesday, March 31, 2021
Time: 3 – 4:30 p.m. ET
Call-in number and registration for this webinar will be available here: https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/program-implementation-and-fiscal-management-resources.

HRSA will record the webinar and archive the recording on the same webpage.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the fiscal year (FY) 2021 Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program – Formula grant. The purpose of this program is to support the delivery of coordinated and comprehensive high-quality and voluntary early childhood home visiting services to eligible families. The Health Resources and Services Administration (HRSA) administers this program in partnership with the Administration for Children and Families (ACF). Consistent with HRSA's emphasis on innovation, collaboration, and effectiveness, the goals[1] of the MIECHV Program are to: (1) strengthen and improve the programs and activities carried out under Title V of the Social Security Act; (2) improve coordination of services within at-risk communities; and (3) identify and provide comprehensive services to improve outcomes for eligible families[2] living in at-risk communities.

Successful MIECHV Program recipients will achieve the following objectives:

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

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

2. Background

Statutory Authority

The MIECHV Program is authorized by 42 U.S.C. § 711(c) (Title V, § 511(c) of the Social Security Act) to make MIECHV grants to support the provision of home visiting services to eligible families by states, nonprofit organizations serving states, and U.S. territories and jurisdictions. The Bipartisan Budget Act of 2018 (Pub. L. 115-123) (BBA), among other actions, extended appropriated funding for the MIECHV Program through FY 2022. In addition to reauthorizing the program, the BBA included new MIECHV provisions. Specifically, the BBA included a requirement that states conduct an updated statewide needs assessment, authority for use of funds for a Pay for Outcomes initiative, a requirement that HRSA develop data exchange standards, and a requirement that recipients demonstrate improvements in benchmark measures. This NOFO includes new requirements that reflect implementation of each of the provisions that were introduced through the BBA. The Consolidated Appropriations Act, 2021 (P.L. 116-260) (CAA), includes authority to use MIECHV grant funds during the declared COVID-19 public health emergency period, to:

A. Train home visitors in conducting virtual home visits (see Appendix D for a definition of virtual home visit) and in emergency preparedness and response planning for families;
B. Acquire the technological means as needed to conduct and support a virtual home visit for families enrolled in the program; and
C. Provide emergency supplies to families enrolled in the program, regardless of whether the provision of such supplies is within the scope of the approved program, such as diapers, formula, non-perishable food, water, hand soap, and hand sanitizer.

Overview

Since 2010, the evidence-based MIECHV Program has been empowering families with the tools they need to thrive. The MIECHV Program supports home visiting for pregnant women and parents with children up to kindergarten entry living in at-risk communities. Home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and early childhood improve the health and well-being of children and families. Through voluntary home visiting programs, trained professionals meet regularly in the homes of expectant parents or families with young children who want and ask for support, building strong, positive relationships. Home visitors serve an important function in partnering with families to assess their individualized strengths and needs, provide services tailored to those needs, screen for areas of specific risk, and assist with referrals and linkages to comprehensive services, as needed and appropriate. This facilitates not only access to coordinated care for participating families, but also more effective coordination and collaboration across service providers in the local early childhood system. Home visiting programs help prevent child abuse and neglect, support positive parenting, improve maternal and child health, and promote child development and school readiness.[6] Evidence-based home visiting helps children and families get off to a better, healthier start, and it can be cost-effective in the long

[6] U.S. Department of Health and Human Services, Administration for Children and Families, Home Visiting Evidence of Effectiveness (HomVEE).

term, with the largest benefits coming through reducing the need for government spending on other programs, and increasing families' earnings over time.[7]

States, territories, and nonprofit entities receive funding through the MIECHV Program, and have the flexibility to tailor the program to serve the specific needs of their communities. The MIECHV Program responds to the diverse needs of children and families living in at-risk communities, as identified through a needs assessment, that face disproportionate risks, challenges, and disparities. At-risk communities are defined in statute as communities with concentrations of the following indicators: premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of at-risk prenatal, maternal, newborn, or child health; poverty; crime; domestic violence; high rates of high-school drop-outs; substance abuse[8]; unemployment; or child maltreatment.[9] (See Appendix D for a further definition of at risk communities). Throughout this NOFO, the terms "at-risk community" and "community", except as otherwise noted, are intended to refer to communities with high concentrations of the indicators identified in statute. Home visiting programs aim to support these families and communities and advance health equity by leveraging individual family strengths, identifying and addressing the social determinants of health, and ensuring that children and families have equal opportunity to reach their fullest potential.

The MIECHV Program is an important part of a comprehensive statewide early childhood system (as defined in Appendix D) that supports pregnant women, parents and caregivers, and children from birth to kindergarten entry. Local implementing agency (LIA) staff serve as trusted partners that engage priority populations and bridge gaps between families and critical services and resources, both in the course of direct service provision and through community outreach and partnership. In addition, MIECHV recipients work with local, state, and national partners to identify and address systemic barriers to effective service access, coordination, and impact. These collaborations support program outcomes in the MIECHV benchmark areas and strengthen the broader early childhood system.

Finally, HRSA acknowledges that during the COVID-19 public health emergency, home visiting programs continue to play a vital role in addressing the needs of pregnant women, young children, and families, whether in-person or virtually. MIECHV recipients have achieved great success in sustaining service delivery and meeting families' needs while minimizing service delivery interruptions when possible. As program implementation continues to be affected by the COVID-19 public health emergency, recipients are encouraged to communicate with HRSA about any impacts.

[7] Michalopoulos, C, et. al. (2017). Evidence on the Long-Term Effects of Home Visiting Programs: Laying the Groundwork for Long-Term Follow-Up in the Mother and Infant Home Visiting Program Evaluation (MIHOPE). OPRE Report 2017-73. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services

[8] "Substance abuse" is also known as "substance use disorder."

[9] Social Security Act, Title V, § 511(b)(1)(A).

Program Requirements and Expectations

This section describes key program requirements and expectations.

Outline of this Section:

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B. Requirements for New Applicants[10]
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A. Priority Population Recruitment and Enrollment

a. Priority for Serving High-Risk Populations

As required by statute,[11] recipients must give priority in providing services under the MIECHV Program to the following[12]:

- Eligible families who reside in communities in need of such services, as identified in the statewide needs assessment required under subsection 511(b)(1)(A), taking into account the staffing, community resources, and other requirements to operate at least one approved model of home visiting and demonstrate improvements for eligible families;
- Low-income eligible families;

[10] Eligible entities not currently MIECHV grant recipients

[11] Social Security Act, Title V, § 511(d)(4), as amended by the Bipartisan Budget Act of 2018, Title VI, § 50604, indicates the priority for serving high-risk populations.

[12] Reporting defintions for these priority populations can be found in Form 1 – Demographic Performance Measures.

- 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.

b. Enrollment

As required by statute, recipients must implement home visiting programs primarily through one or more selected evidence-based service delivery models.[13] They must ensure fidelity to the model, which may include the development of policies and procedures to recruit, enroll, disengage, and re-enroll home visiting services participants. Enrollment policies should strive to balance continuity of services to eligible families over time with ensuring access to services for families who have not yet received services.

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 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 may participate in or support the development of centralized intake systems (CIS) (see Appendix D for a definition of CIS) to reach and enroll eligible families, and avoid dual enrollment. CIS have the potential to improve families' enrollment experiences, strengthen or streamline service referral processes, and facilitate early childhood systems coordination and collaboration.

B. Requirements for New Applicants

Instructions in this section are intended ***only for new applicants*** (i.e., eligible entities not currently MIECHV grant recipients) to meet the program requirements outlined in this NOFO. In addition to responding to all applicable requirements, new applicants are requested to submit a letter of intent to HRSA indicating the intent to apply for MIECHV funds through this NOFO, and a response to the requirements for new applicants outlined in Section IV. Letters of intent should be received no later than 7 calendar days

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

after the issuance/publication of this NOFO, or no later than March 25, 2021. See Section IV.7 for instructions for submitting the letter of intent.

HRSA expects that new applicants will leverage available TA resources provided by HRSA at the onset of the grant to identify immediate technical assistance needs related to the implementation of the grant and service delivery work plan. Additional TA resources are available on the MIECHV Program Technical Assistance webpage.

C. Implementing Evidence-Based Home Visiting Models

a. Selection of Home Visiting Service Delivery Model(s)
As noted above, the MIECHV statute reserves the majority of funding for the delivery of services through implementation of one or more evidence-based home visiting service delivery models.[14] Home visiting service delivery models meeting U.S. Department of Health and Human Services (HHS)-established criteria for evidence of effectiveness and eligible for implementation under MIECHV have been identified.[15] Per statute, recipients may expend no more than 25 percent of the grant awarded for a fiscal year for conducting and evaluating a program using a service delivery model that qualifies as a promising approach.[16] The MIECHV statute defines a home visiting service delivery model that qualifies as a promising approach; see Appendix D for the definition of a promising approach.[17]

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

1) Meet the needs of the state's, territory's, or jurisdiction's at-risk communities as identified in the current approved statewide needs assessment update and the state's, territory's, or jurisdiction's targeted priority populations named in statute;
2) Provide the best opportunity to accurately measure and achieve meaningful outcomes in MIECHV benchmark areas and performance measures;
3) Be implemented effectively with fidelity to the model in the state, territory, or jurisdiction based on available resources and support from the model developer; and
4) Be well matched for the needs of the state's, territory's, or jurisdiction's early childhood system.

Recipients may select multiple models for different communities to support a continuum of home visiting services that meet families' specific needs. Additionally, as families' goals and needs change over time, recipients may transition families with their consent from one model to another.

[14] Social Security Act, Title V, § 511(d)(3)(A) identifies various specific criteria applicable to such evidence-based home visiting models.
[15] See Section VIII for a list of evidence-based home visiting models eligible for implementation under MIECHV that meet the HHS-established criteria for evidence of effectiveness.
[16] Social Security Act, Title V, § 511(d)(3)(A).
[17] Social Security Act, Title V, § 511(d)(3)(A)(i)(II).

b. Fidelity to Home Visiting Service Delivery Model(s)
Recipients must have policies and procedures in place to ensure fidelity of implementation to the evidence-based home visiting service delivery model(s) they select (refer to Appendix D for a definition of fidelity). Policies and procedures should include review and submission of fidelity information to home visiting model developers. Any recipient implementing a home visiting service delivery model that qualifies as a promising approach must also implement the model with fidelity. Fidelity requirements include all aspects of initiating and implementing a home visiting model, including, but not limited to:

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

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

c. Model Enhancements
For the purposes of the MIECHV Program, an acceptable enhancement of an evidence-based model is a variation to better meet the needs of at-risk communities or certain eligible families that does not alter the model's core components, as defined by the model. Model enhancements may or may not have been developed by the national model developer, and enhancements may or may not have been tested with rigorous impact research. Prior to implementation, the model developer must determine that the model enhancement does not alter the core components related to program impacts, and HRSA must determine it to be aligned with MIECHV Program activities and expectations. Recipients that wish to adopt enhancements to a model must submit documentation of concurrence that the enhancement does not alter core components related to program impacts from the national model developer(s) and receive approval from HRSA. See further instructions in Section IV.

Note: Temporary changes to the model made by the model developer due to an emergency are not model enhancements.

D. Systems Coordination

a. Early Childhood Systems Coordination and Collaboration
Per the MIECHV statute, recipients must ensure the provision of high-quality home visiting services to eligible families in at-risk communities by, in part, coordinating with comprehensive statewide early childhood systems to support the needs of those families.[18] To do this, recipients must establish appropriate linkages and referral networks to other community resources and supports.[19] Refer to Appendix D for a list of potential early childhood systems partners. Additional examples of effective systems

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

coordination and collaboration strategies include working with state and local partners to: increase the availability of and access to a continuum of two-generation early childhood services; coordinate programs, services, and data collection and reporting systems to reduce gaps and inefficiencies; align activities and leverage partnerships to engage priority populations in services and improve shared outcomes; identify and facilitate meaningful changes in structural barriers to eliminate health disparities; and engage families and other community representatives as leaders and partners toward shared decision-making and improved health equity.

Examples of early childhood systems coordination and collaboration initiatives to improve family outcomes in the MIECHV benchmark areas include:

- Educating pregnant women and parents on the benefits of breastfeeding, safe sleep practices, and healthy physical activity of children, highlighting the importance of prenatal, postpartum, and well-child visits and facilitating access to health coverage and care, and participating in referral partnerships with child nutrition programs such as the state's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).
- Improving service access and other supports for family needs related to behavioral health (e.g., opioid or other substance use, neonatal abstinence syndrome, caregiver depression, children's social-emotional health and development). This may include the use of mental health consultation services to increase programs' capacity.
- Educating caregivers about the risks, impacts, and interventions associated with intimate partner violence (IPV), and facilitating connections to quality services.
- Preventing or mitigating the effects of child maltreatment by assessing families' strengths and needs, providing education on safe and effective parenting strategies and enhancing parent-child relationships, making referrals to necessary family support services, and partnering with child welfare agencies and family-serving court programs to engage families in voluntary home visiting services.
- Addressing critical social determinants of health, including families' housing quality and stability, and promoting caregivers' access to education and employment opportunities and other economic supports to improve family self-sufficiency.
- Identifying and working to implement policy and practice changes that would increase access to home visiting services and referrals for families through partnerships with health care providers and payers (e.g., Medicaid, Children's Health Insurance Program, private insurers), and/or strengthening partnerships with families' health care providers to reduce duplicative screenings and promote family health.

Recipients should develop policies and procedures, in collaboration with other home visiting and early childhood partners, to ensure sustained services and smooth transitions across a continuum of home visiting and early childhood services for eligible families from pregnancy through kindergarten entry, in alignment with model fidelity requirements.

Other state and local advisory groups also serve an important function in guiding MIECHV project planning, implementation, and/or evaluation. Recipients must ensure involvement in project planning, implementation, and/or evaluation by at least one statewide early childhood systems advisory committee or coordinating entity (e.g., Early Childhood Advisory Council, Governor's Children's Cabinet, Individuals with Disabilities Education Act (IDEA) Part C Interagency Coordinating Council, State Advisory Council on Early Childhood Education and Care).

To strengthen coordination with comprehensive statewide early childhood systems and improve service delivery quality, HRSA encourages MIECHV recipients to engage in active, ongoing collaboration with the following representatives, including participation in any MIECHV advisory groups (if such a group exists), whenever feasible:

- Representatives of aligned early childhood programs (including the Early Childhood Comprehensive Systems (ECCS) funding recipient, where applicable; see also Appendix D);
- Tribal representatives; and
- Individuals representing eligible families and communities served.

MIECHV recipients may also engage and provide support for representatives to participate equitably and meaningfully in these roles and ensure that advisory members represent the diversity of the populations being served.

b. Written Agreements to Advance Coordination

Recipients must ensure the involvement of representatives from key state agencies in project planning, implementation, and/or evaluation through the development and implementation of signed written agreements, such as letters of agreement (LOAs) or memoranda of understanding (MOUs). These agreements may address state and local partnerships to facilitate referrals, screening, follow-up, and service coordination, as well as systems and data coordination (e.g., data sharing and data exchange standards), as applicable to each partner's scope. To the extent possible, recipients should address expectations for coordination among local subrecipients of signing state agencies. Recipients must develop agreements with:

- The state's ECCS recipient, if there is one;
- The state's Maternal and Child Health Services (Title V) agency;
- The state's Public Health agency, if this agency is not also administering the state's Title V program;
- The state's agency for Title II of 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 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.

HRSA requires recipients to review, and update as appropriate, agreements at least every 3 years (i.e., those established and dated before October 1, 2018). Recipients must submit all current agreements with the required partners listed above to HRSA by September 30, 2021. **The agreements are not required for submission with this**

application. (Note: HRSA intends for these agreements to outline the expectations of collaborators and support effective collaboration. These are not required to be legally binding documents.) HRSA also encourages alignment of agreements with relevant state-level early childhood action plans or stated goals of statewide early childhood systems entities.

In addition, HRSA encourages recipients to identify and collaborate with other high-priority partners, including including state Medicaid agencies, those implementing the Family First Prevention Services Act[20] and Preschool Development Grants. Recipients may wish to develop written agreements that clearly state the purpose of the collaboration, establish a shared vision and goals, and outline key roles of each partner to achieve shared goals.

E. Health Equity

In alignment with HRSA's strategic goal to achieve health equity and enhance population health and the Biden-Harris Administration's commitment to a whole-of-government equity approach, HRSA recommends recipients implement home visiting program strategies that contribute to equitable improvements and reduce disparities in family outcomes in MIECHV benchmark areas. As a way to promote and advance health equity, recipients may wish to consider the role of home visiting services and coordination with comprehensive statewide and local early childhood systems in identifying and addressing health disparities in their project planning, implementation, and/or evaluation and to propose specific activities to further define, support, or evaluate those efforts. Home visiting implementation strategies that may advance health equity include:

- Collecting and analyzing program data to identify key health disparities and the root causes of inequity;
- Recruiting and retaining a diverse workforce representative of communities served;
- Leveraging Continuous Quality Improvement (CQI) activities to identify, address, and mitigate systemic barriers;
- Engaging family and community representatives in advisory and collaborative roles;
- Providing leadership development opportunities for families and family representatives; and
- Promoting comprehensive and multi-generational approaches to service delivery and coordination.

F. Implementation Oversight

a. High-Quality Supervision

Recipients must maintain high-quality supervision[21] to establish home visitor competencies. HRSA encourages the use of reflective supervision or practices aligned with infant early childhood mental health consultation (IECMHC), consistent with model

[20] P.L. 115-123, Division E, Title VII
[21] Social Security Act, Title V, § 511(d)(3)(B)(iii).

fidelity, for home visiting staff funded through the MIECHV grant as components of high-quality supervision. (Refer to Appendix D for a definition of reflective supervision and IECMHC.) Recipients and LIAs should develop and implement policies and procedures that ensure high-quality supervision in alignment with fidelity to the model(s) implemented.

b. Subrecipient Monitoring

Recipients must monitor subrecipient performance for compliance with federal requirements and performance expectations, including timely Federal Funding Accountability and Transparency Act (FFATA) reporting. (For additional information regarding Subrecipient Monitoring and Management, see Uniform Administrative Requirements (UAR) 45 CFR part 75 and the Subrecipient Monitoring Manual for MIECHV Award Recipients. This requirement applies to all subrecipients, including those that oversee LIAs (i.e., intermediaries). For additional information about FFATA reporting, see Section IV.)

Recipients must effectively manage all subrecipients of MIECHV funding to ensure successful performance of the MIECHV Program and to ensure compliance with fiscal, administrative, and program requirements. Monitoring activities must ensure subrecipients comply with applicable requirements outlined in the UAR, and MIECHV statutory and programmatic requirements.[22] Recipients must also execute subrecipient agreements that incorporate all of the elements of 45 CFR § 75.351–353 and, either expressly or by reference, the subrecipient monitoring plan developed by the recipient. Recipients must be able to determine if costs proposed and subsequently incurred by subrecipients are allowable/unallowable. Recipients must base their final determinations on allowability of costs on their documented organizational policies and procedures.

Recipients must develop and execute a subrecipient monitoring plan that outlines MIECHV program requirements and performance expectations, and a process to assess subrecipients' implementation of these requirements. The subrecipient monitoring plan must include an evaluation of each subrecipient's risk of noncompliance, identify the person(s) responsible for each monitoring activity, and include timelines for completion for each monitoring activity. Recipients must design their subrecipient monitoring activities to ensure that the subaward:

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

Subrecipient monitoring plans must include provisions for:

- Review of financial and performance reports as required by the recipient in compliance with federal requirements;
- Performing site visits to review financial and program operations;
- Providing technical assistance, when needed;

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

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

c. HRSA Operational Site Visits
HRSA conducts operational site visits with MIECHV recipients approximately every 3 years to assess recipient compliance with MIECHV statutory and programmatic requirements. Pursuant to 45 CFR § 75.364, HRSA and its designees must have the right of access to any books, documents, papers, or other records that are pertinent to the awards in order to make audits, examinations, excerpts, transcripts, and copies of such documents. This right also includes timely and reasonable access to a recipient's personnel for the purpose of interview and discussion related to such documents. Timely access is defined as a recipient's response to all document requests and requests to meet with a recipient's personnel by the deadlines stated by HRSA or its designees.

d. Home Visiting Budget Assistance Tool (HV-BAT)
The Home Visiting Budget Assistance Tool (HV-BAT) is an Excel-based instrument that collects information on standardized cost metrics from programs that deliver home visiting services. The HV-BAT is designed for use by MIECHV-funded LIAs and recipients to collect and report comprehensive home visiting program costs incurred by LIAs during a 12-month period. It may help MIECHV recipients and LIAs in several ways, including program monitoring, budget planning, economic evaluation, and leveraging innovative financing strategies (technical assistance resources are available on the MIECHV Data, Evaluation, and Continuous Quality Improvement webpage).

Beginning with the FY 2021 period of performance, HRSA will require reporting of HV-BAT data for one-third of recipients each year, resulting in collection of data from all recipients over a 3-year time period. HRSA is requiring this data collection in order to:
- Support recipients in using empirical cost data to inform program planning, budgeting, and subrecipient monitoring;
- Conduct descriptive research assessing the variability of implementation costs across MIECHV-funded home visiting programs; and
- Inform future activities to support policy priorities related to public financing of home visiting services and PFO approaches.

HRSA will provide specific reporting instructions, including lists of which recipients will report each year, associated timelines, and submission requirements, after the start of the period of performance. Additional resources to support recipients in utilizing the HV-BAT and cost data are available in technical assistance resources on the HRSA website at the MIECHV Data, Evaluation, and Continuous Quality Improvement webpage.

e. Technical Assistance Engagement Expectations
The MIECHV Program's technical assistance (TA) system supports recipients' efforts to improve family outcomes and strengthen the proficiency of state and local early

childhood systems leaders and practitioners.[23] For a description of what the TA system supports, please see the MIECHV Program Technical Assistance webpage.

MIECHV promotes the provision of TA through a relationship-based approach. As such, HRSA expects recipients to engage with TA providers to support improvement in high-quality implementation of home visiting in their state, territory, or jurisdiction. Recipients should regularly engage TA providers as partners to help achieve short-and long-term goals. At least once annually, recipients must work with their TA providers to assess their TA priorities and develop a plan to address those priorities. Recipients must also engage with their TA providers during the review of annual performance reports and CQI plans.

G. Data and Evaluation

a. Data Exchange Standards for Improved Data Interoperability
Section 50606 of the Bipartisan Budget Act of 2018 provides new authority for HRSA to establish data exchange standards for improved interoperability in two categories of information: (1) data required to be submitted as part of federal data reporting, and (2) data required to be electronically exchanged between the MIECHV state agency and other agencies within the state by required by applicable federal law.[24]

HRSA encourages recipients to consider approaches and plans to facilitate improved data interoperability in their state, territory, or jurisdiction through activities such as data exchange standards creation or adoption, data sharing, or data coordination with other state agencies or early childhood programs. These plans may range in scope and content, depending on capacity and readiness, among other factors, and focus on state and/or local operations.

Note that no changes to existing MIECHV federal data reporting are required due to this new authority. In addition, HRSA is not issuing new requirements around the adoption of data exchange standards at this time.

More information on implementing data exchange standards is available on the HRSA the MIECHV Data, Evaluation, and Continuous Quality Improvement webpage.

b. State Evaluation – Promising Approaches
Recipients that propose to implement a home visiting model that qualifies as a promising approach are required to conduct a rigorous evaluation of that approach.[25] The purpose of such an evaluation is to contribute to the evidence that may help support meeting HHS' criteria of effectiveness for the promising approach. Recipients must evaluate all new or continuing promising approaches implemented in FY 2021. Recipients must design such evaluations for an assessment of impact using an appropriate comparison condition and meet expectations of rigor outlined in Appendix A. (Refer to Appendix D for complete definition of a promising approach.) Recipients may propose to continue an existing evaluation of a promising approach implemented

[23] Social Security Act, Title V, § 511(c)(5).
[24] Social Security Act, Title V, § 511(h)(5).
[25] Social Security Act, Title V, § 511(d)(3)(A)(i)(II).

through prior MIECHV awards in order to meet the requirements of this section. For new promising approach evaluations, an evaluation plan describing the technical details of the evaluation is due to HRSA no later than 120 days from the project start date. For continuing promising approach evaluations, a modified evaluation plan and timeline noting any significant changes to the evaluation is due to HRSA no later than 120 days from the project start date. Further guidance and TA will be available after HRSA issues the award.

c. Coordinated State Evaluations – Evaluations of Other Recipient Activities
Recipients are not required to conduct an evaluation of their home visiting programs, unless they implement a promising approach, or a pay for outcome (PFO) initiative. However, HRSA encourages recipients to conduct evaluations of their programs by participating in the coordinated state evaluation (CSE).

In order to continue to support well-designed, rigorous evaluation that contributes to the field of home visiting and addresses topics of high priority in the MIECHV Program, HRSA has established a coordinated approach for state evaluations. If recipients intend to conduct a state evaluation with their MIECHV FY 2021 award, they must participate in the CSE. The purpose of this evaluation approach is to contribute to advances in knowledge of early childhood home visiting services through coordinated effort among MIECHV recipients. Recipients that propose to conduct evaluations through this funding opportunity must conduct an evaluation reflective of their interests within a defined priority topic area in coordination with other recipients and with TA support from a national evaluation coordinating center. The requirements for a CSE do not apply to promising approach or PFO initiative evaluations.

The goals of the CSE approach include:

- Aligned evaluation designs across recipients;
- Aligned measurement strategies across recipients;
- Shared learning and collective impact across recipients;
- Pooling or sharing of evaluation data across recipients, as appropriate and feasible; and
- The ability to generalize and compare evaluation findings across recipients.

In order to achieve these goals, the CSE approach has several distinct components:

1) Priority topics: Through stakeholder engagement, HRSA has identified four topic areas that reflect priority evaluation topics in the field and MIECHV Program priorities. Through this funding opportunity, recipients may only request funds for CSE in these topic areas. Recipients that propose to conduct a CSE shall select one of the following four topic areas:

(a) *Family engagement and health equity.* In particular, HRSA encourages evaluations that build upon and move beyond existing work on family retention, with particular focus on health equity. Such evaluations might evaluate the alignment between family needs and expectations for home visiting, and the success of family goal-setting, planning, and attainment as antecedents to family retention.

(b) *Workforce development*. In particular, HRSA encourages evaluations of workforce development that address home visitor professional well-being as an antecedent to staff retention.
(c) *Maternal health.* In particular, HRSA encourages evaluations that address maternal and other primary caregiver mental health and home visiting supports for families affected by substance use.
(d) *Implementation quality/Fidelity*. In particular, HRSA encourages evaluations that address virtual service delivery, building upon and moving beyond the feasibility and acceptability of such approaches. Such evaluations might evaluate the quality, content, and effectiveness of virtual service delivery of home visiting programs.

Based on these preferences, HRSA will form peer networks among recipients and, as needed, the recipients will invite their contracted evaluators to peer network meetings. Post award, peer networks will coordinate their evaluation activities with TA support from the MIECHV Evaluation Coordinating Center (MECC).

In addition to identifying topic areas of interest, recipients and their peer networks should consider how precision home visiting methods and a health equity framework may be applied to their evaluation designs and evaluation questions. Precision home visiting research methods focus on the components of home visiting services rather than on complex models of home visiting that are administered uniformly. (Refer to Appendix D for complete definition of a precision home visiting.) A health equity framework in evaluation may leverage measurement strategies that evaluate strength and resiliency rather than deficiencies, build in capacity for family voice and power in the evaluation process, or ensure diversity among evaluation partnerships, among other strategies.

2) Coordinated peer networks: Recipients with CSEs will be grouped by topic area into peer networks. With the support from the MECC, peer networks will develop a common agenda toward collective impact, and co-create the specific evaluation questions, designs, and measurement strategies, including data collection and analysis plans, within the content area.

The MECC will facilitate several sessions with recipients and their contracted evaluators to identify the common agenda, and provide ongoing TA during the evaluation. HRSA expects recipients and/or evaluators to participate in regular facilitated discussions (through conference calls, videoconferencing, and in-person meetings) throughout the period of performance with the peer network and TA providers. TA providers will facilitate the peer network, including providing logistics support, documenting key decisions, and providing a literature review and other resources. Peer networks will meet through conference calls or videoconference more frequently in the first 6 months (i.e., every other week) during the initial planning stages of the coordinated evaluation and continue to meet regularly throughout the period of performance to support and align evaluation implementation. Participation in in-person meetings to support the

planning and implementation of the evaluation is required. To the extent practicable, in-person meetings will be coordinated with other highly attended gatherings, such as the MIECHV All-Grantee Meeting in order to minimize additional travel costs. Your budget request should include travel costs for up to two recipient staff (as identified by the recipient) to participate in up to two planned in-person meetings in the Washington DC area through the period of performance of this award.

Each recipient's evaluation project within the peer network will include the agreed upon key elements, but will likely vary in size and scope as recipients identify their own priorities within the topic area. This flexibility might result in a range of level of involvement and participation. Recipients may wish to enhance or add components to their individual evaluations. Following the group planning process, individual evaluation plans will be due to HRSA for review and approval no later than 240 days after HRSA issues the Notice of Award (NOA).

HRSA anticipates that the evaluation designs will extend beyond the period of performance for the FY 2021 MIECHV formula award. We anticipate that the FY 2022 and FY 2023 formula awards, subject to the availability of funding, will support continuing evaluations within the same peer networks established in FY 2021. Recipients proposing an evaluation with FY 2021 formula funds should expect to be involved in a coordinated effort in subsequent periods of performance, pending availability of funding. **If you are interested in conducting an evaluation, you are strongly encouraged to propose participating in the CSE as described in this NOFO.** HRSA does not anticipate initiating a new CSE cohort while the CSE initiated under this NOFO is active.

Do not propose specific evaluation questions, methods, data collection strategies, or analysis plans in your application. Recipients will develop these in collaboration with other recipients and the national evaluation coordinating center early in the period of performance. After this process, recipients will submit their individual evaluation plans to HRSA for review. Plans must be approved by HRSA.

During the evaluation, HRSA expects recipients to participate in regular evaluation-focused monitoring calls with HRSA staff and TA providers at a minimum on a quarterly basis. HRSA expects recipients to include an update on the progress of the evaluation in their FY 2021 formula award final report. Further guidance and TA will be available after HRSA issues the award.

H. Pay for Outcomes

The Bipartisan Budget Act of 2018 provides authority for recipients to use a portion of their MIECHV grant for outcomes or success payments (hereafter referred to as outcomes payments) related to a PFO initiative,[26] which is defined in statute as a performance-based grant, contract, cooperative agreement, or other agreement awarded by a public entity in which a commitment is made to pay for improved

[26] Social Security Act, Title V, § 511(c)(3).

outcomes achieved as a result of the intervention that result in social benefit and direct cost savings or cost avoidance to the public sector.[27] As further described in statute, such an initiative shall include:

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

In accordance with statute, recipients may use up to 25 percent of the grant for outcomes payments related to a PFO initiative.[28] You may also choose to budget MIECHV funds apart from the 25 percent limit on outcomes payments to support other activities needed to implement a PFO initiative. MIECHV funds designated for implementing a PFO initiative may support costs associated with conducting a feasibility study; conducting a PFO evaluation; reporting costs associated with PFO; and costs associated with administration of the PFO initiative. However, in submitting such proposals, recipients must demonstrate, as required by statute, that **the PFO initiative will not result in a reduction of funding for home visiting services as delivered by the recipient**[29] as compared to the year prior to the initiation of the PFO initiative. For this purpose, the baseline is the fiscal year prior to the fiscal year during which the recipient submits the initial funding application related to the PFO initiative.

As part of a PFO initiative, the MIECHV statute requires the completion of a feasibility study that describes how the proposed intervention is based on evidence of effectiveness.[30] (Refer to Appendix C for further instructions on the PFO feasibility study.) Recipients must complete the PFO feasibility study prior to proposing to use MIECHV funds for PFO initiative outcomes payments and PFO evaluation. You can apply to use MIECHV formula funds to conduct a new PFO feasibility study beginning in the FY 2021 funding application and in subsequent funding years, subject to the availability of future funding. Alternately, you can use a feasibility study completed within the past 5 years to meet this requirement. According to statute, funds made available for a PFO initiative within a fiscal year will remain available for expenditure for up to 10 years after the funds are made available. HRSA encourages recipients to consider the amount of time needed to complete a PFO initiative when submitting their proposals.

For recipients proposing to use FY 2021 funds for a PFO initiative that includes funding for outcomes payments and PFO evaluation, following preliminary approval of your FY 2021 funding application, you must submit a response to the PFO Supplemental

[27] Social Security Act, Title V, § 511(k)(4).
[28] Social Security Act, Title V, § 511(c)(3).
[29] Social Security Act, Title V, § 511(c)(3).
[30] Social Security Act, Title V, § 511(k)(4)(A).

Information Request ("PFO SIR"). This SIR Response is due no later than 120 days after the period of performance start date. HRSA will publish the final PFO SIR on the HRSA website when available. **If you propose to budget MIECHV funds for only a feasibility study, you are not required to respond to the MIECHV PFO SIR**; please refer to Appendix C for detailed instructions for what should be included in a MIECHV PFO feasibility study.

NOTE: All applicants interested in implementing a PFO initiative should carefully review the MIECHV PFO SIR prior to proposing to budget MIECHV funds to implement any activities associated with such an initiative.

I. Performance Reporting and Continuous Quality Improvement

a. Demonstration of Improvement
Section 50602 of the Bipartisan Budget Act of 2018 requires recipients to track and report information demonstrating that the program results in improvements for eligible families participating in the program in at least four out of the six benchmark areas specified in statute that the service delivery model or models selected by the recipient are intended to improve. Such a demonstration is required following FY 2020 and every 3 years thereafter.

Recipients are required to submit information to HRSA demonstrating that the program results in improvements for eligible families participating in the program in at least four benchmark areas using the MIECHV Annual Performance Report, Form 2 (Performance Indicators and Systems Outcome Measures). Recipients failing to demonstrate improvement in at least four of the benchmark areas, as compared to eligible families who do not receive services under an early childhood home visitation program, must develop and implement a plan to improve outcomes, subject to approval by HRSA. This Outcome Improvement Plan (OIP) should describe the specific, measureable, and time-oriented actions the recipient will take to improve performance on selected performance measures and address how the recipient proposes to comply with HRSA's monitoring and oversight of the plan's implementation.

If a recipient continues not to demonstrate improvement after the full implementation of an OIP and subsequent reassessment, or does not submit a required performance report, HRSA may assert all available remedies for noncompliance, including termination of the grant award.

More guidance on the requirements and methodology associated with the Demonstration of Improvement and OIPs is available online in the the MIECHV Data, Evaluation, and Continuous Quality Improvement webpage.

b. Continuous Quality Improvement
Recipients are required to implement an approved CQI Plan that meets the requirements outlined in Appendix B. A new or updated CQI plan will be required in February 2022 **and is not due with this FY 2021 NOFO submission**. If there is a request by HRSA or the recipient to revise a previously approved CQI Plan due to a change in scope of activities, HRSA must approve the amended plan. HRSA recommends that recipients required to complete an OIP associated with the Demonstration of Improvement focus their CQI activities on making improvements in the identified target measures, as outlined in the HRSA-approved OIP.

c. Performance Measurement Plan
Recipients are required to continue to implement a Performance Measurement Plan approved by HRSA. If a revision is requested by HRSA or the recipient, the amended plan must be approved by HRSA. (See Section VI for more information about performance measurement.). New recipients must submit a Performance Measurement Plan to HRSA 90 days after the start of the period of performance. **A proposed plan is not required for submission with this application.**

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a formula grant. The amount of funding awarded to each recipient will be determined according to a formula described below in Section II.2.

2. Summary of Funding

Current Funding
In FY 2021, up to $342 million is available for awards to the 56 eligible entities to continue to deliver coordinated, comprehensive, high-quality, and voluntary early childhood home visiting services to eligible families.[31]

Section V describes the formula applied to FY 2021 funding available to states, nonprofit organizations, territories, and jurisdictions (see Section III.1 for complete eligibility information).

HRSA will communicate via HRSA Electronic Handbooks (EHBs) to each eligible applicant the estimated total grant award ceiling for each state, territory, and jurisdiction. The period of performance is September 30, 2021 through September 29, 2023 (2 years). You will not receive more than the total grant award ceiling and, therefore, may not apply for more than the total grant award ceiling. Funding is dependent on

[31] The FY 2021 appropriation was reduced due to sequestration pursuant to the Budget Control Act of 2011, which contained specific procedures for reducing the federal budget deficit through FY 2021 and extended through FY 2027 under the Bipartisan Budget Act of 2018 (P.L. 115-123).

satisfactory recipient performance and a decision that continued funding is in the best interest of the Federal Government.

All HRSA awards are subject to the UAR, Cost Principles, and Audit Requirements for HHS Awards at 45 CFR part 75.

You should request FY 2021 formula funds to support proposed activities as described in your application and a proposed caseload of MIECHV family slots (see Appendix D for definition) through use of one or more evidence-based models eligible for implementation under MIECHV or a home visiting model that qualifies as a promising approach. (See Section VIII for a list of evidence-based models eligible for implementation under MIECHV that meet the HHS-established criteria for evidence of effectiveness.) Based on review of the application, HRSA program staff and grants management officials will either approve or request clarification to the proposed caseload of MIECHV family slots by fiscal year and any proposed model enhancement(s). (See Section I for more information about model enhancements.) The funding award is dependent upon the approved application. Recipients should remember that inability to meet proposed caseloads may result in deobligated funds, which may impact future funding.

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

HRSA recognizes that recipients may utilize a number of funding streams and use different administrative practices for assigning and reporting MIECHV family slots. For the purposes of reporting to HRSA on performance reporting Forms 1, 2, and 4, a "MIECHV family" is defined as a family served during the reporting period by a trained home visitor implementing services with fidelity to the model and that is identified as a MIECHV family at enrollment. (See Section VI for detail regarding annual and quarterly performance reporting.) HRSA has identified two different methods to identify MIECHV families:

1. *Home Visitor Personnel Cost Method:* Recipients designate families as MIECHV at enrollment based on the designation of the home visitor they are assigned. Using this methodology, recipients designate all families as MIECHV that are served by home visitors for whom at least 25 percent of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding.
2. *Enrollment Slot Method:* Recipients designate families as MIECHV families based on the slot to which they are assigned at enrollment. Using this methodology, recipients identify certain slots as MIECHV-funded and assign families to these slots at enrollment in accordance with the terms of the

contractual agreement between the MIECHV state recipient and the LIA regardless of the percentage of the slot funded by MIECHV.

The Home Visitor Personnel Cost Method is consistent with the current definition of caseload of MIECHV family slots first identified in the 2016 MIECHV Formula Funding Opportunity Announcement (HRSA-16-172) and **HRSA encourages recipients to use this method. Once designated as a MIECHV family, the recipient tracks the family for the purposes of data collection through the tenure of family participation in the program.** Recipients must identify their method and define their maximum service capacity based on the method chosen. (See Section IV for instructions on identifying the method.)

Requesting FY 2021 Funds

Per the authorizing statute, except for funds allocated for PFO initiative outcomes payment and evaluation and as otherwise provided by law, funds made available to an eligible entity under this section for a fiscal year shall remain available for expenditure by the eligible entity through the end of the second succeeding fiscal year after award.[32] Therefore, **the project/budget period for these grants will be September 30, 2021 through September 29, 2023 (2 years).** FY 2021 grant funds that are not allocated for a PFO initiative and have not been obligated for expenditure by the recipient during the period of availability (September 30, 2021 through September 29, 2023) will be deobligated. You must provide a budget that describes the expenditure of grant funds at all points during the period of availability. You are not required to maintain the same rate of expenditure or the same level of home visiting services throughout the full period of availability but must demonstrate that home visiting services will be made available throughout the period of performance (the full period of availability). Funds allocated for PFO initiative outcomes payments and evaluation shall remain available for expenditure for not more than 10 years after the funds are so made available.[33]

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

Full funding is also dependent on a history of satisfactory recipient performance on prior MIECHV grants and a decision that continued funding is in the best interest of the Federal Government. HRSA staff will review recipients' FY 2017 deobligated funding, programmatic and fiscal corrective action plans, and drawdown restriction. In response to a request from HRSA, recipients with more than 25 percent deobligation of funds in FY 2017 as well as those on corrective action plans and/or drawdown restriction, must provide a plan describing how they are addressing identified issues now and in the future. HRSA will review and approve the plan, or request clarification if needed. TA will be available to recipients to support implementation of their plans. Increased monitoring by HRSA project officers may be required. If the recipient submits no plan, or the plan is not approved by HRSA, then the award may be reduced. For example, HRSA may reduce the award at a proportion up to the portion of the FY 2017 award that was deobligated, or the recipient may be subject to drawdown restriction.

[32] Social Security Act, Title V, § 511(j)(3).
[33] Social Security Act, Title V, § 511(j)(3)(B).

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include all states and six 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. Nonprofit organizations currently funded in FY 2020 under the MIECHV Program are also eligible to apply if the state for which they were funded to provide MIECHV services in FY 2020 does not apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

You will not receive more than the total grant award ceiling provided to you and, therefore, may not apply for more than the total grant award ceiling for the state, territory, or jurisdiction.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in Section IV.4 non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowable.

HRSA will only accept your **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.

Maintenance of Effort/Non-Supplantation
You must supplement, and not supplant, funds from other sources for early childhood home visitation programs or initiatives.[34] You may demonstrate compliance by maintaining non-federal funding for evidence-based home visiting and home visiting initiatives, expended for activities proposed in this NOFO, at a level that is not less than expenditures for such activities as of the most recently completed state fiscal year. **For the purposes of this NOFO, non-federal funding is defined as state general funds, including in-kind, expended only by the recipient entity administering the MIECHV grant and not by other state agencies. In addition, for purposes of maintenance of effort/non-supplantation, home visiting is defined as an evidence-based program implemented in response to findings from the most current approved statewide needs assessment that includes home visiting as a primary service delivery strategy, and is offered on a voluntary basis to pregnant women or caregivers of children birth to kindergarten entry.** Nonprofit entity applicants must agree to take all

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

steps reasonably available for this purpose and should provide appropriate documentation from the state supporting its accomplishment of the maintenance of effort/non-supplantation requirement. The baseline for maintenance of effort is the state fiscal year prior to the fiscal year during which the application is submitted.

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

HRSA will consider any application that fails to satisfy the requirement to provide maintenance of effort information non-responsive and will not consider it for funding under this notice.

IV. Application and Submission Information

1. Address to Request Application Package

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

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for each NOFO you are reviewing or preparing in the workspace application package in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

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

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

Application Page Limit
The total size of all uploaded files included in the page limit may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract,

project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-050 it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement, Cost Allocation Plan, and proof of nonprofit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 80 will not be read, evaluated, or considered for funding.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
3) Where you are unable to attest to the statements in this certification, an explanation shall be included in Attachment 9.

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

Program-Specific Instructions

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

i. Project Abstract

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

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

Please place the following at the top of the abstract:

- Project Title;
- Applicant Name;
- Address;
- Project Director Name;
- Contact Phone Numbers (Voice, Fax);

- Email Address; and
- Web Site Address, if applicable.

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

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

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

Purpose: State the purpose of the project.

Goal(s) And Objectives: Identify the major goal(s) and objectives for the project. Typically, applicants state the goal(s) in a sentence and present the objectives in a numbered list.

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

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

ii. Project Narrative

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

This section will also include information about the overall progress of the project since September 30, 2020, and plans for continuation of the project in the coming project/budget period (September 30, 2021 through September 29, 2023).

New applicants (i.e., eligible entities that are not currently MIECHV grant recipients), must respond to the requirements outlined in in the requirements for new applications section in addition to providing the information required below. New applicants are requested to submit a letter of intent to HRSA indicating your intent apply for MIECHV funds through this NOFO. Letters should be received no later than 7 calendar days

after the issuance/publication of this NOFO, or no later than March 25, 2021. Submit this letter of intent to apply to HRSA via the instructions in Section IV.7.

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

- *INTRODUCTION*

  In this section:
  - State the purpose of the project.
  - Identify the goal(s) and objectives for the project. Utilize the SMART objective framework: Specific, Measurable, Achievable, Realistic, and Time-bound are characteristics of SMART objectives.
  - Describe how your project's goal(s) and objectives align with the three goals of the MIECHV Program (see Section I).
  - Note, which, if any, goal(s) and objectives are new to the FY 2021 period of performance.
  - Describe any 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 2020, 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, and indicate if there were no changes.
  - Describe updates on new state legislation or policy initiatives created by the state to support home visiting programs within comprehensive early childhood systems, and indicate if there were no changes.
  - Describe any health equity strategies and frameworks you will use in implementing activities with grant funds.
  - HRSA recognizes the significant systemic challenges related to the COVID-19 public health emergency faced by states, territories, tribes, and communities. Describe any current and anticipated challenges or barriers to meeting these activities and expectations as a result of the COVID-19 public health emergency, and how you plan to address them.

- *NEEDS ASSESSMENT*

  This section primarily requests information on activities related to identification of at-risk communities based on your current approved statewide needs assessment update.

  In this section:
  - Identify the counties, county equivalents, or sub-territory geographies[35] currently being served with MIECHV grant funds.

[35] For the purposes of this NOFO, the term at-risk counties should be understood as inclusive of at-risk county equivalents and sub-territory geographies.

- Identify any of these counties where you intend to discontinue services under the FY 2021 MIECHV grant. Explain why you decided to discontinue services in these at-risk counties with information from your current approved statewide needs assessment update or other information, and describe how you plan to support families to transition to other home visiting or early childhood services.

- Identify any at-risk counties (See Appendix D for a definition of at-risk counties.) or specific new communities within these counties (including tribal communities) that you are not currently serving with MIECHV funds that you intend to serve with FY 2021 MIECHV funds. (Note that to serve counties they must be identified in the most recent approved statewide needs assessment update, as required under the MIECHV authorizing statute.[36])
  - Explain why you propose to provide services in these new counties, county equivalents, or sub-territory geographies that are not currently being served with MIECHV funds. Discuss factors that led you to prioritize these counties, county equivalents, or sub-territory geographies.
  - If you intend to serve tribal communities, then these services must not be duplicative of, but rather coordinated with, any services provided by the Tribal MIECHV Program in these communities, if applicable.
- Describe the community readiness and capacity to provide home visiting services to any communities (either counties **OR** specific new communities within at-risk counties) in which you intend to begin providing services with FY 2021 MIECHV funds.
  - Describe any major barriers to providing home visiting services in the selected communities and plans to address those barriers.
  - Describe how you determined readiness of any new communities in which you intend to begin new services. If applicable, please refer to *Community Readiness: A Toolkit to Support Maternal, Infant, and Early Childhood Home Visiting Program Awardees in Assessing Community Capacity toolkit* to support your response.
  - Describe how necessary early childhood systems and community service infrastructure will be available in any new communities to support the implementation of MIECHV home visiting.
- Describe any subpopulations to whom you intend to provide services. These may be specific eligible families living within at-risk communities who represent priority populations (see Section I).
  - Describe the factors that led you to select these subpopulations, which may include specific community needs within at-risk counties identified in your current approved needs assessment update (e.g. high rates of pregnant and parenting adolescents, substance-using caregivers, homeless families, etc.).
  - Describe how you will consider a health equity approach to providing services to eligible families living in communities you intend to serve.
- Describe how the models selected to serve at-risk counties you intend to serve with FY 2021 funds will address the needs of communities.
  - Describe how the capacity and resources of these communities will support the implementation of the selected evidence-based home visiting model(s).

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

- Describe any promising approach(es) or model enhancement(s) that will be implemented to address needs of these communities.
- Describe any anticipated changes to service delivery in communities that are currently receiving MIECHV funds based on the findings from your current approved needs assessment update. Specifically, discuss any changes to model selection, or the approach to serving at-risk communities.
- Describe how you will coordinate action steps identified as a result of the needs assessment update with state and local early childhood partners to support and strengthen early childhood systems. Examples include sharing your needs assessment results with statewide and local early childhood partners and incorporating results from aligned needs assessments (e.g., those required by the Title V MCH Block Grant or Preschool Development Grant Birth-to-Five).

▪ *METHODOLOGY*

This section requests information on your proposed methods to address the stated needs and benchmark area outcomes specified in authorizing statute[37] while meeting the program activities and expectations described in this NOFO. (See Section I for a list of these outcomes.) Ensure that methods address each of the project's stated goal(s) and objective(s).

In this section:

A. PRIORITY POPULATION RECRUITMENT AND ENROLLMENT

- Describe how you will meet program activities and expectations related to serving priority populations (as described in Section I).
- Provide an update on participant recruitment and retention efforts, including your attrition rate (as calculated in Form 4, see Section IV.2.v for more details). Briefly discuss any challenges in recruiting, enrolling or retaining families and any steps taken to address this difficulty. Include any plans to address health equity through family recruitment processes.
- If you anticipate a reduction in services from the level currently provided based on available funding within the FY 2021 period of availability, describe how you will reduce services while minimizing disruption to currently served families. For example, describe strategies to support natural attrition of families and referral of currently served families to other local high-quality early childhood programs to achieve service reduction.
- If your state or local home visiting programs utilize a centralized intake system(s) (CIS) (as defined in the glossary) for family recruitment or enrollment, provide the following information:
  - Describe the scope, structure, and functions of the CIS, including:
    - Geographic scope (i.e., are these systems statewide or focused on one or more specific communities);
    - The approximate number and types of service providers participating in the system (e.g., does the system serve only home

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

visiting programs or a broader range of services) and any plans to expand; and
        - Whether MIECHV funds support CIS development or operations (include details in the appropriate Budget section).
    - Describe strategies that the CIS utilizes to plan and conduct community outreach and family recruitment activities, including engagement of traditionally un- or under-served populations, and how this supports family enrollment and advances health equity goals.
- If your state does not use CIS, describe barriers that may have prevented development or implementation of these systems, and whether there are plans for such participation in the future.

B. REQUIREMENTS FOR NEW APPLICANTS ONLY

This section is required ***only*** for new applicants (eligible entities that are not currently MIECHV grant recipients).

- Provide an assurance that all aspects of the proposed project—including selection of at-risk communities and evidence-based home visiting models or models that qualify as promising approaches—are based on the results of a current statewide needs assessment update that has been approved by HRSA.
- Provide a work plan and timeline that describes (If applicable, please refer to *Community Readiness: A Toolkit to Support Maternal, Infant, and Early Childhood Home Visiting Program Awardees in Assessing Community Capacity* to support your response):
    - Processes, plans, and anticipated timeframes for selecting and implementing evidence-based or promising approach home visiting models in at-risk communities;
    - How you intend to establish, expand, and scale services in the state to meet the needs of at-risk communities identified in the statewide needs assessment update, including the timeframe for anticipated ramp-up of service delivery, and when you expect to reach maximum service capacity for each local implementing agency;
    - Any anticipated challenges and barriers to implementing home visiting services and reaching maximum service capacity within the period of performance.
- Describe how you will work with the current MIECHV grant recipient in your state to support families to transition to other home visiting or early childhood services if they currently receive services from a program that will no longer receive MIECHV funding.
- Describe how you will establish the necessary data capacity, infrastructure, and data collection policies to meet MIECHV annual and quarterly data collection and performance reporting requirements. See Section VI for details regarding annual and quarterly performance reporting. Include a timeline and work plan for developing the necessary infrastructure. Please refer to the summary of the MIECHV performance measures for more information.
    - Specifically describe policies for collecting informed consent from participants, establishing data sharing agreements from the state's child

welfare agency and other necessary entities, and working with models around data collection and reporting.
    - Note: New recipients are required to submit a Performance Measurement Plan to HRSA 90 days after the start of the period of performance.

C. IMPLEMENTING EVIDENCE-BASED VISITING MODELS

- Specify the evidence-based model(s), and promising approach(es) if applicable, that recipients intend to implement with FY 2021 funds and why these model(s) were selected. (See Section VIII for a list of evidence-based models eligible for implementation under MIECHV that meet the HHS criteria for evidence of effectiveness.)
- If the selection of evidence-based model(s) or promising approach(es) has changed since the last grant awarded in FY 2020, describe this change, how you will support families to transition to other home visiting or early childhood services if they currently receive services from the model(s) that will no longer be funded, and how the new model(s) will:
    - Provide the best opportunity to accurately measure and achieve meaningful outcomes in benchmark areas and measures;
    - Be able to be implemented effectively with fidelity to the model(s) in the state, territory, or jurisdiction based on available resources and support from the model developer(s); and
    - Be well matched for the needs of the state's, territory's, or jurisdiction's early childhood system.
- Describe how home visiting services through the MIECHV Program will be provided on a voluntary basis to eligible families, including any relevant policies and procedures.
- Describe how you will meet program activities and expectations (described in Section I) related to:
    - Fidelity to an evidence-based model that meets the HHS criteria for evidence of effectiveness and/or a home visiting model that qualifies as a promising approach, including any required affiliation, certification, or accreditation by the national model developer (If you propose a substantial change in methodology, provide documentation of the national model developer(s) agreement with your plans to ensure fidelity to the model(s) as Attachment 8);
    - Proposed enhancements to the model(s) that do not alter the core components of the model and have concurrence from the model developer (include documentation of model developer approval as Attachment 8), which are subject to review and approval by HRSA; and
    - 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.
- Describe proposed activities with the national developer(s) of your state, territory, or jurisdiction's selected model(s) (including state or regional representatives of national model developers), including any:
    - Planned TA, training, and/or professional development activities provided by the model developer(s);

- Planned accreditation or reaccreditation of MIECHV-funded LIAs during the period of performance; and
- Planned or expected monitoring for fidelity by the model developer(s).

D. SYSTEMS COORDINATION

- Describe your plans for coordinating with comprehensive statewide early childhood systems partners, and how they will support the needs of MIECHV-eligible families and support your provision of high-quality home visiting services.
  - Describe key activities that promote coordination of services for eligible families and/or measurable improvement on MIECHV performance measures, including systems outcome measures, and how those activities will advance health equity goals, if any.
  - Discuss how statewide coordination activities will support local-level service delivery and how local needs will inform statewide activities.
  - Describe any direct alignment of activities or braiding of funds with other federally funded programs toward improving the coverage, quality, coordination, or sustainability of MIECHV services. Specifically, describe any alignment or braiding with the following programs or funding sources: Medicaid, the Title V Maternal and Child Health Block Grant, Title IV-E foster care prevention funds as described in the Family First Prevention Services Act, the Preschool Development Grant Birth-to-Five, and ECCS.
- Describe how you will: a) collaborate in planning, designing, implementing, and evaluating all activities, and b) coordinate referral/service systems, with each of the applicable required state and territory partners named in Section I, including at least one of your statewide early childhood systems advisory or coordinating entities (e.g., Early Childhood Advisory Council, Governor's Children's Cabinet, Individuals with Disabilities Education Act (IDEA) Part C Interagency Coordinating Council, State Advisory Council on Early Childhood Education and Care).
  - List any written agreements with required statewide partners, as listed in Section I, that are dated prior to October 1, 2018. Describe your plans for reviewing these agreements, and updating them as appropriate. (NOTE: You must submit any new or updated written agreements with partners to HRSA by September 30, 2021.)
- Describe how you will establish appropriate linkages and referral networks to other community resources and supports, including those represented in comprehensive statewide and local early childhood systems and the continuum of early childhood services through kindergarten entry.
- Identify any geographically-close ACF Tribal MIECHV recipients that you propose to collaborate with to enhance implementation and delivery of evidence-based home visiting services to American Indian/Alaska Native families. If you intend to serve tribal communities, then these services must not be duplicative of, but rather coordinated with services provided by the Tribal MIECHV Program in these communities, if applicable. State if you do not have any geographically-close ACF Tribal MIECHV recipients.
- Describe key activities that support parent or family engagement and leadership to ensure high-quality statewide or local early childhood systems.

Include any efforts to engage diverse family and community representatives in leadership and advisory roles, and support their meaningful and equitable participation.

E. IMPLEMENTATION OVERSIGHT

- Describe the process for identifying and contracting with current and new LIAs, the TA that you will provide to them, and specify TA to assist LIAs in demonstrating improvement in MIECHV performance measures. Highlight any major changes to existing contracts with LIAs around implementation. (See Appendix D for a definition of MIECHV performance measures.)
- Recipients must develop and execute a subrecipient monitoring plan that meets all applicable federal requirements and supports high-quality subrecipient monitoring.[38] Provide an assurance that you have a written subrecipient monitoring plan to effectively monitor subrecipients for compliance with federal programmatic, administrative, and fiscal requirements. (See Section I for discussion of the requirement to monitor subrecipients.)
    - Describe how your subrecipient monitoring plan includes: (1) reconciling budgeted expenditures to actual expenditures; (2) monitoring and reviewing detailed expenditures for allowability and allocability; (3) the individual(s) responsible for and the methodology for performing site visits to review financial and program operations (including, but not limited to: assurance of compliance with MIECHV program activities and requirements outlined in authorizing statute, applicable federal regulations, and this NOFO and the process for ensuring deficiencies are corrected; enrollment and retention of eligible families in home visiting services; review of the performance of subrecipients in implementation of home visiting model(s) with fidelity; and proper spending of funds); (4) offering TA as requested when necessary; (5) tracking and reviewing report submissions; (6) individual(s) responsible for implementation of the subrecipient monitoring plan; and (7) a plan for continuous contact and communication with subrecipients.
    - Describe any plans for leveraging the HV-BAT and accompanying TA resources to conduct subrecipient monitoring activities.

F. DATA AND EVALUATION

- Describe any current and/or planned activities to develop or implement data exchange standards and/or improve data interoperability between MIECHV programs and other state agencies or early childhood programs. Describe the successes and challenges in making progress toward improved data sharing and interoperability. Describe steps taken to overcome challenges.
- Aligning with the evaluation requirements pertaining to evaluations of promising approach models and CSE described above in Section I, in this section:
    - State clearly if you are planning to:
        - Conduct a new or continuing evaluation of a promising approach;

[38] U.S. Department of Health and Human Services, Health Resources and Services Administration. (2018). *Subrecipient Monitoring Manual for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Award Recipients.* P.1.

- Conduct a Coordinated State Evaluation (CSE); or
- Not conduct an evaluation.

- If you plan to conduct a new or continuing evaluation of a promising approach:
  - Describe the purpose and the focus of the evaluation, including:
    - ***IF* you propose to begin implementation of a new promising approach** with FY 2021 formula funds and conduct a new promising approach evaluation, describe how the evaluation design will meet requirements for an assessment of impact using an appropriate comparison condition (**NOTE:** Promising approaches must be evaluated through a well-designed and rigorous process. See *Section IV.6* for a description of the Limit on Funds for Conducting and Evaluating a Promising Approach.)
    - ***IF* you propose to continue an existing evaluation** from an existing promising approach evaluation, describe progress to date and how it will be continued; and, explain how findings from past evaluations were used to inform current evaluation questions, program improvement, or practice change.
  - Describe questions the evaluation will address;
  - Describe how you plan to use evaluation findings;
  - Identify the evaluator(s), the cost of the evaluation, and all sources of funds; and
  - Describe the experience of the evaluator(s) in building successful partnerships with relevant human service delivery programs, including evidence-based home visiting services. Past partnerships should demonstrate proven effectiveness in translating evaluation findings into policy or practice.

- If you plan to conduct a CSE:
  - Identify which of the four content areas, described above in Section I, you would like to participate in for you coordinated evaluation activies. If desired, you may identify a second-choice content area defined in Section I to pursue in the event that there are too many or too few applicants interested in the first specified content area.
  - Describe the rationale for selection of the content area(s). Briefly describe your needs and interest for conducting CSE within this topic.
  - Identify evaluation staff who will lead the CSE, and describe their relevant experience, training, skills, and knowledge, including materials published and previous evaluation work, that will allow them to achieve the goals and meet the requirements of the CSE.
  - Demonstrate evidence of organizational experience and capability to coordinate and support the planning and implementation of rigorous evaluation activities, including by identifying meaningful support and collaboration with key stakeholders in conducting evaluation.
  - Demonstrate capacity and capability to engage with federal and TA staff in collaborative evaluation development and engage with other

recipients to develop shared evaluation design and measurement strategies through consensus processes.
    - Describe how you plan to disseminate lessons learned to applicable stakeholders, including home visiting participants, staff, model developers, MIECHV formula recipients, and the home visiting field broadly, including evaluation findings.

G. FISCAL CONSIDERATIONS

- Propose a plan for project sustainability of key methods and activities after the period of MIECHV funding ends.
- Describe how your state is leveraging other funding sources such as public insurance financing to support evidence-based home visiting.
- Describe whether activities related to implementation of the Family First Prevention Services Act (Title IV-E foster care prevention funds), and Preschool Development Grants are coordinated with MIECHV in your state. If you are coordinating, describe any activities that are currently underway, either in planning or implementation, and describe any barriers to coordination.

H. PAY FOR OUTCOMES

Response to this section is required ONLY IF you are applying to use MIECHV funds for activities related to a PFO initiative. If you are choosing to apply to use MIECHV funds for a PFO initiative:

- As described above in Section I, you must complete a PFO feasibility study prior to proposing to use MIECHV funds for outcome payments related to a PFO initiative. You can fulfill that requirement by completing a new MIECHV PFO feasibility study, or you can use a feasibility study completed within the past 5 years that assessed the same intervention and target population as you would propose in your MIECHV PFO initiative. If you propose to conduct a feasibility study, review the additional guidance outlined in Appendix C.
- If you have already completed a feasibility study and propose to use MIECHV funds for outcomes payments for a PFO initiative, you are required to conduct a rigorous third-party evaluation that uses experimental or quasi-experimental design or other research methodologies that allow for the strongest possible causal inferences to determine whether the initiative has met its proposed outcomes as a result of the intervention.
- If you are proposing to use FY 2021 funds for a PFO initiative that includes funding for outcomes payments and PFO evaluation, following preliminary approval of your FY 2021 funding application, you must submit a response to the PFO SIR. This SIR Response is due no later than 120 days after the period of performance start date.
- If you propose any activities associated with a PFO initiative, review the instructions outlined in the MIECHV PFO SIR. HRSA will publish the final PFO SIR on the HRSA website when available.
- In this section:
    - State clearly if you are planning to use FY 2021 MIECHV funds to:
        - Conduct a PFO initiative – feasibility study; or
        - Conduct a PFO initiative – outcomes payments and evaluation.

- If you plan to conduct a PFO initiative – Feasibility study:
  - Describe the purpose and focus of the feasibility study.
  - Describe the need for the project, including the needs of the target population that could potentially be met through a PFO initiative.
  - Describe why PFO may be an appropriate approach/financing strategy to meet the needs of the target population.
  - Identify who will conduct the feasibility study, if it will be conducted internally or by an external entity/partner.
  - Identify the cost of the feasibility study and the source of any additional (non-MIECHV) funds supporting this work, if applicable.
  - Describe the availability and quality of data to evaluate likely outcome measures.
  - Provide an assurance that there will be no reduction in funding for home visiting service delivery (direct service expenditures) as delivered by your organization, compared to the year prior to the initiation of the PFO initiative, as a result of the planning and implementation of the feasibility study.
  - Provide an assurance that there is no anticipated reduction in caseload of family slots compared to the year prior to the initiation of the PFO initiative as a result of the planning and implementation of the feasibility study.
- If you plan to conduct a PFO initiative – Outcomes payments and evaluation:
  - Provide a high-level summary of the purpose and goals for the PFO initiative.
  - Provide a brief summary of the findings from your feasibility study, including:
    - How the findings from the feasibility study informed the decision to propose a PFO initiative, including why PFO is an appropriate approach to meet the needs of the target population; and
    - An assurance that the completed feasibility study meets the requirements of a PFO feasibility study, as outlined in the PFO SIR.
  - Provide a brief summary of the PFO initiative approach, including:
    - The evidence-based model(s) you propose to implement through the PFO initiative;
    - The proposed period of performance;
    - The proposed outcome measures; and
    - Target population, including the number of families you propose to serve and the at-risk communities that you will serve through the PFO initiative.
  - Identify the total cost of the PFO initiative (inclusive of outcomes payments, evaluation, and other costs necessary to implement and administer the project) and the source of any additional (non-MIECHV) funds supporting this work.

- Provide a summary of your PFO stakeholder and partnership structure:
    - Describe how you are collaborating with external partners and stakeholders on the proposed PFO initiative, and identify key partners.
    - If external funders are supporting any aspect of the initiative, describe their role, the amount of external funding that is anticipated, and how it will support the PFO initiative.
- Provide a summary of your PFO evaluation approach:
    - Briefly describe the evaluation approach, specifying the experimental or quasi-experimental design or other research methodologies that allow for the strongest possible causal inference to determine if the outcomes in a PFO initiative have been achieved.
    - Identify the independent evaluator(s) and the source of funds.
- Provide an assurance that there will be no reduction in funding for home visiting service delivery (direct service expenditures) as delivered by the recipient, compared to the year prior to the initiation of the PFO initiative, as a result of the planning and implementation of the PFO initiative.
- Provide an assurance that there is no anticipated reduction in caseload of family slots compared to the year prior to the initiation of the PFO initiative as a result of the planning and implementation of the PFO initiative.

- *WORK PLAN*

Provide a work plan timeline that includes a list of key activities to achieve each of the objectives proposed, anticipated output, and identifies responsible staff and timelines for completion. The work plan timeline must extend across the period of performance (September 30, 2021 through September 29, 2023) and include start and completion dates for activities. Submit the work plan timeline as Attachment 1.

NOTE: Activities proposed in this application are for the duration of the period of performance (9/30/2021 to 9/29/2023) while timelines for data reporting requirements reflect the federal fiscal year (10/1/2021 to 9/30/2022, and 10/1/2022 to 9/30/2023).

Include the following as attachments:

- **Attachment 1 – Work Plan Timeline**: Provide a work plan timeline that includes key activities, anticipated output, responsible staff, and timelines for completion. The work plan timeline must extend across the period of performance (9/30/2021 to 9/29/2023) and include start and completion dates for activities.
- **Attachment 2 – At-Risk Communities (table format)**: Provide a list of all at-risk counties, county equivalents, or sub-territory geographies identified in your current approved statewide needs assessment update.

- For each community, indicate whether the community is being served through prior MIECHV grant awards and, if so, specify the fiscal year grant award (e.g., FY 2020 grant).
- For each community, also identify whether the recipient proposes to serve the community with FY 2021 MIECHV formula funding.

- **Attachment 3 – Local Implementing Agencies and Caseload of Family Slots (table format)**: Provide a list of each LIA that the recipient plans to contract with to serve the caseload of MIECHV family slots with FY 2021 MIECHV formula funds (proposed above). For each LIA, identify the:
  - At-risk community/ies the LIA will serve;
  - County/ies the LIA will serve (in whole or in part);
  - Evidence-based models or promising approach models the LIA will implement, if any;
  - Number of families the LIA cumulatively served from 10/1/2019 to 9/30/2020;
  - Current caseload of MIECHV family slots for 10/1/2020-9/30/2021 by model;
  - Proposed caseload of MIECHV family slots for 10/1/2021-9/30/2022 by model;
  - Proposed caseload of MIECHV family slots for 10/1/22-9/30/23 by model; and
  - Estimated cost per family slot using the proposed caseload from 10/1/21-9/30/23.

Base the proposed caseloads on your best estimates with stable formula funding from FY 2021 to FY 2022. Recipients may request revisions to caseloads should there be changes in funding.

- *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 you will use to resolve such challenges.
- Discuss TA that you may request from HRSA-supported TA providers, the developer(s) of the model(s) you select, and/or another TA provider(s) to support resolution of the named challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY*

Performance Management

In this section:
- Describe both current and planned activities, based on an assessment of your MIECHV annual and quarterly performance data and FY 2020 Demonstration of Improvement Data Profile to improve program performance and data quality in the upcoming FY 2022 period of performance and FY 2023 Demonstration of

Improvement. See Appendix D for a definition of MIECHV performance measures.

- Describe how you will monitor and improve key indicators associated with healthy development of children, including systems outcome measures, in the MIECHV performance measures. A summary of the MIECHV performance measures is available online.
- Provide an update to the data collection activities used to support annual and quarterly performance reporting. See Section VI for detail regarding annual and quarterly performance reporting.
- Describe the successes and challenges encountered during implementation of the Performance Measurement Plan. Include discussion regarding the frequency and quality of data received from LIAs or other state, jurisdiction, or territory systems used to procure performance data. Discuss any planned changes to the Performance Measurement Plan to align with Demonstration of Improvement requirements or results. Describe steps taken to overcome challenges. NOTE: You should not propose updates or changes to your currently approved Performance Measurement Plans. (See Section VI for guidance.)
- Identify which caseload method (Home Visitor Personnel Cost Method or Enrollment Slot Method) you will utilize. Please describe why you have chosen this approach (see Section II.2 for more information about the approved caseload methods). Note that this method should be used to propose a caseload of family slots in this application **and** to define MIECHV families for the purposes of reporting to HRSA on performance reporting Forms 1, 2, and 4. (See Appendix D for the definition of a caseload of MIECHV family slots.)

Continuous Quality Improvement

In this section:

- Describe major CQI goals and activities implemented at both the recipient and LIA levels.
- Discuss TA that you may request from MIECHV-supported TA providers, the developer(s) of the model(s) you select, and/or another TA provider to support CQI and reflective practice activities.
- If recipient is currently preparing an OIP associated with the Demonstration of Improvement, discuss how you will integrate it into any planned updates to your CQI Plan.

- *ORGANIZATIONAL INFORMATION*

In this section:

- Describe how the organization's mission, structure, and current activities contribute to the organization's ability to implement program activities and meet program expectations. Briefly describe recipient-level leadership staff experience in maternal and child health, evidence-based services, and early childhood systems.
- Provide your staffing plan (insert as Attachment 6), including roles, responsibilities, and qualifications of personnel. Specifically include who is

responsible (including % FTE) and their qualifications for the following functional areas:

- Programmatic oversight, administration and programmatic subrecipient monitoring (e.g., primarily role of project director and project coordinator);
- Fiscal oversight, administration and fiscal subrecipient monitoring (e.g., role of fiscal lead, contracts administrator, grants manager, and/or other fiscal support);
- Recipient-level staff oversight, including recruitment, retention, supervision, and succession planning (e.g., role of program director and/or project coordinator, but may include others within recipient agency);
- Early childhood systems coordination and collaboration;
- Data and performance measurement;
- Continuous quality improvement; and
- Evaluation, if applicable.

NOTE: For the purposes of the MIECHV Program, key personnel are considered the project director and project coordinator. All changes to key personnel require prior approval from HRSA. In addition to the key personnel, other responsibilities outlined above must be covered by staff within the state or contractors. Positions may be partially or fully funded by MIECHV or may be in-kind.

- Provide a project organizational chart with position titles, names and vacancies noted, contractors, and other significant collaborators (insert as Attachment 7).
- Describe how you will plan for and address recruitment and retention of qualified staff including:
  - Recruitment of staff with necessary qualifications to meet national model developer requirements for fidelity to the selected home visiting model(s);
  - Steps taken to ensure high-quality supervision, including reflective supervision or practices aligned with IECMHC;
  - Ensuring staff capacity and expertise in cross-cutting areas, such as the science of early childhood development, health equity, cultural competence, family engagement, collective impact, and systems building and coordination;
  - Review of available data to determine the professional development and training needs of staff; and
  - Professional development and training of staff, including professional development and training provided by LIAs and national model developer(s) and consultation by professionals in the field.
- Provide information on your resources and capabilities to support provision of culturally and linguistically competent and health-literate services.
- Describe the availability of resources and the state's, jurisdiction's, or territory's demonstrated commitment to home visiting to continue the proposed project after the grant period ends.

- *PAST PERFORMANCE AND ADMINISTRATION OF HOME VISITING PROGRAM*

You must highlight past performance with previous MIECHV grants including deobligation of funds, fiscal and programmatic corrective action, and inability to

meet projected family enrollment targets. If challenges existed with any of these areas, highlight the plans to mitigate these challenges and describe improvement plans underway.

- If you reported an active enrollment of less than 85 percent of maximum service capacity in the submission of Quarterly Performance data for the first quarter of FY 2021 (10/1/20-12/31/20), briefly describe planned activities to improve the capacity percentage in the period of performance for this award.
- If you are on a programmatic corrective action plan and drawdown restrictions in FY 2020, you should describe actions taken to address the plan or lift the restrictions.
- If you have more than 25 percent deobligation of FY 2017 MIECHV grant funds, you should describe actions to avoid deobligations of active grants (i.e., FY 2019 and FY 2020) and FY 2021 MIECHV grants within the period of availability.
- Also, note:
  - The current unobligated balance of MIECHV formula funds awarded in FY 2019 (funds will no longer be available for use after September 29, 2021) and plans to fully expend (see Appendix D for the definition of unobligated balance); and
  - The current unobligated balance of MIECHV formula funds awarded in FY 2020 (funds will no longer be available for use after September 29, 2022) and plans to fully expend.

iii. Budget

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

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

Additionally, the SF-424A form must align with the FY 2021 grant award ceiling amount. This would include all total project or program costs supported by the total grant award ceiling. (See Section IV for more information.)

The program is not subject to the General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260), as it does not use funds appropriated by this statute.

If you are **NOT** requesting MIECHV funds for a PFO initiative, proceed to instructions that immediately follow. If you **ARE** requesting to use MIECHV funds for a PFO

initiative, skip to the Budget – Pay for Outcomes Budget Submission section for PFO budget submission instructions.

1. Budget

Prior to completing this funding application, see Program Expectations and Funding Restrictions in Section I and Section IV for complete descriptions of the following types of expenditures:

- Statutory Limit on Funds for Conducting and Evaluating a Promising Approach;[39]
- Statutory Limit ("Cap") on Use of Funds for Administrative Expenditures;[40]
- Limit on Funds to Support Direct Medical, Dental, Mental Health, or Legal Services; and
- Limit on Use of Funds for Recipient-Level Infrastructure Expenditures.

NOTE: Please do not include prior year funds in the budget forms or the budget narrative. *Only* FY 2021 funds should be included in Attachment 4.

The MIECHV Program requires the following for a complete budget submission:

- Budget Forms
  - SF-424A
- Budget Narrative
  - Personnel costs
  - Travel
  - Supplies
  - Contractual
  - Other
  - Administrative Expenditures
    - Description of Activities
    - Line Item Breakdown
    - Estimated Percentage of Budget
  - Recipient-Level Infrastructure Expenditures
    - Description of Activities
    - Line Item Breakdown
    - Estimated Percentage of Budget
  - Evaluation Costs (if applicable)
    - Description of Activities
    - Line-Item Breakdown

Period of Availability

Funds awarded to you for a federal fiscal year under this NOFO shall remain available for expenditure through the end of the second succeeding federal fiscal year after award. **The project/budget period is 2 years,** for the period of September 30, 2021 through September 29, 2023. You must demonstrate that home visiting services will be made available throughout the entire period of performance (the full period of availability). However, maintaining the same rate of expenditure or the same level of home visiting services throughout the full period of availability is not required. Reminder: grant funds that have not been obligated for expenditure by the recipient during the period of availability will be deobligated. FY 2021 funds must be obligated no later than September 29, 2023, and must be liquidated by December 31, 2023.

[39] Social Security Act, Title V, § 511(d)(3)(A).
[40] Social Security Act, Title V, § 511(i)(2)(C).

COVID-19 Public Health Emergency Authorities
During the declared COVID-19 public health emergency period, recipients can choose to budget MIECHV funds to:

A. Train home visitors in conducting virtual home visits (see Appendix D for a definition of virtual home visit) and in emergency preparedness and response planning for families;
B. Acquire the technological means as needed to conduct and support a virtual home visit for families enrolled in the program; and
C. Provide emergency supplies to families enrolled in the program, regardless of whether the provision of such supplies is within the scope of the approved program, such as diapers, formula, non-perishable food, water, hand soap, and hand sanitizer.

P.L. 116-260 specifies that the additional authorities are only available "during the COVID-19 public health emergency period" and therefore will be discontinued at the conclusion of the declared COVID-19 public health emergency. At that time, any unobligated grant funds budgeted for activities related to the COVID-19 authorities described above must be re-budgeted for other allowable activities.

Key Requirements
Costs charged to the award must be reasonable, allowable, and allocable under this program. Documentation must be maintained to support all grant expenditures. Personnel charges must be based on actual, not budgeted labor. Promotional items and other expenditures which do not support the home visiting initiative are unallowable. Organizational membership in business, professional, or technical organizations or societies are generally allowable costs, if paid according to an established organizational policy consistently applied regardless of the source of funds. Costs of membership in any country club or social or dining club or organization are unallowable. Costs of membership in organizations whose purpose is lobbying are unallowable. Salaries and other expenditures charged to the grant must be for services that occurred during the grant's period of availability. It is the responsibility of the recipient to ensure that proper stewardship is exercised over federal funds. Costs must be necessary and reasonable, accorded consistent treatment, and allocable to the award in accordance with the benefits received by the project. Further information regarding allowable costs is available from the UAR at 45 CFR part 75.

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 commingled with other grant periods of availability). Recipients are responsible for reviewing subrecipient budgets according to all applicable organizational policies and procedures and for ensuring adequate post award monitoring of activities and expenditures. Recipients and the subrecipients must maintain all documentation in accordance with the federal record retention policy which

states documentation must be maintained for a minimum of 3 years after the submission of the final (accepted) Federal Financial Report.

a. **Budget Forms**

Complete Application Form SF-424A Budget Information – Non-Construction Programs in Grants.gov. **The project/budget period is 2 years.** Provide a line-item budget narrative using the budget categories in the SF-424A for the period of September 30, 2021 through September 29, 2023. The narrative must explain the amounts requested for each detailed line item in the budget (e.g., personnel, fringe, travel, equipment, supplies, contractual, other, indirect charges).

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

(1) **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 2021 (see communication via HRSA's EHBs for the total amount you may request). Please enter the amounts in the "New or Revised Budget" column, not the estimated unobligated funds column.

(2) **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 2021 funds.

b. **Budget Narrative**

Provide a narrative explanation of the amounts requested for each line in the budget. The budget narrative should specifically describe how each item will support the achievement of proposed objectives. Line-item information must equate to and explain the costs entered in the SF-424A and Period of Availability Spreadsheet as Attachment 4.

Include the following in the Budget Narrative:

A. Personnel Costs: List each staff member to be supported by (1) MIECHV funds, the percent of effort each staff member spends on the MIECHV award, roles and area of responsibility, and (2) in-kind contributions. If personnel costs are supported by in-kind contributions, please indicate the percent of effort and the source of funds.

Please include:

(a) The full name of each staff member (or indicate a vacancy);
(b) Position title with description of role and responsibilities;
(c) Percentage of full-time equivalency dedicated to the MIECHV Program;
(d) Annual/base salary;

(e) Federal amount requested; and
(f) If in-kind, indicate percent of effort and funding source(s).

Personnel includes, at a minimum, the project director, primarily responsible for the oversight and/or the project coordinator, primarily responsible for the day-to-day management of the proposed program; staff responsible for quality improvement activities (including, but not limited to, providing continuous quality improvement support to LIAs); programmatic and fiscal staff responsible for monitoring program activities and use of funds; and staff responsible for data collection, quality, and reporting. This list must include the project director listed on the NOA.

Note that if any of these positions are contractual and included in the Contractual Object Class category, you must have a formal written agreement with the contracted individual that specifies an official relationship between the parties even if the relationship does not involve a salary or other form of remuneration. If the individual is not an employee of your organization, HRSA will assess whether the arrangement will result in the organization being able to fulfill its responsibilities under the grant, if awarded.

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

B. Travel: The budget should reflect the travel expenses associated with participating in meetings that address home visiting efforts, other proposed trainings or workshops, and monitoring visits to LIAs. You should list travel costs, including whether the travel costs are for local and long distance travel. You must budget for one All Grantee Meeting in the Washington, DC area for up to five people for 5 days. **Meeting attendance is a grant requirement.** If you are applying to participate in a coordinated state evaluation, you must budget for two in-person peer network meetings in the Washington, DC area for up to two people for 2 days. **Meeting attendance is required for participation in the CSE**. Refer to page 29 of the HRSA SF-424 Application Guide for more information on providing a travel budget justification. If travel can not be completed during the period of performance because of circumstances beyond the recipients' control, funds budgeted for travel may be rebudgeted.

C. 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.

D. Contractual: You must ensure your organization has in place and follows an established and adequate procurement system with fully

developed written procedures for awarding and monitoring all contracts.

You must provide:

(a) A clear explanation as to the purpose of each contract;
(b) How the costs were estimated;
(c) The specific contract deliverables;
(d) A breakdown of costs, including the level of effort for home visitor personnel, for example, full-time equivalent (you may provide a listing of each home visitor personnel); and
(e) Narrative justification that explains the need for each contractual agreement and how it relates to the overall project.

HRSA reserves the right to request a more detailed, line-item breakdown for each contract. Costs for contracts must be broken down in detail as described above. Reminder: you must notify potential subrecipients (e.g., LIAs) that entities receiving subawards must be registered in the System for Award Management (SAM) and provide the recipient with their Dun and Bradstreet Data Universal Numbering System (DUNS) number. "Subaward" means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a federal award received by the pass-through entity. It does not include payments to a contractor or payments to an individual that is a beneficiary of a federal program. A subaward may be provided through any form of legal agreement, including an agreement that the pass-through entity considers a contract. For more information on subawards and subrecipient monitoring, see Section I.

Consultant contractors can also be listed in this section. For each consultant, specify the scope of work for the consultant, the hourly rate, and the number of hours of expected effort.
(NOTE: Contracting and subcontracting are allowable under this program; however, subgranting is not allowable under this program. Recipients that intend to provide services through LIAs must have a written plan in place for subrecipient monitoring and must actively monitor subrecipients. See Section I for a complete description of subrecipient monitoring.)

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

E. Other: Include all costs that do not fit into any other category and provide an explanation of each cost in this category (e.g., provider licenses, audit, legal counsel). In some cases, rent, utilities, and

insurance fall under this category if they are not included in an approved indirect cost rate. You may include the cost of access accommodations as part of your project's budget, including sign language interpreters, plain language and health literacy print materials in alternate formats (including Braille, large print, etc.); and linguistic competence modifications (e.g., translation or interpretation services). The cost of purchasing consultative assistance from public or private entities, if the state determines that such assistance is required in developing, implementing, evaluating, and administering home visiting programs, is allowable but must be clearly justified. The cost of childcare for participating families may also be allowable if within the scope of an approved project or program or as incidental costs of a project or program if incurred to enable individuals to participate as subjects in research projects or to receive health services.

Additionally, include within the Budget Narrative as a separate breakout:

F. Administrative expenditures: A description of activities and detailed line-item breakdown of administrative expenditures,[41] as applicable, incurred through administering the MIECHV grant. Also, include the **estimated percentage** (at no more than 10 percent) of the FY 2021 MIECHV grant award planned to support these activities. (*For a complete definition and examples of administrative expenditures, see Section IV.6.*)

G. Recipient-level infrastructure expenditures: A description of activities and detailed line-item breakdown of recipient-level infrastructure expenditures, as applicable, to enable the delivery of home visiting services, including but not limited to administrative costs. Also, include the **estimated percentage** (at no more than 25 percent, including administrative costs estimated above) of the FY 2021 MIECHV grant award planned to support those activities. (*For a complete definition and examples of recipient-level infrastructure expenditures, see Section I.)*

NOTE: To seek HRSA approval for spending more than 25 percent of the award amount on recipient-level infrastructure expenditures, you must provide written justification for this request, to include, for example, an unusually high negotiated indirect cost rate (and explanation for why the cost rate is so high), or if you are a new applicant and anticipate higher recipient-level expenditures related to establishing and initiating new home visiting programs. This justification should be included within the Budget Narrative.

H. Evaluation activities (as applicable)**:** If you propose any promising approach or coordinated state evaluation activities (as described above in the "Program Activities and Expectations" in Section I), **you**

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

must include a budget narrative and detailed line-item breakdown as part of the overall budget for evaluation expenses. These include, but are not limited to costs associated with salary and benefits for staff working on the evaluation, contracts for external evaluators, data collection, travel, communication tools that share interim results with stakeholders, printing, supplies, equipment, etc.

For CSEs, the budget is considered tentative because the specific evaluation designs, questions, data collection strategies, and analysis plans will be created after the award and in collaboration with fellow recipients and the national evaluation-coordinating center. These activities will be reflective of the planning phase of the CSE approach. HRSA recommends a maximum funding ceiling of 10 percent of the total requested budget for evaluation activities. HRSA also recommends that a minimum of $100,000 be devoted to evaluation-related activities to ensure the appropriate level of quality and rigor (keeping in mind the additional meetings required through the CSE). You may need to rebudget based on the outcome of the coordinated planning process. Furthermore, because recipients need to spend approximately the first 6 months engaged in coordinated planning, evaluation spending may vary over the period of availability. When budgeting, keep in mind the rate of expenditure. A finalized budget will be required in the evaluation plan due to HRSA after the coordinated planning process.

Budget – Pay for Outcomes Budget Submission

The MIECHV Program requires the following for applicants that **ARE** requesting to use a portion of their MIECHV formula award for a PFO initiative:

*For applicants that are NOT requesting MIECHV formula funds for the purpose of a PFO initiative, please skip this section and continue to the Period of Availability section on page 55, or refer to the budget instructions beginning on page 41.

1. Budget

Prior to completing this funding application, see Program Expectations and Funding Restrictions in Section I and Section IV for complete descriptions of the following types of expenditures:

- Statutory Limit on Funds for Conducting and Evaluating a Promising Approach;[42]
- Statutory Limit ("Cap") on Use of Funds for Administrative Expenditures;[43]
- Limit on Funds to Support Direct Medical, Dental, Mental Health, or Legal Services; and
- Limit on Use of Funds for Recipient-Level Infrastructure Expenditures.

  NOTE: Please do not include prior year funds in the budget forms or the budget narrative. FY 2021 funds should *only* be included in Attachment 4.

The MIECHV Program requires the following for a complete budget submission:

- Budget Forms
  - SF-424A
- Budget Narrative: MIECHV Formula Award
  - Personnel costs
  - Travel
  - Supplies
  - Contractual
  - Other
- Budget Narrative: MIECHV Pay for Outcomes Initiative
  - Personnel costs
  - Travel
  - Supplies
  - Contractual
  - Other
- Overall Budget Narrative Items
  - Administrative Expenditures
    - Description of Activities
    - Line-Item Breakdown
    - Estimated Percentage of Budget
  - Recipient-Level Infrastructure Expenditures
    - Description of Activities
    - Line-Item Breakdown
    - Estimated Percentage of Budget
  - Evaluation Costs (if applicable)
    - Description of Activities
    - Line-Item Breakdown

Period of Availability

Applicants may choose to budget a portion of their FY 2021 MIECHV award for a PFO initiative. **The MIECHV PFO project/ budget period is up to 10 years** for the period of September 30, 2021 through September 29, 2031. MIECHV PFO funds must be obligated no later than September 29, 2031, and must be liquidated by December 31, 2031.

COVID-19 Public Health Emergency Authorities

During the declared COVID-19 public health emergency period, recipients can choose to budget MIECHV funds to:

A. Train home visitors in conducting virtual home visits (see Appendix D for a definition of virtual home visit) and in emergency preparedness and response planning for families;
B. Acquire the technological means as needed to conduct and support a virtual home visit for families enrolled in the program; and
C. Provide emergency supplies to families enrolled in the program, regardless of whether the provision of such supplies is within the scope of the approved program, such as diapers, formula, non-perishable food, water, hand soap, and hand sanitizer.

[42] Social Security Act, Title V, § 511(d)(3)(A).
[43] Social Security Act, Title V, § 511(i)(2)(C).

P.L. 116-260 specifies that the additional authorities are only available "during the COVID-19 public health emergency period" and therefore will be discontinued at the conclusion of the declared COVID-19 public health emergency. At that time, any unobligated grant funds budgeted for activities related to the COVID-19 authorities described above must be re-budgeted for other allowable activities.

Key Requirements
Costs charged to the award must be reasonable, allowable, and allocable under this program. Documentation must be maintained to support all grant expenditures. Personnel charges must be based on actual, not budgeted labor. Promotional items and other expenditures which do not support the home visiting initiative are unallowable. Organizational membership in business, professional, or technical organizations or societies are generally allowable costs, if paid according to an established organizational policy consistently applied regardless of the source of funds. Costs of membership in any country club or social or dining club or organization are unallowable. Costs of membership in organizations whose purpose is lobbying are unallowable. Salaries and other expenditures charged to the grant must be for services that occurred during the grant's period of availability. It is the responsibility of the recipient to ensure that proper stewardship is exercised over federal funds. Costs must be necessary and reasonable, accorded consistent treatment, and allocable to the award in accordance with the benefits received by the project. Further information regarding allowable costs is available from the UAR at 45 CFR Part 75.

Recipients are responsible for reviewing subrecipient budgets according to all applicable organizational policies and procedures and for ensuring adequate post award monitoring of activities and expenditures. The recipient and the subrecipients must maintain all documentation in accordance with the federal record retention policy which states documentation must be maintained for a minimum of 3 years after the submission of the final (accepted) Federal Financial Report.

a. Budget Forms

Applicants proposing to implement a PFO initiative with FY 2021 MIECHV funds must complete one SF-424A budget form and **two separate** budget **justifications** – one for the typical MIECHV Formula Award and one for the PFO initiative. The total for the MIECHV Formula funds and the PFO initiative funds **cannot exceed the FY 2021 grant award ceiling amount.**

Complete one SF-424A Budget Information form in Grants.gov. **The MIECHV formula project/budget period is 2 years. The PFO initiative budget period is up to 10 years.** The two narratives/budget justifications must explain the amounts requested (one for the MIECHV formula funds, and the second for the PFO initiative). Each narrative must include an explanation for each detailed line-item in the budget (e.g., personnel, fringe, travel, equipment, supplies, contractual, other, indirect charges).

Recipients will be allowed to request prior approval to rebudget grant funds between the originally requested budget supporting the PFO initiative, and the MIECHV formula budget, up to and within the first 12 months of the period of performance (by September 29, 2022). After that time, funds may no longer be rebudgeted between allocations. Please note that recipients rebudgeting between the PFO initiative and the MIECHV formula budgets are required to submit a formal prior approval request via the EHBs.

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

(1) **In Section A of the SF-424A budget forms, you will use only row (1), column (e)** to provide the budget amount you will request for FY 2021. Please enter the amounts in the "New or Revised Budget" column, not the estimated unobligated funds column.

(2) **In Section B of the SF-424A budget forms, you will use column (1)** to provide object class category breakdown for the MIECHV formula funds requested through the period of availability of FY 2021, and column (2) to provide the object class category breakdown for the PFO initiative funds requested for use through 2031. The combined amount requested may not exceed the FY 2021 ceiling amount, and must not exceed the allowable percentages for each.

b. Budget Narrative – MIECHV Formula Award

Provide a narrative explanation of the amounts requested for each line in the budget. The budget narrative should specifically describe how each item will support the achievement of proposed objectives. Line-item information must equate to and explain the costs entered in the SF-424A, Section A, Column 1, and the Period of Availability Spreadsheet as **Attachment 4** (discussed later).

Include the following in the Budget Narrative:

(1) Personnel Costs: List each staff member to be supported by (1) MIECHV funds, the percent of effort each staff member spends on the MIECHV award, roles and area of responsibility, and (2) in-kind contributions. If personnel costs are supported by in-kind contributions, please indicate the percent of effort and the source of funds.

Please include:

(a) The full name of each staff member (or indicate a vacancy);

(b) Position title with description of role and responsibilities;
(c) Percentage of full-time equivalency dedicated to the MIECHV Program;
(d) Annual/base salary;
(e) Federal amount requested; and
(f) If in-kind, indicate the percent of effort and funding source(s).

Personnel includes, at a minimum, the project director, primarily responsible for the oversight and/or the project coordinator, primarily responsible for the day-to-day management of the proposed program; staff responsible for quality improvement activities (including but not limited to providing continuous quality improvement support to LIAs); programmatic and fiscal staff responsible for monitoring program activities and use of funds; and staff responsible for data collection, quality, and reporting. This list must include the project director listed on the NOA.

Note that if any of these positions are contractual and included in the Contractual Object Class category, you must have a formal written agreement with the contracted individual that specifies an official relationship between the parties even if the relationship does not involve a salary or other form of remuneration. If the individual is not an employee of your organization, HRSA will assess whether the arrangement will result in the organization being able to fulfill its responsibilities under the grant, if awarded.
NOTE: Final personnel charges must be based on actual, not budgeted labor.

(2) Travel: The budget should reflect the travel expenses associated with participating in meetings that address home visiting efforts, other proposed trainings or workshops, and monitoring visits to LIAs. You should list travel costs, including whether the travel costs are for local and long distance travel. You must budget for one All Grantee Meeting in the Washington, DC area for up to five people for 5 days. **Meeting attendance is a grant requirement.** If you are applying to participate in a coordinated state evaluation, you must budget for five in-person peer network meetings in the Washington, DC area for up to two people for 2 days. Meeting attendance is required for participation in the CSE. Refer to page 29 of the HRSA SF-424 Application Guide for more information on providing a travel budget justification.

(3) 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.

(4) Contractual: You must ensure your organization has in place and follows an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts.

You must provide:

(a) A clear explanation as to the purpose of each contract;
(b) How the costs were estimated;
(c) The specific contract deliverables;
(d) A breakdown of costs, including the level of effort for home visitor personnel, for example, full-time equivalent (you may provide a listing of each home visitor personnel); and
(e) Narrative justification that explains the need for each contractual agreement and how it relates to the overall project.

HRSA reserves the right to request a more detailed, line-item breakdown for each contract. Costs for contracts must be broken down in detail as described above. Reminder: you must notify potential subrecipients (e.g., LIAs) that entities receiving subawards must be registered in SAM and provide the recipient with their DUNS number. "Subaward" means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a federal award received by the pass-through entity. It does not include payments to a contractor or payments to an individual that is a beneficiary of a federal program. A subaward may be provided through any form of legal agreement, including an agreement that the pass-through entity considers a contract. For more information on subawards and subrecipient monitoring, see Section I.

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

(NOTE: Contracting and subcontracting are allowable under this program; however, subgranting is not allowable under this program. Recipients that intend to provide services through LIAs must have a written plan in place for subrecipient monitoring and must actively monitor subrecipients. See Section I for a complete description of subrecipient monitoring.)

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

(5) Other: Include all costs that do not fit into any other category and provide an explanation of each cost in this category (e.g., provider

licenses, audit, legal counsel). In some cases, rent, utilities, and insurance fall under this category if they are not included in an approved indirect cost rate. You may include the cost of access accommodations as part of your project's budget, including sign language interpreters, plain language and health literacy print materials in alternate formats (including Braille, large print, etc.); and linguistic competence modifications (e.g., translation or interpretation services). The cost of purchasing consultative assistance from public or private entities, if the state determines that such assistance is required in developing, implementing, evaluating, and administering home visiting programs, is allowable but must be clearly justified. The cost of childcare for participating families may also be allowable if within the scope of an approved project or program or as incidental costs of a project or program if incurred to enable individuals to participate as subjects in research projects or to receive health services.

c. Budget Narrative – MIECHV Pay for Outcomes Initiative

The project/budget period for a PFO initiative is up to 10 years. Provide a line-item budget narrative using the budget categories in the SF-424A, Section B, Column 2 for the period of September 30, 2021 through September 29, 2031. The narrative must explain the amounts requested for each detailed line-item in the budget (e.g., personnel, fringe, travel, equipment, supplies, contractual, other, indirect charges). Descriptions for the categories can be found above in the MIECHV Formula Award budget. NOTE: The proposed PFO period of performance cannot exceed the 10-year PFO statutory period of availability, however recipients do not have to budget across the entire period of availability, and should propose a period of performance length that is appropriate for the proposed activities.

Line-item information must equate to and explain the costs for the PFO initiative entered on the SF-424A budget form, Section B, Column 2. Provide a narrative explanation of the amounts requested for each line in the budget. The budget narrative should specifically describe how each item will support the achievement of proposed objectives. Line-item information must equate to and explain the costs entered in the SF-424A, Section B, Column 2 and Period of Availability Spreadsheet as **Attachment 4** (discussed later).

d. Overall Budget Narrative Items:

Following your Budget Narrative-MIECHV Formula Award and Budget Narrative – MIECHV PFO Initiative, include as a separate breakout:

1) Administrative expenditures: A description of activities and detailed line-item breakdown of administrative expenditures,[44] as applicable, incurred through administering

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

the MIECHV grant. Also, include the **estimated percentage** (at no more than 10 percent) of the FY 2021 MIECHV grant award planned to support these activities. (*For a complete definition and examples of administrative expenditures, see Section IV.6.*) Note that for applicants proposing to implement a PFO project with FY 2021 MIECHV funds, the 10 percent limit on use of funds for administrative expenditures applies to the total award (MIECHV Formula Award plus PFO Outcomes Payments and PFO Evaluation).

2) Recipient-level infrastructure expenditures: A description of activities and detailed line-item breakdown of recipient-level infrastructure expenditures, as applicable, to enable the delivery of home visiting services, including but not limited to administrative expenditures. Also, include the **estimated percentage** (at no more than 25 percent, including administrative costs estimated above) of the FY 2021 MIECHV grant award planned to support those activities. (*For a complete definition and examples of recipient-level infrastructure expenditures, see Section I.)*

Note that for applicants proposing to implement a Pay for Outcome (PFO) project with FY 2021 MIECHV funds, the 25 percent limit on use of funds for recipient-level infrastructure expenditures applies to the total award (MIECHV Formula Award plus PFO Outcomes Payments and PFO Evaluation).

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

- Evaluation of a PFO project;
- PFO outcomes payments;
- Expenditures associated with a PFO Feasibility Study; and
- Update of data management systems related to measurement and data system redesign by model developer(s).

NOTE: To seek HRSA approval for spending more than 25 percent of the award amount on recipient-level infrastructure expenditures, you must provide written justification for this request, to include, for example, an unusually high negotiated indirect cost rate (and explanation for why the cost rate is so high). This justification should be included within the Budget Narrative.

(3) Evaluation activities (as applicable)**:** If you propose any evaluation activities (as described above in the "Program Activities and Expectations" in Section I), **you must include a**

budget narrative and detailed line-item breakdown as part of the overall budget for evaluation expenses. These include, but are not limited to costs associated with salary and benefits for staff working on the evaluation, contracts for external evaluators, data collection, travel, communication tools that share interim results with stakeholders, printing, supplies, equipment, etc.

If you are proposing to conduct both a PFO evaluation AND a CSE, the CSE budget is considered tentative because the specific evaluation designs, questions, data collection strategies, and analysis plans will be created after the award and in collaboration with fellow recipients and the national evaluation coordinating center. These activities will be reflective of the planning phase of the CSE approach. HRSA recommends a maximum funding ceiling of 10 percent of the total requested budget for evaluation activities. HRSA also recommends that a minimum of $100,000 be devoted to evaluation-related activities to ensure the appropriate level of quality and rigor (keeping in mind the additional meetings required through the CSE). You may need to rebudget based on the outcome of the coordinated planning process. Furthermore, because recipients need to spend approximately the first 6 months engaged in coordinated planning, evaluation spending may vary over the period of availability. When budgeting, keep in mind the rate of expenditure. A finalized budget will be required in the evaluation plan due to HRSA after the coordinated planning process.

Period of Availability Spreadsheet (applicable to all applicants)
The purpose of this spreadsheet is to support verification that MIECHV formula funds will be budgeted to last through the full 2-year period of availability. Recipients are not required to budget FY 2021 formula funds in Year 1 of the period of performance.

Submit a spreadsheet, labeled as **Attachment 4 – Period of Availability Spreadsheet**, that includes the proposed budget by object class category (personnel, fringe, travel, etc.) for each individual fiscal year of the 2-year period of performance/period of availability (9/30/2021 to 9/29/2023), as well as an additional column that indicates how funds remaining from the previous FY 2020 MIECHV formula grant are proposed to be spent in Year 1 by object class category (e.g., personnel, fringe, travel).

For example:
FY 2020 MIECHV formula award (Year 1 of the FY 2021 period of performance) (for budgetary purposes: 9/30/2021 to 9/29/2022)

Column 1: Remaining funding from FY 2020 MIECHV formula grant to be spent in Year 1 of the FY 2021 period of performance

FY 2021 MIECHV grant - Year 1 (for budgetary purposes: 9/30/2021 to 9/29/2022)
Column 2: FY 2021 MIECHV grant Year 1 proposed spending

FY 2021 MIECHV grant - Year 2 (for budgetary purposes: 9/30/2022 to 9/29/2023)
Column 3: FY 2021 MIECHV grant Year 2 proposed spending

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

Verification
Applicants must provide verification for the following:

Statutory Limit on Use of Funds for Administrative Expenditures
Describe administrative costs and provide the estimated percentage (at no more than 10 percent) of the FY 2021 MIECHV grant award used to support those activities. (See Section IV for more information about this limitation.)

Limit on Use of Recipient-Level Infrastructure Expenditures, including Administrative Expenditures
Describe recipient-level infrastructure expenditures to enable recipients to deliver home visiting services, including but not limited to administrative expenditures, and provide the estimated percentage (at no more than 25 percent) of the FY 2021 MIECHV formula grant award the recipient plans to use to support those activities. (See Section I for more information about this limit.) To seek HRSA approval for spending more than 25 percent of the award amount on recipient-level infrastructure expenditures, you must provide written justification for this request, to include, for example, a high negotiated indirect cost rate or if the recipient and the LIA are the same entity. This justification should be included within the budget narrative. Note, MIECHV funds budgeted for a PFO initiative are subject to the limit on recipient-level infrastructure expenditures.

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

- CSE activities;
- Update of data management systems related to the HRSA redesign of the MIECHV Program performance measurement system, which took effect in FY 2017, or related to measurement and data system redesign by model developer(s); and
- If budgeted by the applicant, CQI activities to implement a HRSA-approved CQI Plan. See Appendix B for more information on CQI activities.

iv. Program-Specific Forms

Program-specific forms are not required for application.

v. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit (80 pages).** Indirect cost rate agreements, cost allocation plans, and proof of nonprofit status (if applicable) will not count toward the page limit. **Clearly label each attachment**.

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

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

Attachment 3: Local Implementing Agencies and Caseload of Family Slots (required; counts toward the 80-page limit)
See Section II for more information.

Attachment 4: Period of Availability Spreadsheet (required; counts toward the 80-page limit)
See Section IV for more information.

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

NON-FEDERAL EXPENDITURES

Two Fiscal Years Prior to Application – Actual (Corresponds to State FY 19)	Fiscal Year Prior to Application - Actual (Corresponds to State FY 20)	Current Fiscal Year of Application – Estimated (Corresponds to State FY 21)
Actual 2 years prior state FY non-federal (State General Funds) expended for the proposed project by the **recipient entity administering the MIECHV formula grant,** for the evidence-based home visiting services, in response to the most recently completed statewide needs assessment. **Include prior state general funds expended only by the recipient entity administering the MIECHV grant and not by other state agencies.** This number should equal the reported expenditures entered in the "FY Prior to Application (Actual)" column submitted as Attachment 4 in response to HRSA-20-101. (Nonprofit recipients must agree to take all steps reasonably available for this purpose and must provide appropriate documentation from the state supporting its accomplishment of the maintenance of effort/non-supplantation requirement.) Amount: $_____	Actual prior state FY non-federal (State General Funds) expended for the proposed project by **the recipient entity administering the MIECHV formula grant,** for the evidence-based home visiting services, in response to the most recently completed statewide needs assessment. **Include prior state general funds expended only by the recipient entity administering the MIECHV grant and not by other state agencies.** This number should equal the reported expenditures entered in the "Most Recently Completed Fiscal Year (Actual)" column submitted as Section V of the FY 2018 Formula Grant Final Report. (Nonprofit recipients must agree to take all steps reasonably available for this purpose and must provide appropriate documentation from the state supporting its accomplishment of the maintenance of effort/non-supplantation requirement.) Amount: $_____	Estimated current state FY non-federal (State General Funds) designated for the proposed project by the **recipient entity administering the MIECHV formula grant,** for the evidence-based home visiting services, in response to the most recently completed statewide needs assessment. **Include current state general funds expended only by the recipient entity administering the MIECHV grant and not by other state agencies.** (Nonprofit recipients must agree to take all steps reasonably available for this purpose and must provide appropriate documentation from the state supporting its accomplishment of the maintenance of effort/non-supplantation requirement.) Amount: $_____

Attachment 6: Applicant Staffing Plan (required; counts towards the 80-page limit)

See Section IV for more information.

Attachment 7: Organizational Chart (required; counts toward the 80-page limit)

See Section IV for more information.

Attachment 8: Model Developer Documentation for Model Enhancements, if applicable (counts toward the 80-page limit)

See Section IV for more information.

Attachment 9: Debarment, Suspension, Ineligibility, and Voluntary Exclusion –Explanation of Inability to Certify, if applicable (counts toward the 80-page limit, with the exceptions as mentioned above)

See Section IV for more information.

Attachment 10: Indirect Cost Rate Agreement or Cost Allocation Plan, if applicable (does not count toward the 80-page limit)

Attachment 11: Proof of Nonprofit Status, if applicable (does not count toward the 80-page limit)

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the *DUNS number will be replaced by the UEI, a "new, non-proprietary identifier" requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following pages: Planned UEI Updates in Grant Application Forms and General Service Administration's UEI Update.

You must also register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, if you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award and use that determination as the

basis for making an award to another applicant.

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

*Currently, the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (http://www.dnb.com/duns-number.html);
- System for Award Management (SAM) (https://www.sam.gov); and
- Grants.gov (http://www.grants.gov/).

For further details, see Section 3.2 of HRSA's *SF-424 Application Guide*.

SAM.GOV ALERT: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages and the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is *June 15, 2021 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

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

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

6. Funding Restrictions

Limit ("Cap") on Use of Funds for Administrative Expenditures
Use of MIECHV grant funding is subject to a limit on administrative expenditures, as further described below, which track the restrictions of the Title V Maternal and Child Health Services Block grant program on such costs.[45] This limit applies to all MIECHV funds, including MIECHV funds budgeted for a PFO initiative (see Appendix D for definition).

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

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

- Reporting costs (MCHB Administrative Forms in HRSA's Electronic Handbooks, Home Visiting Information System, Federal Financial Report, and other reports required by HRSA as a condition of the award);
- Project-specific accounting and financial management;
- Payment Management System drawdowns and quarterly reporting;
- Time spent working with the HRSA grants management specialists 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 (OIG) or Government Accountability Office (GAO) audits.

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

Limitation on Use of Funds for Conducting and Evaluating a Promising Approach
Per statute, no more than 25 percent of the MIECHV grant award for a fiscal year may be expended for purposes of conducting and evaluating a program using a service delivery model that qualifies as a promising approach.[46] This 25 percent limit on expenditures pertains to the total funds awarded to the recipient for the fiscal year. (See Appendix D for a definition of promising approach.)

[45] Social Security Act, Title V, § 511(i)(2)(C).
[46] Social Security Act, Title V, § 511(d)(3)(A).

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) do **not** apply to this program.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative, by which the program income is added to the federal award and is used to further eligible program objectives. You can find post-award requirements for program income at 45 CFR § 75.307.

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

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 to maintain fidelity to an evidence-based model approved for use under MIECHV. Recipients may coordinate with and refer eligible families to direct medical, dental, mental health, or legal services and providers covered by other sources of funding, for which non-MIECHV sources of funding (to the extent available and appropriate) may provide reimbursement.

Limit on Use of Funds for Recipient-Level Infrastructure Expenditures

Absent of prior approval from HRSA, no more than 25 percent of the award amount may be spent on a combination of administrative expenditures (up to the 10 percent cap,[47] see Section IV) and infrastructure expenditures necessary to enable recipients to deliver MIECHV services.

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

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

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

- Professional development and training for recipient-level staff;
- Model affiliation and accreditation fees;
- CQI and quality assurance activities, including development of CQI and related plans (see Section IV for guidance);
- TA provided by the recipient to the LIAs;
- Information technology including data systems;
- Coordination with comprehensive statewide early childhood systems; and
- Indirect costs (also known as "facilities and administration costs") (i.e., costs incurred for common or joint objectives that cannot be identified specifically with a particular project, program, or organizational activity).[48]

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

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

- Coordinated state evaluation activities (excluding costs associated with travel to required meetings); and
- Update of data management systems related to measurement and data system redesign by model developer(s).

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

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

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

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

[48] See the UAR at 45 CFR part 75.

expenditures to increase the proportion of the award budgeted for home visiting services costs.

Additional Authorities Available During the COVID-19 Public Health Emergency Period
The Consolidated Appropriations Act, 2021 (P.L. 116-260) includes authority to use MIECHV grant funds, during the COVID-19 public health emergency period, to a) train home visitors in conducting virtual home visits (see Appendix D for a definition of virtual home visit) and in emergency preparedness and response planning for families; b) acquire necessary technology for families to conduct and support virtual home visits; and c) provide emergency supplies for enrolled families served. The Consolidated Appropriations Act, 2021, specifies that the additional authorities are only available "during the COVID-19 public health emergency period" and therefore will be discontinued at the conclusion of the declared COVID-19 public health emergency.

7. Letter of Intent to Apply (For New Applicants Only)

A letter of intent to apply is ***only*** requested for new applicants (see Section I for more instructions). The letter should identify your organization and its intent to apply, and briefly describe the proposal. HRSA will ***not*** acknowledge receipt of letters of intent.

Send the letter via email by *March 25, 2021* to:

HRSA Digital Services Operation (DSO)
Please use the HRSA opportunity number as email subject (HRSA-21-050)
HRSADSO@hrsa.gov

Although HRSA encourages letters of intent to apply, they are not required. You are eligible to apply even if you do not submit a letter of intent.

V. Application Review Information

1. Review Criteria

The MIECHV Program is a formula-based program. HRSA has procedures for assessing the technical merit of applications and to assist you in understanding the standards against which your application will be reviewed. HRSA will review each application for completeness and eligibility, all required documents, and compliance with the requirements outlined in this NOFO. The MIECHV Program funds are distributed among eligible entities as formula-payment based awards. HRSA estimates approximately $342 million to be available to fund the 56 eligible entities to continue to deliver coordinated, comprehensive, high-quality, and voluntary early childhood home visiting services to eligible families.[49] HRSA will calculate FY 2021 award amounts based on the following:

[49] The FY 2021 appropriation was reduced due to sequestration pursuant to the Budget Control Act of 2011, which contained specific procedures for reducing the federal budget deficit through FY 2021 and extended through FY 2027 under the Bipartisan Budget Act of 2018 (P.L. 115-123).

- Need Funding–Approximately one-third of the grant allocation available under this funding opportunity will be distributed based on the proportion of children under 5 living in poverty as calculated by the Census Bureau's Small Area Income and Poverty Estimates (SAIPE). 2019 SAIPE data will be used to the extent available, and these data may vary from previous year's SAIPE data. The Puerto Rico Community Survey (PRCS) data will be used as a proxy to determine need funding for Puerto Rico.

  If applicable, the calculated amount is reduced by the proportion of the FY 2017 deobligation amount to the total FY 2017 award, as reported to HRSA as of February 9, 2021.

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

- Base Funding–Approximately two-thirds of the grant allocation available under this funding opportunity is proportionally distributed based on each recipient's base funding portion of the FY 2020 formula grant award ceiling amounts.

- Guard Rails–In an effort to maintain stability, the total amount for which an applicant may apply will be adjusted, where appropriate, to ensure that any available recipient funding does not fluctuate by more than 5 percent from the prior year award.

2. Review and Selection Process

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

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

3. Assessment of Risk

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

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

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of September 30, 2021. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

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

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department

regulations and policies in effect at the time of the award, and applicable statutory provisions.

Requirements of Subawards
The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details. **Exception**: The 10 percent cap on expenditures related to administering the grant does not flow down to subrecipients.

Human Subjects Protection
Federal regulations (45 CFR part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1. **DGIS Performance Reports.** Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report **annually**, by the specified deadline. To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are available at https://grants4.hrsa.gov/DGISReview/FormAssignmentList/x10.html. The type of report required is determined by the project year of the award's period of performance.

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	September 30, 2021 – September 29, 2023 *(administrative data and performance measure projections, as applicable)*	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	September 30, 2021 – September 29, 2022	Beginning of each budget period (Years 2–4, as applicable)	120 days from the available date
c) Project Period End Performance Report	September 30, 2022 – September 29, 2023	Period of performance end date	90 days from the available date

The full OMB-approved reporting package is accessible at https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection (OMB Number: 0915-0298 | Expiration Date: 06/30/2022).

2. **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

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

The performance indicators and systems outcomes performance report includes data collected for the 19 constructs defined by HRSA within the six benchmark areas. The reported data for these 19 constructs will be used by HRSA to meet the requirements for required reporting for the purposes of the Demonstration of Improvement, as

required by statute.[50] These constructs include: preterm birth, breastfeeding, depression screening, well-child visits, postpartum care, tobacco cessation referrals, safe sleep, child injury, child maltreatment, parent-child interaction, early language and literacy activities, developmental screening, behavioral concerns, intimate partner violence screening, primary caregiver education, continuity of insurance coverage, completed depression referrals, completed developmental referrals, and intimate partner violence referrals. Specific inclusion and eligibility criteria have been established for each measure. TA resources are available online on the Data, Evaluation & Continuous Quality Improvement webpage.

HRSA requires that recipients submit performance reports on a quarterly basis that include: the number of new and continuing households served; maximum service capacity; identification of LIAs, counties, and zip codes where households are served; family engagement and retention; and staffing. Recipients will submit these reports through the Home Visiting Information System (HVIS), accessed through EHBs. Reports will be due no later than 30 days after the end of each reporting period[51]: Quarterly reporting periods are defined as follows:

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

MIECHV-supported LIAs that have been active for 1 year or longer should strive to maintain an active enrollment of at least 85 percent of their maximum service capacity. Quarterly performance reports will assist HRSA in tracking this information at the state level for grants oversight and monitoring purposes and to be better able to target TA resources, as necessary.

Administrative Forms

The DGIS reporting system will continue to be available through the EHBs. HRSA enhanced the DGIS and these improvements are available for recipient reporting. The agency will communicate with recipients and provide instructions on how to access the system for reporting. HRSA will also provide TA via webinars, written guidance, and one-on-one sessions with an expert, if needed.

[50] Social Security Act, Title V, § 511(d)(1)(D) requires eligible entities to track and report information demonstrating that the program results in improvements for the eligible families participating in the program in at least four of the six statutorily defined benchmark areas, no later than 30 days after the end of fiscal year 2020 and every 3 years thereafter. A recipient that does not submit the MIECHV Annual Performance Report Form 2 by the statutory deadline of October 30, 2023 will be considered non-compliant with program requirements, which may impact MIECHV grant funding in subsequent funding years.

[51] The submission due date associated with Form 4 Quarterly Performance Reports is now 30 days from the last day of the reporting period. However, because this is a shorter submission period than what was previously allowable, HRSA has instituted a temporary 45-day submission period to help transition recipients to the shorter submission timeframe. HRSA will seek feedback to assess the effectiveness of this 45-day submission period and the feasibility of shortening the submission period to 30 days, and will provide written notice prior to making any additional changes.

Recipients must submit data for FY 2021 MIECHV Annual Performance Reporting Forms 1 and 2 by October 30, 2022. Recipients will provide demographic, service utilization, and select clinical indicators and performance indicators and systems outcomes measures into the HVIS accessed through the EHBs that represent activities occurring during the reporting period of October 1, 2021 through September 30, 2022. Subsequent annual performance reporting will be required using the same timeline.

Please note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020.

VII. Agency Contacts

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

Tya Renwick
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 594-0227
Email: trenwick@hrsa.gov

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

You may request additional information regarding the overall program issues and/or TA related to this NOFO by contacting:

Kelsey McCoy
Supervisory Public Health Analyst
Division of Home Visiting and Early Childhood Systems
Maternal and Child Health Bureau
Health Resources and Services Administration
15 New Sudbury Street, Suite 1826
Boston, MA 02203
Telephone: (617) 565-1451
Email: kmccoy@hrsa.gov

Kimberly Thomas
Supervisory Public Health Analyst
Division of Home Visiting and Early Childhood Systems
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Telephone: (240) 475-5056
Email: kthomas1@hrsa.gov

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

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

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

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

VIII. Other Information

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

(NOTE: Models are listed alphabetically.)

Attachment and Biobehavioral Catch-Up (ABC) Intervention
Child First
Durham Connects/Family Connects
Early Head Start – Home-Based Option
Early Intervention Program for Adolescent Mothers
Early Start (New Zealand)
Family Check-Up for Children
Family Spirit

Health Access Nurturing Development Services (HANDS) Program
Healthy Beginnings
Healthy Families America
Home Instruction for Parents of Preschool Youngsters
Maternal Early Childhood Sustained Home Visiting Program
Maternal Infant Health 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) to conduct a thorough and transparent review of the home visiting research literature and provide an assessment of the evidence of effectiveness for home visiting program models that target families with pregnant women and children from birth to kindergarten.

NOTE: In addition to the HHS criteria for evidence of effectiveness, the statute specifies that a model selected by a eligible entity "conforms to a clear consistent home visitation model that has been in existence for at least 3 years and is research-based, grounded in relevant empirically-based knowledge, linked to program determined outcomes, associated with a national organization or institution of higher education that has comprehensive home visitation program standards that ensure high-quality service delivery and continuous program quality improvement," among other requirements.[52]

Technical Assistance

HRSA has scheduled following TA webinar:

Day and Date: Wednesday, March 31, 2021
Time: 3 – 4:30 p.m. ET
Call-in number and registration for this webinar will be available here: https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/program-implementation-and-fiscal-management-resources.

HRSA will record the webinar and archive the recording on the same webpage.

Public Burden Statement

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0355. Public reporting burden for this collection of information is estimated to average 42 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate

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

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-03l, Rockville, MD 20857 or paperwork@hrsa.gov.

Tips for Writing a Strong Application

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

APPENDIX A: Expectations for Research and Evaluation Activities

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

Common Framework for Research and Evaluation

The Administration for Children & Families (ACF) Common Framework for Research and Evaluation outlines the roles of various types of research and evaluation in generating information and answering empirical questions. More specifically, the framework describes the purpose of each type of research and the empirical and theoretical justifications for each. Recipients can refer to this document when planning their evaluation to examine the evidence that can be expected to be generated from the different types of studies and relevant aspects of research design that will contribute to high-quality evidence. The Administration for Children & Families Common Framework for Research and Evaluation is available online.

Evaluation of a Promising Approach

The purpose of the evaluation of a promising approach is to contribute to the evidence that may help support meeting HHS's criteria for evidence of effectiveness.[53] Such an evaluation must include an appropriate evaluation design for an assessment of impact and meet expectations of rigor outlined later in this Appendix. Recipients may propose to continue an existing evaluation of a promising approach implemented through prior MIECHV awards in order to meet the requirements of this section. Proposed evaluations for promising approaches must meet the following criteria:

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

An evaluation plan describing the technical details of the evaluation is due to HRSA no later than 120 days after issuance of the Notice of Award (NOA). HRSA will provide TA to assist recipients in finalizing their evaluation plans, developing internal capacity to conduct the evaluation, coordinating state evaluations that are addressing common questions of interest, and in disseminating evaluation results.

Coordinated State Evaluations - Evaluation of Other Recipient Activities

Coordinated state evaluations will be an important component of the continuous learning and knowledge-building that is key to the MIECHV Program. The coordinated state evaluation approach is designed to maximize generalizability and collective impact among recipients. Post award, recipients will meet regularly to co-create specific evaluation questions, designs, and measurement strategies. Using the ACF Common Framework for Research and Evaluation, peer networks should develop a common

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

agenda and choose the study design that best fits their evaluation questions. (See Appendix D for study definitions.)

For coordinated state evaluations of recipient activities other than promising approaches, each recipient must describe an evaluation plan that: (1) answers an important question or questions of interest based on consensus of the peer network in the selected topic; (2) includes an appropriate evaluation design for the question(s) of interest that includes all key elements identified by consensus of the peer network; and (3) meets expectations of rigor, as defined below.

An evaluation plan describing the technical details of the study is due to HRSA following the group planning phase and no later than 240 days after issuance of the NOA. The group planning phase may vary by peer network. HRSA will provide TA to assist recipients in finalizing their evaluation plans, developing internal capacity to conduct the study, coordinating state evaluations that are addressing common questions of interest, and in disseminating results. Changes or updates to the focus or methods in an approved evaluation plan must be discussed with the peer network, and reviewed and approved by HRSA prior to the changes being implemented. See the table below for details.

Changes that need HRSA approval	**Examples**
Change in evaluation focus	Evaluating a different program activity or having different evaluation questions from approved evaluation plan. For example: • Evaluate reflective supervision instead of breast feeding consultations. • Evaluation question dropped because administrative data took too long to access.
Changes in methods	**Sampling strategy**– For example, dropping a comparison group because too difficult to recruit home visitors into control group, or changing study recruitment strategies to increase sample size. **Analytical strategy** – Changing from quantitative to qualitative data (e.g., instead of conducting surveys with parents, evaluators interview parents because there are too few parent participants).

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

Evaluations must address a question or questions within the selected priority topic: The evaluation methodology should be specific and related to the stated goals, objectives, and priorities of the project. Recipients should design evaluations to directly address a question or questions of interest commonly agreed upon by the peer network addressing the selected priority topic.

Evaluations must go beyond collecting and analyzing benchmark data: The evaluation guidance is different from the statutorily-required benchmark performance data collection.[54] Evaluations may explore methods to improve benchmark performance measurement or outcomes in those domains but the evaluation proposed may not be the same activities recipients are required to conduct for Performance Measurement Plans.

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

All proposed evaluations must be approved by HRSA: Recipients proposing an evaluation must submit a detailed evaluation plan to HRSA for review and approval. For promising approach evaluations, the evaluation plan is due within 120 days of the issuance of the NOA. For coordinated state evaluation, the evaluation plan is due after the group planning phase and no later than 240 days after the issuance of the NOA. HHS supports a contract for the provision of TA for evaluation-related activities for home visiting programs. Recipients will receive comprehensive support from the TA provider in the peer network and individually as their evaluation plans are reviewed by HRSA. Recipients can expect extensive assistance from the HRSA project officers, TA 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 will plan in coordination with other recipients to select the type of evaluation they will implement: Assuming the proposed evaluation design is appropriate to address the question(s) of interest, is aligned with the peer network's common agenda, and meets the requirements for rigor (outlined below), recipients may conduct study designs outlined in the ACF Common Framework for Research and Evaluation referenced above. The evaluation may utilize qualitative and/or quantitative

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

research approaches. However, recipients should be sensitive to the limitations of drawing conclusions about program efficacy from non-experimental evaluation designs and should design the proposed evaluation accordingly in order to answer the evaluation question(s).

Recipients must provide updates on the progress of their evaluations to HRSA: Recipients are required to provide regular quarterly updates about evaluation activities, challenges, and progress through conference calls with the HRSA project officers, 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 that are evaluating promising approaches are required to submit semi-annual written updates on the progress of the evaluation to the HRSA project officers, TA 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 (or progress in the case of coordinated state evaluation) 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, progress or results to date, and limitations of the evaluation to allow for the dissemination of findings and allow HRSA to describe results across projects. Final reports describe evaluation activities undertaken during the award period of performance. HRSA anticipates that coordinated state evaluation designs may extend beyond the initial FY 2021 award period of performance. In those cases, final reports should summarize evaluation progress to date.

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

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

Rigor in Quantitative Evaluation	Rigor in Qualitative Evaluation
Credibility/Internal Validity: Ensuring what is intended to be evaluated is actually what is being evaluated; ensuring	***Credibility*****:** Presenting an accurate description or interpretation of human experience that people who also share

Rigor in Quantitative Evaluation	Rigor in Qualitative Evaluation
that the method(s) used is the most definitive and compelling approach that is available and feasible for the question being addressed.	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 reflective, 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 Continuous Quality Improvement Plan

Continuous Quality Improvement Plan

The criteria listed below should be addressed in a new or updated annual Continuous Quality Improvement (CQI) Plan, which HRSA will request in February 2022:

- For recipients required to complete an Outcome Improvement Plan (OIP) associated with the FY 2020 Demonstration of Improvement, a description of how their CQI plan will incorporate activities related to the identified OIP target measures, as applicable. While not required, note that the recipient can choose to use the completion and submission of the OIP to meet the requirement for any CQI plan updates that HRSA may require during the period of OIP implementation. If a recipient has additional ongoing CQI activities, they may continue those activities as well if the recipient has adequate capacity to do both.
- A description of the organizational system and supports established to maintain the ongoing CQI work of the state (territory) and local teams;
- A clear guiding mission for the CQI work or priorities that identify the overall change desired in the organization's quality improvement work;
- Measurable goals and objectives to improve outcomes which align with the CQI mission and is informed by relevant data;
- A description of the changes teams will make to achieve the CQI goals and objectives, and how teams will test the changes to adapt them to their local context;
- Identification of the CQI methods and tools that will be utilized. Tools may include a charter that outlines the scope of the CQI project, a key driver diagram that displays the theory of change underlying the improvement efforts, fishbone diagrams, and process mapping;
- Measures and a data collection plan for tracking, assessing, and guiding improvement;
- A clear description of the strategy that will be utilized after the CQI project has ended to sustain the improvements gained;
- A description of a process monitoring the CQI plan and assessing progress; and
- An outline showing clear methods and processes regarding the use of information from successful CQI interventions and lessons learned to spread and scale to additional local implementing agencies.

TA is available to recipients in the ongoing planning and implementation of their CQI activities. Recipients should consider the cost of CQI activities in developing their budgets. If the scope of a CQI Plan changes substantially from 1 year to the next or during an implementation year, HRSA expects recipients to provide their HRSA project officers with an updated plan and rationale for the modification within 90 days.

APPENDIX C: Pay for Outcomes Feasibility Studies

A Pay for Outcomes (PFO) initiative must include a feasibility study, which describes how the proposed intervention is based on evidence of effectiveness. The feasibility study also serves as a tool to determine the viability of using a MIECHV PFO approach to meet the proposed outcome(s), while meeting all MIECHV statutory and program requirements.

The PFO feasibility study must be completed prior to proposing to use MIECHV funds for outcome payments related to a PFO initiative, and prior to the submission of the PFO SIR Response. You may fulfill the PFO feasibility study requirement in one of two ways:

1. Complete a new MIECHV PFO feasibility study based on the PFO feasibility study instructions, below; or
2. Submit a feasibility study completed within the past 5 years that assessed the same intervention and target population you are proposing in the PFO SIR Response. This feasibility study, which may have been supported by non-MIECHV funding sources, can be supplemented with any additional information necessary to submit a complete response to the Pay for Outcomes Supplemental Information Request (PFO SIR).

The following instructions are intended to inform and support the development of the feasibility study for those applicants that propose to use MIECHV funds for a PFO feasibility study.

PFO Initiative Funding

When conducting a feasibility study:

- Identify and consider what funding source will be used to fund any part of the PFO initiative, in addition to MIECHV funds. You should also consider and ensure that there is sufficient funding for the full term of service provision in the PFO initiative.
- PFO initiative funding sources identified in the feasibility study can include:
    - MIECHV funding;
    - Provider or local implementing agency (LIA) working capital;
    - Foundation funding; and/or
    - Investor funding.

Target Population

In your feasibility study, consider the target population for the PFO initiative:

- The unmet need for home visiting services that the PFO initiative will address, and the baseline outcome(s) that the PFO initiative seeks to improve;
- The at-risk communities the PFO initiative will serve (based on the findings from your most recently complete statewide needs assessment update);
- The LIAs that might participate in the PFO initiative; and

- The size and demographic characteristics of the populations in communities in the geographic area that will be included in a PFO initiative.

Proposed Intervention and Providers

In your feasibility study, consider:

- The evidence-based home visiting model(s) that would be appropriate for implementation as part of a PFO initiative; and
- The entire landscape of potential providers that can serve the needs of the target population, and their experience in implementing evidence-based home visiting programs.
- You should further consider:
    - The provider's experience implementing the evidence-based home visiting model;
    - The provider's capacity to meet enrollment targets of the PFO initiative, and (if currently a MIECHV-funded LIA), their track record of performance and maintaining enrollment capacity percentage;
    - The range of referral pathways for recruitment of the target population in order to meet enrollment targets; and
    - The provider's capacity to collect and report program data and participate in the PFO evaluation.

Potential Outcome Measure(s) and Payment Schedule

The feasibility study should address the potential outcome measure(s) for the PFO initiative, including how they would be measured.[55] When determining outcome measure(s) for a MIECHV-funded PFO initiative, ensure that selected measure(s) would meet requirements outlined in *Section 3: Outcome Measure(s) and Payments* of the PFO SIR, which include (but are not limited to) required alignment with MIECHV benchmark areas and constructs.

- Consider the potential payment amounts for each outcome measure, the payment schedule associated with each, and how it would align with the evaluation reporting timeline.
- Ensure payment amounts are reflective of federal, state, and/or local cost savings, cost avoidance and/or social benefit, and that they are appropriate and reasonable relative to the outcome measure achieved.

Ability to Rigorously Evaluate and Meet the Requirements of a PFO Evaluation

The feasibility study should address your capacity to meet all of the requirements of a rigorous, third-party PFO evaluation as described in *Section 4: Third-Party Evaluation* of the PFO SIR. In particular, consider:

- The capacity and independence of third-party evaluators, as well as your experience engaging with third-party evaluators;
- The availability and quality of data to evaluate each outcome measure, including your experience and capacity to access administrative data;

[55] Refer to *Section 4: Selected Outcome Measure(s)* for detailed requirements.

- What, if any, data sharing agreements will be needed, and if these agreements already exist;
- The recipient's experience and capacity using data to evaluate, track, and monitor progress on the outcome measure(s) for the PFO initiative; and
- Whether the size of the target population is sufficient to be included in the PFO initiative.

PFO Initiative Duration

In your feasibility study, you should consider:

- The anticipated duration of the PFO initiative, including the length of service provision, and the last date that outcome payments are expected to be made;
- The amount of time needed to complete the evaluation, determine if outcome payments will be made, and obligate funds; and
- If the project, both the intervention and evaluation, can be completed within the 10-year PFO statutory period of availability.

Stakeholders and Partnerships

PFO initiatives require the involvement of many partners including LIAs, third-party evaluators, model developers, agencies that house administrative data sources, early childhood systems partners, home visitors, families, and others. They may also include investors and/or an intermediary organization. In the feasibility study, consider:

- The potential key stakeholders and partners for a PFO initiative, their level of interest/engagement, and any significant or known barriers to partnership;
- The agreements or memoranda of understanding (MOUs) that are, or would need, to be in place to implement a PFO initiative; and
- The opportunities and challenges associated with engaging home visiting service providers and families in a PFO initiative.

Determination of Feasibility

The final step of the feasibility study is to provide an overall assessment as to whether the PFO initiative is or is not determined to be feasible. In making this determination, consider:

- The primary benefits and assets associated with implementation of a PFO initiative, as identified through the feasibility study;
- The primary risks and challenges associated with implementation of a PFO initiative, as identified through the feasibility study; and
- If the PFO initiative is NOT determined to be feasible, consider what steps would be necessary to address the findings should this approach be pursued in the future.

APPENDIX D: Glossary of Selected Terms

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

- Reporting costs (Discretionary Grants Information System, Home Visiting Information System, Federal Financial Report, and other reports required by HRSA as a condition of the award);
- Project-specific accounting and financial management;
- Payment Management System drawdowns and quarterly reporting;
- Time spent working with the HRSA grants management specialists and HRSA project officers;
- Subrecipient monitoring;
- Complying with Federal Funding Accountability and Transparency Act (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 audits.

At-risk Communities – States are required to give service priority to eligible families residing in communities identified by the current approved statewide needs assessment. At-risk communities are defined as those for which indicators, in comparison to statewide indicators, demonstrated that the community was at greater risk than the state as a whole. At-risk communities are further defined as communities with concentrations of the following indicators: premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of adverse prenatal, maternal, newborn, or child health; poverty; crime; domestic violence; high rates of high-school dropouts; substance abuse; unemployment; or child maltreatment. For the purpose of the needs assessment update due October 1, 2020, the term communities is operationalized as counties, county equivalents, or sub-territory geographic units. The identification of communities was to be based on a comparison of statewide data and data for the identified community. These data could be supplemented with any other information the state may have had available that informed the designation of a community as being challenged by disparate health, social, and economic outcomes; consequently, updates to the designation of communities are also permissible. Once the state identified the communities, the state had the option to target them all or to target the community(ies), sub-communities or neighborhoods deemed to be at greatest risk, if sufficient data for these smaller units were available for assessment.

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

slots should be distinguished from the cumulative number of enrolled families during the reporting period.

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

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

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

Centralized Intake System – A Centralized Intake System (CIS) is a one-stop entry point (a single place or process) in which screening helps to identify a client's needs and generates referrals to programs and services that are the best fit for the family. CISs connect clients to the services they need based on individualized assessments of their family's needs. Centralized intake is a single concept that may be referenced using other names, including *coordinated intake and referral, coordinated entry, centralized/single point of access, or system "front door."* CISs often carry out common shared tasks across organizations—specifically, community outreach and recruitment, screening and assessment, determination of fit, and referral to comprehensive services. The intake system may be housed by one central entity that screens and refers all clients, or may be housed throughout various agencies with connected referral systems. Referrals may be unidirectional or bi-directional; that is, some systems may only refer the client without any follow-up to ensure the service was completed, while others may share when or if referrals were completed or other client data. The scopes of CISs also vary across states and communities in terms of geographic reach. Similarly, the scopes of CISs vary in programmatic reach: systems may include only referrals to consist of only home visiting programs, they may also include other early childhood systems partners, and or some may include broader social services as well. A strong CIS allows providers to screen clients and conduct individualized family assessments, provide and follow referrals through the system, and connect families to a wide array of family services and supports.

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

Partners within an early childhood system may include the following, as well as their local counterparts and affiliates:

- The state's Early Childhood Comprehensive Systems (ECCS) recipient, if there is one;
- The state's Maternal and Child Health Services (Title V) agency;
- The state's Public Health agency, if this agency is not also administering the state's Title V program;
- The state's agency for Title II of the Child Abuse Prevention and Treatment Act (CAPTA);
- The state's child welfare agency (Title IV-E and IV-B), if this agency is not also administering Title II of CAPTA;
- The state's Individuals with Disabilities Education Act (IDEA) Part C and Part B Section 619 lead agency(ies);
- The state's Elementary and Secondary Education Act Title I or state pre-kindergarten program;
- The state's Preschool Development Grant Birth through Five (PDG B-5) recipient, if there is one;
- Federal programs serving young children and their families, including the Healthy Start program;
- Tribal recipients funded by HHS' ACF Tribal Home Visiting program;
- Tribal entities located in identified at-risk communities;
- U.S. Department of Housing and Urban Development-funded recipients within the state, including Continuum of Care recipients, state and local housing authorities, and other organizations that serve families that are homeless or at-risk for homelessness;
- Runaway & Homeless Youth programs, particularly those funded by ACF;
- The Office of Coordinator for Education of Homeless Children and Youths in the State authorized by the McKinney-Vento Act;
- The State Advisory Council on Early Childhood Education and Care authorized by § 642B(b)(1)(A)(i) of the Head Start Act, if applicable;
- The state's Medicaid/Children's Health Insurance program (or the person responsible for Medicaid Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program);
- The state's primary health care, medical home, and safety net provider organizations (American Academy of Pediatrics, American College of

Obstetricians and Gynecologists, HRSA-funded health centers and look-alikes, etc.);
- The state's Child Care and Development Fund (CCDF) Administrator;
- Director of the state's Head Start State Collaboration Office;
- The state's Single State Agency for Substance Abuse Services;
- The state's domestic violence coalition;
- The state's mental health agency;
- The statewide agency(ies) or local organization(s) focused on serving court-involved families, such as the Court Improvement Program, dependency courts, or family-serving problem-solving courts including infant-toddler courts;
- The statewide agency or organization focused on crime reduction, such as the State Reentry Council, State Council on Crime and Delinquency, or Association of Problem Solving Courts;
- The state's Temporary Assistance for Needy Families agency;
- The state's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program;
- The state's Supplemental Nutrition Assistance Program (SNAP) agency;
- The state's Injury Prevention and Control (Public Health Injury Surveillance and Prevention) program; and
- The state's oral health agency.

Eligible Family – The term "eligible family," under the MIECHV authorizing statute, 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.[56]

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

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.

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:

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

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

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

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

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

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

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

standardized outcomes and process measures for each target area. Each team reports on these measures monthly as they test and adapt the recommended changes.

Infant and Early Childhood Mental Health Consultation (IECMHC) – IECMHC is a prevention-based approach that pairs a mental health consultant with adults who work with infants and young children in order to equip these caregivers to facilitate children's healthy social and emotional development. IECMHC has been shown to improve children's social skills and emotional functioning, promote healthy relationships, reduce challenging behaviors, reduce the number of suspensions and expulsions, improve classroom quality, and reduce provider stress, burnout, and turnover.

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

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

Pay for Outcomes Initiative – The term "pay for outcomes initiative"[57] means a performance-based grant, contract, cooperative agreement, or other agreement awarded by a public entity in which a commitment is made to pay for improved outcomes achieved as a result of the intervention that result in social benefit and direct cost savings or cost avoidance to the public sector. Such an initiative shall include:

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

Precision Home Visiting – Precision home visiting is home visiting that differentiates what works, for whom, and in what contexts to achieve specific outcomes. It focuses on the components of home visiting services rather than on complex models of home visiting that are administered uniformly. Precision home visiting uses research to identify

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

what elements of home visiting work best for particular types of families in particular contexts. Additional information is available from the Home Visiting Applied Research Collaborative (HARC) webpage.

Promising Approach Home Visiting Model – A home visiting service delivery model that qualifies as a promising approach is defined in statute: "the model conforms to a promising and new approach to achieving the benchmark areas specified in paragraph (1)(A) and the participant outcomes described in paragraph (2)(B), has been developed or identified by a national organization or institution of higher education, and will be evaluated through well-designed and rigorous process." [58] 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 the service delivery model described in clause (i)(II)."[59]

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

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

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

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

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

parallel process, that is, attention to all of the relationships is important, including the relationships between home visitor and supervisor, between home visitor and parent, and between parent and infant/toddler. Reflective supervision supports professional and personal development of home visitors by attending to the emotional content of their work and how reactions to the content affect their work. In reflective supervision, there is often greater emphasis on the supervisor's ability to listen and wait, allowing the supervisee to discover solutions, concepts, and perceptions on his/her own without interruption from the supervisor.

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

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

- Contracts to LIAs;
- Professional development and training for LIA and other contractual staff;
- Assessment instruments/licenses;
- Participant educational supplies; and
- Participant recruitment.

Title V Needs Assessment – Title V of the Social Security Act (§ 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 5 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 age1;
2) Preventive and primary care services for children; and
3) Services for children with special health care needs.

More details are provided in Part Two, Section III.C. of the Guidance and forms of the Title V Application/Annual Report for the Title V Maternal and Child Health Services Block Grant to States Program.

Unobligated Balance – The amount of funds authorized under a federal award that the recipient (non-federal entity) has not obligated. The amount is computed by subtracting the cumulative amount of the non-federal entity's unliquidated obligations and expenditures of funds under the federal award from the cumulative amount of the funds

that the federal awarding agency or pass-through entity authorized the non-federal entity to obligate.[60]

Virtual Home Visit – The Consolidated Appropriations Act, 2021 specifies that the term ‘‘virtual home visit’’ means a home visit, as described in an applicable service delivery model, that is conducted solely by the use of electronic information and telecommunications technologies.[61]

[60] 45 CFR § 75.2
[61] P.L. 116-260 Division X, Section 10(b)