MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM BASE GRANT AWARDS

FY 2023 NON-COMPETING CONTINUATION UPDATE (NCC UPDATE)

ACTIVITY CODE: X10

EHBs ONLY ISSUANCE: April 12, 2023

EHBs SUBMISSION DEADLINE: June 28, 2023

508 COMPLIANCE DISCLAIMER

NOTE: Persons using assistive technology may not be able to fully access information in this file. For assistance, please email or call one of the HRSA staff listed in the **HRSA Contacts** section.

Purpose

This notice of Non-Competing Continuation Update (NCC Update) provides instructions for completing applications for the Fiscal Year 2023 Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program – Base Grant Awards.[1] This NCC Update is being used as a streamlined alternative to HRSA's traditional Notice of Funding Opportunity (NOFO) for this program. The NCC Update solicits key updates from you, current MIECHV recipients, about award-supported activities since the submission and approval of your FY 2022 MIECHV Formula Funding Application, as well as your proposed plans for use of FY 2023 MIECHV Base Grant Awards.

The goals of the MIECHV Program are to:

(1) strengthen and improve the programs and activities carried out under Title V of the Social Security Act;
(2) improve coordination of services within at-risk communities,[2] and
(3) identify and provide comprehensive services to improve outcomes for eligible families living in at-risk communities.

HRSA administers the MIECHV Program in partnership with the Administration for Children and Families (ACF).

The HRSA Maternal and Child Health Bureau (MCHB) administers programs with focus areas in maternal and women's health, adolescent and young adult health, perinatal and infant health, child health, and children with special health care needs. To achieve its mission of improving the health and well-being of America's mothers, children, and families, MCHB is implementing a strategic plan that includes the following four goals:

Goal 1: *Assure access to high-quality and equitable health services to optimize health and well-being for all Maternal and Child Health (MCH) populations.*
Goal 2: *Achieve health equity for MCH populations.*
Goal 3: *Strengthen public health capacity and workforce for MCH.*
Goal 4: *Maximize impact through leadership, partnership, and stewardship.*

The MIECHV program addresses MCHB's goals to *assure access to high-quality and equitable health services to optimize health and well-being for all MCH populations* and to *achieve health equity for MCH populations.* To learn more about MCHB and the bureau's strategic plan, visit https://mchb.hrsa.gov/about.

[1] The phrase "Formula Award" used in prior years has been replaced with "Base Grant Award" to align with the Social Security Act, Title V, § 511(c), as amended by Section 6101 of the Consolidated Appropriations Act, 2023 (P.L. 117-328).
[2] The phrase "at-risk communities" originates from MIECHV authorizing statute (Social Security Act, Title V, § 511); see Appendix C for additional detail. We use the term "communities" to reference areas served in the MIECHV program according to statutory requirements in this document.

Assistance Listings (AL/CFDA) Number: 93.870

Statutory Authority
MIECHV Program - Base Grant Awards are authorized by 42 U.S.C. § 711(c) (Title V, § 511(c) of the Social Security Act, as amended) to support the provision of home visiting services to eligible families by states, nonprofit organizations serving states, and U.S. jurisdictions. Section 6101 of the Consolidated Appropriations Act, 2023 (P.L. 117-328), recently amended Title V, section 511 of the Social Security Act and extended appropriated funding for the MIECHV Program through FY 2027.

Eligibility Information
Eligible applicants include all MIECHV recipients currently funded for FY 2022 under the MIECHV Program (i.e., states; six jurisdictions including the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands, and American Samoa; and nonprofit organizations). However, nonprofit organizations funded in FY 2022 under the MIECHV Program are only eligible to apply if the state for which they were funded to provide MIECHV services in FY 2022 does not apply for funding under this NCC Update.

Current Funding
In FY 2023, up to $435 million is available for awards to the 56 eligible entities that currently receive FY 2022 MIECHV formula funding to continue to deliver and expand coordinated, comprehensive, high-quality, and voluntary early childhood home visiting services to eligible families.

The following formula, defined by statute,[3] is applied to determine FY 2023 base funding available to states, nonprofit organizations, and territories:

- Base Grant Allocations–Base grant allocations available under this funding opportunity are determined by calculating each state or territory's share of U.S. children under the age of 5, using the most recent U.S. Census data available before FY 2023 for each entity[4,5].

- Guardrails–To ensure stable funding, 10 percent guardrails are applied to Base Grant Allocations. If the total grant award amount for fiscal year 2023 would result in a more than 10 percent increase or decrease over an eligible entity's formula grant award from fiscal year 2021, HRSA will adjust the amount to stay within +/- 10 percent of the amount awarded in fiscal year 2021. Any funds remaining after the guardrails are applied is redistributed on a proportional basis to each grantee.

- Minimum Base Grant Amount–There is a $1.0 million minimum Base Grant award for recipients.

[3] Social Security Act, Title V, § 511(c)(4), as amended.
[4] Bureau, U. S. C. (n.d.). Explore census data. Retrieved April 6, 2023, from https://data.census.gov/table?t=Age+and+Sex&g=0100000US$0400000&y=2021&tid=ACSST1Y2021.S0101
[5] Bureau, U. S. C. (n.d.). Explore census data. Retrieved April 6, 2023, from https://data.census.gov/table?q=United+States+decennial&t=Age+and+Sex&g=0100000US,$0400000&y=2020&tid=DECENNIALDPMP2020.DP1

Submission Information
NCC Updates must be submitted through the HRSA Electronic Handbooks (EHBs). **The total size of all uploaded files may not exceed the equivalent of 50 pages when printed by HRSA**. The page limit includes the project and budget narratives, and required attachments. Standard OMB-approved forms, such as the SF-424, SF-424A, and Project Abstract Summary forms are NOT included in the page limit. Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form (SF) "Project_Abstract Summary."

Instructions on how to submit the NCC Update will be emailed to eligible entities with award ceiling amounts on/around April 12, 2023.

Outline of Required Sections

I. Project Narrative
   A. Progress to Date and Significant Changes to Program Activities since Beginning of the FY 2022 Formula Award (X10) Period of Performance (September 30, 2022 to present)
      1. Description of Progress to Date
      2. Description of Significant Changes

   B. Proposed Activities for the FY 2023 Base Grant Award (X10) Period of Performance (September 30, 2023 to September 29, 2025)
      1. Project Abstract Summary form
      2. Assurances and Proposed Program Activities for FY 2023 Base Grant Award (X10)
      3. Work Plan
      4. Budget

II. Required Attachments (Attachments 1–6 count towards the 50-page limit)
   Attachment 1: Work Plan Timeline
   Attachment 2: MIECHV Communities, Local Implementing Agencies, and Caseload of Family Slots
   Attachment 3: Period of Availability Spreadsheet
   Attachment 4: Current Organizational Chart
   Attachment 5: *(Only if applicable)* Model Developer Documentation for Enhancements
   Attachment 6: *(Only if applicable)* Indirect Cost Rate Agreement or Cost Allocation Plan
   Attachment 7: *(Only if applicable)* New or Revised Memoranda of Understanding (MOUs) or Letters of Agreement
   Attachments 8–15: Other Relevant Documents

Required Sections

All of the following are required for a complete NCC Update application package. You must upload a complete application into the HRSA EHBs to be considered for funding. NOTE: Please read instructions carefully and report only on the specific MIECHV award(s) and period of performance referenced in each section.

Project Narrative

A. Progress Highlights and Significant Changes to Program Activities Since Beginning of the FY 2022 Formula Award (X10) Period of Performance (September 30, 2022 to present)

This section calls for a report of one to three progress highlights any significant changes to program activities since the beginning of the FY 2022 award period of performance (September 30, 2022), through the date of this NCC Update submission.[6]

In this section:

1. Provide one to three progress highlights related to the goals and objectives proposed in your FY 2022 Formula Award work plan. Describe any barriers to meeting your proposed goals and objectives and strategies/steps taken to resolve such challenges.

2. Provide a brief **description of any significant changes** in your implementation of the program since September 30, 2022, or clearly state if there have been no significant changes. Specifically identify any changes related to the following:
   - Goals, objectives, major activities, or budget, including those changes under the FY 2022 Formula Award that have occurred as a result of the COVID-19 public health emergency or HRSA-approved re-budgeting or program changes;
   - Model selection;
   - Model enhancements to a MIECHV-funded home visiting model that do not alter the core components of the model (which has been documented through submission of a letter of concurrence from the model developer);
   - Coordination with comprehensive statewide and local early childhood systems;
   - Caseload;
   - Staffing plans, including changes to key personnel and, if applicable, a discussion of any vacancies or difficulties in hiring or retaining staff;
   - Communities served, including changes made as a result of your approved 2020 MIECHV statewide needs assessment update; and
   - Changes to subrecipients or local implementation sites that perform all or part of the work of the grant, including changes to contracts with local implementing agencies (LIAs[7]), closing of existing LIAs, or establishment of new LIAs.

B. Proposed Activities for the FY 2023 Base Grant Award (X10) Period of Performance (September 30, 2023 to September 29, 2025)

This section provides instructions for submission of a project abstract, assurances of compliance with Program Expectations and Funding Restrictions (see Box 1), proposed activities, a work plan, and a budget for the FY 2023 period of performance.

[6] The entire period of performance for FY 2022 Formula Awards (X10) extends from September 30, 2022 to September 29, 2024.
[7] Note: the term “local implementing agency” includes local sites operated by recipient staff.

1. **Project Abstract Summary**
   Use the Standard OMB-approved Project Abstract Summary Form. Do not upload the abstract as an attachment or it may be counted toward the page limitation. See Section 4.1.ix of HRSA's *SF-424 Application Guide.*

   Start with the information below and provide a summary of proposed activities for the FY 2023 Base Grant Award (X10) period of performance in the Project Abstract box of the Project Abstract Summary Form using 4,000 characters or less.

   - Address
   - Project Director Name
   - Contact Phone Numbers (Voice, Fax)
   - Email Address
   - Website Address, if applicable
   - List all grant program funds requested in the application, if applicable

   Because the abstract is often distributed to provide information to the public and Congress, prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USAspending.gov.

   Include the following sections:

   a. Purpose: Provide a brief description (three-to-five-sentences) of the proposed project including the population and/or community needs to be addressed, the proposed services, the population group(s) to be served, and plans for use of additional funding to expand or improve home visiting service delivery.

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

   c. Methodology: Briefly describe the major methods and activities used to attain the goal(s) and objectives, including:
      i. Selected eligible evidence-based models and promising approaches implemented with MIECHV grant funds;
      ii. Communities to be served, and any specific target population group(s) within those communities, based on the approved 2020 statewide needs assessment update;
      iii. Proposed caseload of MIECHV family slots (associated with the maximum service capacity[8]) for each federal fiscal year within the FY 2023 Base Grant Award period of performance (9/30/23-9/29/24 and 9/30/24-9/29/25);
      iv. Current caseload of MIECHV family slots (associated with the maximum service capacity reported in Form 4);

[8] Maximum service capacity, reported quarterly in Form 4, 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. Maximum service capacity is equivalent to the caseload of family slots approved by HRSA.

v. Key activities to ensure appropriate linkages and referral networks to other community resources and supports, as well as comprehensive statewide early childhood systems, to support eligible families served by the project.

2. Assurances and Proposed Program Activities for FY 2023 Base Grant Award (X10)

In this section:

a. Program expectations: Include a statement assuring compliance with *each* of the Program Expectations listed in Box 1 (see additional details in Appendix A). If you believe a program expectation does not apply to your program, please clearly make a statement to that effect, including justification/explanation. You must adhere with all statutory and relevant program requirements.

b. Deobligations: If you had more than 25 percent deobligation[9] of FY 2020 MIECHV formula grant funds, describe actions you plan to take to avoid deobligations of active MIECHV Formula Awards (i.e., FY 2021 and FY 2022) and the future FY 2023 Base Grant Award for which you are applying.

c. Maintenance of Effort (MOE): You are required to accurately report maintenance of effort for fiscal year 2023. Include the total amount of non-federal funds (State General Funds) obligated for evidence-based home visiting and home visiting initiatives by the recipient entity administering the MIECHV award. Include an explanation for any decreases in state funding.

Also provide an assurance that, for fiscal year 2023, funding will be maintained at a level that is not less than expenditures for these home visiting activities in fiscal year 2019 or 2021, whichever is the lesser.[10] HRSA will publish these amounts in the Federal Register no later than June 30, 2023.[11] **You are required to meet the MOE requirement in order to receive MIECHV award funding for FY 2023**. If the requirement is not met, you must describe the extenuating circumstance leading to the non-compliance. Refer to Appendix A for a detailed description of the MOE statutory requirement.

Box 1: Assurances Required for Program Expectations

- Priority for Serving Populations at Risk for Poor Maternal and Child Health Outcomes
- Voluntary Services
- Enrollment
- Maintenance of Effort
- Use of Grant to Provide or Support Targeted, Intensive Home Visiting Services
- Selection of Home Visiting Service Delivery Model(s)
- Fidelity to Home Visiting Service Delivery Model(s)
- Model Enhancements
- Early Childhood Systems Coordination and Collaboration
- Non-duplication with Tribal MIECHV Program
- High-Quality Supervision
- Subrecipient Monitoring
- Limit on Use of Funds to Support Direct Medical, Dental, Mental Health, or Legal Services

[9] Deobligated funds are those MIECHV award funds that were awarded but remained unobligated by the recipient at the end of the period of performance and therefore returned to the Federal Government.
[10] Social Security Act, Title V, § 511(f), as amended.
[11] Social Security Act, Title V, § 511(f)(2), as amended.

d. Targeted, Intensive Home Visiting Services: Provide an assurance that the award is used to provide or support targeted, intensive home visiting services for the priority populations described in statute.[12]

e. Plan overview: Provide an overview of your plans for the FY 2023 Base Grant Award (September 30, 2023 to September 29, 2025).
   i. State the goal(s) and objectives for the period of performance. Typically, the goal(s) are stated in a sentence, and the objectives are presented in a numbered list. Objectives should support progress toward goals. Utilize the SMARTIE framework (specific, measurable, achievable, realistic, time-bound, inclusive, and equitable),[13] as feasible.
   ii. Provide an overview of all major activities planned to achieve your goal(s) and objectives. (NOTE: Proposed activities must be in compliance with MIECHV statute and Program Expectations and Funding Restrictions detailed in Appendix A. Activities must not be duplicative with other federally-funded projects.) Include a work plan timeline for completing these activities as Attachment 1 (see instructions below). The overview should include:
      1. Plans for use of additional funding, which may include expansion or improvement of quality of home visiting services; increased family engagement; retaining or strengthening the home visiting workforce; or continuation of service delivery supported with MIECHV American Rescue Plan (ARP) Awards, community readiness assessment and capacity building, or other activities.
      2. Indicate any significant changes from your FY 2022 Formula Award and provide a brief explanation of each change. HRSA recommends the use of specific annotations (e.g., marking elements as "new") or formatting (e.g., bold or italics) to indicate changes.

f. Discontinued communities: Identify any communities[14] that are currently being served with MIECHV Formula Award funds, for which you propose to *discontinue* services under the FY 2023 MIECHV Base Grant Award, or clearly state if you will not discontinue services to any communities.
   i. Explain why you decided to discontinue services in these communities, using information from your approved 2020 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, as applicable.

g. New communities: Identify any communities that you do not currently serve with MIECHV formula award funds that you intend to *newly serve* beginning with FY 2023 MIECHV Base Grant Award funds, or clearly state if you do not intend to serve new communities with FY 2023 Base Grant Award funds. List all communities to be served under the FY 2023 MIECHV Base Grant Award in Attachment 2. Note that all communities served must be within areas identified as

[12] Social Security Act, Title V, § 511(d)(3)(B), as amended.
[13] Example of SMARTIE goal objectives from National Breast and Cervical Cancer Early Detection Program. Centers for Disease Control and Prevention. "Writing Effective Objectives" Available at: https://www.cdc.gov/cancer/nbccedp/pdf/smartie-objectives-508.pdf
[14] The term "communities" is operationalized as counties, county equivalents, or sub-territory geographic units identified as at-risk in Table 7 of the approved 2020 statewide needs assessment update, or specific communities within these areas (including tribal communities). See Appendix C for additional details.

at-risk for poor maternal and child health outcomes in the approved 2020 statewide needs assessment update, as required under the MIECHV authorizing statute.[15] If proposing new communities:

i. Explain why you propose to provide services in these new communities that are not currently being served with MIECHV formula funds, and discuss factors that led you to prioritize these communities. Describe your plans to notifiy the model developer(s) of your intent to initiate services in these communities.

ii. Describe the community readiness and capacity to provide home visiting services within these communities, including:
   - how you determined readiness (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);
   - any major existing or anticipated barriers to providing home visiting services in the selected communities and plans to address those barriers; and
   - how early childhood systems and community service infrastructure will be available to support the implementation of MIECHV home visiting.

h. Subpopulations: Identify any new subpopulations of eligible families that you intend to prioritize in your activities. Describe the factors that led you to select these subpopulations, including any relevant findings from your approved 2020 statewide needs assessment update.
   - If you intend to serve tribal communities, including existing communities or any new communities you intend to serve, describe relevant activities, including collaboration with tribal representatives or ACF Tribal MIECHV Program recipients. (NOTE: These services must not be duplicative of, but rather coordinated with, any services provided by the Tribal MIECHV Program in these communities, if applicable.)

i. Family engagement and leadership: Identify key activities that support parent, caregiver, or family engagement and leadership to ensure high-quality services within statewide or local early childhood systems. Include any efforts to engage diverse family and community representatives in leadership and advisory roles and to support their meaningful and equitable participation.

j. Social determinants of health: Identify key activities or strategies that will advance health equity for families you serve. Include any coordination and collaboration with early childhood systems partners to address inequity and disparities in outcomes for families. Recipients should identify specific social determinants of health of focus, such as family economic supports; institutional and personal bias; family access and linkage to nutrition, behavioral health, maternal health, early care and education, oral health, and family violence services; and other supports that address social determinants of health as highlighted in Appendix A.

k. Model enhancements: If you propose any model enhancements implemented in the context of a MIECHV-funded home visiting model, provide a summary of the enhancement(s) to be implemented, including which LIAs will use the enhancement(s) and any training that has been or will be completed. Provide documentation of model developer concurrence as **Attachment 5** prior to

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

implementing an enhancement**.** Otherwise, clearly state that you are not implementing a model enhancement.

l. Recruitment and retention of staff: Briefly describe how you will plan for and address recruitment and retention of qualified staff at the recipient and local levels, including professional development activities and any efforts to address staffing vacancies or other staffing challenges (e.g., reassignments). In particular, highlight efforts to promote staff well-being and diversity, as well as to promote competitive compensation for staff, including wages and benefits.
   i. Describe any proposed changes to key staff at the recipient level beginning with the FY 2023 Base Grant Award period of performance.
   ii. Provide a current project organizational chart with position titles, names and vacancies noted, contractors, and other significant collaborators as **Attachment 4**. Include staff biographies and resumes for any new key staffing positions as one of the additional required attachments (**Attachments 8–15**) (for more information on key staffing positions, see the budget narrative instructions for personnel costs).

m. Partnership agreements: Describe any key changes to required or other high-priority partnerships (as described in Appendix A), or clearly state if there are no changes.
   i. Provide an assurance that you have reviewed, and updated, as appropriate, all written agreements with required partners within the last 3 years. If updated written agreements are needed, provide assurance that you will submit the required agreements to HRSA no later than October 30, 2023.
   ii. Describe any challenges experienced related to maintaining required partnerships or written agreements and plans to address those challenges; otherwise state if you have not experienced challenges.

n. Project sustainability: Describe how your state is leveraging other funding sources, such as public insurance financing or braiding of funds across programs, to support evidence-based home visiting. Specifically, describe any alignment or braiding of funds with the following: Medicaid, the Title V Maternal and Child Health (MCH) Block Grant, Title IV-E Prevention Program funds as described in the Family First Prevention Services Act (FFPSA), the Preschool Development Grant Birth-through-Five (PDG B-5), and Early Childhood Comprehensive Systems (ECCS).

o. Caseload method: Identify which caseload method (Home Visitor Personnel Cost Method or Enrollment Slot Method) you will utilize (See Glossary of Selected Terms for more information about identifying MIECHV families and approved caseload methods). Please describe why you have chosen this approach. Note that you will use this method to propose a caseload of family slots in this NCC update **and** to define MIECHV families for the purposes of reporting to HRSA on performance reporting Forms 1, 2, and 4. Caseload data should reflect the caseload supported with MIECHV Base Grant Funding, and should not include American Rescue Plan (ARP) supported caseload.

p. Pay for outcomes: If you intend to implement a pay for outcomes (PFO) initiative, describe any past or proposed activities that would support such an initiative, such as a feasibility study, third party evaluation, and outcome payments. Refer to Appendix A for additional instructions.

q. Evaluations: HRSA encourages you to continue coordinated state evaluations supported by your FY 2021 and FY 2022 Formula Awards. Provide a statement indicating whether you plan to continue or conduct any of the following evaluations:

i. A new promising approach evaluation;
ii. A continuing promising approach evaluation; and/or
iii. A continuation of an existing coordinated state evaluation (CSE) originally proposed under your FY 2021 Formula Award. HRSA encourages you to continue your existing CSEs from one of four identified priority topic areas (family engagement and health equity, implementation quality/fidelity, maternal health, and workforce development), in coordination with other MIECHV recipients, and with support from the HRSA-funded technical assistance center.

If you plan to conduct any of the above, follow the instructions in Table 1 for each planned evaluation. Otherwise, clearly state if you do not propose to conduct any of these evaluations with the FY 2023 Base Grant Award, including if you will discontinue a previously approved CSE. Refer to Appendix A of HRSA-21-050 for complete information on HRSA's expectations for research and evaluation activities.

NOTE: Recipients that propose implementation of a promising approach are required to conduct a rigorous evaluation of that approach.[16]

If you propose an evaluation, you must include a budget narrative and detailed line item breakdown as part of the overall budget for evaluation expenses. For details, see the evaluation budget instructions in the **Budget Narrative** section.

Table 1: Instructions for proposing an evaluation

If you propose:	Describe:
To begin implementation of a home visiting model that qualifies as a promising approach with FY 2023 Base Grant funds and conduct a new promising approach evaluation	• The purpose and the focus of the evaluation • 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 Appendix A for a description of the statutory Limit on Funds for Conducting and Evaluating a Promising Approach.**
To continue an existing promising approach evaluation(s)	• The rationale for continuing the evaluation • Any enhancements or modifications to the existing evaluation

[16] Social Security Act, Title V, § 511(d)(3)(A)(i)(II

If you propose:	Describe:
To continue an existing coordinated state evaluation originally proposed under the FY 2021 Formula Award	• Confirm that you are continuing your CSE with FY 2023 formula funds.

3. Work Plan

For this section, include the following as attachments:

a. **Attachment 1: Work Plan Timeline:** Provide a work plan timeline that includes: 1) a list of key activities to achieve each of the objectives proposed; 2) anticipated outputs; 3) responsible staff for each activity; and 4) timelines for completion. The work plan timeline must extend across the period of performance (September 30, 2023 through September 29, 2025) and include start and completion dates for activities.

b. **Attachment 2: MIECHV Communities, Local Implementing Agencies, and Caseload of Family Slots:** Provide a list of each LIA. For each LIA, identify the:

i. County/ies, County Equivalent or Tribal entity(ies) the LIA will serve (in whole or in part; these must align with areas listed in Table 7 of your approved 2020 statewide needs assessment update);
ii. Evidence-based model(s) and/or promising approach models the LIA will implement;
iii. Number of families the LIA cumulatively served from 10/1/2021 through 9/30/2022;
iv. Current caseload of MIECHV family slots (maximum service capacity) from 10/1/2022 through 9/30/2023 by model;
v. Proposed caseload of MIECHV family slots (maximum service capacity) for Year 1 (10/1/2023 through 9/30/2024) by model;
vi. Proposed caseload of MIECHV family slots (maximum service capacity) for Year 2 (10/1/2024 through 9/30/2025) by model; and
vii. Estimated cost per family slot using proposed caseload from 10/1/2023 through 9/30/2025;

Make your best estimates of proposed caseloads assuming stable Base Grant funding from FY 2023 to FY 2025. You may request revisions to caseloads should there be changes in future funding.

NOTE: Caseloads reported in this attachment must align with numbers reported in the abstract.

4. Budget

Prior to completing this NCC Update, see Program Expectations and Funding Restrictions in Appendix A for complete descriptions of the following types of expenditures:

- Limit on Funds to Support Direct Medical, Dental, Mental Health, or Legal Services;
- Statutory Limit on Use of Funds for Administrative Costs;[17]
- Limit on Use of Funds for Recipient-Level Infrastructure Expenditures; and

[17] Social Security Act, Title V, § 511(d)(6), as amended.

- Statutory Limit on Funds for Conducting a Program Using a Promising Approach (including Evaluation of the Program).[18]

NOTE: Please do not include prior year MIECHV formula funds or funds from other MIECHV awards (e.g., MIECHV ARP awards) in the SF-424A or the budget narrative.

***If you are requesting MIECHV Base Grant funds for the purpose of a PFO initiative, please disregard this section and refer to the PFO Budget Instructions located on the HRSA website.**

Period of Availability
Funds awarded to you for a federal fiscal year under this NCC Update shall remain available for expenditure through the end of the second succeeding federal fiscal year after award. **The period of performance/budget period is 2 years,** September 30, 2023 through September 29, 2025. You must demonstrate that home visiting services will be made available for 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: award funds that have not been obligated for expenditure by the recipient during the period of availability for use of such funds will be de-obligated. FY 2023 funds must be obligated by recipients no later than September 29, 2025, and such obligations must be liquidated by December 31, 2025.

Key Requirements
You must have adequate financial management systems and internal controls to manage federal awards. You are responsible for reviewing subrecipients' and local sites' budgets according to all applicable recipient policies and procedures and for ensuring adequate post award monitoring of activities and expenditures.[19] The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards under the Code of Federal Regulations (CFR), 45 CFR part 75, applies to all federal funds associated with this award.
Required Submissions

a. **Budget Forms**
Complete Application Form SF-424A Budget Information – Non-Construction Programs in the EHBs. **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, 2023 through September 29, 2025.

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*.

[18] Social Security Act, Title V, § 511(d)(3)(A).
[19] Recipients must show they are meeting all MIECHV monitoring requirements, regardless of the type of relationship they have with their implementing agencies.

(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 2023 (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 performance of FY 2023 funds. Do not separately report budget amounts for each year of the award period. Use of column (2) is reserved for PFO budgets only.

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. Provide a reasonable estimate of costs within each budget line and how you came to that estimate. Line item information must align with and explain the costs entered in the SF-424A and Period of Availability Spreadsheet as **Attachment 3** (discussed later).

Include the following in the Budget Narrative:

i. 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:

- The full name of each staff member (or indicate a vacancy);
- Position title with description of role and responsibilities;
- Percentage of full-time equivalency (FTE) dedicated to this MIECHV award;[20]
- Annual/base salary;
- Federal amount requested; and
- If in-kind contributions, 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.

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 the nature of the relationship between the parties, even if that relationship does not involve a salary or other form of remuneration.

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

[20] Total percent of effort for each personnel funded under this award must not exceed a sum of 100 percent FTE on all federally funded projects.

ii. Travel: Travel expenses may include local and long distance travel associated with participating in meetings that address home visiting efforts, other proposed trainings or workshops, and monitoring visits to LIAs. You must budget for at least one in-person All Grantee Meeting in the Washington, DC area for up to five people for 5 days during the entirety of the period of performance (once every two years). **Meeting attendance is a grant requirement.** If you are applying to continue your participation in a CSE 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 all recipients conducting a CSE**.

iii. 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.

iv. Contractual: List each planned contract, including:

- A clear explanation of the purpose of the contract;
- How the costs were estimated;
- The specific contract deliverables;
- 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
- Narrative justification that explains the need for each contractual agreement and how it relates to the overall project.

HRSA may request a more detailed, line-item breakdown for each contract. Costs for contracts must be broken down in detail as described above. For more information on subawards and subrecipient monitoring, see Appendix A.

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 subrecipient LIAs must have a written plan in place for subrecipient monitoring and must actively monitor subrecipients. See Appendix A for a complete description of subrecipient monitoring.)

v. 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, etc.). 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 if 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:

i. Administrative costs: A description of activities and detailed line-item breakdown of administrative costs, as applicable, incurred through administering the MIECHV award. Include the **estimated percentage** of the FY 2023 MIECHV Base Grant Award planned to support these activities. No more than 10 percent of funds may be used to cover the costs of administration.[21] An exception may be granted for up to 15 percent of funds to be used for the costs of administration if you: 1) directly provide home visits to eligible families and without a subrecipient; 2) are in the process of expanding to new communities identified through your needs assessment; or 3) are new to administering the MIECHV award within the past three years.[22] If you anticipate incurring administrative costs greater than 10 percent of the total Base Grant Award, meet one of these three criteria above, and wish to request an exception to the limit on administrative costs, you must describe why you are requesting an exception in the Budget Narrative. (*For a complete definition and examples of administrative costs, see Appendix A.)*

ii. Recipient-level infrastructure costs: A description of activities and an estimate of the total costs for recipient-level infrastructure, as applicable, to enable the delivery of targeted and intensive home visiting services, including but not limited to administrative costs as referenced in the preceding paragraph. Also, include the **estimated percentage** (at no more than 25 percent, inclusive of administrative costs as described above) of the FY 2023 MIECHV Base Grant Award planned to support those activities. (*For a complete definition and examples of recipient-level infrastructure expenditures, see Appendix A.)*

iii. Evaluation activities (as applicable)**:** If you propose any state-led evaluation activities (as described above in the "Assurances and Proposed Program Activities" section of the Project Narrative), **you must include a budget narrative with justification and rationale for the proposed evaluation budget and detailed line item breakdown 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. 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.

[21] Social Security Act, Title V, § 511(d)(6)(A), as amended.
[22] Social Security Act, Title V, § 511(d)(6)(B), as amended.

c. **Attachment 3: Period of Availability Spreadsheet**

The purpose of this spreadsheet is to support verification that MIECHV Base Grant funds will be budgeted to last through the full 2-year period of availability. Recipients are not required to budget FY 2023 Base Grant funds in Year 1 of the period of performance.

Submit a spreadsheet, labeled as **Attachment 3 – 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 availability (9/30/2023 to 9/29/2025), as well as an additional column that indicates how funds remaining from the previous FY 2022 MIECHV formula award are proposed to be spent in Year 1 by object class category (e.g., personnel, fringe, travel).

For example:
FY 2022 MIECHV Formula Award (Year 1 of the FY 2023 period of performance) (for budgetary purposes: September 30, 2023 to September 29, 2024)
Column 1: Remaining funding from FY 2022 MIECHV formula award to be spent in Year 1 of the FY 2023 period of performance

FY 2023 MIECHV Base Grant Award - Year 1 (for budgetary purposes: September 30, 2023 to September 29, 2024)
Column 2: FY 2023 MIECHV Base Grant Award Year 1 proposed spending

FY 2023 MIECHV Base Grant Award - Year 2 (for budgetary purposes: September 30, 2024 to September 29, 2025)
Column 3: FY 2023 MIECHV Base Grant Award Year 2 proposed spending

Required Attachments
You may upload only the attachments listed below with the NCC Update submission (no more than 15 total attachments). Each attachment must contain the Project Title, Organization Name, and Primary Contact Name. You must ensure each attachment is correctly labeled and uploaded in the "Attachments" section in the EHBs as follows:

- Attachment 1: Work Plan Timeline
- Attachment 2: MIECHV Communities, Service Delivery Model, Local Implementing Agencies, and Caseload of Family Slots
- Attachment 3: Period of Availability Spreadsheet
- Attachment 4: Current Organizational Chart
- Attachment 5: *(Only if applicable)* Model Developer Documentation for Enhancements
- Attachment 6: *(Only if applicable)* Indirect Cost Rate Agreement or Cost Allocation Plan
- Attachment 7: *(Only if applicable)* New or Revised MOUs or Letters of Agreement
- Attachments 8–15: Other Relevant Documents

Administrative and National Policy Requirements

Accessibility Provisions and Non-Discrimination Requirements
Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the award, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.

- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.

- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.

- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-

protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit OCRDI's website to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

HRSA Contacts

You are encouraged to request assistance, if needed, when submitting your NCC Update. Please contact your HRSA Project Officer to obtain additional information regarding overall program issues.

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Health Resources and Services Administration
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You may obtain additional information regarding business, administrative, or fiscal issues related to this NCC Update by contacting your Grants Management Specialist.

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You may need assistance when working online to submit information electronically through HRSA's EHBs. For assistance (i.e., technical system issues), contact the HRSA Contact Center, Monday through Friday, 7 a.m. to 8 p.m. ET:

HRSA Contact Center
Phone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Website: http://www.hrsa.gov/about/contact/ehbhelp.aspx

The EHBs login process is changing May 26, 2023 for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs will use **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must create a Login.gov account by May 25, 2023 to prepare for the new login process. For step-by-step instructions on creating a Login.gov account refer to the EHBs Wiki Help page.

APPENDIX A: Program Expectations and Funding Restrictions

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Priority Population Recruitment and Enrollment

Priority for Serving High-Risk Populations

All communities served must be within areas identified as at-risk for poor maternal and child health outcomes in the MIECHV 2020 approved statewide needs assessment update, as required under the program's authorizing statute.

Recipients must give priority in providing services under the MIECHV Program to priority populations outlined in statute.[23] See page 27 of the FY 2022 MIECHV NCC Update for more information on priority populations.

Enrollment
Recipients must implement home visiting programs primarily through one or more selected evidence-based service delivery models approved by HRSA for this purpose, as further described below.[24] See pages 27-28 of the FY 2022 MIECHV NCC Update for more information on enrollment.

Implementing Evidence-Based Home Visiting Models

Selection of Home Visiting Service Delivery Model(s)
Delivery of targeted, intensive and evidence-based home visiting services to at-risk populations is the primary focus of the MIECHV Program.[25] As noted above, the MIECHV statute reserves the majority of funding for the delivery of these services through implementation of one or more evidence-based home visiting service delivery models.[26] See page 28 of the FY 2022 MIECHV NCC Update for more information on home visiting service delivery model selection and implementation.

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. See pages 28-29 of the FY 2022 MIECHV NCC Update for more information on model fidelity.

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 MIECHV communities or certain eligible families that does not alter the model's core components, as defined by the model. See page 29 of the FY 2022 MIECHV NCC Update for more information on model enhancements.

Prior to implementation, recipients that wish to adopt enhancements to a model must submit documentation of concurrence (**Attachment 5**) that the enhancement does not alter core components related to program impacts from the national model developer(s) and receive approval from HRSA. NOTE: Temporary changes to the model made by the model developer due to an emergency are not model enhancements.

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[23] Social Security Act, Title V, § 511(d)(5).
[24] Social Security Act, Title V, § 511(d)(3).
[25] Social Security Act, Title V, § 511(d)(3)(B), as amended.
[26] Social Security Act, Title V, § 511(d)(3)(A) identifies various specific criteria applicable to such evidence-based home visiting models.

Eligible Evidence-Based Models
You may select one or more of the evidence-based service delivery models from the list below. These models have met HHS criteria for evidence of effectiveness as of the date of this publication:[27]

(Models 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
- Intervention Nurses Start Infants Growing on Healthy Trajectories
- Maternal Early Childhood Sustained Home Visiting Program
- Maternal Infant Health Outreach Worker
- Maternal Infant Health Program
- Nurse-Family Partnership
- Parents as Teachers
- Play and Learning Strategies – Infant
- Promoting First Relationships – Home Visiting Intervention Model
- SafeCare Augmented
- Video Feedback Intervention to Promote Positive Parenting
- Video Feedback Intervention to Promote Positive Parenting and Sensitive Discipline

Systems Coordination

Early Childhood Systems Coordination and Collaboration
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.[28] See pages 30-31 of the FY 2022 MIECHV NCC Update for more information on early childhood systems coordination and collaboration.

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 or memoranda of understanding

[27] Visit HHS Home Visiting Evidence of Effectiveness (HomVEE) website for the most up-to-date list of approved home visiting models.
[28] Social Security Act, Title V, § 511(b)(1)(B).

(MOUs). See pages 31-32 of the FY 2022 MIECHV NCC Update for more information on written agreements.

Implementation Oversight

High-Quality Supervision
Recipients must maintain high-quality supervision[29] to establish home visitor competencies. See page 32 of the FY 2022 MIECHV NCC Update for more information on high quality supervision.

Subrecipient Monitoring
Recipients must monitor subrecipient performance for compliance with federal requirements and performance expectations, including timely Federal Funding Accountability and Transparency Act (FFATA) reporting. (For additional information regarding Subrecipient Monitoring and Management, see 45 CFR 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). Timely FFATA reporting is required by the federal award 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*.

See pages 32-33 of the FY 2022 MIECHV NCC Update for more information on subrecipient monitoring.

HRSA Operational Site Visits
HRSA conducts operational site visits with MIECHV recipients not less than every 5 years to assess recipient compliance with MIECHV statutory and programmatic requirements. Pursuant to 45 CFR § 75.364. See page 33 of the FY 2022 MIECHV NCC Update for more information on HRSA operational site visits.

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.[30] For a description of what the TA system supports, please see the MIECHV Program Technical Assistance webpage. HRSA expects recipients to engage with TA providers at least once annually to assess TA priorities and needs. See page 33 of the FY 2022 MIECHV NCC Update for more information on MIECHV TA.

Budgeting and Limitations of Use of Funds

Maintenance of Effort (MOE)
To demonstrate compliance with this requirement for MOE, you must maintain non-federal funding for evidence-based home visiting and home visiting initiatives, obligated for activities proposed in this FY 2023 NCC Update, at a level that is not less than expenditures for such activities in state fiscal year 2019 or 2021, whichever is the lesser.[31] HRSA will publish these amounts in the Federal Register no later than June 30, 2023.[32]

[29] Social Security Act, Title V, § 511(d)(3)(C)(iii), as amended.
[30] Social Security Act, Title V, § 511(c)(5).
[31] Social Security Act, Title V, § 511(f), as amended.
[32] Social Security Act, Title V, § 511(f)(2), as amended.

You must meet the MOE requirement in order to receive MIECHV award funding for FY 2023. In exceptional circumstances where a recipient fails to meet the MOE requirement, a recipient may be granted a grace period[33] to come into compliance, and in such circumstances, will be provided with technical assistance from HRSA to assist in doing so.

For the purposes of the MOE requirement in this NCC Update, non-federal funding is defined as state general funds, including in-kind, obligated only by the recipient entity administering the MIECHV award and not by other state agencies. In addition, home visiting is defined as an evidence-based program implemented in response to findings from an 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 steps reasonably available for this purpose and should provide appropriate documentation from the state supporting its accomplishment of the MOE requirement.

You are required to accurately report MOE for state fiscal year 2023 in the Assurances and Proposed Program Activities for FY 2023 Base Grant Formula Award (X10) section of your application. As a reminder, recipients may NOT consider any Title V funding used for evidence-based home visiting as part of the MOE demonstration. Recipients should only include state general funds expended by the recipient entity administering the MIECHV award and not by other state agencies.

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

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 Administrative Costs
Use of MIECHV award funding is subject to a limit on administrative costs, as further described below. No more than 10 percent of the award amount may be used for administering the award.[34] You must develop and implement a plan to determine and monitor administrative costs to ensure costs do not exceed the 10 percent cap.

For purposes of this NCC Update, the term "administrative costs" refers to the costs of administering the MIECHV award incurred by the recipient, but does not include the costs of delivering such home visiting services. This 10 percent limit is <u>not</u> a limit on indirect costs (also known as "facilities and administration costs").

MIECHV administrative costs include, but may not be limited to, the following:

[33] Social Security Act, Title V, § 511(f)(3), as amended.
[34] Social Security Act, Title V, § 511(d)(6)(A), as amended.

- Reporting costs (MCHB Administrative Forms in HRSA's EHBs, Home Visiting Information System, Federal Financial Report, and other reports required by HRSA as a condition of the award);
- Project-specific accounting and financial management;
- Payment Management System drawdowns and quarterly reporting;
- Time spent working with the HRSA Grants Management Specialist and HRSA Project Officer;
- Subrecipient or local site 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: This 10 percent federal cap on administrative costs does not flow down to subrecipients. This is not a cap on the negotiated indirect cost rate.

A recipient may be granted an exception to limit their use of funds for administrative costs at 15 percent of the total award (instead of the aforementioned 10 percent limit on administrative costs) if the recipient: 1) directly provides home visits to eligible families and without a subrecipient; 2) is in the process of expanding to new communities; or 3) is new to administering MIECHV within the past 3 years.[35] If you anticipate incurring administrative costs greater than 10 percent of the total award, meet one of these three criteria above, and wish to request an exception to the limit on administrative costs, you must describe your reasoning for requesting an exception in the Budget Narrative section.

Limit on Use of Funds for Recipient-Level Infrastructure Expenditures
No more than 25 percent of the award amount may be spent on recipient-level infrastructure expenditures necessary to enable recipients to deliver targeted and intensive home visiting services.

For purposes of this NCC Update, the term "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 costs related to programmatic activities, indirect costs, MIECHV administrative costs (with a 10 percent limit), and other items. It also includes indirect costs incurred for objectives that cannot be identified specifically with a particular project, program, or activity.

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;
- Continuous quality improvement (CQI) and assurance activities, including development of CQI and related plans;
- Technical assistance provided by the recipient to the LIAs;
- Information technology including data systems;

[35] Social Security Act, Title V, § 511(d)(6)(B), as amended.

- Coordination with comprehensive statewide early childhood systems;
- Administrative costs (further subject to a 10 percent limit); 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).[36]

NOTE: The limit on recipient-level infrastructure expenditures 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 (CSE) activities; or
- 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 costs.

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 in order to provide general assurances that this limit is not exceeded. Recipients should maximize efficiencies in infrastructure expenditures to increase the proportion of the award budgeted for home visiting services costs. Detailed line-item budgets or documentation of expenditures regarding this limit **are not required**.

Limit on Use of Funds for Conducting and Evaluating a Promising Approach
No more than 25 percent of the MIECHV 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.[37] This 25 percent limit on expenditures pertains to the total funds awarded to the recipient for the fiscal year.

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

[36] See the Uniform Administrative Requirements at 45 CFR part 75.
[37] Social Security Act, Title V, § 511 (d)(3)(A)(ii).

assistance resources are available on the MIECHV Data, and Continuous Quality Improvement webpage).

Beginning with the FY 2021 period of performance, HRSA requires 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 created three HV-BAT reporting cohorts to ensure that information collected each year represents the diversity in home visiting participant and recipient characteristics. Recipients in Cohort 2 are required to submit HV-BAT data during the first year of their FY 2023 award (by March 31, 2024). Recipients in Cohort 3 are required to submit HV-BAT data during the first year of their FY 2024 award (by March 31, 2025). HRSA is engaging awardees to assess the adequacy of existing TA resources and make process improvements to the submission and review requirements. 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 and Continuous Quality Improvement webpage.

Prohibition on certain telecommunications and video surveillance services or equipment
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.

Health Equity

HRSA recommends recipients implement home visiting program strategies that contribute to equitable programmatic improvements and reduce disparities in family outcomes in MIECHV benchmark areas. This aligns with HRSA's strategic goal to achieve health equity and enhance population health, MCHB's strategic goal to achieve health equity for maternal and child health populations, and the Biden-Harris Administration's commitment to "pursue a comprehensive approach to advancing equity for all, including people of color and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality". [38] Recipients may wish to prioritize health equity activities that address workforce capacity, community partnerships, and engaging caregivers as leaders. Awardees can use technical assistance resources (e.g. HV-CoIIN) to support the advancement of these and other health equity related activities.

As a way to promote and advance health equity, HRSA strongly encourages recipients to develop health equity action plans. These action plans can identify home visiting implementation strategies that can advance health equity by addressing social determinants of health and reducing disparities in family outcomes in MIECHV benchmark areas. Additionally they should

[38] Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf.

consider the role of home visiting services and coordination with comprehensive statewide and local early childhood systems in identifying and addressing the social determinants of health in their project planning, implementation, and/or evaluation and propose specific activities to further define, support, or evaluate those efforts.

Home visiting implementation strategies that may advance health equity include, but are not limited to:

- Collecting and analyzing program data to identify key health disparities and the root causes of inequity;
- Engaging family and community representatives in advisory and collaborative roles;
- Providing leadership development opportunities and compensation for families and family representatives participating in the development opportunities;
- Engaging diverse referral partners and other implementation partners, including those that support access to services that address social determinants of health;
- Recruiting and retaining a diverse workforce that can provide culturally and linguistically appropriate services, including members that are representative of communities served;
- Leveraging Continuous Quality Improvement (CQI) activities to identify, address, and mitigate systemic barriers; and
- Promoting comprehensive, trauma-informed, and multi-generational approaches to service delivery and coordination.

Data and Evaluation

Data Exchange Standards for Improved Data Interoperability
Section 50606 of the Bipartisan Budget Act of 2018 provides 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.[39] See page 38 of the FY 2022 MIECHV NCC Update for more information, as well as the MIECHV Data and Continuous Quality Improvement webpage.

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.[40]

See pages 38-39 of the FY 2022 MIECHV NCC Update for more information on state evaluation promising approaches.

Coordinated State Evaluations (CSE) – Evaluations of Other Recipient Activities
Recipients who implement evidence-based home visiting models are not required to conduct an evaluation of their home visiting program.

Beginning with the FY 2021 MIECHV Formula Award NOFO, HRSA moved to a coordinated evaluation approach for voluntary state-led evaluation. Recipients who were interested in conducting program evaluations were able to participate in CSE and chose from one of four identified priority topic areas (family engagement and health equity, implementation quality/fidelity, maternal health, and workforce development) in coordination with other MIECHV recipients and with support from the HRSA-funded technical assistance center.

[39] Social Security Act, Title V, § 511(h)(5).
[40] Social Security Act, Title V, § 511(d)(3)(A)(i)(II).

For recipients continuing their CSE: During the FY 2021 period of performance, participating recipients co-created evaluation plans with other MIECHV recipients in a peer network. Evaluation designs were permitted to extend beyond the period of performance for the FY 2021 Formula Award due to HRSA's expectation that subsequent Formula Awards, such as this FY 2023 Base Grant Award, would support continuing the state-led evaluations within the same peer networks established under the FY 2021 award.

HRSA encourages recipients to continue their existing coordinated state evaluations. Recipients may continue coordinated state evaluation activities that were planned for and designed under the FY 2021 award with the FY 2023 Base Grant Award, within the same peer networks established under the FY 2021 Formula Award.

An addendum to the FY2021 evaluation plan that describes planned evaluation activities and the associated budget supported under the FY 2023 Base Grant Award in more detail will be due to HRSA no later than 120 days after the project start date.

For recipients participating in CSE, HRSA expects recipients to participate in regular peer network sessions facilitated by TA providers, as well as 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 2023 Base Grant Award final report. Further guidance and TA will be available after HRSA issues the award.

Pay for Outcomes (PFO)

The Bipartisan Budget Act of 2018 provides authority for recipients to use a portion of their MIECHV award for outcomes or success payments (hereafter referred to as outcomes payments) related to a PFO initiative,[41] 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 outcomes achieved as a result of the intervention that result in social benefit and direct cost savings or cost avoidance to the public sector.[42] See pages 40-41 of the FY 2022 MIECHV NCC Update for more information on PFO initiatives.

For recipients proposing to use FY 2023 Base Grant funds for a PFO initiative that includes funding for outcomes payments and PFO evaluation, following preliminary approval of your FY 2023 funding application, you must submit a response to the PFO Supplemental Information Request ("PFO SIR"). This SIR Response is due no later than 120 days after the period of performance start date. **If you propose to budget MIECHV funds for only a feasibility study, you are not required to respond to the MIECHV PFO SIR**.

NOTE: If you are interested in implementing a PFO initiative, carefully review the MIECHV PFO SIR prior to proposing to budget MIECHV funds to implement any activities associated with such an initiative. If you are budgeting for a PFO initiative, please refer to the PFO Budget Instructions located on the HRSA website.

Performance Reporting and Continuous Quality Improvement

[41] Social Security Act, Title V, § 511(c)(3).
[42] Social Security Act, Title V, § 511(k)(4).

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 every 3 years. See pages 41-42 of the FY 2022 MIECHV NCC Update for more information on demonstration of improvement, as well as the MIECHV Data and Continuous Quality Improvement webpage.

Continuous Quality Improvement
You are required to implement an approved CQI Plan. Guidance for completing and submitting the CQI plan is available on the MIECHV Data and Continuous Quality Improvement webpage. A CQI plan will be required in 2023 **and is due with submission of your FY 2023 NCC Update application**. **Submit your CQI plan via email to your HRSA Project Officer and TARC Data and CQI TA Specialist.** You are required to provide information on proposed CQI activities for the FY 2023 Base Grant Award period of performance (9/30/2023 – 9/29/2025). 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 outcome improvement plan (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.

In future years, HRSA will require submission of updated CQI plans with the Base Grant Award application every other year (e.g. the next CQI Plan update will be required with the FY 2025 Base Grant Award application).

Performance Measurement Plan
Recipients are required to continue to implement a Performance Measurement Plan approved by HRSA. If a revision is requested by HRSA or the recipient, the amended plan must be approved by HRSA. (See Appendix F below 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.**

APPENDIX B: 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. Please be advised the administrative forms and performance measures for MCHB discretionary awards will be updated on May 4, 2023. DGIS reports created on or after May 4, 2023 will contain the updated forms. To prepare successful applicants for their reporting requirements, the administrative forms and performance measures for this program are: Administrative Form 1, Products, Publications and Submissions Data Collection Form, Core 3, CB 4, and CB8. The type of report required is determined by the project year of the award's period of performance. 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: 08/31/2025).

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	September 30, 2023 – September 29, 2025 *(administrative data and performance measure projections, as applicable)*	Period of performance start date	120 days from the available date
c) Project Period End Performance Report	September 30, 2023 – September 29, 2025	Period of performance end date	90 days from the available date

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.

See pages 43-44 of the FY 2022 MIECHV NCC Update for more information on integrity and performance reporting. TA resources are available on the MIECHV Data and 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 45 days after the end of each reporting period: 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.

Recipients must submit data for FY 2023 MIECHV Annual Performance Reporting Forms 1 and 2 by October 30, 2024 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, 2023 through September 30, 2024. Subsequent annual performance reporting will be required using the same timeline. NOTE: Annual performance reports will be consolidated across X10 and MIECHV ARP awards and should present an unduplicated count of enrollees.

Termination

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. No additional termination provisions apply unless otherwise noted.

APPENDIX C : Glossary of Selected Terms

This glossary contains selected terms that are new or have been updated for the FY 2023 MIECHV NCC Update application. Please refer to the FY 2022 MIECHV NCC Update for definitions of the following terms that have not changed. Page numbers are referenced below.

- Allowable Costs – Page 59
- At-Risk Communities (Communities at Risk for Poor MCH Outcomes) – Page 59
- Caseload of MIECHV Family Slots – Page 59
- Centralized Intake System – Page 60
- Deobligated Funds – Page 60
- Early Childhood System – Page 60
- Eligible Family – Page 62
- Evidence-Based Models – Page 62
- Fidelity – Page 62
- HHS Criteria for Evidence of Effectiveness – Page 63
- Home Visiting Collaborative Improvement and Innovation Network – Page 63
- Home Visiting Evidence of Effectiveness (HomVEE) – Page 64
- Infant and Early Childhood Mental Health Consultation (IECMHC) – Page 64
- Maximum Service Capacity – Page 64
- MIECHV Performance Measures – Page 64
- Pay for Outcomes Initiative – Page 64
- Precision Home Visiting – Page 64
- Promising Approach Home Visiting Model – Page 65
- Service Delivery Expenditures – Page 66
- Social Determinants of Health – Page 66
- Unobligated Balance – Page 66

New or updated terms are listed below.

Administrative Costs – Administrative costs refer to the costs of administering a MIECHV award incurred by the recipient. This 10 percent may 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 or local site 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 award administration;
- Audit expenses; and
- Support of HHS Office of Inspector General or Government Accountability Office audits.

No more than 10 percent of funds may be used to cover the costs of administration.[43] An exception to increase the 10 percent limit on administrative costs may be granted for up to 15 percent of the award for use on administration if the recipient: 1) directly provides home visits to eligible families and without a subrecipient; 2) is in the process of expanding to new communities; or 3) is new to administering MIECHV within the past three years.[44]

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. 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 (excluding costs related to state evaluation):

- 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;
- Technical assistance provided by the recipient to the LIAs;
- Information technology including data systems;
- Coordination with comprehensive statewide early childhood systems; Administrative costs (further subject to a 10 percent cap); 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 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 or caregiver, and between parent or caregiver 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.

Virtual Home Visit –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.[45]

[43] Social Security Act, Title V, § 511(d)(6)(A), as amended
[44] Social Security Act, Title V, § 511(d)(6)(B), as amended.
[45] Section 6101(h) of the Consolidated Appropriations Act, 2023 (P.L. 117-328)