

**MATERNAL, INFANT, AND EARLY CHILDHOOD  
HOME VISITING PROGRAM  
FORMULA AWARDS**

**FY 2020 NON-COMPETING CONTINUATION UPDATE  
(NCC UPDATE)**

**ACTIVITY CODE: X10  
EHBs SUBMISSION DEADLINE: April 24, 2020**



## **Purpose**

This notice of Non-Competing Continuation Update (NCC Update) provides instructions for completing applications for the Fiscal Year 2020 Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program – Formula 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 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).

## **Statutory Authority**

The MIECHV Program is authorized by Social Security Act, Title V, § 511 (42 U.S.C. § 711). The authority 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 is § 511(c) (42 U.S.C. § 711(c)).

## **Eligibility Information**

Eligible applicants include the 56 entities that currently receive FY 2019 MIECHV formula funding.

## **Current Funding**

In FY 2020, up to \$342 million is available for awards to the 56 eligible entities that currently receive FY 2019 MIECHV formula funding to continue to deliver coordinated, comprehensive, high-quality, and voluntary early childhood home visiting services to eligible families.<sup>1</sup>

The following formula is applied to FY 2020 funding available to states, nonprofit organizations, and territories:

- **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). 2018 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 2016 de-obligation amount to the total FY 2016 award, as reported to HRSA as of February 5, 2020.

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 2019 formula grant award ceiling amounts.
- **Guard Rails**—In an effort to maintain stability, the total amount for which an applicant may apply will be adjusted, where appropriate, to ensure that any available recipient funding does not fluctuate by more than 7.5 percent from the prior year award.

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<sup>1</sup> The FY 2020 appropriation was reduced due to sequestration pursuant to the Budget Control Act (BCA) 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).

### **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 abstract, project and budget narratives, and required attachments. Standard OMB-approved forms, such as the SF-424 and SF-424A forms, are NOT included in the page limit.

**Instructions on how to submit the NCC Update will be emailed to eligible entities with award ceiling amounts by February 28, 2020.**

### **Outline of Required Sections**

- I. Project Narrative
  - A. Progress to Date and Significant Changes since beginning of FY 2019 Period of Performance (9/30/2019 to present)
    1. Description of Progress to Date
    2. Description of Specific Implementation Activities
    3. Description of Significant Changes
  - B. Proposed Activities for the FY 2020 Period of Performance (9/30/2020 to 9/29/2022)
    1. Abstract
    2. Assurances and Proposed Program Activities
    3. Work Plan
      - a. Attachment 1: Work Plan Timeline
      - b. Attachment 2: At-Risk Communities, Local Implementing Agencies, and Caseload of Family Slots
    4. Budget
      - a. Budget Forms (SF-424A)
      - b. Budget Narrative
      - c. Attachment 3: Period of Availability Spreadsheet
      - d. Attachment 4: Maintenance of Effort Chart
- II. Required Attachments (counts towards the 50-page limit)
  1. Attachment 1: Work Plan Timeline
  2. Attachment 2: At-Risk Communities, Local Implementing Agencies, and Caseload of Family Slots
  3. Attachment 3: Period of Availability Spreadsheet
  4. Attachment 4: Maintenance of Effort Chart
  5. Attachment 5: *(Only if applicable)* Updated Organizational Chart
  6. Attachment 6: *(Only if applicable)* Model Developer Documentation for New Enhancements
  7. Attachment 7: *(Only if applicable)* Justification to Use the Enrollment Slot Method
  8. Attachment 8: *(Only if applicable)* Indirect Cost Rate Agreement
  9. Attachments 9–15: Other Relevant Documents

## **Required Sections**

All of the following are required for a complete NCC Update application package to be uploaded into the HRSA EHBs and considered for funding:

### **I. Project Narrative**

#### **A. Progress to Date and Significant Changes to Program Activities since beginning of the FY 2019 Period of Performance (9/30/2019 to present)**

This section calls for a report of progress to date and significant changes to program activities since the beginning of the FY 2019 award period of performance (9/30/2019), through the date of this NCC Update submission. The entire period of performance for FY 2019 awards extends from 9/30/2019 to 9/29/2021.

In this section:

1. Provide a **description of progress** *specifically* on the goals and objectives proposed in your FY 2019 work plan, including any barriers to progress and strategies/steps taken to resolve such challenges.
  - a. In this section, you must **also** clearly state the:
    - (1) FY 2018 award number and estimated unobligated balance of FY 2018 (available for use from 9/30/18 to 9/29/20) formula funds as of the date of this application; and
    - (2) FY 2019 award number and estimated unobligated balance of FY 2019 (available for use from 9/30/19 to 9/29/21) formula funds as of the date of this application.
2. Provide a brief **description of any significant changes** in your implementation of the program since the start of the FY 2019 period of performance (9/30/2019). If there are no significant changes, provide a statement to that effect. Clearly address changes to implementation activities related to the following:
  - a. Model selection;
  - b. Model enhancements to a MIECHV-funded home visiting model that do not alter the core components of the model and are approved by the model developer;
  - c. Coordination with comprehensive statewide and local early childhood systems;
  - d. Staffing plans, including changes to key personnel and, if applicable, a discussion of any vacancies or difficulties in hiring or retaining staff; and
  - e. Contracts with local implementing agencies (LIAs) to perform all or a part of the work of the grant, including major changes to existing contracts or contracts for new LIAs to the project.

#### **B. Proposed Activities for the FY 2020 Period of Performance (9/30/20 to 9/29/22)**

This section provides instructions for submission of a project abstract, assurances of compliance with Program Expectations and Funding Restrictions (see [Appendix A](#)), proposed activities, a work plan, and a budget for the FY 2020 period of performance.

**1. Abstract (no more than one page; single-spaced)**

Provide a one-page, single-spaced summary of proposed activities for the FY 2020 period of performance. The abstract is often distributed to provide succinct information to the public and Congress. Prepare the abstract so that it is clear, accurate, concise, and without reference to other parts of the application. Place the following at the top of the abstract:

- Project Title
- Recipient Name
- Mailing Address
- Project Director Name
- Contact Phone Number
- Email Address
- Website Address, if applicable

The project abstract must include the following sections:

- a. Annotation: Provide a three-to-five sentence description of your project that identifies and explains the project's goal(s) and the population and/or community needs that are addressed.
- b. Goal(s) and Objectives: Identify the major goal(s) and objectives for the FY 2020 period of performance. Typically, the goal(s) are stated in a sentence, and the objectives are presented in a numbered list. All proposed objectives should be in the SMART format (S=Specific, M=Measurable, A=Achievable, R=Realistic, and T=Time-bound).
- c. Methodology: Briefly highlight major activities planned to attain the goal(s) and objectives, including:
  - (1) Eligible evidence-based models and promising approaches supported with grant funds;
  - (2) At-risk communities and any specific target population group(s) to be served within those communities; and
  - (3) Total proposed caseload of family slots for each federal fiscal year within the period of performance.

**2. Assurances and Proposed Program Activities**

In this section:

- a. Include a statement of assurance that home visiting services offered through the MIECHV Program are provided on a voluntary basis to eligible families.
  - (1) If applicable, describe any changes to how you will ensure enrollee participation is voluntary, with mention of any new or planned policies and procedures. Further explanation is not necessary if there are no planned changes.

b. Include a statement of assurance of compliance for each of the Program Expectations listed in Box 1 and further detailed in Appendix A. If you believe the program expectation does not apply to your program, please clearly make a statement to that effect including justification/explanation.

- (1) If there are major changes proposed to assure you meet Program Expectations listed in Box 1 and further detailed in Appendix A, describe the change(s) and provide a brief justification/explanation;
- (2) If you propose any model enhancements implemented in the context of a MIECHV-funded home visiting model, provide documentation of model developer approval as **Attachment 6**;
- (3) If applicable, describe changes in key activities that will support parent engagement and leadership to ensure high-quality statewide or local early childhood systems, including how the state and/or LIAs will involve parents in planning, designing, implementing, and evaluating activities of the MIECHV project.

**Box 1: Assurances Required for Program Expectations**

- Priority for Serving High-Risk Populations
- Selection of a Home Visiting Service Delivery Model
- Fidelity to a Home Visiting Service Delivery Model
- Model Enhancements
- Enrollment
- Collaboration with Early Childhood Partners and Early Childhood System Coordination
- High-Quality Supervision
- Limit on Use of Funds to Support Direct Medical, Dental, Mental Health, or Legal Services
- Subrecipient Monitoring
- Submission of Statewide Needs Assessment

c. Describe how you will plan for and address recruitment and retention of qualified staff, including the home visiting workforce.

- (1) If there have been changes to key staff, provide an updated project organizational chart with position titles, names and vacancies noted, contractors, and other significant collaborators as **Attachment 5**. Include staff biographies and resumes for any new key staffing positions as one of the additional required attachments (**Attachments 9–15**) (for more information on key staffing positions, see the budget narrative instructions for personnel costs).

d. Propose a plan for project sustainability after the period of MIECHV funding ends, which sustains key activities of the project

- (1) Describe how your state is leveraging other funding sources such as Medicaid to support evidence-based home visiting.
- (2) Describe whether activities related to implementation of the Family First Prevention Services Act (Title IV-E foster care prevention funds) 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.
- e. Describe key activities to support families impacted by maternal depression and substance use disorder, including opioid misuse.
  - f. Identify any geographically-close ACF Tribal MIECHV recipients and describe collaboration efforts to enhance implementation and delivery of evidence-based home visiting services to American Indian and Alaska Native families. NOTE: Any tribal communities served by the HRSA MIECHV program must not duplicate, but rather coordinate with services provided by the ACF Tribal MIECHV program (if one exists) in these communities.
  - g. Provide a statement to confirm which of the following two methods will be used to propose a caseload of MIECHV family slots in this NCC update and define MIECHV families for the purposes of reporting to HRSA on MIECHV Annual Performance Reports (Forms 1 and 2) and MIECHV Quarterly Performance Reports (Form 4) (for definitions of the two methods, see *Box 2* on the right):
    - (1) Home Visitor Personnel Cost Method (preferred method); or
    - (2) Enrollment Slot Method, (as an option available until at least the end of the FY 2020 period of performance, September 29, 2022). If you propose to use the Enrollment Slot Method, provide justification as **Attachment 7**.
  - h. Provide a statement indicating whether or not you plan to conduct any of the following evaluations and follow the instructions in Table 1:
    - (1) A new or continuing promising approach evaluation; and/or
    - (2) A continuation of an existing state-led evaluation proposed under the FY 2019 formula award. (NOTE: No new evaluation projects, excluding evaluation of a promising approach model, will be funded through this FY 2020 NCC Update. Therefore, no new evaluation projects, except as indicated shall be proposed in this FY 2020 NCC Update submission.) Refer to [Appendix A of HRSA-18-091](#) for complete information on HRSA's expectations for research and evaluation activities.

**Box 2: Identifying MIECHV Families**

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, a "MIECHV family" is defined as a family served during the reporting period by a trained home visitor implementing services with fidelity to the model and that is identified as a MIECHV family at enrollment. HRSA has identified two different methods that can be used to identify MIECHV families that are described as follows:

- **Home Visitor Personnel Cost Method (preferred method):** Families are designated as MIECHV at enrollment based on the designation of the home visitor they are assigned. Using this methodology, recipients designate all families as MIECHV that are served by home visitors for whom at least 25 percent of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding.
- **Enrollment Slot Method (option available until at least the end of the FY 2020 period of performance, September 29, 2022):** Families are designated as MIECHV families based on the slot they are assigned to at enrollment. Using this methodology, recipients identify certain slots as MIECHV-funded and assign families to these slots at enrollment in accordance with the terms of the contractual agreement between the MIECHV state recipient and the LIA regardless of the percentage of the slot funded by MIECHV.

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

Note: 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 new promising approach with FY 2020 formula funds and conduct a new promising approach evaluation	<ul style="list-style-type: none"> <li>• The purpose and the focus of the evaluation</li> <li>• How the evaluation design will meet requirements for an assessment of impact using an appropriate comparison condition</li> </ul> <p><b>NOTE: Promising approaches must be evaluated through a well-designed and rigorous process. See Appendix A for a description of the Limit on Funds for Conducting and Evaluating a Promising Approach</b></p>
To continue an existing promising approach evaluation(s)	<ul style="list-style-type: none"> <li>• The rationale for continuing the evaluation</li> <li>• Any enhancements or modifications to the existing evaluation</li> </ul>
To continue an existing evaluation from FY 2019 formula award	<ul style="list-style-type: none"> <li>• The rationale for continuing the evaluation</li> <li>• How the evaluation meets the following criteria:               <ul style="list-style-type: none"> <li>○ There are minimal changes to the data collection plan and/or analysis plan from the FY 2019 evaluation and these changes have been proposed to increase study rigor (e.g., using repeated measures, same target population followed for a longer period of time, increased sample size, etc.)</li> <li>○ The evaluation questions are the same as the FY 2019 evaluation (i.e., no new evaluation questions).</li> </ul> </li> </ul>

**3. Work Plan**

For this section, include the following as attachments:

- a. **Attachment 1: Work Plan Timeline:** Provide a work plan timeline that includes a list of goals and objectives (aligned with those outlined in the **Abstract**), and activities that include responsible staff and timelines for completion. The work plan timeline must extend across the period of performance (9/30/2020 to 9/29/2022) and include start and completion dates for activities. All proposed objectives should be described in the SMART format as described in Box 3. (NOTE: Proposed activities must be in compliance with MIECHV statute, and Program Expectations and Funding Restrictions outlined in [Appendix A.](#))

<p><b>Box 3: Objectives should be SMART</b></p> <p>S = Specific</p> <p>M = Measurable</p> <p>A = Achievable</p> <p>R = Realistic</p> <p>T = Time-bound</p>
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- b. **Attachment 2: At-Risk Communities, Local Implementing Agencies, and Caseload of Family Slots:** Provide a list of each contracted LIA. For each LIA, identify the:
- (1) At-risk community/ies the LIA will serve;
  - (2) County/ies the LIA will serve (in whole or in part);
  - (3) Evidence-based models the LIA will implement, and any promising approach models as appropriate;
  - (4) Number of families the LIA cumulatively served from 10/1/2018 through 9/30/2019;
  - (5) Current contracted caseload of MIECHV family slots from 10/1/2019 through 9/30/2020 by model;
  - (6) Proposed contracted caseload of MIECHV family slots from 10/1/2020 through 9/30/2021 by model;
  - (7) Proposed contracted MIECHV caseload of family slots from 10/1/2021 through 9/30/2022 by model; and
  - (8) Estimated cost per family slot using proposed caseload from 10/1/2020 through 9/30/2022.

#### 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:

- Statutory Limit on Funds for Conducting a Program (including Evaluating of the Program) Using a Promising Approach;<sup>2</sup>
- Statutory Limit (“Cap”) on Use of Funds for Administering the Award;<sup>3</sup>
- 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 2019 funds should *only* be included in **Attachment 3** (discussed later).

##### *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 project/budget period is 2 years**, for the period of September 30, 2020 through September 29, 2022. You must demonstrate that home visiting services will be made available throughout

#### **Box 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
- Attachment 3: Period of Availability Spreadsheet
- Attachment 4: Maintenance of Effort Chart

<sup>2</sup> Social Security Act, Title V, § 511(d)(3)(A).

<sup>3</sup> Social Security Act, Title V, § 511(i)(2)(C).

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 de-obligated. FY 2020 funds must be obligated no later than September 29, 2022, and must be liquidated by December 31, 2022.

#### *Key Requirements*

Costs charged to the award must be reasonable, allowable, and allocable under this program. Documentation must be maintained to support all grant expenditures. Personnel charges must be based on actual, not budgeted labor. Promotional gifts and other expenditures which do not support the home visiting initiative are unallowable. Salaries and other expenditures charged to the grant must be for services that occurred during the grant's period of availability. Further information regarding allowable costs is available from the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards (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). All documentation must be maintained by the recipient and the subrecipients in accordance with the federal record retention policy which states documentation must be maintained for a minimum of 3 years after the submission of the final (accepted) Federal Financial Report.

#### **b. 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, 2020 through September 29, 2022. 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, etc.).

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 2020 (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 2020 funds.

#### **c. 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 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:

- (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 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 contributions, indicate 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 Notice of Award.

Note that if any of these positions are contractual and included in the Contractual Object Class category, the applicant organization 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 the applicant 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 or 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 at the All Grantee Meeting is a grant requirement.** Refer to page 28 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., local implementing agencies) that entities receiving subawards must be registered in the System for Award Management (SAM) and provide the recipient with their Dun and Bradstreet Data Universal Numbering System (DUNS) number. "Subaward" means 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 [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 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.)*

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

- (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. With prior approval, the cost of child care 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:

- (6) Administrative costs: A description of activities and detailed line item breakdown of administrative costs,<sup>4</sup> as applicable, incurred through administering the MIECHV grant. Also, include the **estimated percentage** (at no more than 10 percent) of the FY 2020 MIECHV grant award planned to administer the grant. Actual expenditures made under the award cannot exceed the 10 percent limitation. *(For a complete definition and examples of administrative expenditures, see [Appendix A.](#))*
- (7) Recipient-level infrastructure costs: A description of activities and detailed line item breakdown of recipient-level infrastructure costs, 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 as described above) of the FY 2020 MIECHV grant award planned to support those activities. Actual expenditures made under the award cannot exceed the 25 percent limitation. *(For a complete definition and examples of recipient-level infrastructure expenditures, see [Appendix A.](#))*

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

- (8) Evaluation activities (as applicable): If you propose any evaluation activities (as described above in the “Assurances and Proposed Program Activities” section of the Project Narrative), **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.

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<sup>4</sup> Social Security Act, Title V, § 511(d)(3)(A).

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

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 2020 formula 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 performance/period of availability (9/30/2020 to 9/29/2022), as well as an additional column that indicates how funds remaining from the previous FY 2019 MIECHV formula grant are proposed to be spent in Year 1 by object class category (e.g., personnel, fringe, travel).

For example:

FY 2019 MIECHV formula award (Year 1 of the FY 2020 period of performance)  
(for budgetary purposes: 9/30/2020 to 9/29/2021)

Column 1: Remaining funding from FY 2019 MIECHV formula grant to be spent in Year 1 of the FY 2020 period of performance

FY 2020 MIECHV grant - Year 1 (for budgetary purposes: 9/30/2020 to 9/29/2021)

Column 2: FY 2020 MIECHV grant Year 1 proposed spending

FY 2020 MIECHV grant - Year 2 (for budgetary purposes: 9/30/2021 to 9/29/2022)

Column 3: FY 2020 MIECHV grant Year 2 proposed spending

e. **Attachment 4: Maintenance of Effort Chart**

Submit the following Maintenance of Effort chart as **Attachment 4**. Refer to [Appendix A](#) for a description of the maintenance of effort statutory requirement.

NON-FEDERAL EXPENDITURES		
<p>Two Fiscal Years Prior to Application – Actual</p> <p>Actual 2 years prior state FY non-federal (State General Funds) expended for the proposed project by the <b>recipient entity administering the MIECHV formula grant</b>, for the evidence-based home visiting services, in response to the most recently completed statewide needs assessment. <b>Include prior state general funds expended only by the recipient entity administering the MIECHV grant and not by other state agencies.</b></p> <p>This number should equal the reported expenditures entered in the “FY Prior to Application (Actual)” column submitted as Attachment 4 in response to HRSA-19-075.</p> <p>(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.)</p> <p>Amount: \$ _____</p>	<p>Fiscal Year Prior to Application - Actual</p> <p>Actual prior state FY non-federal (State General Funds) expended for the proposed project by <b>the recipient entity administering the MIECHV formula grant</b>, for the evidence-based home visiting services, in response to the most recently completed statewide needs assessment. <b>Include prior state general funds expended only by the recipient entity administering the MIECHV grant and not by other state agencies.</b></p> <p>This number should equal the reported expenditures entered in the “Most Recently Completed Fiscal Year (Actual)” column submitted as Section V of the FY 2017 Formula Grant Final Report.</p> <p>(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.)</p> <p>Amount: \$ _____</p>	<p>Current Fiscal Year of Application – Estimated</p> <p>Estimated current state FY non-federal (State General Funds) designated for the proposed project by the <b>recipient entity administering the MIECHV formula grant</b>, for the evidence-based home visiting services, in response to the most recently completed statewide needs assessment. <b>Include current state general funds expended only by the recipient entity administering the MIECHV grant and not by other state agencies.</b></p> <p>(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.)</p> <p>Amount: \$ _____</p>

## II. 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:

1. Attachment 1: Work Plan Timeline
2. Attachment 2: At-Risk Communities, Local Implementing Agencies, and Caseload of Family Slots
3. Attachment 3: Period of Availability Spreadsheet
4. Attachment 4: Maintenance of Effort Chart
5. Attachment 5: *(Only if applicable)* Updated Organizational Chart
6. Attachment 6: *(Only if applicable)* Model Developer Documentation for New Enhancements
7. Attachment 7: *(Only if applicable)* Justification to Use the Enrollment Slot Method
8. Attachment 8: *(Only if applicable)* Indirect Cost Rate Agreement
9. Attachments 9–15: Other Relevant Documents

### **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. You may obtain additional information regarding business, administrative, or fiscal issues related to this NCC Update by contacting your Grants Management Specialist.

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

HRSA Contact Center

Phone: (877) 464-4772

TTY: (877) 897-9910

Website: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

## **APPENDIX A: Program Expectations and Funding Restrictions**

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### *Priority for Serving High-Risk Populations*

As required by statute,<sup>5</sup> recipients must give priority in providing services under the MIECHV Program to the following:

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

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<sup>5</sup> Social Security Act, Title V, §511(d)(4) indicates the priority for serving these identified high-risk populations.

- Eligible families that include individuals who are serving or formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside of the United States.

***Selection of a Home Visiting Service Delivery Model***

The majority of program funding is reserved for the delivery of services through implementation of one or more evidence-based home visiting service delivery models.<sup>6</sup> Recipients may expend no more than 25 percent of the grant(s) awarded for a fiscal year for conducting a program (including evaluating of the program) using a service delivery model that qualifies as a promising approach.<sup>7</sup> Home visiting service delivery models meeting HHS-established criteria for evidence of effectiveness have been identified. 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. HRSA may make additional determinations about which models that meet HHS-criteria for evidence of effectiveness align with MIECHV statutory and program requirements and are eligible for implementation with MIECHV funds.

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

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

- 1) meet the needs of the state’s, territory’s, or jurisdiction’s identified at-risk communities and/or the state’s, territory’s, or jurisdiction’s targeted priority populations named in statute;<sup>8</sup>

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<sup>6</sup> Social Security Act, Title V, § 511(d)(3)(A) identifies various specific criteria applicable to such evidence-based service delivery models.

<sup>7</sup> Social Security Act, Title V, § 511(d)(3)(A).

<sup>8</sup> Social Security Act, Title V, §511(d)(4) indicates the priority for serving high-risk populations.

- 2) provide the best opportunity to accurately measure and achieve meaningful outcomes in benchmark areas and measures;
- 3) be implemented effectively with fidelity to the model in the state, territory, or jurisdiction based on available resources and support from the model developer; and
- 4) be well matched for the needs of the state's, territory's, or jurisdiction's early childhood system.

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

### ***Fidelity to a Home Visiting Service Delivery Model***

Recipients must ensure fidelity of implementation of evidence-based home visiting service delivery models approved for use in this NCC Update and that meet the HHS criteria for evidence of effectiveness.<sup>9</sup> (For more information on the HHS-established criteria for evidence of effectiveness, go to: <http://homvee.acf.hhs.gov/>.) Additionally, any recipient implementing a home visiting service delivery model that qualifies as a promising approach must also implement the model with fidelity. Fidelity is defined as a recipient's adherence to model developer requirements for high-quality implementation as well as any applicable affiliation, certification, or accreditation required by the model developer, if applicable. These requirements include all aspects of initiating and implementing a home visiting model, including, but not limited to:

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

Changes to an evidence-based model that alter the core components related to program outcomes are not permissible, as they could impair fidelity and undermine the program's effectiveness. A model enhancement, as further described below, is not such a change to an evidence-based model.

### ***Model Enhancements***

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

### ***Enrollment***

Recipients must implement home visiting programs with fidelity to the model, which may include development of policies and procedures to recruit, enroll, disengage, and re-enroll home visiting

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<sup>9</sup> Social Security Act, Title V, § 511(d)(3)(A)(iii).

services participants. Enrollment policies should strive to balance continuity of services to eligible families and availability of slots to unserved families.

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

### ***Collaboration with Early Childhood Partners and Early Childhood System Coordination***

Per the authorizing legislation, recipients will ensure the provision of high-quality home visiting services to eligible families in at-risk communities by, in part, coordinating with comprehensive statewide early childhood systems to support the needs of those families.<sup>10</sup> To do this, recipients must establish appropriate linkages and referral networks to other community resources and supports, including those represented in comprehensive statewide and local early childhood systems.<sup>11</sup> An early childhood system brings together health, early care and education, and family support program partners, as well as community leaders, families, and other stakeholders to achieve agreed-upon goals for thriving children and families. An early childhood system aims to: reach all children and families as early as possible with needed services and supports; reflect and respect the strengths, needs, values, languages, cultures, and communities of children and families; ensure stability and continuity of services along a continuum from pregnancy to kindergarten entry; genuinely include and effectively accommodate children with special needs; support continuity of services, eliminate duplicative services, ease transitions, and improve the overall service experience for families and children; value parents and community members as decision makers and leaders; and catalyze and maximize investment and foster innovation.

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

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

- The state's Early Childhood Comprehensive Systems (ECCS) recipient if there is one;
- The state's Maternal and Child Health Services (Title V) agency;

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<sup>10</sup> Social Security Act, Title V, § 511(b)(1)(B).

<sup>11</sup> Social Security Act, Title V, § 511(d)(3)(B).

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

The memoranda of understanding or letters of agreement should be current, dated, and address referrals, screening, follow-up and service coordination as well as systems and data coordination as applicable to each partner’s scope. **(NOTE: Previously approved memoranda of understanding or letters of agreement that are not time-limited to a date prior to the date of application will satisfy this requirement and do not need to be re-submitted at the time of the application. New or updated memoranda of understanding and letters of agreement with the partners listed above will be due to HRSA within 180 days of grant award. HRSA intends for these memoranda of understanding and letters of agreement to outline agreements between collaborators and support collaboration. There is no requirement from HRSA that these be legally binding documents.)**

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

Through project planning and service coordination at state, territory, and/or local levels, recipients should ensure that home visiting is part of a continuum of early childhood services. (Refer to [Appendix D of HRSA-18-091](#) for a list of potential early childhood systems partners.)

### ***High-Quality Supervision***

Recipients must maintain high-quality supervision<sup>12</sup> to establish home visitor competencies. A successful recipient could demonstrate high-quality supervision by ensuring the provision of reflective supervision to home visitors funded through the MIECHV grant. (Refer to [Appendix D of HRSA-18-091](#) for a definition of reflective supervision.) Recipients and local implementing agencies should develop and implement policies and procedures that assure the effective provision of reflective supervision program-wide with fidelity to the model(s) implemented.

### ***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.”<sup>13</sup>

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<sup>12</sup> Social Security Act, Title V, § 511(d)(3)(B)(iii).

<sup>13</sup> Social Security Act, Title V, § 511(d)(3)(A)(i)(II).

### ***State-Led 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.<sup>14</sup> 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. HRSA will allow for new or continuing promising approach evaluations to be conducted in FY 2020. Such an evaluation must be designed for an assessment of impact using an appropriate comparison condition and meet expectations of rigor outlined in [Appendix A of HRSA-18-091](#). (Refer to [Appendix D of HRSA-18-091](#) for complete definition of a promising approach.) Recipients may propose to continue an existing evaluation of a promising approach implemented through prior MIECHV awards in order to meet the requirements of this section. 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 continuations of promising approach evaluations, a modified evaluation plan noting any significant changes to the evaluation is due to HRSA no later than 120 days from the project start date. Further guidance and technical assistance will be available after HRSA issues the award.

### ***Limit 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.<sup>15</sup> This 25 percent limit on expenditures pertains to the total funds awarded to the recipient for the fiscal year.

### ***State-Led Evaluation – Evaluations of Other Recipient Activities***

Recipients that do not propose to implement a home visiting model that qualifies as a promising approach are **not required** to conduct an evaluation of their home visiting program. However, HRSA encourages recipients to continue evaluations, particularly if implementing an approved model enhancement. HRSA will allow continuing evaluations from the FY 2019 formula awards. The purpose of such an evaluation is to contribute to the recipients' own understanding of their program and improve program design and/or operations based on empirical information. Recipients that propose to continue an evaluation must ensure the evaluation answers an important question of interest to the recipient, includes an appropriate evaluation design, and meets expectations of rigor outlined in [Appendix A of HRSA-18-091](#). Recipients proposing to continue an existing evaluation should review guidance outlined in [Appendix A of HRSA-18-091](#). A modified evaluation plan describing the changes to the technical details of the evaluation is due to HRSA no later than 120 days from the project start date. Further guidance and technical assistance will be available after HRSA issues the award. **No new evaluation projects, excluding evaluation of a promising approach model, shall be proposed in this FY 2020 NCC Update submission.**

### ***Subrecipient Monitoring***

Recipients must monitor subrecipient performance for compliance with federal requirements and performance expectations, including timely FFATA reporting. (For additional information regarding Subrecipient Monitoring and Management, see [45 CFR § 75.351](#). For additional information about FFATA reporting, see [Section IV of HRSA-18-091](#).)

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<sup>14</sup> Social Security Act, Title V, § 511(d)(3)(A)(i)(II).

<sup>15</sup> Social Security Act, Title V, § 511 (d)(3)(A)(ii).

Recipients must effectively manage all subrecipients of MIECHV funding to ensure successful performance of the MIECHV Program. Recipients must also execute subrecipient agreements that incorporate all of the elements of 45 CFR § 75.352 and, either expressly or by reference, the subrecipient monitoring plan developed by the recipient. Prime recipients must be able to determine if costs proposed and subsequently incurred by subrecipients are allowable/unallowable. A recipient's final determination on allowability of costs must be based on their documented organizational policies and procedures. Recipient must also consider MIECHV statutory and program requirements along with relevant citations outlined in the UAR at [45 CFR Part 75](#).

Monitoring activities must ensure subrecipients comply with applicable requirements outlined in the UAR at [45 CFR part 75](#) and authorizing legislation.<sup>16</sup> Effective monitoring of MIECHV subrecipients by recipients includes on-site reviews, audits, and other forms of program monitoring and oversight that optimize enrollment and retention of eligible families in home visiting services in at-risk communities, and ensure implementation of home visiting models with fidelity and proper expenditure of funds.

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

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

Subrecipient monitoring plans must also include provision for:

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

### ***Maintenance of Effort***

You must supplement, and not supplant, funds from other sources for early childhood home visitation programs or initiatives.<sup>17</sup> You may demonstrate compliance by maintaining non-federal funding for evidence-based home visiting and home visiting initiatives, expended for activities proposed in this NCC Update, 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 NCC Update, 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**

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<sup>16</sup> Social Security Act, Title V, § 511(d).

<sup>17</sup> Social Security Act, Title V, § 511(f).

**most current statewide needs assessment that includes home visiting as a primary service delivery strategy, and is offered on a voluntary basis to pregnant women or caregivers of children birth to kindergarten entry.** Nonprofit entity applicants must agree to take all steps reasonably available for this purpose and should provide appropriate documentation from the state supporting its accomplishment of the maintenance of effort/non-supplantation requirement. The baseline for maintenance of effort is the state fiscal year prior to the fiscal year during which the application is submitted.

You are required to accurately report maintenance of effort in your application (insert detail as requested in Attachment 4). 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.

***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 (“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 tracks the restrictions of the Title V Maternal and Child Health Services Block grant program on such costs.<sup>18</sup>

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

For purposes of this NCC Update, 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 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 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

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<sup>18</sup> Social Security Act, Title V, § 511(i)(2)(C).

- Support of HHS Office of Inspector General (OIG) or Government Accountability Office (GAO) audits.

NOTE: The 10 percent federal 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.

***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 (further subject to a 10 percent cap) and infrastructure expenditures necessary to enable recipients to deliver MIECHV services.

For purposes of this NCC Update, 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 costs related to programmatic activities, indirect costs, and other items, but does not include “administrative expenditures,” as defined above.

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 and assurance activities, including development of CQI and related plans;
- Technical assistance provided by the recipient to the LIAs;
- Information technology including data systems (excluding costs incurred to update data management systems related to the HRSA redesign of the MIECHV program performance measurement system which took effect on October 1, 2016);
- Coordination with comprehensive statewide early childhood systems; and
- Indirect costs (also known as “facilities and administration costs”) (i.e., costs incurred for common or joint objectives that cannot be identified specifically with a particular project, program, or organizational activity).<sup>19</sup>

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:

- State-led evaluation activities;
- Update of data management systems related to the HRSA redesign of the MIECHV Program performance measurement system, which took effect in FY 2017, or related to measurement and data system redesign by model developer(s); and
- Funds allocated towards a statewide needs assessment update due October 1, 2020.

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<sup>19</sup> See the Uniform Administrative Requirements at [45 CFR part 75](#).

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

### ***Submission of Statewide Needs Assessment***

The Bipartisan Budget Act of 2018, P.L. 115-123, section 50603, requires states to conduct a statewide needs assessment (which may be separate from but in coordination with the statewide needs assessment required under section 505(a) and which shall be reviewed and updated by the state not later than October 1, 2020).<sup>20</sup> This provision further establishes that conducting a MIECHV statewide needs assessment update is a condition of receiving Title V Maternal and Child Health (MCH) Block Grant funding. Recipients are required to submit their needs assessment update to HRSA by October 1, 2020. Any recipient that does not submit an update by the statutory deadline of October 1, 2020, will be considered non-responsive to the requirements of the Supplemental Information Request, which may impact MIECHV and Title V MCH Block Grant funding in FY 2021 or later.

### ***Pay for Outcomes***

Section 50605 of the Bipartisan Budget Act of 2018 provides authority for recipients to use up to 25 percent of a MIECHV grant for a pay for outcomes initiative,<sup>21</sup> that will not result in reduction of MIECHV-funded home visiting services delivered by the recipient while it develops or operates such an initiative. A pay for outcomes initiative is defined as a performance-based grant, contract, cooperative agreement, or other agreement awarded by a public entity in which a commitment is made to pay for improved outcomes achieved as a result of the intervention that result in social benefit and direct cost savings or cost avoidance to the public sector. Such an initiative shall include:

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

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<sup>20</sup> Social Security Act, Title V, § 511(b)(1).

<sup>21</sup> Social Security Act, Title V, § 511(c)(3).

- 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.

## **APPENDIX B: Reporting**

### **Administrative Forms**

The Discretionary Grant Information System (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 technical assistance via webinars, written guidance, and one-on-one sessions with an expert, if needed.

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

Data for FY 2020 MIECHV Annual Performance Reporting Forms 1 and 2 must be submitted by October 30, 2020. Recipients will provide demographic, service utilization, and select clinical indicators and performance indicators and systems outcomes measures into the Home Visiting Information System (HVIS) accessed through the EHBs that represent activities occurring during the reporting period of October 1, 2019 through September 30, 2020. Subsequent annual performance reporting will be required using the same timeline.

Data forms are available online at:

<https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/performance/resources/form1benchmark.pdf>

and

<https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/performance/resources/form2benchmark.pdf>.

The demographic, service utilization, and select clinical indicators performance report will include: an unduplicated count of enrollees; participant race and ethnicity; socioeconomic data; other demographics; number of households from priority populations; service utilization across all models; among other measures. **NOTE: 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 include data collected for the 19 constructs defined by HRSA within the six benchmark areas. The reported data for these 19 constructs will be used to conduct the assessment of improvement, as required by statute.<sup>22</sup> 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

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<sup>22</sup> 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, not later than 30 days after the end of fiscal year 2020 and every 3 years thereafter.

criteria has been established for each measure. Refer to technical assistance resources for more information (<https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-technical-assistance/performance-reporting-and-evaluation-resources>).

HRSA requires that recipients submit performance reports on a quarterly basis that include: the number of new and continuing households served; maximum service capacity; identification of LIAs, counties, and zip codes where households are served; family engagement and retention; and staffing. These reports will be submitted through the HVIS system, accessed through EHBs. Quarterly reporting periods are defined as follows. Reports will be due no later than 30 days after the end of each reporting period<sup>23</sup>:

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

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

#### **Project Period End Performance Reporting**

Successful applicants receiving HRSA funding will be required, within 90 days from the end of the period of performance, to electronically complete the program-specific data forms that appear for this program. The requirement includes providing expenditure data for the final year of the period of performance, the project abstract and grant/cooperative agreement summary data as well as final indicators/scores for the performance measures.

#### **Integrity and Performance Reporting**

The Notice of Award will contain a provision for integrity and performance reporting in Federal Awardee Performance and Integrity Information System, as required in 45 CFR part 75 Appendix XII.

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<sup>23</sup> 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 awardees 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.