

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

**FY 2019 NON-COMPETING CONTINUATION UPDATE
(NCC UPDATE)**

**ACTIVITY CODE: X10
EHBs SUBMISSION DEADLINE: MAY 30, 2019**



Purpose

This notice of Non-Competing Continuation Update (NCC Update) provides instructions for completing applications for the 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, as funded and extended by the Bipartisan Budget Act of 2018 (P.L. 115-123). The authority to make MIECHV grants to states, nonprofit organizations serving states, and territories and jurisdictions is § 511(c) (42 U.S.C. § 711(c)).

Eligibility Information

Eligible applicants include the 56 entities that currently receive FY 2018 MIECHV formula funding.

Current Funding

In FY 2019, up to \$351 million is available for awards to the 56 eligible entities that currently receive FY 2018 MIECHV formula funding to continue to deliver coordinated and comprehensive high-quality, and voluntary early childhood home visiting services to eligible families.

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 optional or required attachments. Standard OMB-approved forms, such as the SF-424 and SF-424A forms, are NOT included in the page limit. Indirect Cost Rate Agreement and proof of nonprofit status (if applicable) will NOT be counted in the page limit.

Instructions on how to submit the NCC Update in the EHBs are forthcoming. In the meantime, you should prepare the NCC Update, including attachments, to be uploaded under the appropriate folder in the EHBs when instructions are provided.

Outline of Required Sections

- I. Project Narrative
 - a) Progress to Date and Significant Changes since beginning of FY 2018 Period of Performance (9/30/2018 to present)
 - b) Proposed Activities for the FY 2019 Period of Performance (9/30/2019 to 9/29/2021)
 - i. Abstract
 - ii. Assurances and Proposed Program Activities
 - iii. Work Plan
 - Attachment 1 – Work Plan Timeline
 - Attachment 2 – At-Risk Communities, Local Implementing Agencies, and Caseload of Family Slots
 - iv. Budget

- Budget Forms (SF-424A)
- Budget Narrative
- Period of Availability Spreadsheet (Attachment 3)
- Maintenance of Effort Chart (Attachment 4)

II. Attachments (counts towards the 50 page limit)

Required:

- Attachment 1: Work Plan Timeline
- Attachment 2: At-Risk Communities, Local Implementing Agencies, and Caseload of Family Slots
- Attachment 3: Period of Availability Spreadsheet
- Attachment 4: Maintenance of Effort Chart

Optional:

- Attachment 5: Updated Organizational Chart
- Attachment 6: Model Developer Documentation
- Attachment 7: Justification to use the Enrollment Slot Method
- Attachments 8-15: Other relevant documents (e.g. indirect cost rate agreements, etc.)

Required Sections

The following are required sections for a complete NCC Update application package to be uploaded into the HRSA EHBs:

I. Project Narrative (no more than 50 pages)

a) Progress to Date and Significant Changes to Program Activities since beginning of the FY 2018 Period of Performance (9/30/2018 to present)

This section requests a progress to date report and significant changes to program activities since the beginning of the FY 2018 award period of performance, 9/30/2018, through the time of this NCC Update submission. The entire FY 2018 period of performance extends from 9/30/2018 to 9/29/2020. For complete descriptions of Program Expectations and Funding Restrictions for MIECHV Program awardees, see [Appendix A](#).

In this section:

- Provide a description of progress **specifically** on the goals and objectives as proposed in your FY 2018 work plan, including any barriers to progress you encountered and strategies/steps taken to overcome them.
- Provide a brief description of any significant changes to program activities since the start of the FY 2018 period of performance (9/30/2018). If there are no significant changes, provide a statement to that effect. Clearly address implementation activities related to the following:
 - Model selection;
 - Model enhancements that do not alter the core components of the model and are approved by the model developer (If you propose any enhancements to the

model(s) selected, provide documentation of model developer approval as **Attachment 5**;

- Coordination with comprehensive statewide and local early childhood systems;
- Staffing plans, including changes to key personnel and a discussion of any vacancies or difficulties in hiring or retaining staff; and
- Contracts with local implementing agencies (LIAs), including major changes to existing contracts, new LIAs to the project, or technical assistance to LIAs.
- *ONLY IF applicable*, clearly state the:
 - Estimated unobligated balance of any FY 2017 (9/30/17 to 9/30/19) formula funds and the award number; and
 - Estimated unobligated balance of any FY 2018 (9/30/18 to 9/29/20) formula funds and the award number.

b) Proposed Activities for the FY 2019 Period of Performance (9/30/19 to 9/29/21)

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 2019 period of performance.

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

Provide a one-page, single-spaced summary of proposed activities for the FY 2019 period of performance. The abstract is often distributed to provide succinct information to the public and Congress. Please 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
- Web site address, if applicable

The project abstract must include the following sections:

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.

Goal(s) and Objectives: Identify the major goal(s) and objectives for the FY 2019 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).

Methodology: Briefly highlight **any changes** to major activities planned to attain the goal(s) and objectives, including:

- Eligible evidence-based models and promising approaches supported with grant funds;
- At-risk communities and any specific target population group(s) to be served within those communities;
- Total proposed caseload of family slots for each federal fiscal year within the period of performance; and
- Any specific target population group(s) to be served within at-risk communities.

ii. Assurances and Proposed Program Activities

In this section:

- Include a statement that provides assurance that home visiting services offered through the MIECHV Program are provided on a voluntary basis to eligible families.
 - *ONLY IF applicable*, describe any changes to how you will ensure enrollee participation is voluntary, with mention of any new or planned policies and procedures. No further explanation is needed if there are no changes planned (this applies to all items listed as “ONLY IF”).
- Provide a statement of assurance that you will meet Program Expectations and Funding Restrictions listed in [Appendix A](#).
 - *ONLY IF* there are major changes proposed to assure you meet Program Expectations and Funding Restrictions listed in [Appendix A](#), describe the change(s) and provide a brief justification;
 - *ONLY IF* you propose any model enhancements, provide documentation of model developer approval as **Attachment 5**;
 - *ONLY 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, include staff biographies and resumes for any new key staffing positions as **Attachment 6**; and
 - *ONLY IF applicable*, describe changes in key activities that will support parent engagement and leadership in activities to ensure high-quality statewide or local early childhood systems, and how state and/or LIAs will involve parents in planning, designing, implementing and evaluating activities of the MIECHV project.
- Describe how you will plan for and address recruitment and retention of qualified staff, including the home visiting workforce.
- Propose a plan for project sustainability after the period of MIECHV funding ends, which sustains key activities of the project (e.g., leveraging other funding sources such as Medicaid to support evidence-based home visiting).
- Describe key activities to support families impacted by maternal depression and substance use disorder, including opioid misuse.
- Provide a brief description of your plans for completing an update to the statewide needs assessment, including whether your intention is to use the simplified method or an independent method to identify at-risk communities. (*NOTE: Stating your intention with submission of this FY 2019 application is non-binding and does not preclude you from changing your selected method at a later time. For complete*

information on each methodology, access the Supplemental Information Request (SIR) guidance documents and technical assistance resources, see here: <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/program-implementation-and-fiscal-management-resources>

- Describe any anticipated barriers to completion of an update to the statewide needs assessment by October 1, 2020.
- Describe any technical assistance needs you have to ensure timely submission of the update.
- Clearly state whether you intend to budget FY 2019 formula funds, including the dollar amount, to support completion of the statewide needs assessment update. Describe how you will ensure allocation of funds to the needs assessment will not result in a reduction in home visiting services compared to the previous year. Further instructions for budgeting FY 2019 formula funds to the needs assessment are in the [Budget Narrative](#) section below.

(NOTE: In FY 2018, you were able to apply for up to \$200,000 in supplemental funds to support activities to complete the statewide needs assessment update. Allocation of FY 2019 formula funds are intended to further support your ability to comply with the statutory requirement for submission of the update by October 1, 2020.)

- Provide a statement to confirm which of the following two methods you will use 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 table on the right**):
 - Home Visitor Personnel Cost Method (*preferred method*); or
 - Enrollment Slot Method, (*as a temporary option available until at least the end of the FY 2019 period of performance, September 29, 2021*). **ONLY IF** you propose to use the Enrollment Slot Method, provide justification as **Attachment 7**.
- Provide a statement indicating if you are planning:
 - A new or continuing promising approach evaluation; and/or

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 (temporary option available until at least the end of the FY 2019 period of performance, September 29, 2021):** 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.

- Continuing an existing state-led evaluation(s), including evaluations proposed under FY 2016 competitive innovation awards, and/or FY 2017 or FY 2018 formula awards. **(NOTE: No new evaluation projects, excluding evaluation of a promising approach model, will be funded through this FY 2019 NCC Update. Therefore, no new evaluation projects, except as indicated shall be proposed in this FY 2019 NCC Update submission.)** Refer to [Appendix A of HRSA-18-091](#) for complete information on HRSA's expectations for research and evaluation activities.
 - **ONLY IF** you propose to begin implementation of a new promising approach with FY 2019 formula funds and conduct a new promising approach evaluation(s), describe the purpose and the focus of the evaluation and 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 Limit on Funds for Conducting and Evaluating a Promising Approach.)**
 - **ONLY IF** you propose to continue an existing evaluation(s) from FY 2016 competitive innovation awards, and/or FY 2017 or FY 2018 formula awards, or an existing promising approach evaluation(s):
 - Describe progress to date.
 - Describe how findings from the existing evaluation to date were used to inform current evaluation questions, program improvement, and/or practice change.
 - Describe how the evaluation meets either of the following criteria (*not required for continuing promising approach evaluations*):
 - One or more new questions of interest appropriate to the evaluation design and analysis plan.
 - An innovation that will increase study rigor, such as a proposed increase to the study sample size. Describe how the innovation will enhance the evaluation's rigor and the generalizability of evaluation findings.

iii. Work Plan

In this section, include the following as attachments:

1. **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 (9/30/2019 to 9/29/2021) and include start and completion dates for activities. All proposed objectives should be in the SMART format: S=Specific, M=Measurable, A=Achievable, R=Realistic, and T=Time-bound. **(NOTE: Proposed activities must be in compliance with MIECHV statute, and Program Expectations and Funding Restrictions outlined in [Appendix A](#).)**

2. Attachment 2 – At-Risk Communities, Local Implementing Agencies, and Caseload of Family Slots: Provide a list of each LIA you plan to contract with. For each LIA, identify the:

- At-risk community/ies the LIA will serve;
- County/ies the LIA will serve (in whole or in part);
- Evidence-based models the LIA will implement, and if any, promising approach models;
- Number of families the LIA cumulatively served from 10/1/2017 through 9/30/2018;
- Current contracted caseload of MIECHV family slots from 10/1/2018 to 9/30/2019 by model;
- Proposed contracted caseload of MIECHV family slots from 10/1/2019 through 9/30/2020 by model;
- Proposed contracted MIECHV caseload of family slots from 10/1/2020 through 9/30/2021 by model; and
- Estimated cost per family slot using proposed caseload from 10/1/2019 through 9/30/2020.

iv. Budget

The MIECHV Program requires the following:

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. **You must provide a budget that describes the expenditure of grant funds at all points during the period of availability.** You are not required to maintain the same rate of expenditure or the same level of home visiting services throughout the full period of availability but must demonstrate that home visiting services will be made available throughout the entire period of performance (the full period of availability). Reminder: grant funds that have not been obligated for expenditure by the recipient during the period of availability will be de-obligated. FY 2019 funds must be obligated not later than September 29, 2021, and must be liquidated by December 31, 2021.

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 and Evaluating a Promising Approach;¹
- Statutory Limit (“Cap”) on Use of Funds for Administrative Expenditures;²
- Limit on Funds to Support Direct Medical, Dental, Mental Health, or Legal Services; and
- Limit on Use of Funds for Recipient-Level Infrastructure Expenditures.

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.

¹ Social Security Act, Title V, § 511(d)(3)(A).

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

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 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.

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, 2019 through September 29, 2021. 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.).

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). 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](#).

- **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 2019 (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.
- **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 2019 funds.

Budget Narrative

Provide a narrative that explains the amounts requested for each line in the budget. The budget narrative should specifically describe how each item will support the achievement of proposed objectives.

Include the following in the Budget Narrative:

Personnel Costs: List each staff member to be supported by (1) MIECHV funds, the percent of effort each staff member spends on the MIECHV award, 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 the full name of each staff member (or indicate a vacancy), position title with description of role and responsibilities, percentage of full-time equivalency dedicated to the MIECHV

Program, and annual salary. Personnel includes, at a minimum, the project director, primarily responsible for the oversight and/or the project coordinator, primarily responsible for the day-to-day management of the proposed program; staff responsible for quality improvement activities (including but not limited to providing continuous quality improvement support to LIAs); 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: Final personnel charges must be based on actual, not budgeted labor.

Travel: The budget should reflect the travel expenses associated with participating in meetings that address home visiting efforts and other proposed trainings or workshops. You must budget for one All Grantee Meeting in the Washington, DC area for up to five people for 5 days. **Meeting attendance is a grant requirement.** Refer to page 28 of the HRSA [SF-424 Application Guide](#) for more information on providing a travel budget justification.

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

Contractual: You must ensure your organization has in place and follows an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. You must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. You must provide a breakdown of costs, including the level of effort for home visitor personnel (e.g., full-time equivalent). You may choose to provide a listing of each home visitor personnel, but this is not required. **HRSA reserves the right to request a more detailed, line item breakdown for each contract.** Costs for contracts must be broken down in detail and include a narrative justification that explains the need for each contractual agreement and how it relates to the overall project. 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](#).

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

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

(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.)

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

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

- **A description of activities and detailed line-item breakdown of administrative expenditures,**³ as applicable, incurred through administering the MIECHV grant. Also, include the **estimated percentage** (at no more than 10 percent) of the FY 2019 MIECHV grant award planned to support these activities. *(For a complete definition and examples of administrative expenditures, see [Appendix A](#).)*
- **A description of activities and detailed line-item breakdown of recipient-level infrastructure costs,** as applicable, to enable you to deliver home visiting services, including but not limited to administrative costs. Also, include the **estimated percentage** (at no more than 25 percent) of the FY 2019 MIECHV grant award planned to support those activities. *(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 expenditures, you must provide written justification for this request, to include, for example, an unusually high negotiated indirect cost rate (and explanation for why the cost rate is so high). This justification should be included within the Budget Narrative.)

- **Evaluation activities, as applicable:** If you propose to conduct a new promising approach evaluation, and/or propose to continue an existing evaluation or an existing promising approach evaluation, **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, external evaluators, data collection, travel, communication tools that share interim results with stakeholders, printing, supplies, equipment, etc.

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

- **Statewide Needs Assessment Update activities, as applicable:** If you propose to use FY 2019 formula funds to support an update to the statewide needs assessment due October 1, 2020, **you must include a budget narrative and detailed line-item breakdown as part of the overall budget for the needs assessment update.** FY 2019 formula funds proposed for a statewide needs assessment update are NOT subject to the recipient-level infrastructure limit. However, these funds are subject to the statutory requirement that not more than 10 percent of the grant award that may be used for administering the grant.

*(NOTE: In FY 2018, you were able to apply for up to \$200,000 in supplemental funds to support activities to complete the statewide needs assessment update. Allocation of FY 2019 formula funds are intended to further support your ability to comply with the statutory requirement for submission of the update by October 1, 2020. **Budgeting FY 2019 formula funds to support costs of completing the statewide needs assessment update should NOT result in a reduction in home visiting services.**)*

Period of Availability Spreadsheet (Attachment 3)

The purpose of this spreadsheet is to support verification that you propose to allocate FY 2019 formula funds across the full 2-year period of availability.

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 (9/30/2019 to 9/29/2021), as well as an additional column that indicates how money remaining from the previous FY 2018 MIECHV formula grant is proposed to be spent in Year 1 by object class category (personnel, fringe, travel, etc.).

For example:

FY 2018 MIECHV formula award (Year 1 of the FY 2019 period of performance) (for budgetary purposes: 9/30/2019 to 9/29/2020)

Column 1: Remaining funding from FY 2018 MIECHV formula grant to be spent in Year 1 of the FY 2019 period of performance

FY 2019 MIECHV grant - Year 1 (for budgetary purposes: 9/30/2019 to 9/29/2020)

Column 2: FY 2019 MIECHV grant Year 1 proposed spending

FY 2019 MIECHV grant - Year 2 (for budgetary purposes: 9/30/2020 to 9/29/2021)

Column 3: FY 2019 MIECHV grant Year 2 proposed spending

Maintenance of Effort Chart (Attachment 4)

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 two years prior state FY non-federal (State General Funds) expended for the proposed project by the recipient entity administering the MIECHV formula grant, for the evidence-based home visiting services, in response to the most recently completed statewide needs assessment. Include prior state general funds expended only by the recipient entity administering the MIECHV grant and not by other state agencies.</p> <p>This number should equal the reported expenditures entered in the “FY Prior to Application (Actual)” column submitted as Attachment 5 in response to HRSA-18-091.</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 the recipient entity administering the MIECHV formula grant, for the evidence-based home visiting services, in response to the most recently completed statewide needs assessment. Include prior state general funds expended only by the recipient entity administering the MIECHV grant and not by other state agencies.</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 recipient entity administering the MIECHV formula grant, for the evidence-based home visiting services, in response to the most recently completed statewide needs assessment. Include current state general funds expended only by the recipient entity administering the MIECHV grant and not by other state agencies.</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. Attachments

You are allowed to 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:

Required:

- Attachment 1: Work Plan Timeline
- Attachment 2: At-Risk Communities, Local Implementing Agencies, and Caseload of Family Slots
- Attachment 3: Period of Availability Spreadsheet
- Attachment 4: Maintenance of Effort Chart

Optional:

- Attachment 5: Model Developer Documentation
- Attachment 6: Updated Organizational Chart
- Attachment 7: Justification to use the Enrollment Slot Method
- Attachment 8-15: Other relevant documents (e.g. indirect cost rate agreements, etc.)

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 Electronic Handbooks (EHBs). For assistance with submitting information in HRSA’s EHBs (i.e., technical system issues), contact the HRSA Contact Center, Monday-Friday, 9 a.m. to 5:30 p.m. ET:

HRSA Contact Center

Phone: (877) 464-4772

TTY: (877) 897-9910

Email: callcenter@hrsa.gov

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

APPENDIX A: Program Expectations and Funding Restrictions

Priority for Serving High-Risk Populations

As required by statute,⁴ recipients must give priority in providing services under the MIECHV Program to the following:

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

Selection of a Home Visiting Service Delivery Model

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.⁵ Recipients may expend no more than 25 percent of the grant(s) awarded for a fiscal year for conducting and evaluating a program using a service delivery model that qualifies as a promising approach.⁶ 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.

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

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

⁵ Social Security Act, Title V, § 511(d)(3)(A) identifies various specific criteria applicable to such evidence-based service delivery models.

⁶ Social Security Act, Title V, § 511(d)(3)(A)).

Family Spirit
Health Access Nurturing Development Services (HANDS) Program
Healthy Beginnings
Healthy Families America
Home Instruction for Parents of Preschool Youngsters
Maternal Early Childhood Sustained Home Visiting Program
Minding the Baby
Nurse-Family Partnership
Parents as Teachers
Play and Learning Strategies – Infant
SafeCare Augmented

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;⁷
- 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.⁸ (For more information on the HHS-established criteria for evidence of effectiveness, go to: <http://homvee.acf.hhs.gov/>.) Additionally, any awardee 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.

⁷ Social Security Act, Title V, §511(d)(4), as amended by the Bipartisan Budget Act of 2018, Title VI, § 50604, indicates the priority for serving high-risk populations.

⁸ Social Security Act, Title V, § 511(d)(3)(A)(iii).

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

Model Enhancements

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

Enrollment

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

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

Collaboration with Early Childhood Partners and Early Childhood System Coordination

Per the authorizing legislation, recipients will ensure the provision of high-quality home visiting services to eligible families in at-risk communities by, in part, coordinating with comprehensive statewide early childhood systems to support the needs of those families.⁹ 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.¹⁰ 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.

⁹ Social Security Act, Title V, § 511(b)(1)(B).

¹⁰ Social Security Act, Title V, § 511(d)(3)(B).

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

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

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

Through project planning and service coordination at state, territory and/or local levels, recipients should ensure that home visiting is part of a continuum of early childhood services. (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 supervision¹¹ 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.”¹²

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.¹³ 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 2019. 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. An evaluation plan describing the technical details of the evaluation is due to HRSA no later than 120 days after issuance of the Notice of Award. Further guidance and technical assistance will be available after HRSA issues the award.

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.¹⁴ 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 proposed under FY 16 competitive innovation awards, and/or FY 2017 or FY 2018 formula awards. **No new evaluation projects, excluding evaluation of a promising approach model, shall be proposed in this FY 2019 NCC Update submission.** 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,

¹¹ Social Security Act, Title V, § 511(d)(3)(B)(iii).

¹² Social Security Act, Title V, § 511(d)(3)(A)(i)(II).

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

¹⁴ Social Security Act, Title V, § 511 (d)(3)(A)(ii).

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](#). An evaluation plan describing the technical details of the evaluation is due to HRSA no later than 120 days after issuance of the Notice of Award. Further guidance and technical assistance will be available after HRSA issues the award.

Subrecipient Monitoring

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

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

Monitoring activities must ensure subrecipients comply with applicable requirements outlined in the Uniform Administrative Requirements, Cost Principles and Audit Requirements at [45 CFR Part 75](#) and authorizing legislation.¹⁵ 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](#).

¹⁵ Social Security Act, Title V, § 511(d).

Maintenance of Effort

You must supplement, and not supplant, funds from other sources for early childhood home visitation programs or initiatives.¹⁶ 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 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 in fidelity to an evidence-based model approved for use under MIECHV. Recipients may coordinate with and refer eligible families to direct medical, dental, mental health or legal services and providers covered by other sources of funding, for which non-MIECHV sources of funding (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.¹⁷

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;

¹⁶ Social Security Act, Title V, § 511(f).

¹⁷ Social Security Act, Title V, § 511(i)(2)(C).

- Payment Management System drawdowns and quarterly reporting;
- Time spent working with the HRSA Grants Management Specialist and HRSA Project Officer;
- Subrecipient monitoring;
- Complying with Federal Funding Accountability and Transparency Act subrecipient reporting requirements;
- Support of HRSA site visits;
- The portion of regional or national meetings dealing with MIECHV grants administration;
- Audit expenses; and
- Support of HHS Office of Inspector General (OIG) or Government Accountability Office (GAO) audits.

NOTE: The 10 percent 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 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 administrative costs related to programmatic activities, indirect costs, and other items, but does not include “administrative expenditures,” and therefore is not subject to the 10 percent limit on administrative expenditures.

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

- Professional development and training for recipient-level staff;
- Model affiliation and accreditation fees;
- Continuous quality improvement and assurance activities, including development of CQI and related plans;
- Technical assistance provided by the recipient to the local implementing agencies (LIAs);
- Information technology including data systems (excluding costs incurred to update data management systems related to the HRSA redesign of the MIECHV program performance measurement system which took effect on October 1, 2016);
- Coordination with comprehensive statewide early childhood systems; and
- Indirect costs (also known as “facilities and administrative costs”) (i.e., costs incurred for common or joint objectives that cannot be identified specifically with a particular project, program, or organizational activity).¹⁸

¹⁸ See the Uniform Administrative Requirements at [45 CFR part 75](#).

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.

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

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

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

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

Pay for Outcomes

The Bipartisan Budget Act of 2018 provides authority for recipients to use up to 25 percent of a MIECHV grant for a pay for outcomes initiative,¹⁹ that will not result in reduction of funded home visiting services through the MIECHV program and 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;

¹⁹ Social Security Act, Title V, § 511(c), as amended by the Bipartisan Budget Act of 2018, Title VI, § 50605.

- A rigorous, third-party evaluation that uses experimental or quasi-experimental design or other research methodologies that allow for the strongest possible causal inferences to determine whether the initiative has met its proposed outcomes as a result of the intervention;
- An annual, publicly available report on the progress of the initiative; and
- A requirement that payments are made to the recipient of a grant, contract, or cooperative agreement only when agreed upon outcomes are achieved, except that 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 2019 MIECHV Annual Performance Reporting Forms 1 and 2 must be submitted by October 30, 2019. Recipients will provide demographic, service utilization, and select clinical indicators and performance indicators and systems outcomes measures into the Home Visiting Information System (HVIS) accessed through EHBs that represent activities occurring during the reporting period of October 1, 2018, through September 30, 2019. 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 that all data regarding enrollees should include only those enrollees served by a trained home visitor implementing services with fidelity to the model for whom at least 25 percent of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding (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. These constructs include: preterm birth, breastfeeding, depression screening, well child visits, postpartum care, tobacco cessation referrals, safe sleep, child injury, child maltreatment, parent-child interaction, early language and literacy activities, developmental screening, behavioral concerns, intimate partner violence screening, primary caregiver education, continuity of insurance coverage, completed depression referrals, completed developmental referrals, and intimate partner violence referrals. Specific inclusion and eligibility criteria has been established for each measure. Refer to technical assistance resources for more information (<https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-technical-assistance/performance-reporting-and-evaluation-resources>).

HRSA requires that recipients submit performance reports on a quarterly basis that include: the number of new and continuing households served; maximum service capacity; identification of 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:

- 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 FAPIIS, as required in 45 CFR part 75 Appendix XII.