

Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV Program)
Fiscal Year (FY) 2017 Formula Work Plan and Budget Update (WPBU)
Frequently Asked Questions

Please note: **Fiscal Year 2017 Formula Grant Work Plan and Budget Update - Version 2** has been revised to reflect the following changes:

- Page 17 – Attachment 7 is **not** required – please submit only if there are applicable changes.
- Page 19 – Regarding past performance as indicated through submission of quarterly performance data, **the first quarter of FY 2017 reflects the following dates (10/1/16-12/31/16).**

This version was provided to recipients via email from the EHBs on April 21, 2017. If you do not have this version, please contact your HRSA Project Officer.

I. Funding and Eligibility

1. How much total funding is available for FY 2017 MIECHV formula grants?

In Fiscal Year (FY) 2017, approximately \$343 million will be available to support up to 56 awards for the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV Program).

2. How was the FY 2017 MIECHV formula funding plan developed?

To continue maintaining stability, the FY 2017 formula grant award ceiling for which each eligible state and territory awardee may request is the same as the FY 2016 Formula grant award ceiling, minus 0.8 percent. The FY 2017 appropriation was reduced due to sequestration pursuant to the Balanced Budget and Emergency Deficit Control Act of 1985, as amended.

3. Who is eligible to request a FY 2017 MIECHV formula grant?

Eligible entities include the 56 recipients (or grantees) currently funded from FY 2016 under the MIECHV Program, including 47 states; three (3) nonprofit organizations serving Florida, North Dakota, and Wyoming; and six (6) territories and jurisdictions serving the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands, and American Samoa.

4. How much can eligible entities request?

Eligible entities may not request more than the total grant award ceiling for their state, territory or jurisdiction, and may choose to request less.

5. How and when will eligible entities be notified of the award ceiling funding amounts?

Two email notifications were sent to Program Directors and Authorizing Officials for each eligible entity:

- On April 13, 2017, the FY 2017 Work Plan and Budget Update (WPBU) guidance was emailed as an attachment with instructions on how to request FY 2017 MIECHV formula funds and the award ceiling funding amount for the respective eligible entity.

- On April 21, 2017, an MIECHV Program specific EHB link and eligibility code was emailed to eligible entities to access the HRSA Electronic Handbooks (EHBs) and begin the electronic submission of the WPBU.

6. When does HRSA expect to award FY 2017 formula grants?

HRSA expects awards will be made prior to the project period start date of September 30, 2017.

7. Should recipients expect to receive similar MIECHV formula funding awards in FY 2018 as they will receive in FY 2017?

HRSA cannot comment on FY 2018 MIECHV program appropriations at this time. It is up to the Congress to make decisions on reauthorizing programs.

II. Work Plan and Budget Update Submission

8. How do eligible entities request FY 2017 formula funds under the MIECHV program?

To request a FY 2017 MIECHV formula grant, eligible entities must address all criteria outlined in required sections of the FY 2017 Work Plan and Budget Update (WPBU). Submissions of the FY 2017 WPBU must occur through the HRSA EHBs. Each Program Director and Authorizing Official for each eligible entity should have received an email from HRSA on April 21, 2017 containing a link and eligibility code to access the online EHBs submissions module.

9. What is the deadline for requesting FY 2017 MIECHV formula funding?

Eligible entities must submit one FY 2017 WPBU to the EHBs by June 12, 2017, 11:59 p.m. Eastern Time.

10. Why is the guidance called a Work Plan and Budget Update (WPBU) and not a Funding Opportunity Announcement (FOA)?

HRSA is using a streamlined process for eligible entities requesting FY 2017 formula funds through the MIECHV program to reduce the burden of reporting. Under this process, only 56 eligible entities that received a FY 2016 formula grant can request FY 2017 formula funds by submitting a WPBU through the EHBs, as opposed to Grants.gov, as done in previous years when responding to an FOA.

11. What is the main difference between the FY 2016 FOA and the FY 2017 WPBU?

Last year, the FY 2016 FOA required eligible entities to submit applications through Grants.gov.

This year, the FY 2017 WPBU guidance requires eligible entities submit updates through the EHBs by accessing the specific EHB link and eligibility code sent via email to Program Directors and Authorizing Officials.

Additionally, entities are requested to only submit assurances and updates on the remainder of the FY 2016 project period (4/1/2016 to 9/30/2018), and provide a comprehensive work plan and budget

justification for the upcoming FY 2017 project period (9/30/2017 to 9/30/2019), including required attachments.

12. Where can the FY 2017 WPBU guidance document be accessed?

The FY 2017 WPBU guidance document was sent as an attachment via email to Program Directors and Authorizing Officials of eligible entities on April 13, 2017 and April 21, 2017. The WPBU guidance document can also be accessed on the EHBs module under “FOA Guidance”.

13. Is there a page limit?

Yes; the page limit is 50 pages, including all Appendices, when printed by HRSA. This page limit does not include the standard OMB forms, indirect cost agreements or documents showing proof of non-profit status. If there are challenges to meeting the page limit, recipients should state applicable documents as “available upon request” in the project narrative.

14. When will the HRSA Electronic Handbooks (EHB) module be available for WPBU submission?

The EHBs module was accessible starting April 21, 2017 for eligible entities.

15. Have there been changes to Program Requirements or Funding Restrictions in FY 2017 compared to previous years?

Program requirements (starting on page 7) of the FY 2017 WPBU are consistent with past formula requirements and funding restrictions most recently issued in FY 2016 Maternal, Infant and Early Childhood Home Visiting Program – Formula Funding Opportunity Announcement HRSA-16-172 (see [here](#)).

16. What is the Activity Code for this grant award?

The Activity Code is X10, the same as FY 2016 formula grant. However, new grant numbers will issued with the Notice of Award.

17. Where is the eligibility code to access the EHBs?

The eligibility code was included in the email sent to Program Directors and Authorizing Officials on April 21, 2017 under “How to Apply”.

18. What is in a complete FY 2017 WPBU submission?

A complete submission includes five (5) parts. These include:

1. First is completion of three standard OMB forms in built into the EHBs:
 - SF-424 Instructions for Application for Federal Assistance
 - SF-424A Budget Information – Non-construction Programs; and
 - SF-424B Assurances – Non-construction Programs

The other four parts of the submission must be uploaded under the applicable folder in the EHBs. They include:

2. FY 2016 Project Status Update
3. FY 2017 Proposed Project Narrative
4. FY 2017 Budget and Budget Justification; and
5. Attachments, of which seven (7) are required and others are optional.

19. Which attachments are required?

A total of seven (7) attachments are required; the chart below lists the attachment number and type, and whether each attachment is required or optional:

Attachment Number and Type	Required	Optional*
Attachment 1: Logic Model		x
Attachment 2: Work Plan Timeline	x	
Attachment 3: At-Risk Communities	x	
Attachment 4: Caseload of Family Slots	x	
Attachment 5: Local Implementing Agencies	x	
Attachment 6: Maintenance of Effort Chart	x	
Attachment 7: Updated Organizational Chart		x
Attachment 8: Documentation of NEW Proposed Contracts		x
Attachment 9: Model Developer Documentation		x
Attachment 10: Period of Availability Spreadsheet	x	
Attachment 11: Percentage of Total Budgeted Expenditures to Support the Caseload of Family Slots	x	
Attachment 12-15: Other Relevant Documents (e.g., Evaluation Reports, Products, Publications)		x

*Note: For optional attachments, if there are updates or major changes since the previous application submission, please upload an attachment. If there are no major changes, please provide a statement to that effect for the appropriate attachment type within the Project Narrative.

III. Budget

20. The FY 2017 WPBU lists the following costs of administering the grant to include: reporting costs, project specific accounting and financial management, PMS drawdowns, complying with FFATA, and audit expenses. If these items are not charged directly to the cost of the program, do they factor into the 10% cap on administrative costs? Does the negotiated indirect cost of the recipient (State administering the grant) count towards the 10% cap on administrative costs?

The costs mentioned above listed in the WPBU (when using federal funds) count toward the 10% cap on administrative costs. The negotiated indirect cost rate of the recipient does not directly count toward the 10% administrative costs cap; however, the statute dictates that “Of the amounts paid to a state... not more than 10% may be used for administering the funds paid under such section.” The state will have to demonstrate adherence to the administrative cost limitation during the A-133 audit.

So, direct *and* indirect costs for expenses *other* than those associated with award administration, such as facilities operation, maintenance costs and depreciation related to programmatic activity, would **not** be included in the 10% cap, but direct and indirect costs associated with administering the MIECHV funds **would** be included.

As an example of assigning indirect costs, if a MIECHV recipient can show that 20% of indirect expense is applicable to activities related to administering the award, but 80% is applicable to programmatic activity (training, provision of services, development of performance measurement system, etc.)—only 20% of the indirect would apply to the 10% cap.

21. How can recipients increase efficiency in recipient-level infrastructure expenditures?

Recipients may not spend more than 25% of the award amount on infrastructure expenditures without HRSA’s prior approval. Recipient-level infrastructure expenditures may include a combination of administrative expenditures that are subject to a 10% administrative cap and recipient-level infrastructure expenditures necessary to enable recipients to deliver MIECHV services. Recipients should maximize efficiencies in infrastructure expenditures where possible to increase the proportion of the FY 2017 award budgeted for direct services costs. Starting on page 7 of the WPBU guidance, the Program Requirements section includes a description of infrastructure expenditures necessary to enable delivery of MIECHV services subject to the 25% limitation. Where possible, recipients should align infrastructure expenditures with program goals, objectives, and work plan and determine if any activities associated with infrastructure expenditures may be accomplished more efficiently or removed from the work plan.

Recipients are required to provide a detailed breakdown of recipient-level expenditures and the estimated percentage, to verify costs are within the 25% limitation in Attachment 10 – Period of Availability Spreadsheet of the WPBU.

22. Are statewide centralized intake costs considered recipient-level infrastructure expenditures?

Centralized intake systems and activities vary across states. As a result, it is incumbent upon recipients to assess and document the purpose and nature of these costs, and appropriately allocate them as either service delivery expenditures or recipient-level infrastructure expenditures subject to the 25% limitation. For example, some centralized intake costs may support participant recruitment, which should be considered service delivery expenditures. Whereas other centralized intake costs may be allocated to support coordination with statewide early childhood systems; these costs should be defined as recipient-level infrastructure expenditures and count toward the 25% limitation.

23. Do indirect costs count toward the 10% administrative expenditures cap?

Similar to direct costs, recipients must assign indirect costs as administrative expenditures when applicable. Any direct OR indirect costs associated with administering MIECHV funds would count

toward the 10% administrative expenditures cap. Please see pages 14-15 of the WPBU for examples of administrative expenditures.

24. Do the 10% administrative expenditures count toward the 25% limitation on recipient-level infrastructure expenditures?

Yes; see pages 14-15 of the WPBU for examples of administrative expenditures.

25. Must recipients spend funds in the order of the year of award, i.e. first in, first out? For example, should recipients spend all FY 2016 funds prior to spending FY 2017 funds?

No; recipients are not required to spend funds in the order they are received. Funds must be spent based upon the time period to which they are awarded in accordance with the approved budget. Funds awarded (and budgeted) for a subsequent period must not be used to pay for obligations that occurred in a prior period. Obligations from the prior period must be liquidated (or spent) within 90 days of the end of the period. Since drawdowns for expenditures should align with the appropriate grant period that those expenditures are budgeted for, there will be instances where funds are drawn from more recent periods before funds from prior periods are fully exhausted.

26. Can recipients blend MIECHV funds with other funding sources to support home visiting services?

No; pursuant to 45 CFR Part 75.302 of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, “state’s and the other non-Federal entity’s financial management systems, including records documenting compliance with Federal statutes, regulations, and the terms and conditions of the Federal award, must be sufficient to permit the preparation of reports required by general and program-specific terms and conditions, and the tracing of funds to a level of expenditures adequate to establish that such funds have been used according to the Federal statutes, regulations, and the terms and conditions of the Federal award.”

Further, 45 CFR Part 75.303 states that “the non-Federal entity must establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award.”

27. What is the difference between blending and braiding of funds?

When federal funds are blended, it is no longer possible to track expenditures separately. The *braiding* of funds is allowed, however. When braiding, each funding source is still identifiable and it is possible to allocate and track expenditures by source, including at the local level. This allows recipients to make distinct reports on uses of funds as required by MIECHV and many other federal programs.

28. Where can recipients find guidance related to subrecipient monitoring and management?

The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards at 45 CFR §75.351, 45 CFR §75.352, and 45 CFR §75.521 outline requirements for Subrecipient Monitoring and Management. Additionally, page 13 of the WPBU outlines requirements for how subrecipient monitoring plan 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 include provision for:

- (1) Review of financial and performance reports as required by the recipient;
- (2) 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
- (3) 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.

Please reach out to the assigned HRSA Project Officers and Grants Management Specialists for further assistance.

29. Will recipients be permitted to use FY 2017 funds to implement model enhancements providing direct mental health services to families?

Recipients may coordinate with and refer to direct medical, dental, mental health or legal services and providers covered by other sources of funding, for which non-MIECHV sources of funding may provide reimbursement. The MIECHV program generally does **NOT** fund the delivery or costs of direct medical, dental, mental health, or legal services; however, some limited direct services may be provided (typically by the home visitor) to the extent required in fidelity to an evidence-based model approved for use under this WPBU. As a result, FY 2017 funds may not be used to fund model enhancements providing direct mental health services to families.

IV. Period of Availability

30. What will the project period be for these grants?

The project period will be September 30, 2017 through September 30, 2019 (two years).

31. Should recipients submit annual budgets or one budget for the entire two years?

Pursuant to the authorizing statute, funds awarded to a recipient for a federal fiscal year under the FY 2017 Work Plan and Budget Update (WPBU) shall remain available for expenditure by the recipient through the end of the second succeeding federal fiscal year after award.

Recipients must provide one budget that describes the expenditure of grant funds at all points during the period of availability. Recipients are not required to maintain the same rate of expenditure or the same level of home visiting services throughout the full period of availability but must demonstrate that home visiting services will be made available throughout the project period (the full period of availability). Recipients can demonstrate home visiting services are being provided throughout the

duration of the period of availability in Attachment 10 – Period of Availability Spreadsheet and in the work plan.

As a reminder, grant funds that have not been obligated for expenditure by the recipient during the period of availability for use by the recipient will be de-obligated. FY 2017 funds must be obligated prior to 9/30/2019 and liquidated by 12/31/2019.

32. Are recipients required to budget across the full period of availability?

As in previous years, recipients must budget across the full period of availability to avoid potential financial instability and funding uncertainties. The budget should extend throughout the period of availability or two-year budget period. HRSA will provide technical assistance to recipients to support flexibility and ensure understanding of the period of availability and consistent budgeting across recipients.

HRSA will provide technical assistance to recipients on all aspects of the program, including the potential need to support reduction of services. Where possible, HRSA will support recipients in reducing services through natural attrition of families and referral of currently served families to other local high-quality early childhood programs.

33. Must recipients budget funds in Year 1 of the project period (9/30/2017 – 9/29/2018)? Alternatively, must recipients budget funds in Year 2 of the project period (9/30/2018 – 9/30/2019)?

Recipients are not required to budget funds in Year 1 of the project period. However, recipients are required to budget some funds in Year 2 of the project period.

FY 2017 formula funds must be budgeted to last through the end of the period of availability, which is September 30, 2019. However, recipients are not required to maintain the same rate of expenditure or the same level of home visiting services throughout the full period of availability. Recipients must demonstrate in their Work Plan and Budget Updates that home visiting services will be made available throughout the project period.

Budgeting to the end of the project period may support recipients in avoiding, as much as feasible, potential financial instability and funding uncertainties.

For example:

Recipients may budget zero FY 2017 formula dollars for Year 1 (9/30/2017 – 9/29/2018) **IF** sufficient funds are available to cover costs of delivering home visiting services through Year 1, and thus may allocate the entire FY 2017 formula grant award for services delivered in Year 2 (9/30/2018 – 9/30/2019).

34. What should the Period of Availability Spreadsheet look like?

Recipients are asked to submit a spreadsheet, labeled as **Attachment 10 – 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 project period/period of availability (September 30, 2017, to September 30, 2019), as well as an additional column that indicates how money remaining from the

previous FY 2016 MIECHV formula grant is proposed to be spent in Year 1 by object class category (personnel, fringe, travel, etc.).

To support verification that the budget does not exceed limitations on administrative expenditures (not to exceed 10 percent of the total award) and recipient-level infrastructure expenditures (not to exceed 25 percent including administrative expenditures of the award without a request for approval to exceed with written justification), recipients should split Year 1 and 2 budgets into columns representing Service Delivery Expenditures, Recipient-Level Infrastructure Expenditures, and Administrative Expenditures by object class category. Starting on page 43 of the WPBU guidance, Appendix C includes definitions of these expenditures.

For example:

Column 1: Remaining funding from FY 2016 MIECHV formula grant to be spent in Year 1

FY 17 MIECHV formula grant - Year 1 (for budgetary purposes: 9/30/17-9/29/18)

Column 2: FY 2017 MIECHV formula grant - Year 1 Service Delivery Expenditures

Column 3: FY 2017 MIECHV formula grant - Year 1 Recipient-Level Infrastructure Expenditures

Column 4: FY 2017 MIECHV formula grant - Year 1 Administrative Expenditures

FY 17 MIECHV formula grant - Year 2 (for budgetary purposes: 9/30/18-9/30/19)

Column 5: FY 2017 MIECHV formula grant - Year 2 Service Delivery Expenditures

Column 6: FY 2017 MIECHV formula grant - Year 2 Recipient-Level Infrastructure Expenditures

Column 7: FY 2017 MIECHV formula grant - Year 2 Administrative Expenditures

While HRSA does not require use of a particular format, it is recommended recipients outline proposed costs for each type of expenditure in each column by object class category, similar to the SF-424A form. Recipients should contact assigned HRSA Project Officers with any questions related to Attachment 10 – Period of Availability Spreadsheet.

V. Needs Assessment

35. May recipients use grant funds to support conducting an update to the statewide needs assessment to verify at-risk communities?

Yes, recipients may use FY 2017 formula funding to complete an update to identified at-risk communities; however, no additional funding for this purpose will be provided. Although an update to the statewide needs assessment is not required at this time, it may be required in the future.

36. Are costs incurred to support an update to the statewide needs assessment administrative or recipient-level infrastructure expenditures?

It is incumbent upon recipients to assess and document the purpose and nature of costs incurred to support an update to the statewide needs assessment, and appropriately allocate them as either administrative expenditures subject to the 10% cap or recipient-level infrastructure expenditures subject to the 25% limitation.

HRSA expects that the majority of these costs, if not all, would *not* be allocated to administrative expenditures, but primarily to recipient-level infrastructure expenditures, as the term “administrative expenditures” refers to the costs of *administering* a MIECHV grant incurred by the recipient (see pages 14-15 for more information on administrative expenditures).

VI. Caseload of Family Slots

37. What is a family slot?

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

All members of one family or household equal a single caseload slot.

38. What is a caseload of family slots?

A caseload of family slots is the highest number of families (or households) that could potentially be enrolled at any given time if the program were operating with a full complement of hired and trained home visitors. Additionally, caseload of family slots is a point in time figure, **NOT** a cumulative count of enrolled families. Caseload of family slots is associated with maximum service capacity on Form 4.

39. How will HRSA determine whether the proposed caseload of slots is acceptable?

Recipients should request funds not exceeding the estimated total grant award ceiling, to support a proposed caseload of family slots through use of one or more evidence-based models eligible for implementation under MIECHV that meet the HHS criteria of evidence of effectiveness, or a home visiting model that qualifies as a promising approach.

A wide variety of factors will be considered in HRSA’s review of proposed caseloads, including, but not limited to, applicant’s proposed budgets, model(s) selected, whether counties to be served are identified as rural according to HRSA’s Office of Rural Health Policy, the geography of selected at-risk communities, and the risk level of families the applicant proposes to serve.

Based on review of the WPBU, HRSA Program Officers and Grants Management Specialists will either approve, or request clarification to, the proposed caseload of family slots by federal fiscal year and any proposed model enhancement(s). The funding award is dependent upon the approved, agreed upon plan.

Recipients are required to propose caseload of family slots in the FY 2017 Proposed Project Narrative and Attachment 4 in the WPBU.

40. On which families should awardees collect and report data to HRSA for MIECHV performance reporting?

The determination of the families that awardees should collect and report performance data is dependent on the percentage of the home visitor’s personnel costs supported by MIECHV awards.

Example scenarios:

1. If MIECHV funds support **100%** of a home visitor's personnel costs (salary/wages including benefits), then awardees must collect and report data on MIECHV data forms on **ALL** families within that home visitor's caseload.
2. If MIECHV funds support **25% or more** of a home visitor's personnel costs (salary/wages including benefits), then awardees must collect and report data on MIECHV data forms on **ALL** families within that home visitor's caseload.
3. If MIECHV funds support **25% or less** of a home visitor's personnel costs (salary/wages including benefits), then awardees must not collect and report data on MIECHV data forms on **ANY** families within that home visitor's caseload, **EXCEPT** for data reported on Form 1, Table 3. Form 1 can be accessed [here](#).

As a reminder, the caseload of family slots, associated with maximum service capacity, is reported on Form 4, Table A.1. Form 4 can be accessed [here](#).

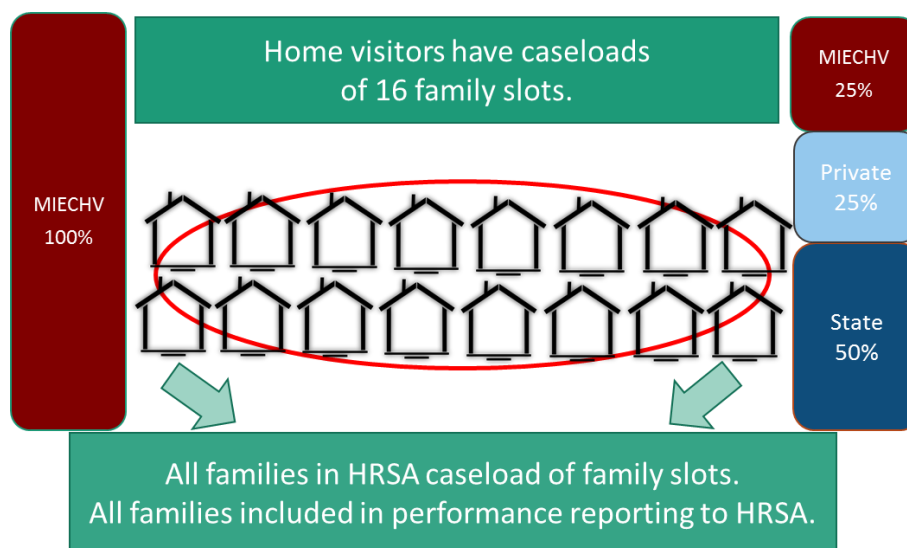


Figure 1: Illustration of caseload of family slots reported to HRSA by home visitor personnel cost allocation

41. If a recipient receives funds from multiple sources to support home visiting services and recipient-level infrastructure expenditures, how should the recipient count family slots?

The caseload of family slots (associated with the *maximum service capacity*) is the highest number of families (or households) that could potentially be enrolled at any given time if the program were operating with a full complement of hired and trained home visitors. Family slots are those enrollment slots served by a trained home visitor implementing services with fidelity to the model for whom at least 25% of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding. All members of one family or household represent a single caseload slot. The count of slots should be

distinguished from the cumulative number of enrolled families during the grant period. It is known that the caseload of family slots may vary by federal fiscal year pending variation in available funding in each fiscal year.

Please note: Absent prior approval from HRSA, no more than 25% of the award amount may be spent on a combination of administrative expenditures (further subject to a 10% cap, as described above) and recipient-level infrastructure expenditures necessary to enable recipients to deliver MIECHV services.

42. How should recipients propose a caseload of family slots in Year 2 defined as FY 2019 from 10/1/2018 to 9/30/2019?

A proposed caseload should be based on best estimates with stable formula funding from FY 2017 to FY 2018, pending availability of funds. It is known that the caseload of family slots may vary by federal fiscal year pending variation in available funding in each fiscal year. Recipients may request a revision to proposed caseload of family slots should there be changes in available funding.

Based on a review of the WPBU, HRSA program staff and grants management officials will either approve or request clarification to the proposed caseload of family slots. The funding award is dependent upon the approved, agreed upon plan.

43. Under the requirements described in the WPBU, how should recipients report maximum service capacity?

Recipients are required to submit data reports on a quarterly basis that include: the number of new and continuing households served; maximum service capacity; identification of communities and zip codes where households are served; family engagement and retention; and staff recruitment and retention.

The caseload of family slots (associated with the *maximum service capacity*) is the highest number of families (or households) that could potentially be enrolled at any given time if the program were operating with a full complement of hired and trained home visitors. Family slots are those enrollment slots served by a trained home visitor implementing services with fidelity to the model for whom at least 25% of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding. All members of one family or household represent a single caseload slot. The count of slots should be distinguished from the cumulative number of enrolled families during the grant period. It is known that the caseload of family slots may vary by federal fiscal year pending variation in available funding in each fiscal year.

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. 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 60 days after the end of each reporting period:

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

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

44. If an applicant selects a home visiting model that allows for multiple children per household or family to be enrolled, may the applicant propose individual caseloads instead of the caseload of family slots?

No; the caseload of family slots is defined in Appendix C of the WPBU as follows: the caseload of family slots (associated with the *maximum service capacity*) is the highest number of families (or households) that could potentially be enrolled at any given time if the program were operating with a full complement of hired and trained home visitors. Family slots are those enrollment slots served by a trained home visitor implementing services with fidelity to the model for whom at least 25% of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding. The WPBU asks recipients to propose a caseload by fiscal year (Attachment 4), and at the model and LIA levels (Attachment 5).

HRSA is aware that some home visiting models call for the enrollment and provision of services to more than one child in the home. The number of enrolled children is different than the caseload of family slots requested in the WPBU. Regardless of the number of family members enrolled in the program in fidelity to the model, all members of one family or household represent a single caseload family slot.

45. Is the definition of caseload of family slots in the WPBU different than the quarterly capacity data collection form?

No; the definition for caseload of family slots in the WPBU matches the definition included in HRSA's quarterly capacity data collection. HRSA must set one standard definition for our use, though definitions vary across models. Recipients are encouraged to consider the time and staff resources needed to provide services to families in fidelity to the model(s) when they calculate their caseload of family slots.

Recipients will continue to collect and report service utilization and benchmark data reporting on participants enrolled in the program. Note that these participants must be those served by a trained home visitor implementing services with fidelity to the model for whom at least 25% of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding.

VII. Memoranda of Understanding

46. If there are no major changes to contracts in FY 2017, do previously approved memoranda of understanding (MOUs) or letters of agreements need to be re-submitted with the WPBU?

No; MOUs and/or letters of agreements with partners do not have to be resubmitted if there are no major changes anticipated in FY 2017. As a reminder, MOUs and 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.

Any new MOUs and letters of agreement with partners listed in the FY 2016 FOA are due to HRSA Project Officers within 180 days of grant award. If this timeline is not feasible, please reach out to HRSA Project Officers to discuss a reasonable timeline. For the full list of partners, see [here](#). It is also recommended MIECHV recipients invite representatives of ECCS funding recipients to serve on the MIECHV recipient advisory group (also known as State Team, Advisory Council, etc.) whenever feasible.

47. Do MOUs and letters of agreement need to be legally binding?

No; MOUs and letters of agreements with partners listed in the FY 2016 FOA do not have to be legally binding.

48. Will a letter of support meet the requirement for a MOU or letter of agreement?

No; letters of support do not meet the requirement.

Please note that an MOU or letter of agreement should address the requirements and list of state agencies with which recipients must develop MOUs or letters of agreement provided in the FY 2016 FOA. For the full list of partners, see [here](#).

VIII. Past Performance

49. What is a “history of satisfactory recipient performance,” and how is that considered for funding under this Work Plan and Budget Update? For recipients with de-obligations higher than 25%, on Improvement Plans, or on a corrective action plan, what should be included in a plan to be considered for HRSA approval?

Full funding is also dependent on a history of satisfactory recipient performance on all MIECHV grants and a decision that continued funding is in the best interest of the Federal Government. HRSA staff will review recipients’ 2013 de-obligated funding, programmatic and fiscal corrective action plans, and drawdown restriction(s), as applicable.

Recipients with more than 25 percent de-obligation of funds in 2014 as well as those on corrective action plans, Improvement Plans, and/or drawdown restriction, must provide a plan to describe how they are addressing identified issues now and in the future. HRSA will review and approve the plan, or request revision/clarification if needed. Technical assistance will be available to recipients to support implementation of their plans. Increased monitoring by HRSA Project Officers may be required. If no plan is submitted, or the plan is not approved by HRSA, then the award may be reduced. For example, awards may be reduced at a proportion up to the portion of the 2014 award that was de-obligated, or the recipient may be subject to drawdown restriction.

IX. Reporting Periods

50. The WPBU defined four quarterly reporting periods. Will recipients be required to submit four quarterly reports and an annual report?

Recipients will be required to submit four quarterly reports and an annual performance report. The data collected in the quarterly reports is intended to be cross-sectional, rather than cumulative. The

performance data submitted through the annual performance report covers an entire year's worth of activities and is the primary mechanism for collecting performance data.

51. What is the difference between a project period and a reporting period?

A project period refers to the period of availability for the expenditure of MIECHV program funds. The project period for the FY 2017 MIECHV formula grant is two years, starting September 30, 2017 and ends September 30, 2019. Funds must be liquidated within 90 days of the end of the budget period end date.

A reporting period refers to the timeframe MIECHV Performance Measurement data collection and forms should be reported upon. Most important, reporting periods are aligned with the **federal** fiscal year, which begins October 1, 2017 and ends September 30, 2019.

X. State-Led Evaluations

52. What is the difference between a “grantee-led” evaluation and “state-led” evaluation?

There is no difference between a grantee-led evaluation and state-led evaluation. Terminology changed in FY 2017.

53. If a recipient is continuing a current state-led evaluation, can the current approved evaluation plan be used or must the recipient develop a new evaluation plan with different evaluation questions?

Recipients proposing to continue an existing evaluation must submit an evaluation plan within 120 days of the Notice of Award. This evaluation plan is an opportunity for awardees to describe the entire evaluation in detail. Additional technical assistance resources with specific information necessary in an evaluation plan, as well as individualized technical assistant support, will be provided to all grantees implementing an evaluation shortly after the project period start date.

Guidelines for state-led evaluations are provided in detail in Appendix A starting on page 37 of the WPBU guidance.

XI. Home Visiting Models

54. Are the evidence-based models listed in the Resources section of the FY 2017 Work Plan and Budget Update the only home visiting models eligible for implementation with FY17 MIECHV funds?

Authorizing legislation reserves the majority of funding for the delivery of services through implementation of one or more evidence-based home visiting service delivery models. To date, 18 home visiting service delivery models meet HHS-established criteria for evidence of effectiveness have been identified. Starting on page 35, the Resources section of the WPBU provides a full list of the 18 evidence-based models eligible to recipients under MIECHV funding.

Per statute, 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.

55. Should recipients submit previously submitted model developer letters in the WPBU?

Recipients must provide documentation of the national model developer(s) agreement with the recipient's plans to ensure fidelity to the model(s) as Attachment 9, only IF a substantial change in methodology is proposed for the FY 2017 WPBU. In other words, if there are no major changes proposed in methodology, model developer letters do not have to be uploaded in Attachment 9.

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

XII. Maintenance of Effort (MOE)

56. What documentation from the state supporting accomplishment of the maintenance of effort/non-supplantation requirement is required from nonprofit recipients?

To demonstrate maintenance of effort/non-supplantation, recipients must correctly complete and submit the Maintenance of Effort chart as Attachment 6. Page 13 of the WPBU guidance provides additional information on "Maintenance of Effort/Non-Supplantation."

Funds provided to an eligible entity receiving a grant shall supplement, and not supplant, funds from other sources for early childhood home visitation programs or initiatives (per the Social Security Act, Title V, § 511(f)). The applicant must agree to maintain non-federal funding (State General Funds) for evidence-based home visiting and home visiting initiatives, including in-kind, expended for activities proposed in this work plan and budget update, at a level which is not less than expenditures for such activities as of the most recently completed state fiscal year. Non-profit recipients must agree to take all steps reasonably available for this purpose.

57. What if there are state budget issues that affect MOE?

HRSA recognizes there are a number of factors that contribute to recipients' ability to comply with the MOE statutory requirement. Please contact assigned HRSA Project Officers and Grants Management Specialists with questions or concerns.

XIII. Other

58. For the FY 2016 Project Status Report section, would a response such as, “progressing as planned”, be acceptable if a recipient is on track with goals and objectives proposed in the FY 2016 application submission?

Recipients should review questions related to the Project Status Report on page 18 of the FY 2017 WPBU to ensure responses address all parts of all questions in this section of the WPBU. Since this section requests assurances and updates since submission of the previous application, it is recommended recipients respond accordingly and keep responses brief, limited to a few sentences.

59. For Attachment 3 – At-Risk Communities, how should recipients label at-risk communities served by each grant award (either formula or competitive)?

Recipients should label each grant award by grant number in Attachment 3.

60. What is the definition of “continuum” of home visiting and early childhood services?

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. A continuum of home visiting and early childhood services includes MIECHV-supported and non-MIECHV-supported home visiting and early childhood partners that provide services to eligible families with young children from pregnancy to kindergarten entry.

61. May policies and procedures to recruit, enroll, disengage, and re-enroll home visiting services participants with fidelity to the model(s) implemented be model-specific? Are these policies required to be submitted with the work plan and budget update? Must these policies be developed prior to the work plan and budget update submission, and if not, what must recipients provide?

Home visiting service enrollment policies and procedures must be developed in fidelity to the model. It is acceptable that these policies are model-specific provided that they address the required components described in the WPBU. Recipients do not need to provide these policies and procedures with the grant work plan and budget update, but should develop them within a reasonable timeframe for the project period