

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program
Fiscal Year (FY) 2016 Competition Funding Opportunity Announcement (FOA) HRSA-16-025
Frequently Asked Questions
Version 1

Purpose

1. What is the purpose of this competitive funding opportunity?

The purpose of this limited competition is to fund the development, implementation, and evaluation of innovations by MIECHV awardees (recipients) that strengthen and improve the delivery of MIECHV-funded coordinated and comprehensive high-quality voluntary early childhood home visiting services to eligible families.

2. Is this a new funding opportunity?

Yes.

3. May applicants propose serving additional at-risk communities in the application?

The purpose of this funding opportunity is not to expand delivery of home visiting services; though, in some cases, innovations may create improvements or efficiencies that increase the numbers of families served.

Eligibility

4. Who are eligible applicants?

Eligible applicants include the following entities **currently funded** in Fiscal Year 2015 under the MIECHV program: 47 states; three (3) nonprofit organizations serving Florida, North Dakota, and Wyoming; and six (6) territories and jurisdictions (i.e., the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands, and American Samoa).

Multiple applications from an organization are not allowable.

Award

5. How much funding is available?

Approximately \$18,000,000 is expected to be available in FY 2016 to fund approximately ten recipients.

6. How much funding may an applicant request in the proposal?

Applicants may apply for a ceiling amount of up to \$2,000,000 for a single eligible applicant to develop, implement, and evaluate the innovation. If the proposal reflects a collaboration of two or

more eligible applicants (wherein one eligible applicant proposes to contract with other eligible applicant(s) to jointly develop, implement, and evaluate the innovation), the applicant may apply for a ceiling amount of up to \$4,000,000.

7. How will funding be provided?

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the project. See FOA Section II (Type of Application and Award) for more information about what HRSA Program involvement and recipient responsibilities will include.

8. Will there be a separate competition for FY 2017 innovation awards?

Subject to availability of funds, HRSA intends to fund a second cohort of the competitive innovation awards in FY 2017. Successful recipients in the first cohort may apply for competitive innovation awards in the second cohort with a different proposal for innovation.

Innovation

9. What innovation may applicants propose?

Applicants must propose an innovation that is expected based on evidence of promise or strong theory to demonstrate improvement in at least one of four identified program priority areas. (Innovations may also address additional priorities not identified below as long as they also address at least one of the program priority areas.)

An innovation¹ is defined as a process, product, strategy, or practice that improves (or is expected to improve) significantly upon the outcomes reached with current/status quo options and that can ultimately reach widespread effective usage.

10. What are the four program priority areas?

The four program priority areas are:

1. Recruitment, engagement, and retention of eligible families to MIECHV-funded home visiting programs,
2. Development and retention of a trained, highly skilled MIECHV-funded home visiting workforce,
3. Coordination of MIECHV-funded home visiting programs with community resources and supports,² including comprehensive statewide and/or local early childhood systems,³ such as child health, behavioral health, and human services systems, and

¹ See Appendix B of the FY16 Competitive FOA for citation.

² Social Security Act, Title V, Section 511(d)(3)(B).

³ 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

4. Implementation of effective continuous quality improvement processes in MIECHV-funded home visiting programs.

See Section I (Background) of the FOA for more information about the program priority areas.

11. What is evidence of promise or strong theory?

Evidence of promise means there is empirical evidence to support the theoretical linkage between at least one critical component and at least one relevant outcome presented in the logic model for the proposed process, product, strategy, or practice.⁴

Strong theory means a rationale for the proposed process, product, strategy, or practice that includes a logic model. Additionally, the rationale should reflect a theory of change, which is a detailed hypothesis about specific changes we expect will result from implementing a new strategy. Carefully articulated theories of change provide roadmaps, which can continue to be refined and tested, for guiding decisions about program design and evaluation. They also help innovators test and identify what works for certain populations and not for others, which can inform both the scaling of specific strategies and the search for new ideas.⁵

Applicants must describe the evidence of promise or strong theory that supports the proposed innovation expected to demonstrate improvement in one or more of the four program priority areas identified for improvement.

12. What must applicants consider in respect to fidelity to home visiting service delivery model?

Innovations proposed and/or implemented must not compromise or conflict with the recipient's compliance with program requirements to ensure fidelity of implementation of evidence-based or promising approach home visiting service delivery models.

13. Must the innovation represent a new idea or approach?

Innovations may represent new ideas or approaches, adaptations of existing approaches for diverse populations, or approaches implemented to some degree but perhaps not fully developed, implemented to scale, or evaluated to maximize their promise.

14. May applicants propose an innovation that is an enhancement to an existing evidence-based model?

Applicants who wish to propose an innovation that is an enhancement to an existing evidence-based model in order to better meet the needs of targeted at-risk communities must secure written prior

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.

⁴ This definition is based on terminology provided by the U.S. Department of Education's Investing in Innovation Fund.

⁵ This definition is based on terminology provided by the U.S. Department of Education's Investing in Innovation Fund and Harvard University's Center on the Developing Child (<http://developingchild.harvard.edu/innovation-application/key-concepts/theories-of-change/>).

approval from the national model developer(s) in order to ensure that enhancements do not alter core components. An acceptable enhancement of an evidence-based model is a variation that may not have been tested with rigorous impact research (rigorous is defined in [Appendix A](#)). Prior to implementation, the model developer and HRSA must determine that the enhancement does not alter the core components related to program outcomes, and HRSA must determine it to be aligned with MIECHV program requirements.

15. What is a model enhancement and how does it relate to an innovation?

A model enhancement is defined as an enhancement to a home visiting service delivery model (evidence-based or promising approach) that does not alter the core components of the model related to program outcomes but does enhance the model to better meet the needs of targeted at-risk participants or communities.

Prior to implementation, the model developer and HRSA must determine that a proposed innovation that is a model enhancement does not alter model core components related to program outcomes, and HRSA must determine the enhancement to be aligned with MIECHV program requirements.

16. What use of Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN) methods, materials, or other resources must innovations expected to demonstrate improvement in implementation of effective continuous quality improvement processes in MIECHV-funded home visiting programs include?

The FOA does not specify which HV CoIIN methods, materials, or other resources must be used.

Access to these resources is available at <http://hv-coiin.edc.org/>. Technical assistance to successful recipients to support their appropriate use of HV CoIIN resources will be available through HRSA-supported technical assistance providers.

Applicants that propose such an innovation must describe how the innovation will include use of HV CoIIN methods, materials, or other resources. If an applicant proposes an innovation in this program priority area that does not reflect the methods utilized in the HV CoIIN, the applicant must describe why an alternate approach is appropriate.

Evaluation and Dissemination

17. Is evaluation of the proposed innovation required under this funding opportunity?

Yes, awardees must conduct an evaluation of the proposed innovation, ensuring that the evaluation includes an appropriate evaluation design and meets expectations of rigor outlined in the FOA. The recipient must describe an evaluation plan that will: (1) answer an important question or questions of interest to the recipient; (2) include an appropriate evaluation design for the question(s) of interest; (3) meet expectations of rigor as defined in Appendix A of the FOA; and 4) be feasible for completion within the project period with available funding. Proposed formative or process evaluations conducted under this award must be designed to prepare recipients to undertake future rigorous impact evaluations with the goal of contributing generalizable knowledge to the field if future funding is available.

All proposed evaluations must be approved by HRSA. HRSA recommends that a minimum of \$100,000 be devoted to evaluation-related activities to ensure the appropriate level of quality and rigor.

18. What are the requirements for awardees related to dissemination and participation in a peer support network?

Recipients must develop and implement a plan to disseminate lessons learned through the development and implementation of innovations to all MIECHV formula recipients and to the home visiting field broadly. This plan must also address dissemination of evaluation findings to the extent feasible within the project period based on the evaluation timeline. Recipients must participate in an ongoing virtual peer network that convenes no less than quarterly throughout the project period in order to facilitate the exchange of lessons learned, promote strategies for effective development and implementation, and improve the quality of grantee-led evaluation.

19. When must the final evaluation report be submitted to HRSA?

Recipients must submit the final evaluation report in compliance with the timeline provided in the approved proposal, but no later than the final report at the end of the project period.

Collaboration among Applicants

20. May applicants collaborate to submit a proposal?

Where appropriate, eligible applicants may elect to collaborate with each other to jointly develop, implement, and evaluate proposed innovation. HRSA supports such an approach when it appropriately increases efficiency and scale of proposed innovations. These collaborative proposals must include innovations that are expected to benefit and contribute to the project objectives of every collaborating eligible applicant.

21. How may applicants collaborate to submit a proposal?

One application representing a collaborative proposal must be submitted by one eligible applicant that proposes to contract with other eligible applicant(s) to jointly develop, implement, and evaluate innovation. Multiple applications from an organization are not allowable. No two applications should intentionally propose identical projects.

If the proposal reflects a collaboration of two or more eligible applicants (wherein one eligible applicant proposes to contract with other eligible applicant(s) to jointly develop, implement, and evaluate innovation), the applicant may not submit an application with a budget request exceeding \$4,000,000.

22. May applicants appear as proposed subcontractors on multiple applications?

Yes. It is feasible that one eligible applicant may apply for funds to develop, implement and evaluate the innovation and appear as a proposed subcontractor on a separate application(s) for different proposed innovation. No two applications should intentionally propose identical projects.

Budget

23. Must applicants budget for the full period of availability?

Recipients must provide a budget that describes the expenditure of funds at all points during the period of availability. Awardees are not required to maintain the same rate of expenditure throughout the full period of availability.

24. What costs are a part of the negotiated indirect cost rate?

The indirect cost rate is a negotiated agreement between the federal government (U.S. Department of Health and Human Services - Program Support Center) and a grantee organization which reflects the indirect costs (e.g.; facilities and administrative costs) and fringe benefit expenses incurred by the organization in the conduct of federal programs. The rate agreement includes, but is not limited to identifying the type of rate(s) negotiated, the effective period(s) of the rate(s), the rate expressed as a percentage, the location to which the rate is applicable, and to what programs the rate is applicable to. It also defines the base(s) used to develop the rate(s), the treatment of fringe benefits and paid absences, and the capitalization level for equipment. For more information, you may wish to contact your organization's grant officials.

Funding Restrictions

25. May applicants use funds awarded through this competition for delivery costs of direct medical, dental, mental health or legal services?

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 FOA. This funding opportunity does not provide funding to expand home visiting service delivery, but rather to develop, implement and evaluate innovations that enable delivery of coordinated and comprehensive high-quality voluntary early childhood home visiting services to eligible families.

26. May funds awarded support activities that benefit non-MIECHV-funded evidence-based home visiting service delivery?

The purpose of this limited competition is to fund the development, implementation, and evaluation of innovations by MIECHV awardees that strengthen and improve the delivery of MIECHV-funded coordinated and comprehensive high-quality voluntary early childhood home visiting services to eligible families.

Funds awarded through this opportunity may not be spent on activities targeted to non-MIECHV funded home visiting service delivery. However, some innovations targeted to MIECHV-funded home visiting service delivery may include activities that additionally benefit, at no additional cost, non-MIECHV funded evidence-based home visiting service delivery.

27. May funds support innovations targeted to coordination of MIECHV-funded home visiting programs with community resources and supports in an at-risk community that is served by both MIECHV-funded and non-MIECHV-funded home visiting programs?

Yes.

Review Criteria

28. Will past performance be considered in the review process?

Applicants must describe past performance with previous MIECHV awards including de-obligation of funds, and fiscal and programmatic corrective action. If challenges existed with any of these areas, applicants must describe plans to mitigate these challenges and describe improvement activities underway. HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory or other requirements.⁶

Effective January 1, 2016, HRSA is required to review and consider any information about the applicant that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in [FAPIIS](#) in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in 45 CFR [§ 75.205 Federal Awarding Agency Review of Risk Posed by Applicants](#).

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS ([45 CFR § 75.212](#)).

The decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any HHS Operating Division or HHS official or board.

⁶ [45 CFR § 75.205](#)