

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program
Fiscal Year (FY) 2016 Formula Funding Opportunity Announcement (FOA) HRSA-16-172
Frequently Asked Questions
Version 2

1. If an applicant's budget and period of availability spreadsheet show that services will be provided throughout the full period of availability and funds will be budgeted through the end of the period of availability, must the applicant's budget show expenditures of Fiscal Year (FY) 2016 funds during the period from October 1, 2017, to September 30, 2018?

Yes, funds must be budgeted to last through the end of the period of availability, which is September 30, 2018. However, applicants have flexibility on how/when they use their FY 2016 funds during the period of availability. As long as applicants can provide documentation that services will be provided throughout the full period of availability, the level of expenditure need not be maintained.

2. When must applicants provide a new or updated documentation of approval from the model developer(s)?

If there is *any* change in the applicant's proposed methodology (that is, to the methodology as submitted in the project narrative section of their application), including any reduction in services, the applicant must provide an updated letter.

The FOA states that applicants must provide documentation of the national model developer(s) agreement with the applicant's plans to ensure fidelity to the model(s). Examples of documentation 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.

3. May applicants submit budgets including anticipated FY 2017 funds?

HRSA does not allow applicants to include anticipated FY 2017 grant awards as part of the Fiscal Year 2016 application. However, as noted in the FOA, applicants can expect to receive FY 2017 funds by the end of FY 2017 (September 30, 2017).

4. 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 2015 funds prior to spending FY 2016 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 draws 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.

5. What are applicants' responsibilities in regard to selecting a model that calls for a place-based universal approach to service provision?

As directed in statute, grantees must give priority in providing services under the MIECHV program to eligible families who reside in at-risk communities identified in the statewide needs assessment, as well as other high-risk populations named in statute and listed in the Background section of the FOA. Applicants may use MIECHV funds to implement universal home visiting models within selected at-risk communities named in the applicant's statewide needs assessment, provided that services are prioritized for the high-risk populations as required by statute.

6. 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 application? Must these policies be developed prior to application submission, and if not, what must applicants 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 FOA.

Applicants do not need to provide these policies and procedures with the grant application, but should develop them within a reasonable timeframe for the project period.

7. Are the required memoranda of understanding with the partners listed in the FOA due with the grant application?

No. Memoranda of understanding with the partners listed in the FOA will be due to HRSA Project Officers within 180 days of grant award.

8. When may applicants budget FY 2016 MIECHV funds to support the provision of direct mental health 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 this FOA. Therefore, if an applicant selects an approved evidence-based home visiting model that includes provision of these services as required for fidelity to the model, then the applicant may budget FY 2016 MIECHV funds to provide these services.

9. Why does the FY 2016 FOA include a 25% limitation on recipient-level infrastructure expenditures?

For purposes of this FOA, 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. The purpose of the 25% limitation on recipient-level infrastructure expenditures is designed to support recipients in maximizing efficiencies to increase the proportion of

the FY 2016 award budgeted for direct home visiting services costs. HRSA values recipient-level infrastructure activities necessary to enable recipients to deliver MIECHV services.

10. 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 the FOA 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 FOA asks grantees to propose a caseload by fiscal year, and at the model and LIA levels.

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 FOA. 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.

The definition for caseload of family slots in the FOA 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.