FY 2016 MIECHV Formula Grant Funding Opportunity Announcement HRSA-16-172

Technical Assistance Webinar
December 10, 2015

<u>Transcript</u>

Operator: At this time all participants are in listen only mode. After the presentation we will conduct a question and answer session and if you would like to ask a question at that time you can press star one and record your name. I would now like to turn the call over to Lisa King. Thank you, you may begin.

Lisa King: Good afternoon everyone and welcome. On behalf of the Division of Home Visiting and Early Childhood Systems in the Maternal and Child health Bureau I'd like to welcome you to our technical assistance webinar on the Maternal, Infant, and Early Childhood Home Visiting Program Formula Grant Funding Opportunity for 2016, announcement HRSA 16-172.

>> My name is Lisa King and I am the Team Lead for the Western Implementation Branch. Joining me today is Marilyn Stephenson, Team Lead for the Eastern Implementation branch also here in the Division, and joining me in the room also is our division director David, Dr. Lu our Bureau Administrator, our Deputy Division Director Cindy, Shonda Gosnell, Branch Chief in the Division of Grants Management, and our two Branch Chiefs Kathleen and Meseret.

>> Before we begin the presentation we'd like to take care of some technical issues. You may listen to this presentation through the teleconference line or your computer speakers as the phone line will be muted. After the presentation we will address pre-submitted questions and take additional questions from the phone line. Lastly this webinar is being recorded and will be sent out to the participants via the listserv and the TA page on the website that you see on your screen.

>> While the purpose of today's webinar is to provide information to the applicants who will be applying to this funding opportunity, we will also provide an opening from leadership of the Division of Home Visiting and Early Childhood Systems, some background on the MIECHV legislative authority an overview of the FY 16 funding along with the application requirements, and at the end of the presentation take questions from the audience. David…

David Willis: Thank you Lisa. Good afternoon. This is David Willis. I am the Director of the Division of Home Visiting and Early Childhood Systems. Thank you so much for joining us today. I'd like to share with you an overview of funding changes for fiscal year 2016. The first two years of the program were focused on establishing and expanding programs. With one third of funding provided by formula and two thirds distributed by competition. The number of children served has tripled since 2012 from 34,180 to 115,545 with further growth in 2015. The

number of home visits provided has quadrupled from more than 1.4 million home visits provided from 2012 to 2014.

>> Now that the programs has been more established and hearing from many of you about the concerns of significant funding fluctuations from year-to-year based on funding competitions, the fiscal year for a 16 funding plan will provide greater funding stability and predictability for grantees by shifting to a larger formula-based distribution. Specifically the FY 16 funding plan is designated to (1) promote stability and continuity by providing more consistent stable funding from year-to-year to continue to support standards, (2) to address the need for home visiting services, meeting the needs of eligible families - especially at-risk families in at risk communities and (3) rewarding performance in providing quality services and ultimately to improve outcomes.

>> By FY 2016 the formula funding will provide approximately $345,000,000 to 56 states and territories of the Federal home visiting program grantees. The formula calculation was based on population needs in each state or territory and on past competitive awards. Each state or jurisdiction can request funding up to the estimated total grant award ceiling and no award ceiling varies by more than 10% from its average funding awards over the past three years.

>> To promote grantees Home Visiting Program stability and support long-term service planning, the formula funding allocation plan would apply to FY 16 and FY 17. We're confident that the redesign will move the Federal Home Visiting program toward a more sustainable future.

>> We look for to your formula FOA applications and learning about your plans to provide high-quality evidence based home visiting services to families across our country. Thank you so much for your valuable work on behalf of our nations young children and their families and let me turn it back now to Lisa.

Lisa King: Thank you David. Now to begin on the slide it delineates the legislative authority for the MIECHV program. The program was first authorized by section 2951 of the patient protection and affordable care act of 2010 which amended the title V of the Social Security act, section 511, to include the Maternal Infant and Early Childhood Home Visiting Program. By law the Health Resources and Services Administration and the Administration for Children and Families are required to work collaboratively to implement activities under the law. The law provided for a 3% set aside for awards to tribes, tribal organizations, or urban Indian organizations which are administered by ACF.

>> MIECHV was reauthorized under Medicare access and Chip reauthorization act through September 30, 2017 with appropriation of $400 million for each of the 2016 and 2017 fiscal years. The goals of MIECHV are to strengthen and improve programs and activities carried out under title V, improve coordination of services for at-risk communities, and to identify and

provide comprehensive services to improve outcomes for eligible families who reside in at risk communities.

>> The objectives of MIECHV are to implement evidence-based home visiting models or promising approaches that include voluntary home visiting as the primary service delivery strategy, to serve eligible families residing in at-risk communities identified in the most current statewide needs assessment, and target outcomes specified in the authorizing legislation, and ensure the provision of high quality home visiting to eligible families living in at-risk communities by coordinating with comprehensive statewide early childhood systems to support the needs of those families.

>> As mentioned earlier the MIECHV program provides voluntary evidence-based home visiting services to pregnant women and families with young children, birth to age 5 by addressing outcomes in six benchmark areas.

>> Specifically, improve maternal and child health, prevention of child injuries, child abuse, or maltreatment and reduction of emergency department visits, improvement in school readiness and achievement, reduction in crime or domestic violence, improvement in family economic self-sufficiency, and last, improvements in the coordination and referrals for others committed to resources and supports.

>> The purpose of the new HRSA formula grant is to provide funding to eligible entities to support the delivery of coordinated and comprehensive high-quality voluntary early childhood home visiting services to eligible families. The anticipated award release is April 1, 2016. Additional FY 2016 funds will be awarded in late 2016 through a competitive funding opportunity. We will discuss more about the competition in the months to come with the FOA expected to be released in early spring 2016.

>> Today's webinar is meant to prepare applicants to apply for the FY 16 formula grant funding. Let me summarize the funding opportunity: approximately $345 million is available for funding, up to 56 awards are anticipated, the eligible applicants who may apply for the FOA include entities currently funded in FY 15 including 47 states, three nonprofits serving Florida, North Dakota, and Wyoming, and 6 territories and jurisdictions. The project period will be April 1, 2016 through September 30, 2018 - which is two years, six months. And the due date for the application in grants.gov is January 19, 2016.

>> The driving principle for the FY 16 formula funding plan are to address need - to meet the needs of eligible families especially at-risk families in at-risk communities, support service, to target funds to recipient's capacity to serve families, reward performance - to reward quality and ultimately improved outcomes, and promote stability and continuity - to provide more consistent stable funding from year-to-year to continue to support families.

>> There are two components to the formula funding. To address the policy principle of need the first component of the new formula is based need funding - which accounts for approximately $126 million of the formula funds. This portion of the funds was distributed based upon the states proportion of children under five years of age living in poverty as calculated by the Census Bureau's 2013 small area income and poverty estimate also known as SAIPE. The calculated amount was then subtracted by the proportion of the states or territory FY 12 the obligation amount to the total FY 12 award reported to HRSA as of September 9, 2015 if applicable. There is also $1 million minimum for recipients in base need funding.

>> To address the policy principle of stability and maintain services to families on the ground, the other component of the new formula is structured stability funding. This will be approximately $216 million of formula funds. This portion was based on an average of the recipients' competitive awards and FY 13, 14, and 15 as a proportion of total competitive funds awarded across those years. This proportion was then applied to the portion of formula funds.

>> Lastly to further support stability an adjustment was applied if necessary to endure the grant award ceiling amount didn't fluctuate more than 10% from the recipients' average total funding award in fiscal years 13, 14, and 15.

>> The 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. Recipients may spend no more than 25% of the grant awarded for fiscal year for conducting and evaluating a program using a service delivery model that qualifies as a promising approach.

>> This FOA lists the evidence-based models eligible to recipients for implementation under MIECHV. Note that in addition to the HHS criteria for evidence of effectiveness, there are additional criteria named in statute for evidence-based models eligible for implementation. Also applicants may propose one or more models for implementation.

>> When selecting one or more models for implementation, applicants must ensure the selection can meet the needs of identified at-risk communities and/or targeted priority populations named in statute, provide the best opportunity to accurately measure and achieve meaningful outcomes in the benchmark areas, be able to be implemented effectively with fidelity to the model in the state or territory based on available resources and support from the model developer, and finally be well matched for the needs of the states or territories early childhood system.

>> Recipients may reach out to their HRSA project offices for technical assistance on this work.

>> Full funding is dependent on satisfactory performance on all MIECHV grants. Included in that consideration is past performance, specifically, your FY 2012 de-obligated funding, programmatic and fiscal corrective action plans, improvement plans required of some recipients based on third-year performance data, and draw down restrictions. If any of these issues pertain

to your grant recipient must provide a plan that describes how they are addressing the identified issues now and in the future.

>> As mentioned earlier the project and budget period are April 1, 2016 through September 30, 2018. Any FY 16 grant funds that have not been obligated for expenditure by the recipient during the period of availability will be de-obligated. Applicants must budget for expenditures for the full period of availability to support provision of home visiting services throughout the full period. 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 – meaning the full period of availability.

>> Now I want to briefly review the principles of maintenance of effort and non-supplantation. Remember all funds provided shall supplement and not supplant funds from other sources for early childhood home visiting programs or initiatives. Applicants must agree to maintain nonfederal funding, for evidence-based home visiting and home visiting initiatives, including in-kind expenditures for activities proposed in this application at a level which is not less than expenditures for activities as of the most recently completed state fiscal year.

>> The baseline for maintenance of effort is the state fiscal year prior to the fiscal year during which the application is submitted. Nonprofit applicants must agree to take all steps reasonably available for this purpose and must provide appropriate documentation from the state supporting its accomplishments of the maintenance of effort/non-supplantation requirement. Applicants may not consider any title V funding used for evidence-based home visiting as part of the maintenance of effort demonstration. The maintenance of effort detail must be reported in attachment three. I'm now going to turn the presentation over to Marilyn who will discuss the program requirements.

Marilyn Stephenson: Thank you Lisa. For the next several slides we're going to discuss program requirements. As directed by the authorizing legislation recipients will give priority to providing services under the MIECHV program to the following populations: families in at-risk communities, low income families, pregnant women under the age of 21, families with a history of childhood abuse, neglect or substance abuse, those of have tobacco users in the home, children with low student achievement, or with developmental delays and disabilities, and families with individuals who are serving or have served in the armed forces, including those with multiple deployments.

>> In terms of model selection, all applicants must specify the eligible evidence-based models that will be implemented under the grant and justify why these particular models were selected. Recipients must be able to implement the proposed models effectively with fidelity meaning, adherence to model developer implementation requirements including affiliation, certification, and accreditation. Requirements include all aspects of initiating and implementing a home

visiting program 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.

>> Also recipients may wish to adopt enhancements to an existing evidence-based model in order to better meet the needs of targeted at-risk communities must secure written prior approval from the national model developer and from HRSA as part of the review process.

>> An acceptable enhancement includes aims to better meet the needs of targeted at-risk communities, may not have been tested by rigorous evaluation, does not alter the core components of the model, and is aligned with MIECHV program requirements.

>> Continuing the program requirements, for recruitment and enrollment for this funding opportunity announcement, applicants must describe the policies and procedures to recruit, enroll, disengage and reenroll home visiting services participants with fidelity to the models implemented. When developing these policies and procedures the applicant must remember to strive to balance continuity of services to eligible families and available slots for unserved families. They must also address policies and procedures for continuation or transfer of data, and have policies and procedures in place to avoid dual enrollment.

>> Applicants may propose to use a model that qualifies as a promising approach using no more than 25% of the amount of the grant to implement and conduct rigorous evaluation of the model. Applicants not proposing a promise approach are not required to conduct an evaluation. However any applicant may conduct or continue in evaluation that meets the expectations of rigor described in the FOA and applicants are encouraged to conduct and/or continue an evaluation. For further guidance see appendix A for expectations and requirements related to recipient led evaluation.

>> All recipients must ensure the provision of high quality home visiting services. This requires the establishment of appropriate linkages and referral networks including statewide early childhood systems, development and implementation of a continuum of home visiting services for families and children prenatally through kindergarten entry, policies and procedures in collaboration with other funded home visiting and early childhood services to support the transition of families and memorandums of understanding with named agencies in the FOA to ensure their involvement in MIECHV project planning, implementation, or evaluation.

>> Additionally recipients must ensure provision of reflective supervision of MIECHV funded home visitors with fidelity to the home visiting models. Recipients and local implementing agencies must develop an eminent policies and procedures for use for reflective supervision program wide.

>> Recipients must also assist families with accessing health care coverage, and work closely with title V directors and state Medicaid directors and ensure home visitors connect participants to healthcare navigators.

>> Program requirements also include sub recipient monitoring. Recipients must monitor the performance of sub recipients for compliance with federal requirements, program expectations, fiscal requirements and effective management of MIECHV funding. Recipients must execute contracts with all sub recipients and must have a sub recipient monitoring plan in place.

>> Here are a few reminders about the application and submission process -- applications must be cemented through grants.gov. The HRSA SF 424 application guide provides the general application instructions. The application page limit is 80 pages. The page limit includes the abstract, project and budget narratives, and all appendices, attachments, required in the application guide and this FOA when printed by HRSA. Standard OMB approved forms that are included in the application package 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.

>> Now just a little bit of information about the DUNS and SAM registration requirement. Applicants must obtain a valid DUN and Bradstreet Universal Numbering System or DUNS number register and maintain an active system for award management or SAM registration. HRSA may not make an award to an applicant until they have fully complied with all DUNS and SAM requirements. If an applicant organization has already completed their grants.gov registration for HRSA and other federal agencies they must confirm that the registration is still active and that the authorized organization representative or AOR has been approved.

>> Continuing with the application process, the applicant must include a project abstract with their application. The project abstract must be one page, single spaced, a clear, concise summary of the application that includes the annotation, problem, purpose, goals and objectives, and the methodology.

>> The bulk of the application will be the project narrative and include the following sections: introduction, needs assessment, methodology, workplan, resolution of challenges, performance technical support capacity and evaluation, organizational information, and past performance and administration of the home visiting program.

>> Project narratives should be sustained, self-explanatory and well organized so the proposed project and the description of any other home visiting programs currently in existence is understandable.

>> Now I'd like to discuss several points about caseloads of family slots. Applicants are required to provide a total proposed caseload of family slots for each federal fiscal year within the project period as defined as the last six months of FY 16, 17, and 18 at both the recipient and for each identified local implementing agency.

>> A family caseload slot associated with the maximum service capacity is defined as 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 trained home visitors implementing services with fidelity to the model for whom at least 25% of his or her personnel cost meaning salaries, wages, included benefits are paid for with MIECHV funding. All members of one family or household or represent a single caseload slots. The count of slots is different from the cumulative number of families enrolled during the grant period.

>> Proposed caseload of family slots may vary by federal fiscal year depending on variations and available funding for each fiscal year.

>> The next two slides discuss the budget and budget justification narrative. Please note that your budget request must not exceed the state/territory total grant award ceiling .The ceiling amount was provided to all applicants individually through the electronic handbook. For more guidance on this please see Section 4.1 of the HRSA SF-424 Application Guide. Applicants must complete the Application Form SF-424A Budget Non-construction Programs form. Recipient accounting systems must be capable of separating the MIECHV awards within a single grant by period of availability that is must have a chart of accounts to prevent grant expenditures from being co-mingled with other grant periods of availability. In the budget justification, applicants must provide a rationale for the entire period of availability, that being April 1, 2016 through September 30, 2018, which supports the policy principle of providing consistent, stable funding from year to year to support families.

>> A justification must be provided for all categories listed on this slide, including *proportions* of the budgeted expenditures. Applicants must also provide a period of availability spreadsheet with a line item budget for each individual fiscal year of the period of availability as well as additional columns that indicate the amount of money remaining from previous MIECHV grants in FY 14 and FY 15 by line item. This will be inserted as Attachment 8 of the application.

>> This slide shows a list of attachments with respective associated documents. The attachments include attachment one, a logic model, attachment two, workplan and timeline, attachment three, maintenance of effort chart, attachment four, applicant staffing plan, attachment five, updated organizational chart, attachment six, documentation of new proposed contracts, attachment seven, model developer letters, attachment eight, period availability spreadsheet, and attachments nine through 15, other relevant documents. Remember, the attachments will count towards the 80 page limit. Now I'm going to turn the presentation back over to Lisa and she will go over the funding descriptions. Lisa…

Lisa King: Thank you Marilyn. As Marilyn stated the next several slides will address funding restrictions. As mentioned earlier, the application budget request must not exceed the total grant award ceiling, which was provided separately to all applicants via the electronic handbooks. All

grant funds must be used in accordance with the: Legislation, Program policy issuances, including this FOA, the subsequent Notice of Award, and Other federal laws, regulations and policies.

>> Appropriately, funds must be used to support delivery of home visiting services. While the MIECHV program generally does NOT fund the delivery or costs of direct medical, dental, mental health or legal services. An exception may be the provision of some limited direct services, typically by the home visitor, to the extent required in fidelity to the model. As family needs are identified, recipients should coordinate with other resources and refer families to appropriate providers for direct medical, dental, mental health or legal services.

>> In terms of grant administration, in accordance with regulations no more than 10% of the award may be spent on expenditures incurred by the recipient related to administering the grant. Note that this administrative cap does not "flow down" to sub recipients. And there is NO cap on the negotiated indirect cost rate. Please refer to the FOA for a list of examples of these costs for additional information.

>> In an effort to support the previously stated policy principle of promoting services to families, a limitation has been placed upon the use of funds for recipient –level meaning state/territorial level - infrastructure expenditures. Absent a prior approval from HRSA, no more than 25% of the award amount may be spent on a combination of administrative expenditures and infrastructure expenditures necessary to deliver MIECHV services. To obtain HRSA approval for spending more than 25% of the award amount, a recipient must provide a written justification for this request, for example to accommodate a high negotiated indirect cost rate or if the recipient and the local implementing agency are the same entity. This justification should be included in the budget justification. Remember - the intent is to maximize efficiencies in infrastructure expenditures and to increase the proportion of the FY16 funding award budgeted for home visiting services costs.

>> Specifically, for the purposes of this FOA, infrastructure expenditures refers to those recipient-level expenditures necessary to enable recipient's delivery of MIECHV services. Necessary infrastructure expenses subject to the 25% limitation include recipient level personnel, contracts, supplies, travel, equipment, rental, printing, and other costs to support the categories that are listed here, including: professional development and training for recipient level staff, model affiliation and accreditation fees, continuous quality improvement and assurance activities, technical assistance provided by HRSA supported technical assistance or technical assistance provided by the recipient to the LIA's, information technology including the data system, comprehensive statewide early childhood systems coordination, and indirect costs.

>> Those expenses not included as infrastructure expenditures are: Service delivery expenditures that may include: Contracts with LIAs, Professional development and training for LIA and other contractual staff, Assessment instruments/licenses, Participant incentives, and Participant

recruitment, Costs related to grantee-led evaluation, and Costs incurred to update data management systems related to the HRSA redesign of the MIECHV program performance measurement system to take effect in FY 2017, pending OMB approval

 >> Lastly in terms of funding restrictions, there is a limitation on the use of funds for conducting and evaluating a Promising Approach. No more than 25% of the MIECHV grant award for a fiscal year may be expended for conducting and evaluating a program using a service delivery model that qualifies as a promising approach; and, this 25% limit pertains to the total funds awarded to the recipient for the fiscal year.

>>Now I'm going to turn the presentation back over to Marilyn who'll go over a few more important details and close the presentation, then we'll begin the question and answer portion of the webinar. Marilyn….

Marilyn Stephenson: As mentioned earlier this funding opportunity is for a formula-based grant, and as such does not require a competitive objective review of the application against the review criteria. HRSA is responsible for the review of each application for eligibility, completeness, accuracy, and compliance with the requirements as outlined in this FOA. Based upon the review, HRSA will either approve or request clarification of the proposed plan, including the proposed caseload of family slots for each federal fiscal year within the project period. Please remember that past performance will also be taken into account for the review and selection process therefore full funding is dependent upon satisfactory recipient performance on ALL MIECHV grants and that continued funding is in the best interest of the federal government. Award notices will be sent on or before April 1, 2016.

>> The successful applicant under this FOA must comply with Section 6 of HRSAs SF-424 Application guide and the following reporting and review activities: Annual submission of the Federal Financial Report or SF-425; required timely FFATA reporting by the recipients of federal grant funds to the FFATA Sub-award Reporting system. Refer to the FOA for additional details. Also several status reports are required. They include the: Administrative forms, due within 120 days of the Notice of Award; Demographic, service utilization, benchmark area and quarterly data reporting, due annually by October 30 each year; also note HRSA anticipates that quarterly reporting will required pending OMB approval. The FY 2017 Interim application and prior year annual report for FY17 funds that includes a report on the progress for the FY16 project year and plans for FY17 addressing the areas outlined in the Project Narrative; and, the Project Period End Performance Report, due within 90 days of the project period, which you are all familiar with.

>> Finally, the last slide provides you with our contact information. You may contact Lisa or myself as we work within the division of home vising and early childhood systems. You may also contact Mickey Reynolds, grants management specialist. Applicants may register at grants.gov to receive updates of the funding opportunity announcement if there are any.

>> Will now open up the phone line up for any questions that you may have at this time. Thank you for your participation.

Lisa King: Thank you Marilyn. First we're going to have some remarks from Shonda Gosnell from our division of grants management office. After she completes her remarks we will address the emailed questions that were submitted in advance, lastly we will take questions that come in over the phone. Shonda…

Shonda Gosnell: Thank you Lisa. I understand you don't have access to this in front of you so I'm going to talk as slowly as possible so you can retain the information that I'm going to give to you.

>> We have received a number of questions pertaining to the period of availability change and the inclusion/exclusion of FY17 funds. To try to address this we would like to provide clarification as well as some of the rationale behind the change, and some of the positive results that will occur as a result.

>> As you are aware, the FOA states that the project and budget period will be April 1, 2016 through September 30, 2018, and that recipients must provide a budget that describes the expenditure of grant funds at all points during the period of availability. Please also note that while the FOA also states that grantees must demonstrate that home visiting services will be made available throughout the project period – or the full period of availability – it does not require grantees to maintain the same rate of expenditure or the same level of home visiting services throughout the full period of availability.

>> A noteworthy change in FY16 is the award mechanism. Instead of applicants submitting applications for a large percentage of their annual funding to be reviewed, scored, ranked and awarded through the competitive process, instead 95% of MIECHV FY16 awards are being issued as formula awards. In addition, beginning in FY16, the MIECHV formula grants are being treated in a manner similar to that of the HRSA Block grants, which many of you, as well as your fiscal offices, may be familiar with. Starting in FY16, each year of formula funding will be issued as a separate and unique grant award. This is the primary reason for the exclusion of FY17 funds in the FY16 application. Please note that while HRSA does not allow grantees to include anticipated FY2017 dollars as part of their submitted budget, this does not preclude grantees from considering these anticipated dollars in their internal budgeting and projections. Additionally, although not part of the budget for the FY 2016 award, the FY17 award once available may be used to supplement activities after September 30, 2017. We will explain this in further detail momentarily.

>> There are many positive outcomes that will occur as a result of this change. Number one: Having distinct and separate awards for each year will allow you and your fiscal offices to have a clear means of tracking each year's expenditures separately in Payment Management System.

HRSA will also be able to monitor and report on spending for each active period. This will also allow for a better anticipation of spending as well as any potential de-obligation of funding.

>> Number two: In years past, FFR reports – Federal Financial Reports – have had to be returned multiple times for corrections and for PMS updates. Keeping each grant award separate will allow FFR reporting to be a much simpler process, providing grantees with much less administrative and fiscal burden, which is consistent with the new Uniform Guidance.

>> Number three: Without previous guidance on budgeting within the period of availability, grantees interpreted the period of availability in various ways and budgeted funds accordingly, potentially resulting in financial instability for some grantees that planned to spend down the vast majority of funds in the first year of the period of availability or large amounts of deobligations by grantees that delayed the spending of funds. Consistency across grantees in budgeting, while supporting flexibility over the entire period of availability rather than solely for the first year, best militates against future funding uncertainties and supports stronger grantee fiscal planning. Further, as a general matter, the budget period is intended to be the period over which the federal funds are spent. The FY16 change creates consistency in budgeting amongst all grantees, which will also provide more consistency in spending, monitoring and reporting from the grantees, but also from HRSA to Congress.

>> Number four: Once grantees have consistently budgeted for their full period, each subsequent year will be already partially budgeted. Many grantees who have previously used this planning method will be able to budget with this in mind in FY16. Those who haven't will see the positive impact beginning in FY17. Let us provide an example: grantees, who have already budgeted in FY14 or FY15 for their full period of availability, will have very little to include in their FY16 budget for the early portion of the FY16 period. Since the FY14 award project period doesn't end until 9/30/16, and the FY15 project period doesn't end until 9/30/17, those items already budgeted and not yet expended would be included as applicable on the FY14 and FY15 lines in the period of availability spreadsheet. What that means is that only new activities or line items for the overlapping period of April 1, 2016 through September 30, 2017 would need to be included on the spreadsheet for the FY16 budget. All remaining FY16 funds would be used to budget for the activities for October 1, 2017 through September 30, 2018 – likely the majority of the FY16 award.

>> Number five: Subsequently in the out years for example, when FY17 funds are received, grantees will continue this same model, likely using only a small portion of the FY17 funds for any new activities during the already budgeted period of 10/1/17-9/30/18, but will be able to budget the majority of the FY17 funding for 10/1/18-9/30/19.

>> Number six: Each year, the challenge will decrease as grantees move forward with planning based on the full period of availability. This forward planning will allow the program to continue for the maximum possible time. If at a point in the future, the authorized budget

decreases, due to a smaller appropriation or a decision to not reauthorize, this forward planning would allow a more orderly phase down, a transfer to non-federal funding sources, and if necessary, a more orderly close out. While the 2.5 year planning change doesn't promise protection, it does provide more security for the future for the grantees and for HRSA.

>> Number seven: If grantees are only budgeting for one year at a time of the 2.5 years in their Period of Availability while planning on their anticipated next years' funding, any change or decrease in funding would cause an abrupt end in funding and thus in services.

>> Now another question which has been raised is with regard to the spending on a first in/first out basis. Funds are not required to be spent as first in/first out. Instead, 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 which 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.

>> In conclusion, HRSA understands that all change is difficult. We are willing to discuss options, provide clarification, and walk through each state's unique challenges on a case by case basis after today's call. HRSA will provide technical assistance to grantees on all aspects of the program, including, if necessary, the potential need to support reduction of services. When necessary, HRSA will support grantees in reducing services through natural attrition of families and referral of currently served families to other local high-quality early childhood programs.

Lisa King: Thank you Shonda. We're going to go over the questions that you submitted in advance via email. I'm going to turn it over to Amanda.

Amanda Innes Dominquez: Thank you Lisa. Thank you for all the questions that you submitted. We look forward to providing you with responses. We received a couple of questions about the caseload of slots and wanted to provide a little bit of clarity. As you know the FOA states that the caseload of family slots which is 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 or her personnel costs are paid for with MIECHV funding. 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 represents a single caseload family slot.

>> Grantees are encouraged to consider the time and staff resources needed to provide services to families in fidelity to the model when they calculate their caseload of family slots.

>> Another question we received how should cost related to recipient led evaluation activities and data management systems updates in response to HRSA redesign of performance measures be categorized. If not s administrative costs or infrastructure costs then as direct services cost?

>> Yes. These costs should be requested as direct services costs.

>> A questions: Does the policy development for re-enrolling families after disengagement apply to families who disengaged due to completion? So are states required or encouraged to reenroll families who complete one home visiting program into a subsequent program? Or is the reenrollment after completion only with a subsequent pregnancy?

>> The policy required in the FOA -- your enrollment policy must address reenrollment after completion with a subsequent pregnancy. In accordance with your policies and procedures and in fidelity to home visiting model recipients may elect to reenroll a family after completion of a home visiting model based on an assessment of the families need, and eligibility.

>> Since reenrollment however is not required, in these cases HRSA encourage recipients to consider whether an available alternate home visiting model or alternate early childhood program may be better suited to meet the family's needs. The FOA states that recipients should develop policies and procedures in collaboration with other MIECHV supported and non MIECHV supported 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.

>> Another questions: Does the 2012 deobligated funding referred to on page 9 –of the FOA refer to the FY 12 grant award or the FY 10 award with a budget end date of September 2012? The response to that is fiscal year 2012. The fiscal year 2012 grant award.

>> Do the new policies around disengagement, reenrollment, etc. have to be developed and included in the grant application? Or can agencies talk about the process they will utilize to develop these policies with the date by which to complete?

>> Applicants must describe current or proposed policies and procedures with fidelity to the model for re-enrolling families who voluntarily request to resume home visiting services after administrative or voluntary disengagement, program completion and subsequent pregnancy, and relocation to another community with a MIECHV funded home visiting program. Policies and procedures should address continuity of services and continued data collection or data transfer. If policies will be developed during the project period, grantees may describe the process that will be utilized. And provide assurance that the policies and procedures are forthcoming.

>> Applicants do not need to provide these policies and procedures with the grant application.

>> There's a question regarding some text in the FOA. This is language quoted from the FOA: Describe the process for identifying and contracting with current and new local implementing agencies and the technical assistance that the applicant will provide to them. Highlight any major changes to existing contracts with LIAs, insert any documentation of agreements with LIAs new to the project in attachment six. The question is regarding this section is the TA referenced limited to contracting or broader support to home visitors.

>> In response to this particular item, the technical assistance referred to here is that which is provided to local implementing agencies staff.

>> There's a question regarding a portion of the FOA that states describe how the applicant will plan for and address recruitment and retention of qualified staff, including recruitment of staff with necessary qualifications, review of available data to determine professional development and training needs of staff, including training provided by LIAs and model developers, and consultations by professionals in the fields and so on. The questions is, in reference to this portion does this refer to state staff who are administering the grant and not providing direct home visiting services or this is referring to -- recruitment and retention of LIA staff?

>> And the response to this is this refers to all staff supported by the grant award.

>> We received a question about prior grantee led evaluations -- will we have access to all the prior evaluations conducted under MIECHV and the findings from other states to help inform our efforts moving forward. We appreciate your question.

>> DOHVE the technical assistance contractor DOHVE also known as Design Options for Home Visiting Evaluation is working on products to disseminate MIECHV evaluation findings to interested parties. But they will not be available prior to the application deadline. Applicants are encouraged to contact their DOHVE liaison for more information.

>> Okay. A series of questions here and then we will soon go to the phones. The first question: Can HRSA provide input on evaluation expectations or what you're looking for? Recipients who proposed an evaluation will receive support from the technical assistance provider as their evaluation plan is reviewed by HRSA. Recipients can expect extensive assistance from their project officer, their technical assistance provider, and other federal staff prior to the final approval of any evaluation plan.

>> Proposed evaluation plans may be required to undergo revisions prior to final approval.

>> A second question. On page 18, column 10, when you ask for the cumulative number of families served in FY 2015, are you looking for the total number of families served in FY 2015 only or the cumulative number of families served since the start of MIECHV through the end of 2015?

>> We're asking you to provide the cumulative number of families served in fiscal year 2015. That is October 1, 2014 to September 30, 2015.

>> A question: regarding reenrollment, are you looking for us to have a clear policy regarding our reenrollment criteria or are you asking that we change our eligibility criteria to allow families to reenroll under the three circumstances listed on page 4?

>> We're asking you to describe current or proposed policies and procedures with fidelity to the model for re-enrolling families who voluntarily request to resume home visiting services after those three circumstances listed on page 4.

>> A question: The CQI requirements – the Continuous Quality Improvement Requirements - look to be more intensive and the FOA indicates including CQI efforts in our proposed budget, what time commitment is expected for this work both at a local and state level so we can build our budget accordingly?

>> The requirements for CQI focus on state and local implementation of the goals and activities identified in the approved CQI plan. The time commitment and proposed budget should be determined based on current and proposed new CQI efforts and resources for CQI training and implementation.

>> The applicant should discuss technical assistance needed to update the CQI plan and for CQI implementation. The new or updated CQI plan should be submitted to HRSA within 90 days of the notice of award date of issuance.

>> I'm going to pass it over to my colleague Shonda who will address a couple of questions on the fiscal side.

Shonda Gosnell: Thanks Amanda. A question was asked: If an LIA has an approved indirect cost rate, the LIA is allowed to charge that rate. If not is the LIA limited to the 25% admin and infrastructure cost cap? If not can the MIECHV administrating agency set indirect cost cap for LIA?

>> If the LIA has improved indirect cost rate than they should use that rate. If not, the recipient and sub recipient can use up to 10% of modified total direct costs as their rate. The 10% cap on cost associated with administrating the grant does not flow down to the sub recipient. The 25% limitation on infrastructure expenditures including admin cost capped at 10% only applies to the recipient.

>> One other question regarding the definition of modified total direct costs which is 2 CFR 200.68, please clarify the statement related to sub awards, this does not pertain to direct cost sub awards such as LIA professional development and training for LIA and other contractual staff sub awards, is that correct?

>> The answered to that is we the federal government do not require the modified total direct cost to flow down to the sub awardees. However the prime recipient may choose to implement flow down to the modified total direct cost parameters to sub awards based on their internal procedures or policies.

Amanda Innes Dominguez: So that's it for questions that were submitted this week. Thanks for your questions and I'll pass it back to Lisa.

Lisa King: Thank you Amanda Innes Dominguez. Now we're going to hand it over to our operator who is going to field our calls. I would like to say we may have some abbreviated pauses after your questions because we will be looking up the references to properly respond so please bear with us if we have any long pauses. Thank you.

Lisa King: Please remember to ask your question over the phone and not the chat box.

Question: Thank you. I did submit one question through the chat so I actually have two questions. I don't know if I should do one now if you're going to be getting to the ones by chat or not.

Lisa King: Do them both.

Question: So my first question is on page 17 of the FOA were we're asked to submit the information about the name of the LIAs – the communities to be served and that kind of detailed information and in several of those columns were asked to provide information about the LIAs that we will contract with. We have to go through a competitive procurement process in state in order to determine who'll be receiving the funds so in some cases we may not know the name of the LIA will have to put some disclaimer language in the application stating this date will not be bound by what we are writing in the application. I wanted to check in to see what HRSA expectation is of the section when we may not know absolutely who will end up with the contracts for some of this funding because of state procurement processes.

HRSA: Thanks for your question. We recognize your procurement processes and activities may not align cleanly with the full period of availability so what we encourage you to do is provide your best estimate and your proposed plan based on your previous activities, and please include and describe your forthcoming procurement activities, and any anticipated changes and then as you know into the grant period you have the option to submit a prior approval request if you want to propose activities that are different than what you described in your application.

>> And also the disclaimer language –fine to include in the FOA.

Question: Okay thank you. I think one of the issues we know we're going to have is that our contractors may not have had time to fully determine what their caseloads will be so we know a lot of that will be projected because some of that will not come about until after we have received the award and can release the RFP.

HRSA: We appreciate your best projection.

Question: Okay. My other question is about on page 5 of the FOA it states that home visiting services can be provided to eligible families of children through kindergarten entry. Based on previous HRSA guidance our LIAs had to exit children for the program when they turned six even if they had not entered kindergarten which would be -- hadn't completed kindergarten. I wondered if that is a change so does that mean our LIAs no longer have to exit children when they turned six but they can actually complete the model according to the model guidelines if that would mean they are over six at that point in time.

HRSA: Thanks for your question. So according to statute our services should be provided to families with young children up to kindergarten entry. So we appreciate you developing policies and procedures to support that.

Question: Okay so it sounds like that isn't a change. It's still just to kindergarten entry and that's when they should --

HRSA: Correct.

Question: Good afternoon. I'm struggling to understand how the period of availability is being extended with these funds being for federal fiscal year 16 my understanding has always been that the period of availability is the following 12 months not the following 24 months so by my calculations the period of availability of these particular funds ends September 2017 and I'm hearing today that you're talking about period of availability going in to 2019. Can you help me understand what the mechanism by which the period of availability is going to be extended from 12 months to 24?

>> I guess I should just add part of my reason for asking is I have a great deal of anxiety there's [Indiscernible] accessing the bulk of the funds as described today -- October 17, September 18 and I don't want to apply for a grant that down the road we find that the funds are de-obligated because we do not have a period of availability.

HRSA: Okay thank you for your question. This is also referenced on page 13 of the FOA but per the authorizing statute which has not changed, funds made available to an eligible elderly under the section for fiscal year shall remain available for expenditure by the eligible entity through the end of the second succeeding fiscal year after the award. This is the same statute we've been following since the beginning of the program.

Question: Right but this is for fiscal year 16 which ends September of this year which will make those funds only available until September 17

HRSA: No they remain available through the end of the second succeeding fiscal year after the award so the way that is interpreted as they will not end until September 30 of 2018

Question: Hi we're talking about page 25 the period of availability spreadsheet. It states applicants are to indicate the amount of money remaining from previous MIECHV grants FY 2014 and FY 2015. The question is on the columns - would columns two and three reflect the addition of both adding together both formula and competitive remaining funds given that they're different federal award numbers or would we rerecord separately the same column?

HRSA: Actually you may prepare it however is easiest for you but yes our thought behind it was that you would combine both in that section of what's remaining for each of those years.

Question: We're wondering model affiliation and accreditation fees are necessary for direct services and are often included in the LIA budgets. From program accounting perspective it seems appropriate to include these in the instant structures expenditures. Is it possible to reconsider how this cost is considered with respect to infrastructure costs?

HRSA: The FOA states that model affiliation and accreditation fees when expended at the recipient level are subject to the 25% limitation on infrastructure costs. However if these are funded through contracts to local implementing agencies they are not subject to the 25% limitation.

Question: I have a question about the disallowing of direct mental health medical etc. services because it seems to me a conflict with the fact that some of the approved models that provide direct mental health services but you're disallowing enhancements to existing models that might include home-based mental health services, I don't understand why in one case it's allowed and in another case it is not.

HRSA: Thank you we appreciate your question. As you know we are mandated and required to ensure fidelity to evidence-based models and so in light of that, those cost provided for direct mental health services in fidelity to the model are allowable costs. However our past FOAs have historically indicated that grantees may not spend MIECHV dollars to support the delivery of direct medical services, and in this FOA we provided some clarification about that guidance and so with legal advice and in light of being consistent with policy, our policy stands as described in the FOA.

Question: So then if a mental health enhancement was added to a model then the services would be allowable?

HRSA: No they are allowable if they are part of an evidence based model if they are being provided in fidelity to the model, they are not allowable otherwise.

Lisa King: Hearing no further questions, we will end the webinar. You all know if you still have questions please contact your project officer. They will assist you as best as possible. Good luck with your applications. We look forward to reading them. Thank you and have a good afternoon.

 [Event concluded]